STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285272	A. BUILDING _____ B. WING _____	**07/07/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HARVARD REST HAVEN	**400 EAST 7TH STREET HARVARD, NE 68944**

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 12-006.17 Based on observation, interview and record review, the facility failed to implement infection control practices and Centers for Medicare and Medicaid Services (CMS) guidelines to prevent potential cross contamination including the spread of COVID-19 (a mild to severe respiratory illness that is caused by a coronavirus) related to failing to verify screening results for facility employees, failure to ensure the screening sheets contained full staff identifying information including first and last names and titles, failure to ensure follow up of symptoms indicated on screening sheets and failure to prevent self screening. The facility failure had the potential to affect all residents in the building. The facility identified a census of 30. Findings are: A. A record review of the Covid-19 Start of Shift Employee Screening log sheet (SSESL, a screening tool for Covid-19 symptoms and exposure) dated 07/06/20 for Employee A revealed a temperature above the stated facility guidelines was documented prior to allowing Employee A to work. Further review of the SSESL for Employee A revealed there was no evidence of a follow up evaluation prior to allowing Employee A to work. B. A record review of the SSESL dated 07/02/20 for Employee B revealed the SSESL had been left blank regarding Covid-19 symptoms. Further review of the SSESL for Employee B revealed there was no evidence of a follow up evaluation prior to allowing Employee B to work. C. A record review of the SSESL dated 07/02/20 for Employee C revealed the SSESL had no temperature documented. Further review of the SSESL for Employee C revealed there was no evidence of a follow up evaluation prior to allowing Employee C to work. D. A record review of the SSESL dated 06/25/20 for Employee D revealed the SSESL had no temperature documented. Further review of the SSESL for Employee D revealed there was no evidence of a follow up evaluation prior to allowing Employee D to work. E. An interview with the facility Administrator, D.O.N. A and D.O.N. B was conducted on 7/7/20 at 09:05 A.M. The interview revealed that the SSESL sheets were reviewed daily by the D.O.N.'s. During the interview with the facility Administrator, DON A and DON B the SSESL sheets for Employee A, B, C, and D were reviewed. The interview confirmed that there was no evidence of a follow up evaluation being completed prior to Employees A, B, C, and D being allowed to work.

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