

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285073	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER PARK VIEW HAVEN NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 309 NORTH MADISON STREET COLERIDGE, NE 68727	
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)		
E 0024 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Establish policies and procedures for volunteers. Based on record review and interview, the facility failed to develop policies and procedures for ensuring sufficient staffing to meet the needs of the residents in the event of an emergency such as a COVID-19 outbreak. The total sample size was 4 and the facility census was 30. Findings are: Record review of the facility Emergency Preparedness Plan (undated) revealed the plan did not contain policies and procedures to ensure sufficient staffing in the case of staffing shortages related to a pandemic. Interview on 6/17/20 at 11:00 AM with the Director of Nursing confirmed that the Emergency Preparedness Plan did not contain policies and procedures to assure resident care needs were met if the facility faced staffing shortages related to a pandemic.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.17 Based on observation, interview, and record view; the facility failed to ensure transmission-based precautions (the second tier of basic infection control and to be used in addition to Standard Precautions for patients who may be infected with certain infectious agents for which additional precautions are needed to prevent infection) were implemented for 2 (residents 2 and 3) of 3 residents with a potential exposure to COVID-19 (a highly contagious virus primarily spread from person to person through respiratory droplets, which can lead to serious illness and even death). The sample size was 4 and the facility census was 30. 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 (Center for Disease Control) website for information and resources. Per the CDC, prompt detection, triage, and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents and healthcare personnel; -restriction of all visitors and non-essential healthcare personnel except for certain end of life situations; -if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital where they would remain for 14 days with no symptoms; and -remind residents to practice social distancing. B. Review of The CMS Center for Clinical Standards and Quality, Safety and Oversight Group dated 4/24/20 revealed the following guidance for infection control and prevention of Coronavirus Disease 2019 (COVID-19): -the facility should consider the necessity of appointments outside of the facility to the resident's health, whether it is critical for the resident to attend; -if attending the appointment is necessary, the facility should help arrange for the resident to attend the appointment by taking precautions to minimize the risk of transmission of COVID-19; and -the facility should monitor the resident upon return for fever and signs and symptoms of respiratory infection for 14 days after the outside appointment (preferably in a space dedicated for the observation of asymptomatic residents). C. Review of Resident 2's Minimum Data Set (MDS-a federally mandated comprehensive assessment tool used for care planning) dated 5/29/20 revealed [DIAGNOSES REDACTED]. Review of the resident's Nursing Progress Notes revealed the following: -3/25/20 at 3:53 PM the resident returned from [MEDICAL TREATMENT] in spouse's vehicle; -3/27/20 at 3:50 PM the resident returned from [MEDICAL TREATMENT] in spouse's personal vehicle; -3/30/20 at 3:50 PM the resident returned to the facility via spouse's vehicle; -3/31/20 at 8:45 AM the resident left the facility for [MEDICAL CONDITION] in the spouse's vehicle; -4/3/20 at 4:00 PM the resident returned from an appointment per family vehicle; -4/8/20 at 4:08 PM the resident returned from an appointment with spouse; -4/10/20 at 3:15 PM the resident returned to the facility per spouse's personal vehicle; -4/13/20 at 9:00 AM the resident left the facility for an appointment with spouse; -4/17/20 at 3:25 PM the resident returned from an appointment with spouse; -4/21/20 at 8:15 AM the resident left for a [MEDICAL CONDITION] appointment and was transported and accompanied by spouse; -4/22/20 at 6:00 PM the resident returned from [MEDICAL TREATMENT] with spouse; -5/6/20 at 3:50 PM the resident returned from [MEDICAL TREATMENT] appointment with spouse; -5/25/20 at 8:10 AM the resident left the facility with spouse for [MEDICAL TREATMENT] appointment; -5/26/20 at 5:44 PM the resident returned from [MEDICAL CONDITION] accompanied by spouse; -5/27/20 at 3:55 PM the resident returned from [MEDICAL TREATMENT] with spouse; -6/2/20 at 2:20 PM the resident returned from a [MEDICAL CONDITION] appointment via spouse's personal vehicle; and -6/3/20 at 4:57 PM resident returned from [MEDICAL TREATMENT] with spouse. Observation of Resident 2's room on 6/17/20 at 09:08 AM revealed the resident was in a shared room with another resident. There was no signage in or around the doorway and there was also no isolation equipment in or around the resident's doorway to indicate the resident needed transmission-based precautions. D. Observations on 6/17/20 from 9:00 AM to 9:30 AM revealed the following: -3 residents attempted to exit the facility dining room through the same corridor access. The residents were directly next to each other and were not 6 feet apart. None of the residents were wearing a mask. Several staff passed by the residents and no cues were provided to assure social distancing; -2 residents were seated in chairs across from the Nurses Station. Residents were not 6 feet apart and were not wearing masks; and -3 residents were seated in wheelchairs in the front lobby area by the television. The residents were not maintaining a social distance and were not wearing masks. E. During an interview on 6/17/20 at 10:30 AM the Director of Nursing (DON) confirmed the following: -Resident 2 was never placed in transmission-based precautions despite frequent appointments outside of the facility for [MEDICAL CONDITION] and [MEDICAL TREATMENT] even though the resident had an increased risk for exposure to COVID-19; -the resident's spouse does take the resident to frequent appointments despite the facility's restriction on visitors; -residents do not maintain social distancing when exiting the dining room or when positioned by the Nurse's Station; -residents do not wear masks; and -staff do not provide encouragement for residents to maintain social distancing or to wear a mask when out of their rooms. F. Review of Resident 3's MDS dated [DATE] revealed [DIAGNOSES REDACTED]. The resident was admitted to the facility on [DATE] from the hospital. During an interview on 6/17/20 at 11:30 AM the DON confirmed Resident 3 had not been placed in isolation or quarantine since being admitted from the hospital on [DATE].		

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.