

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285253	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OF SUPPLIER EL DORADO MANOR NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 71434 HWY 25, BOX 97 TRENTON, NE 69044	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.17B Based on observations, interviews, and record review, the facility failed to 1. ensure that newly admitted residents and residents returning from appointments outside the facility were placed into 14 day quarantine with the use of appropriate PPE (Personal Protective Equipment) for 10 sampled residents (Residents 1, 2, 3, 4, 5, 6, 7, 8, 9, and 11), and 2. ensure that screening was completed appropriately for individuals entering the facility to prevent the possible spread of COVID-19 to all the residents of the facility. Sample size was 11, and the facility census was 22. Findings are: A. On 6/30/2020 at 7:40 AM during a preliminary interview by phone from the parking lot, MA (Medication Aide)-A who served as the facility's Activities director verified that there were no respiratory infections in the building and that all staff and residents had been tested last week for COVID-19 and were found to be negative. At 8:35 AM during a lengthy interview with LPN (Licensed Practical Nurse)-C who served as the facility's Infection Preventionist, they verified that testing was completed on 6/25/2020. General Infection Prevention and Control policies and procedures were reviewed with LPN-C as well as a separate book which included specific policies related to COVID-19. This book did not include specific guidance related to PPE (Personal Protective Equipment) to be used in different zones based on residents' COVID-19 status. However, LPN-C did explain that a portion of the facility was set aside for zones and that some residents had been in a Gray Zone in the past but there were no residents there at the present time. LPN-C revealed that if a resident in the Gray Zone had one negative test for COVID-19 staff caring for that individual wore only gloves and surgical masks. However, if a resident had no test or had any symptoms of respiratory illness then staff used full PPE including face shield and gown when providing care. LPN-C also verified that staff did not work only in the Gray Zone but came out of that area and cared for other residents as needed during their shift. At 9:20 AM, the facility's DON (Director of Nursing) also verified that staff only used full PPE when caring for residents in the Gray Zone who had not had a test for COVID-19 or who had respiratory symptoms. Review of a graphic showing Review of Zones and PPE with the DON showed that the Gray Zone was for residents transferred from the hospital or outside facilities with no known exposure to COVID-19 and called for use of gown, gloves, eye protection and N95 mask or surgical mask with face shield if no N95 was available. The DON verified this was not done consistently for all residents in the Gray Zone and the DON also verified that they did not remember seeing this guidance in the facility's policy book showing the kinds of PPE to be used in each zone. At 10:25 AM, the DON provided a list of all residents who had been in the Grey Zone which was initiated on 4/7/2020. The DON verified that when caring for those who had a negative test for COVID-19 in the Grey Zone staff wore only mask and gloves. However, when caring for those who had no test, full PPE was used at all times and doors were kept closed. At 11:00 AM, the DON also provided a list of resident admitted between 3/24/2020 and 4/7/2020 before Grey Zone was set up and verified that those residents were isolated in private rooms, and staff did not use full PPE for their care but did wear gloves and mask. The doors to their rooms were also kept closed. The DON also acknowledged residents were not placed in Gray Zone after leaving the facility for appointments because staff remained with them at all times to ensure use of masks and social distancing. Review of Admissions 3-1 to 4-7 (prior to Grey Zone) showed that Resident 2 and Resident 3 were admitted on [DATE] and were kept in isolation until 4/7/2020, and Resident 4 was admitted on [DATE] was kept in isolation until 4/16/2020. These residents were admitted before the facility initiated the use of zones and were isolated in their own rooms where staff work masks and gloves when caring for them. The Departmental Notes for Resident 2 during this time did not indicate whether or not the resident was in quarantine. The Departmental Notes for Resident 3 on 4/2/2020 stated since return from the hospital the resident had been in a different room by themselves, and on 4/6/2020 stated the resident was moved from room [ROOM NUMBER] where they had been in quarantine following return from the hospital to room [ROOM NUMBER]. Departmental Notes for Resident 4 on 4/2/2020 indicated the resident was in a room by themselves for quarantine after having been in the hospital. Review of Isolation/Grey Area Residents showed Resident 5 was in isolation 4/8 to 4/10 using full PPE and from 4/15 to 4/24 following a negative COVID-19 test. Departmental Notes for Resident 5 showed the resident was admitted to the facility on [DATE] at 1:30 PM and was sent back to the hospital on [DATE] due to increased pain. The Departmental Notes also indicated that Resident 5 returned to the facility on [DATE]. On 4/23/2020 at 3:54 PM Departmental Notes showed a note from Activities which revealed the resident had wheeled around and sat in the courtyard and seem to enjoy time outside. Isolation/Grey Area Residents showed Resident 3 was in isolation 4/15-4/16 with use of full PPE but no indication of why this isolation ended after only two days. The list also showed that Resident 6 was in isolation with use of full PPE from 4/30 to 5/15 and also from 6/2 to 6/22 following a negative test for COVID-19. Review of Departmental Notes for Resident 6 showed they returned from an overnight stay in the hospital on [DATE] and on 5/2/2020 a notes stated the resident was on isolation precautions due to recent hospitalization. Departmental Notes on 6/2/2020 showed the resident had returned from a hospital stay and was to be kept in quarantine 14 days before returning to his room. A note on 6/17/2020 stated that the resident was seen by the Nurse Practitioner with audible expiratory wheezing and that [MEDICATION NAME] nebulizers were ordered. There was no indication that a change to the use of full PPE was made at that time related to these respiratory symptoms. Isolation/Grey Area Residents showed Resident 7 was in isolation 5/4 to 5/18 and had one negative test for COVID-19. Departmental Notes for 5/4/2020 showed that Resident 7 returned from the hospital and was placed in room [ROOM NUMBER] for 14 day isolation but had tested negative for the [MEDICAL CONDITION]. A note on 5/7/2020 showed the resident remained in isolation. Isolation/Grey Area Residents showed Resident 8 was in isolation 5/12 to 5/26 and 6/8 to 6/16 and had one negative test for COVID-19 each time. Departmental Notes on 5/12/2020 showed the resident had returned from a week stay at The Nebraska Medical Center and was placed in room [ROOM NUMBER] in isolation precautions for 14 days. A note on 6/8/2020 showed the resident returned from McCook hospital and was taken to room [ROOM NUMBER] in the quarantine area for a 14 day stay. Departmental Notes from 6/16/2020 indicated that the resident had passed away while on Hospice care. Isolation/Grey Area Residents showed Resident 9 was in isolation 5/18 to 6/1 and had one negative test for COVID-19. Departmental Notes showed the resident returned from a four day hospitalization and was admitted to room [ROOM NUMBER] for 14 day isolation. Isolation/Grey Area Residents showed Resident 10 was in isolation 3/19 to 4/2 and again 5/7 to 5/13 using full PPE both times. Departmental Notes showed the resident was admitted to the facility on [DATE]. A message included with a fax from the facility on 7/1/2020 clarified that Resident 10 was in isolation with use of full PPE following this initial admit and again following an appointment at which there was a known possible exposure to COVID-19. Departmental Notes on 5/13/2020 revealed the resident was in isolation for a few days after visiting the hospital for a procedure but had since been cleared and moved back to his regular room. Isolation/Grey Area Residents showed that Resident 11 was in isolation 6/1 to 6/3 and a note attached to a fax from the facility on 7/1/2020 clarified that this resident was very agitated due to dementia and the new move and was coming out of isolation multiple times and so was taken out of isolation and put into a private room. Departmental Notes on 6/1/2020 showed the resident was to remain in quarantine for 14 days following admission but was up wandering the halls and becoming anxious. No notes were found to indicate when or why the quarantine was stopped. Review of Departmental Notes for Resident</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285253	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OF SUPPLIER EL DORADO MANOR NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 71434 HWY 25, BOX 97 TRENTON, NE 69044	
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)		
<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>1 on 6/29/2020 revealed they left the facility for several hours for an appointment with the doctor in McCook. A note at 1:57 PM stated the resident had been taken to the dining room for a late dinner and then to his room to rest. There was no evidence that the resident was quarantined in the Gray Zone after leaving the facility, and the DON verified that residents were not placed in that area after leaving the facility for appointments. Observation at 12:00 PM on 6/30/2020 showed an area marked off for isolation with no residents in that area. B. On 6/30/2020 at 7:45 AM, upon entry to the facility, a table was seen just inside the front door which contained papers for screening those entering the building, a non-contact electronic thermometer, and alcohol wipes. Upon entering the building, MA-A checked this surveyor's temperature using the thermometer and asked us to sign the Release of Responsibility form which was on the table. MA-A also indicated a sink located on the far side of the room and asked the surveyors to wash their hands. The COVID-19 Screening Checklist-for Visitors and Staff was also on the table, but this surveyor was not asked any questions, and this form was not completed upon entry to the building. At 8:30 AM, an individual was observed entering building. This person used the thermometer to check their own temperature, signed the Release of Responsibility form and then went to the sink and washed their hands. At that time LPN-C was in the room but had their back to the table. LPN-C identified the individual washing their hands as working in the facility to procure supplies. LPN-C verified that screening should be done by someone who can check the temperature of the person entering the building and complete the questions on the checklist. LPN-C stated that most staff members enter the building through the back door into the lounge at shift change and are able to screen each other and complete the questions together at that time. At 10:50 AM, another individual was observed entering the building who also checked their own temperature, signed the Release of Responsibility form, and then went to the sink to wash their hands. No staff members were in the area at the time this individual entered the building. At 11:09 AM, the same individual was observed leaving the building and did not recheck their temperature or complete the checklist. At 11:10 AM, an interview with LPN-C identified the individual who had signed the Release of Responsibility form at 10:50 AM as Speech Therapist (ST)-D. LPN-C revealed that this individual came into the facility regularly and was familiar with the code to enter the locked front door. LPN-C verified that screening of everyone entering the facility should occur both when coming in and going out and should be monitored by staff to ensure all screening questions were completed to reduce the risk of the spread of COVID-19. At 11:20 AM, LPN-C placed new sign on the table containing screening materials which asked those entering to have someone check them in. LPN-C placed this notice on top of the Release of Responsibility form on the table. The COVID-19 Screening Checklist-for Visitors and Staff document stated All individuals (staff, other health care workers, family, visitors, government officials, etc.) entering the building must be asked the following questions. The questions on that document asked about hand washing on entry, symptoms, temperature, and whether they have worked in a location with recognized COVID-19 cases. The facility's Coronavirus Surveillance policy stated that Heightened surveillance activities will be implemented to limit the transmission of COVID-19 which include screening visitors, staff, and residents. At 12:20 PM, these concerns were reviewed with the facility's Administrator, DON, and LPN-C who all agreed that residents in the Gray Zone on admission or after leaving the facility should be cared for by staff wearing full PPE and screening of everyone entering the building should be monitored by staff because these concerns had the potential to affect all residents in the facility by potentially exposing them to COVID-19.</p>		