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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285062 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/25/2020 |
| NAME OF PROVIDER OF SUPPLIER MIDWEST COVENANT HOME | | STREET ADDRESS, CITY, STATE, ZIP P O BOX 367, 615 EAST 9TH STREET STROMSBURG, NE 68666 | |
| 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 - Immediate jeopardy Residents Affected - Many | <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and record review, the facility failed to protect all residents in the facility by not following acceptable infection control practice recommendations for COVID-19 from the Centers for Disease Control (CDC) and the Centers for Medicare and Medicaid (CMS) Services. The facility failed to have a screening system in place to ensure all staff and visitors were screened for signs and symptoms of COVID-19 prior to having contact or providing care to the residents. The facility allowed staff to enter the facility and pass multiple resident rooms prior to being screened for signs and symptoms of COVID-19. The facility failed to follow up on employee documented signs and symptoms of COVID-19 and allowed staff to care for the residents after reporting signs and symptoms of COVID-19. The facility failed to screen visitors for signs and symptoms of COVID-19 when entering the facility and having contact with residents. This deficient practice placed all 30 residents at risk for contracting COVID-19 and resulted in Immediate Jeopardy (IJ). As a result of the identified non-compliance, the Administrator was notified on 6/25/20 at 4:05pm of the Immediate Jeopardy. Review of CMS, Center for Clinical Standards and Quality, Safety and Oversight (QSO) Memo 20-14-NH, dated 3/13/20, provided guidance to long term care facilities which included screening all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough and sore throat. If ill, have them self-isolate at home. Review of the CDC's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, dated 3/13/20, showed the following: -Screen all healthcare professionals (HCP) at the beginning of their shift for fever and symptoms consistent with COVID-19. If they are ill, have them keep their facemask on and leave the workplace. -Fever is either measured temperature >100.0 degrees Fahrenheit or subjective fever. Respiratory symptoms consistent with COVID-19 are cough, shortness of breath and sore throat. Findings include: During a tour of the facility on 6/25/20 at, the DON identified that staff entered the facility through the employee break room door. She stated the employee's clock in, use hand sanitizer, put a mask on and proceed to the nurse's station to be screened for signs and symptoms of COVID-19. Observation on 6/25/20 at 9:52am, showed once staff entered the building from the employee break room, they would pass by multiple resident rooms (1,2,3,4,5,6, and 7) on the West hall prior to entering the nurses station to be screened for signs and symptoms of COVID-19. During an interview on 6/25/20 at 10am, Housekeeper (HK1) stated she enters the facility through the employee break room entrance, clocks in and goes to the nurse's station checks her temperature and completes the screening form. During an interview on 6/25/20 at 10:15am, Nurse Aide (NA2) stated when she arrives at work she clocks in, uses hand sanitizer, puts on a mask and goes to the nurses station. She said the nurse usually watches her take her own temperature and complete the screening form. During an interview on 6/25/20 at 1:20pm, Nurse Aide NA1 stated she enters the facility through the employee break room, uses hand sanitizer, puts a mask on and walks past resident rooms 1, 2, 3, 4, 5, 6, and 7 and then enters the nurse's station. She stated she screens herself but the charge nurse is usually close by and verifies what she has written down. Review of the COVID-19 employee symptom evaluation log forms on 6/25/20 revealed on: -4/27/20: Agency Staff/Nurse Aide (AS/NA1) entered the facility, no temperature assessed. Review of information provided by the administrator on 7/7/20 showed AS/NA1 was in orientation from 1:30pm to 2:25pm. -4/30/20: facility Administrator entered facility, no screening completed for signs and symptoms of COVID-19. -5/4/20: AS/NA2 entered the facility and documented intermittent cough and shortness of breath. Sore throat. Review of information provided by the administrator on 7/7/20 showed AS/NA2 worked and provided care to the residents from 2pm until 11pm on 5/4/20. -5/16/20: Dietary Aide (DA1) entered facility, no screening completed for signs and symptoms of COVID-19. Review of information provided by the administrator on 7/7/20 showed DA1 worked from 5:28am to 2:14pm on 5/16/20. -5/12/20: AS/NA2 entered facility and documented having a sore throat. Review of information provided by the administrator on 7/7/20 showed AS/NA2 worked and provided care to the residents on from 2pm until 11pm on 5/12/20. -5/11/20: Registered Nurse (RN1) entered facility and documented having a sore throat. Review of information provided by the administrator on 7/7/20 showed RN1 worked and provided care to residents from 6:27am until 2:45pm on 5/11/20. -5/11/20: Social Services Director (SSD) entered facility and documented slight cough and sore throat. Review of information provided by the administrator on 7/7/20 shows the SSD worked from 8:06am until 5:00pm on 5/11/20. During an interview on 6/25/20 at 2:30pm, the Infection Control Nurse stated that she tried to look over the employee screening logs to see if any staff had documented any signs or symptoms of COVID-19. She stated that staff had been educated to talk to herself, the DON or the Administrator if they documented any signs or symptoms of COVID-19 in the employee screening log forms. She stated she would expect any staff who reported any signs or symptoms of COVID-19 on the employee screening form to contact her. Review of the facility's document titled COVID-19 Timeline on 6/25/20 showed the following: -3/13/20: Non-essential personnel restricted from entering building. -3/15/20: Calls made to families to ask them to limit visitors. -3/16/20: Started no visitors except for those people on hospice or palliative care. Review of the facility's visitor COVID-19 symptom evaluation form on 6/25/20 revealed the following: -3/29/20: Visitor (V14) entered facility, err documented under temperature. -4/10/20: V2 entered the facility, no temperature documented. -4/17/20: V3 entered the facility, no screening completed for signs and symptoms of COVID-19. -4/28/20: V4 entered facility, no temperature assessed. -5/12, 5/14, 5/19, 5/26, 6/12/20: V5 entered the facility, no temperature assessed. -6/9/20: V6 entered facility, no screening completed for signs and symptoms of COVID-19. -6/19/20: V7 entered facility, no screening completed for signs and symptoms of COVID-19. -6/12/20: V8 entered facility, no screening completed for signs and symptoms of COVID-19. -6/12/20: V9 entered facility, no screening completed for signs and symptoms of COVID-19. -6/12/20: V10 entered facility, no screening completed for signs and symptoms of COVID-19. -6/12/20: V11 entered facility, no screening completed for signs and symptoms of COVID-19. -undated: V12 entered facility, no screening completed for signs and symptoms of COVID-19. -undated: V13 entered facility, no screening completed for signs and symptoms of COVID-19. During an interview on 6/25/20 at 12:05pm, the DON stated a screening station was set up at the front entrance of the building and the receptionist who worked Monday through Friday 8am to 4:30pm was responsible to ensure that anyone that entered the facility was screened for signs and symptoms of COVID-19. She stated anyone who entered the front door beyond the time that the receptionist was working, was responsible to screen themselves before proceeding to resident care areas. She stated about a week ago, the facility realized visitors were entering the facility through the front door and not conducting the screening for signs and symptoms of COVID-19 on themselves. She said the facility was not able to lock the front door related to fire codes but there was a sign at the front entrance letting anyone who entered the facility know that they were not allowing any visitors into the facility. She stated at that time (about a week ago), the facility initiated a new procedure that required anyone who entered the facility through the front door to interact with a staff member via telephone prior to entering resident care areas and to ensure the individual did not have a temperature or any signs or symptoms of COVID-19 before proceeding into the resident care areas of the facility. Review of the facility's COVID-19 visitor symptom evaluation form on 6/25/20 revealed on: -6/24/20: Dietician (D1) entered the facility and was not screened for signs and symptoms of COVID-19. -6/24/20: Visitor (V1) entered the facility and documented having shortness of</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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| <p>F 0880</p> <p>Level of harm - Immediate jeopardy</p> <p>Residents Affected - Many</p> | <p>(continued... from page 1)</p> <p>breath. During an interview on 6/25/20 at 2:30pm, the Infection Control Nurse stated she would have expected all family and visitors who entered the facility to complete the COVID-19 screening log form prior to having any contact with any residents in the facility. She stated the facility had made a change to the screening process about a week ago for anyone who entered through the front door. She stated they had to communicate with staff via telephone and staff would ensure that they were screened prior to entering resident care areas. She stated prior to making the change that anyone who entered through the front entrance of the facility were kind of screening themselves. The facility submitted an acceptable plan and the IJ was removed and deficient practice corrected on 6/26/20 after verification of implementation of the removal plan.</p> | | |