

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285180	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2020
NAME OF PROVIDER OF SUPPLIER BUTTE SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP 210 BROADWAY BUTTE, NE 68722	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Licensure Reference Number 175 NAC 12-006.17 Based on interview and record review; the facility failed to 1) prevent the potential spread of COVID-19 by allowing employees with temperatures of 100 degrees or greater to work in the facility; 2) ensure dishes were properly sanitized; and 3) develop a Response Planning Tool that included the necessary items including a plan for COVID-19 testing. This had the potential to affect all residents. The sample size was 5 and the facility census was 22. Findings are: A. Review of The Centers for Medicare and Medicaid Services (CMS) Center for Clinical Standards and Quality, Safety and Oversight Group dated 3/13/20 revealed the following guidance for infection control and prevention of Coronavirus Disease 2019 (COVID-19): -The facility should regularly monitor the CDC (Centers for Disease Control) website for information and resources. -Per the CDC, prompt detection, triage, and isolation of potentially infectious residents is essential to prevent unnecessary exposures among residents and healthcare personnel. Review of the CDC guidelines Preparing for COVID-19 in Nursing Homes dated 6/25/20 revealed the following guidance for infection control and prevention of COVID-19: - The facility should screen all healthcare workers at the beginning of their shift for fever and symptoms of COVID-19, - actively take the employee's temperature, and - a fever is either a measured temperature of 100 degrees or greater or a subjective fever. Review of the COVID-19 Employee Screening Logs dated 4/16/20 through 6/27/20 revealed the following: -On 6/25/20 2 employees were allowed to work with temperatures greater than 100 degrees (100.1 degrees and 100.2 degrees). - On 6/27/20 an employee was allowed to work with a temperature of 100.1 degrees. An interview with the Director of Nursing on 7/7/20 at 11:30 AM confirmed the facility did not restrict staff from working unless their temperature was greater than 100.4 degrees. B. Review of the facility's yearly Temp for Dishwasher Log (a record of dishwasher temperatures for both wash and rinse cycles used to monitor sanitation of dishes) revealed no temperatures were recorded for dishwasher wash and rinse cycles on 3/15/20, 3/21/20, 3/22/20, 4/4/20, 4/12/20 through 4/20/20, 5/2/20, 5/3/20, 5/11/20, 5/17/20, 5/24/20, 5/30/20 and 6/29/20. C. Review of the Department of Health and Human Services Long-Term Care COVID-19 Response Planning Tool dated 5/29/20 revealed facilities could take steps to assess and improve their preparedness for responding to COVID-19 and were to develop a comprehensive Response Planning Tool by 6/22/20. This would include a plan for gradual return to standard practices of the facility based on meeting critical benchmarks. One component of the plan would address the facilities plan for testing based on contingencies informed by the CDC that, at a minimum, should consider the following components: -The capacity for all nursing home residents to receive a single baseline COVID-19 test. Similarly, the capacity for all residents to be tested upon identification of an individual with symptoms consistent with COVID-19, or if a staff member tests positive for COVID-19. -Capacity for continuance of weekly re-testing of all nursing home residents until all residents test negative. -The capacity for all nursing home staff (including volunteers and vendors who are in the facility on a weekly basis) to receive a single baseline COVID-19 test, with appropriate re-testing. -An arrangement with laboratories to process tests able to detect COVID-19. -A procedure for addressing residents or staff that decline or are unable to be tested. -Access to payment for appropriate testing. Review of the facility's Guidance on Phased Easing of Restrictions dated 6/22/20 revealed baseline testing was not required for residents or staff and there was no evidence this component of the plan would be included. An interview with the Administrator on 7/10/20 at 12:25 PM confirmed the facility's plan titled Guidance on Phased Easing of Restrictions dated 6/22/20 did not include a plan for baseline testing of staff and/or residents.</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.