

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>28E191</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/23/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MEMORIAL COMMUNITY CARE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1423 SEVENTH STREET AURORA, NE 68818</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> LICENSURE REFERENCE NUMBER 175 NAC 12-006.17D Based on observation, interview, and record review; the facility failed to prevent the potential spread of Covid-19 by failing to perform hand hygiene between residents for Residents 9, 3, 10, 11, 12, 15, and 13; failing to transport food trays to prevent potential cross contamination for Resident 14, and failing to carry soiled items in a manner to prevent potential cross contamination which had the potential to affect all of the facility residents. The facility identified a census of 40 at the time of survey. Findings are: Interview with the facility Administrator on 6/22/2020 at 10:30 AM revealed the facility was following Covid-19 prevention protocol and residents were eating their meals in their rooms. Facility staff were to follow precautions to protect the residents by wearing masks at all times and other PPE (Personal Protective Equipment) when indicated. A. Observation on 6/22/2020 at 11:00 AM revealed HK-F (Housekeeper) with a bag of trash tucked up under their arm touching the front and side of their smock, while walking down the hall on 300. HK-F discarded the trash then went back down to the housekeeping cart which was at the other end of the 300 hall. Observation of HK-F on 6/22/2020 at 11:36 AM revealed HK-F was standing outside a resident room door on the 300 unit. HK-F was then observed going in and out of resident rooms on the unit. Interview with the DON on 6/23/2020 at 7:57 AM revealed the housekeepers were assigned to a hallway, but did float (go to other hallways) and help each other out as needed. Interview with the DON on 6/23/2020 at 2:14 PM revealed the expectation was that no one should be carrying anything up against their uniform top at any time. B. Observation of NA-G (Nursing Assistant) on 6/22/2020 at 11:40 AM revealed NA-G went into Resident 9's room with a tray of food, set up their food on their tray table, touched the items on their tray (plate cover, drinks, silverware, salad, dessert) and the tray table, left their room, put the plate cover on the cart, then did a 2 second hand scrub with the HS (Hand Sanitizer) foam from the dispenser outside the room door. NA-G then picked up a tray of food from a cart in the hall, went into Resident 3's room, put their plate of food down on a tray table, took the cover off the plate of food and set up their tray touching the items on the tray in the process. NA-G then left their room, put the plate cover on the cart and did a 2 second scrub with the HS. NA-G did not rub it in. Their hands were still wet with the foam. Resident 3 was observed feeding themselves and handling the items on the tray. At 11:43 AM NA-G took a tray of food off the cart in the hall into Resident 10's room. NA-G placed the tray on the resident's personal tray table. NA-G walked out of the room with the plate cover after setting up their food tray by touching the items on the tray then did a 2 second hand scrub with the HS. Resident 10 was observed feeding themselves and handling the items on the tray. NA-G then picked up a wrapper off the floor in the hall, walked into the dining room, discarded the wrapper in the trash can, and put the plate cover on a cart in the dining room where 2 staff were observed plating food then putting the plates a ledge in front of the steam table. NA-G did not do any hand hygiene after NA-G picked the wrapper up off the floor. NA-G then grabbed a cart with trays of food on it and wheeled it down the hall. NA-G then took a tray of food into Resident 11. NA-G touched their tray table and moved it to where they were sitting, took the plate cover off the food, then put salt and pepper on Resident 11's food. NA-G then opened their bag of chips by handling the bag and put them back down on the tray. NA-G then took the plastic off Resident 11's dessert by picking up the plate then put the plate back on the tray. NA-G then picked up the plate cover and walked out of Resident 11's room. NA-G then did a 4 second hand scrub with HS. Resident 11 was observed feeding themselves and handling the items on the tray. NA-G then picked up another tray of food and took it into Resident 12's room. NA-G set up Resident 12's plate as well touching the items on their tray. NA-G then walked out of Resident 12's room and did a 3 second scrub with the HS. Resident 12 was observed feeding themselves and handling the items on the tray. NA-G then took a tray of food in to Resident 15. NA-G opened their hand sanitizer then opened their carton of milk. After setting up Resident 15's tray, NA-G walked out of Resident 15's room and did a 2 second hand rub with the HS. Resident 15 was observed feeding themselves and handling the items on the tray. NA-G then picked up another tray of food and took it in to Resident 13. NA-G moved the blanket off Resident 13's lap after putting their tray on the bed side table and wheeling it to where they were sitting. NA-G then took the cover off the food. NA-G then helped Resident 13 with their with hand sanitizer by opening the package. NA-G picked up the cup of salad dressing, took the lid off of it and on poured it on their salad. NA-G handled the salad container while they were putting the salad dressing on it. NA-G then opened their chocolate milk and poured it in the glass by picking up the glass. Resident 13 was observed feeding themselves and handling the items on the tray. At 11:52 AM after NA-G left Resident 13's room, NA-G did a 2 second hand rub with the HS then went into the dining room. At 11:53 AM, NA-G picked up a tray of food from the ledge in front of the steam table and carried it up against their smock across the dining room then left the dining room and took the tray of food to Resident 14. NA-G then put the tray down in front of Resident 14. NA-G opened the items on the tray and took the lid off the plate of food. NA-G pulled up a chair next to Resident 14 then proceeded to feed Resident 14 the food that was on the tray. Review of the facility policy Hand Hygiene Policy revised 9/13/2018 revealed the following: Hand hygiene is the single most effective means of preventing the spread of infection. Skin surfaces, especially of the hands, are excellent carriers of organisms and contaminants. Hand hygiene must be performed before entering and leaving patient/resident room, before and after touching a patient/resident, before a clean/aseptic procedure, after body fluid exposure risk and after touching the patient/resident environment. Below are some examples of specific opportunities when hand hygiene must be performed. Before and after assisting a patient/resident with meals (hand washing with soap and water). The following hand cleansing procedure will be used when utilizing a waterless alcohol-based sanitizer. Hand sanitizer is preferred over hand washing for hands that are not visibly soiled. Apply appropriate amount to palms. (Hand foam amount is about the size of an English walnut.) Rub all surfaces vigorously, between fingers, around nails, wrists, and back of hands until hands are dry, about 15 seconds. Review of the Addendum A for the Hand Hygiene Policy revised 9/13/2018 revealed the following: Unique hand hygiene situation: There are some circumstances when the hand hygiene rule (clean hands on entry and exit) must be adapted for a task when being completed by staff while maintaining patient safety. Food Tray Delivery (clean trays): Clean hands. Pick up tray. Walk into patient room/environment. Place tray on over-bed table or as directed by patient/visitor or staff. Clean hands upon exit and in route to tray cart. Pick up the next tray. Repeat until all trays are delivered. Review of the Ecolab Quick-Care Aerosol Foam Hand Sanitizer label provided by the facility and identified as the hand sanitizer the staff use in the facility revealed the following instructions for use: Directions: apply product onto hands, spread thoroughly and rub until dry. Interview with the DON on 6/23/2020 at 2:14 PM revealed the expectation was that no one should be carrying anything up against their uniform top at any time. Interview with the DON on 6/23/2020 at 3:09 PM revealed the following expectations: Hand hygiene must be performed before entering and leaving patient/resident room, before and after touching a patient/resident, before a clean/aseptic procedure, after body fluid exposure risk and after touching the patient/resident environment. Below are some examples of specific opportunities when hand hygiene must be performed coming on duty hands are visibly soiled (hand washing with soap and water); Before and after direct patient/resident contact (for which hand hygiene is indicated by acceptable professional practice).3. Before and after performing any invasive procedure (e.g., fingerstick, blood sampling).4. Before and after</p>		
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.

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F 0880  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p>(continued... from page 1) entering isolation precaution settings. 5. Before and after eating or handling food (hand washing with soap and water).6. Before and after assisting a patient/resident with meals (hand washing with soap and water).7. Before and after assisting a patient/resident with personal care (e.g., oral care, bathing).8. Before and after peripheral vascular catheters and other invasive devices. 9. Before and after inserting indwelling catheters. 10. Before and after changing a dressing. 11. Upon and after coming in contact with a patient/resident's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient/resident).12. After personal use of the toilet (hand washing with soap and water).13. Before and after assisting a patient/resident with toileting (hand washing with soap and water).14. After contact with a patient/resident with infectious diarrhea including, but not limited to infections caused by norovirus, salmonella, shigella, and [DIAGNOSES REDACTED]icile (hand washing with soap and water)15. After blowing or wiping nose. 16. After contact with a patient/resident's mucous membranes and body fluids or excretions. 17. After handling soiled or used linens, dressings, bedpans, catheters and urinals. 18. After handling soiled equipment or utensils. 19. After performing your personal hygiene (hand washing with soap and water).20. After removing gloves or aprons. 21. After completing duty. The following hand cleansing procedure will be used when utilizing a waterless alcohol-based sanitizer. Hand sanitizer is preferred over hand washing for hands that are not visibly soiled. 1. Apply appropriate amount to palms. (Hand foam amount is about the size of an English walnut.)2. Rub all surfaces vigorously, between fingers, around nails, wrists, and back of hands until hands are dry, about 15 seconds. Everyone should be following this policy. If something is picked up off of the floor, hand hygiene should be performed. Nothing should be carried up against their uniform tops. Interview with the DON on 6/23/2020 at 3:13 PM revealed the following expectations: Food Tray Delivery (clean trays):1. Clean hands. 2. Pick up tray. 3. Walk into patient room/environment. 4. Place tray on over-bed table or as directed by patient/visitor or staff. 5. Clean hands upon exit and in route to tray cart. 6. Pick up the next tray. 7. Repeat until all trays are delivered. Food tray Pick-up (dirty trays):1. Clean hands upon entry to patient room/environment. 2. Pick up used tray. 3. Place tray in the cart. 4. Clean hands and repeat until all the trays have been collected. Glove use: Assess the need to wear gloves before picking up the tray. 1. Clean hands. 2. Don gloves if the tray is visibly soiled. 3. Pick up tray and place in cart. 4. Remove gloves and clean hands upon entering next room. If the tray is visibly soiled with blood or body fluids, report incident to nursing staff. Nursing staff will remove the blood or body fluids from the tray. Do not throw away flatware, china etc. 1. Clean hands. 2. Don gloves. 3. Pick-up tray and place in cart. 4. Remove gloves and clean hands. They should not carry the tray next to their uniform.</p>		