

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285130	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER BEATRICE HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP 1800 IRVING STREET BEATRICE, NE 68310	
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 F 0880	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Licensure Reference Number: 175 NAC 12-006.17 Based on observation, interview and record review; the facility failed to ensure Personal Protective Equipment was not worn from Gray Zone (A Transitional zone where residents who are being transferred from the hospital/outside facilities are usually kept in this zone for 14 days and if remain asymptomatic will be moved to Green Zone) to Green Zone (Covid-19 free zone) areas of resident care. The facility also failed to ensure that staff were not screening themselves upon entry into the facility which had the potential to expose residents to ill staff. These had the potential to affect all residents. The facility census was 65. A. At 10:00 AM on 6/22/2020 LPN A was observed assisting a Gray zone resident with a blood glucose finger stick and insulin administration. The LPN was wearing an N95 mask during the provision of these cares. At the end of these cares all Personal Protective Equipment was removed except for the N95 mask which remained on. At 10:15 AM on 6/22/2020 LPN A was observed walking down the Green Zone hallway adjacent to the Gray Zone wearing the same N95 mask that had been worn caring for Gray Zone resident. Interview with LPN A at 10:18 on 6/22/2020 revealed staff were to wear the same N95 mask to care for Gray Zone residents and then care for Green Zone residents. Goggles are worn when caring for Gray zone residents which do not cover the mask. Interview with NA B at 11:00 AM on 6/22/2020 revealed staff wear the same N95 mask to care for Gray Zone residents and then care for Green Zone residents. Goggles are worn when caring for Gray zone residents which do not cover the mask. Interview with the Director of Nursing and Infection Control and Preventionist at 1:26 PM on 6/22/2020 revealed N95 masks are worn throughout the facility. A staff person can care for a resident in a Gray Zone and move on to care for residents in the green zone wearing the same N95 mask. Review of an Infection Control Assessment and Promotion Program (ICAP) form revised 4/20/2020 revealed the following. If staff has to work in multiple zones, it will be preferred that they plan ahead and batch all the care-giving activities together in a way that they finish the work in one zone, to the extent possible, before moving on to the next zone. (Note: Extended use and reuse of PPE is not recommended when moving from red zone to yellow zone or yellow zone to green zone. Follow infection prevention and control procedures very strictly to avoid transmission between zones). B. Observation on 6/22/20 at 2:15pm revealed 2 evening staff members to be at nurse's station right next to entry door of facility, both staff members had a surgical mask on. Observed first staff member to take thermometer and take own temperature and write it down on log sheet in notebook. At this time there was a staff member in the nurses station but they were not paying attention to the staff who were screening. After first staff member finished, then staff member went down hallway of facility, the second staff member then checked own temperature and no other staff were present at the nurses station at this time. Second staff person then wrote information on the log sheet and then went down hallway of facility. Interview on 6/22/20 at 2:35pm with ADON/Infection Control Preventionist revealed that facility has staff self-screen when they come into facility for their shift. States that the staff have been educated about reporting if temp is greater than 100 degrees and if they answer yes to any questions that they are to find the DON or ADON and they aren't available then a charge nurse. Review of QSO-20-14-NH memo instructs facilities to implement active screening of residents and staff for fever and respiratory symptoms and to screen all staff at the beginning of their shift for fever and and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough, and sore throat. Review of Infection Control Assessment and Promotion Program (ICAP) form revised 4/20/2020 revealed the following: initiate temperature and symptoms screen (for COVID-19) for anyone entering into the facility and symptomatic individuals should not be allowed in the facility.</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.