

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>285186</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LEGACY GARDEN REHABILITATION &amp; LIVING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>200 VALLEY VIEW DRIVE PENDER, NE 68047</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Licensure reference: 175 NAC 12-006.17 Based on observation, interview, and record review, the facility failed to quarantine 1 (Resident 1) of 3 sampled residents following readmission to facility from the hospital, failed to follow up on an employee's response to screening criteria for COVID-19 recorded on staff screening form, and failed to have residents wear face masks when out of room to protect residents from potential exposure to COVID 19. The facility had a total of census of 34 residents that could be affected by the practice. Findings are: -A review of Resident 1's Progress Notes revealed Resident 1 was admitted to the hospital on [DATE] and readmitted to the facility on [DATE]. Observations on 7/6/20 between 10:35-10:56 AM revealed Resident 1 was transferred from bed to bathroom and bathroom to wheelchair by Nurse Aide A and Nurse Aide B. Nurse Aide A and B wore surgical masks and donned gloves for the transfer. Resident 1's room was not identified as requiring isolation precautions and personal protective equipment was not available outside of Resident 1's room door. In interviews on 7/6/20 at 9:55 AM and 11:06 AM, the Administrator confirmed Resident 1 had readmitted to the facility from the hospital the previous week and had tested negative for COVID 19 in the hospital. The Administrator reported that Resident 1 had not been placed in isolation as Resident 1 was a readmission and not a new admission to the facility. The Administrator reported the facility was in stage 1 of reopening and would not move to stage II until baseline testing had been completed. A review of facility policy titled Long Term Care Guidance to Covid-19 dated 6/22/20 revealed the following guidance under Phase 1: -New admissions or readmissions from a hospital setting must quarantine for 14 days. -A review of Staff Monitoring report dated 7/3/20 revealed Registered Nurse C had recorded a temperature of 100 F at the beginning of the shift. The Staff Monitoring report did not include any documentation of follow up regarding temperature of 100 F (Fahrenheit). Staff Monitoring report stated that supervisor should be notified immediately of a temperature greater than 99.9 F. The Staff Monitoring report has includes columns for taking temperatures and oxygen saturation levels at the beginning and end of each shift. In an interview on 7/6/20 at 12:59 PM, Acting Director of Nurses reported receiving a report from Registered Nurse C regarding temperature of 100 F. The Acting Director of Nurses reported that Registered Nurse C had been told to retake temperature and if it was under 100 F it was ok for Registered nurse C to work. In an interview on 7/6/20 at 1:17 PM, Registered Nurse C reported informing Acting Director of Nursing about temperature of 100 F but not being told to retake temperature. Registered Nurse C reported temperature was retaken temperature at end of shift and it was ok. Registered Nurse C reported always runs a higher temperature. In interviews on 7/5/20 at 11:05 AM and 2:15 PM, the Administrator reported that staff members are on the honor system for screening. The Administrator reported expecting staff to recheck their temperature if greater than 99.9F. According to the Administrator, staff with a temperature greater than 100.4 F, a low oxygen saturation level or sign/symptoms of COVID 19 would be sent home and told to call their provider. A review of undated facility policy titled Employee Self-Monitoring Guide revealed the following directions: -Starting immediately, we are going to be temperature and oxygen level checking on ALL employees prior to the start of your shift and at the end of your shift. You will be required to go to the nurses station to monitor you own temp and oxygen level. -Please document your temp and oxygen level on the spreadsheet on the clipboard -If your temperature is above 100.4, you will be asked to return to your car for 20 minutes and then will be rechecked. -If your temperature is above 100.4 on recheck, you will be asked to go home. A provider will contact you for further direction. -If you are symptomatic with a cough, sore throat, or shortness of breath, but no fever, you will be asked to wear a surgical mask during your shift. You will need to check your temperature mid-shift if you have any symptoms other than a fever. -Observations on 7/6/20 at 3:07 PM revealed 7 residents seated in a common area of the building not wearing masks. In an interview on 7/6/20 at 9:34 AM, Nurse Aide D reported that staff try to keep residents apart when they are out of their rooms. In an interview on 7/6/20 at 11:06 AM and 3:11 PM, the Administrator reported that residents are not required to wear masks when out of their rooms. The Administrator reported resident have been wearing masks for activities and facility had just received a number of masks for residents. The Administrator reported the facility was in stage 1 of reopening and would not move to stage II until baseline testing had been completed. A review of facility policy titled Long Term Care Guidance to Covid-19 dated 6/22/20 revealed the following guidance under Phase 1: -Universal Source Control and PPE -Universal source control for everyone in the facility. Residents and visitors wear cloth face covering or facemask, if able to tolerate and wear safely.</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.