STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285104	A. BUILDING _____ B. WING _____	**06/29/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
PRESTIGE CARE CENTER OF PLATTSMOUTH	**602 SOUTH 18TH STREET PLATTSMOUTH, NE 68048**

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 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, failed to report potential symptoms of illness and failed to wear the required Personal Protective Equipment during care for 1 (Resident 2) of 3 sampled residents. The facility failure had the potentail to affect all residents in the building. The facility identified a census of 78. Findings are: A. A record review of the Covid-19 Sign-In Sheet (CSIS, a screening tool for Covid-19 symptoms and exposure) dated 6-28-20 for Employee I, revealed a temperature of 92.6 degrees F. Further review of the CSIS for Employee I revealed there was no evidence of a follow up evaluation prior to allowing Employee I to work. B. A record review of the CSIS dated 6-28-20 for Employee J, revealed a temperature of 92.2 degrees F. Further review of the CSIS for Employee J revealed there was no evidence of a follow up evaluation prior to allowing Employee J to work. C.A record review of the CSIS dated 6-29-20 for Employee K, revealed a temperature of 93.3 degrees F. Further review of the CSIS for Employee K revealed there was no evidence of a follow up evaluation prior to allowing Employee K to work. D.A record review of the CSIS dated 6-29-20 for Employee L, revealed a temperature of 94.8 degrees F. Further review of the CSIS for Employee L revealed there was no evidence of a follow up evaluation prior to allowing Employee L to work. E.A record review of the CSIS dated 6-29-20 for Employee M, revealed a temperature of 94.0 degrees F. Further review of the CSIS for Employee M revealed there was no evidence of a follow up evaluation prior to allowing Employee M to work. F.A record review of the CSIS dated 6-29-20 for Employee N, revealed a temperature of 93.9 degrees F. Further review of the CSIS for Employee N revealed there was no evidence of a follow up evaluation prior to allowing Employee N to work. G.A record review of the CSIS dated 6-29-20 for Employee O, revealed a temperature of 92.4 degrees F. Further review of the CSIS for Employee O revealed there was no evidence of a follow up evaluation prior to allowing Employee O to work. H.A record review of the CSIS sheets dated 6/25/20 through 6/29/20 revealed 52 additional occurrences of temperatures below 96.0 that had been documented with no evidence of a follow up evaluation prior to allowing employees to work. I.On 6/29/20 at 4:11 P.M. an interview was conducted with the facility Administrator. During the interview, a review of the CSIS sheets for Employees I, J, K, L, M, N and O dated 6/28/20 and 6/29/20 was completed. The facility Administrator confirmed there should have been follow up evaluations regarding employee temperatures and was not. J. Record review of the DSM Covid 19 sign in sheet dated 6-29-2020 at 11:25 AM revealed the DSM did not have a new or worsening cough. On 6-29-2020 at 1:05 PM an observation of the facility staff providing the lunch meal revealed the facility Dietary Services Manager (DSM) had a surgical mask on. The DSM started coughing in a hard deep manor exited through the kitchen. On 6-29-2020 at 1:08 PM an interview was conducted with the DSM. During the interview when asked 3 times if the cough was new, the DSM stated yes. During the interview the DSM confirmed a possible sign or symptom of COVID 19 was a new or worsening cough. When asked what should have happened, the DSM reported the facility Administrator should have been notified and was not. On 6-29-2020 at 1:40 PM a follow up interview was conducted with the DSM. During the interview the DSM confirmed the cough was new. K. A record review of facility policy titled Zones and PPE (personal protective equipment refers to protective clothing, gloves, goggles, facemasks designed to protect the wearer from spread of infection) indicated that the policy was implemented on 6/22/20. The policy identified a Gray Zone (Transitional zone) for residents being transferred from the hospital/outside facilities or homes but have no known exposure to COVID -19 are admitted to the Gray Zone. All staff who enter resident rooms in the Gray Zone are to wear the following PPE: gown, gloves, eye protection (face shield) and N95 masks a disposable respirator that is intended to filter particles out of the air you breathe). Observation on 6/29/20 at 12:20 PM revealed that Resident 2 resided in the facility Gray Zone. Observation on 6/29/2020 at 12:25PM revealed Employee Q entered Resident 2's room in the Gray Zone with the lunch tray wearing a surgical mask instead of an N95 mask. Interview on 6/29/2020 at 1: 10 PM with Employee Q revealed that surgical masks were the only masks available to staff. Observation on 6/29/2020 at 1:45 PM revealed Employee P took a mug of water into Resident 2's room wearing only a surgical mask for PPE. Interview on 6/29/2020 at 12:50 PM with Employee P revealed that all employees took a surgical mask at the beginning of their shift and no N95 masks were provided.

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.