STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285102	A. BUILDING _____ B. WING _____	**07/01/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
STANTON HEALTH CENTER	**P O BOX 407, 301 17TH STREET STANTON, NE 68779**

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)
F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	**Provide and implement an infection prevention and control program.** Licensure Reference Number 175 NAC 12-006.17B Based on observations, interview, and record review; the facility failed to implement infection control precautions to prevent the spread of COVID-19 as: 1) residents on the Memory Care Unit (MCU-secured area used to protect and better meet dementia residents needs and to address behaviors associated with dementia) did not maintain at least 6 feet distance between residents and/or wear masks (the facility reported 12 residents reside in the MCU); 2) staff failed to perform correct use and procedures for use of personal protective equipment (PPE) for residents in isolation; and 3) staff failed to perform appropriate handwashing and gloving. The sample size was 6 and the facility census was 56. Findings are: A. The Centers for Medicare and Medicaid Services (CMS) memorandum dated March 13, 2020 provided guidance for all facilities nationwide to 1) Cancel communal dining and all group activities, such as internal and external group activities, and 2) Remind residents to practice social distancing and perform frequent hand hygiene. B. The Center for Disease Control and Prevention (CDC) Considerations for Memory Care Units in Long Term Care Facilities, updated May 12, 2020 stated that nursing homes providing memory care should 1) Try to keep environment and routines as consistent as possible while still reminding and assisting with frequent hand hygiene, social distancing, and use of cloth face coverings (if tolerated), and 2) limit the number of residents or space residents at least 6 feet apart as much as feasible when in a common area where resident and staff spend time, and carefully redirect residents who are ambulatory and are in close proximity to other residents. C. On 6/30/20 at 9:35 AM surveyor entered the MCU (memory care unit), noted 2 staff members wearing masks and 3 residents unmasked sitting at a table all within 2 feet of each other. Two other residents were noted sitting in easy chairs in the commons area and were not wearing masks. On 6/30/20 at 12:00 PM all MCU residents were observed sitting in the dining room of the MCU and staff were serving the residents lunch. No social distancing noted. Three tables were present in the room with 5 residents at one table, 3 residents at one table, and 4 residents at one table all sitting within 2 feet or another resident. An interview on 6/30/20 at 9:40 AM with Medication Aide (MA)-A confirmed that MCU residents were not being monitored for or encouraged to social distance and continued to have communal dining. D. On 6/30/20 at 10: 15 AM NA-G removed a used face mask and placed it in the clean isolation caddy located on Resident 3's door, and on top of the clean garbage bags located in the caddy. The Director of Nursing (DON) prompted the NA-G to retrieve the face mask from the isolation caddy and instructed NA-G to put it in your pocket which NA-G did and entered Resident 3's room. E. On 6/30/20 at 11:40 AM Housekeeper-E was noted to be in the hallway with cleaning cart. Housekeeper-E was wearing gloves, gathered some cleaning supplies and entered a resident room, upon leaving the room the gloves were removed and disposed of, new clean gloves were put on without washing or sanitizing hands and Housekeeper-E proceeded to enter the next resident room for cleaning. F. On 6/30/20 at 11:45 AM NA-F was observed standing in the doorway of Resident 1's room (who was on isolation) and put on a gown that was handed to NA-F by NA-G from the hallway. NA-F entered the room, retrieved a face shield from a zip lock bag, and put on the face shield. NA-F grabbed the dirty laundry from the bin within the resident room, but then set the dirty laundry bag back into the bin when NA-G reported that the receiving laundry bin was overflowing. NA-F then grabbed a clean laundry bag from the isolation caddy on the resident's door without changing gloves or sanitizing hands. NA-F lifted the dirty laundry from the bin and placed a new laundry bag in the bin. NA-F waited approximately 3 minutes and when no one came to assist, removed the face shield and placed it back into a zip lock bag. NA-F then removed the gown and gloves and place them in the laundry and trash receptacles, picked up the soiled laundry bag along with the baggie (containing the dirty face shield) rubbing up against the dirty laundry bag. NA-F left the resident room without washing or sanitizing hands. NA-F carried the laundry bag with the baggie continuing to rub against it, to a storage area to dispose of it. The laundry receptacle was full. After waiting for assistance for approximately 3 minutes, no one arrived so NA-F set the bag down, returned to the facility hallway, went into a bathing area currently being utilized for supplies and placed the baggie containing the dirty face shield into an unlabeled box containing 6 other baggies with masks and face shields in them. NA-F then washed hands and left the room. G. An interview with the DON on 6/30/20 at 12:45 PM confirmed: 1) Hand hygiene should be performed before and after gloving; 2) Used face masks and face shields should not be placed on clean surfaces or in staff pockets, and 3) Soiled face shields need to be discarded or properly disinfected and not stored with clean face shields.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE