

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285209	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2020
NAME OF PROVIDER OF SUPPLIER WAKEFIELD HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 306 ASH STREET WAKEFIELD, NE 68784	
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 - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Licensure Reference Number 175 NAC 12-006.17 Based on observations, interviews and record review; the facility failed to ensure infection control practices were in place to prevent the potential spread of COVID-19 as staff failed to: 1) ensure all staff/visitors were screened and that self-screening results were evaluated; 2) complete routine screening of residents for signs and symptoms of COVID-19; 3) ensure residents had face masks on when they were out of their rooms; and 4) ensure communal dining had stopped when the facility had an outbreak. These failures had the potential to affect all facility residents. The sample size was 7 and the census was 22. Findings are: A. Review of the CMS center for Clinical Standards and Quality, Safety and Oversight Group dated 3/13/10 revealed the following guidance for nursing homes regarding infection control and prevention of Coronavirus Disease 2019 (COVID-19): -actively screen residents for fever and respiratory symptoms; and -screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperatures and document the absence of shortness of breath, new or change in cough and sore throat. B. Review of the Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19 dated 5/8/20 revealed staff were to be screened at the beginning of their shift for fever and symptoms of COVID-19 (actively record their temperature and document they do not have fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat or new loss of taste and smell). The facility was to assess residents for fever and symptoms of COVID-19 (new or worsening cough, fatigue, difficulty breathing, chills, repeated shaking with chills, muscle or body aches, headache, sore throat, congestion or runny nose and new loss of taste or smell) upon admission and at least daily throughout their stay in the facility. Furthermore, older adults should be monitored for atypical symptoms such as worsening malaise, new dizziness, nausea/vomiting or diarrhea. In addition, the assessment tool indicated the facility should stop communal dining. C. Review of the undated facility policy titled COVID Plan 2020 revealed the following: -residents would have COVID-19 screenings done two times per day and documentation on the log would include: temperature, oxygen saturations and the presence or absence of symptoms (regular or abnormal respirations, cough, shortness of breath and loss of taste or smell); -staff were to take their temperature upon entering the facility and upon leaving the facility; -staff were to complete the health screening questions when entering the facility; -visitors were to sign in and complete the health screen with a temperature check; and -when a Red Zone (area designated for residents that have tested positive for COVID-19 or who are waiting for results of testing) is activated, to stop all group activities and communal dining and advise residents to remain in their rooms. The policy further indicates dining for those residents who need assistance will be determined based on the scenario. D. During an observation on 10/5/20 at 1:30 PM, 3 residents (Residents 5, 6 and 7) were seated at separate tables in the facility main dining room. Each of the residents had cups, bowls, glasses and/or plates in front of them with food/fluids from the noon meal. No staff were available in the dining area to assist with food/fluid intakes or to provide the residents with supervision. During observations on 10/5/20 from 1:43 PM to 1:57 PM, Residents 5, 6 and 7 were assisted by staff members out of the dining room and through the corridors to the resident's rooms. The residents were not wearing facemask's and staff did not assist or provide the residents education regarding the need for face coverings. E. Interview with the Director of Nursing (DON) on 10/5/20 at 2:30 PM revealed the facility had continued with communal dining throughout the recent COVID-19 outbreak. F. Review of Staff/Visitor screening logs from 8/1/20 to 8/31/20 revealed the screening logs contained the following information; the date, time, name and the staff/visitors temperature. In addition, the following screening questions were to be answered; if they had a cough, runny nose, shortness of breath, loss of taste and/or smell and if the staff/visitor had a known exposure to COVID-19. Staff/visitors were to document the time their shift ended or when they were leaving and what their temperature was at the time. Further review of the screening logs revealed the following: -8/1/20 3 staff failed to document their temperature at the end of their shift; -8/2/20 3 staff failed to document their temperature at the end of their shift; -8/3/20 4 staff failed to document their temperature at the end of their shift; -8/4/20 1 visitor failed to document answers to the screening questions and 7 staff failed to document their temperature at the end of their shift; -8/5/20 5 staff failed to document their temperature at the end of their shift; -8/6/20 3 staff failed to document their temperature at the end of their shift; -8/7/20 1 staff failed to document their temperature at the end of their shift; -8/8/20 2 staff failed to document their temperature at the end of their shift; -8/9/20 1 staff failed to document their temperature at the end of their shift; -8/10/20 2 staff failed to document their temperature at the end of their shift; -8/11/20 1 visitor failed to document answers to the screening questions and 4 staff failed to document their temperature at the end of their shift; -8/12/20 1 visitor failed to document answers to the screening questions and 4 staff failed to document their temperature at the end of their shift; -8/13/20 2 visitors failed to document their temperature and to document answers to the screening questions and 3 staff failed to document their temperatures at the end of their shift; -8/14/20 7 staff failed to document their temperatures at the end of their shift; -8/15/20 1 staff failed to document their temperatures at the end of their shift; -8/16/20 1 staff failed to document their temperatures at the end of their shift; -8/18/20 1 staff failed to document their temperatures at the end of their shift; -8/19/20 4 staff failed to document their temperatures at the end of their shift; -8/20/20 6 staff failed to document their temperatures at the end of their shift; -8/21/20 5 staff failed to document their temperatures at the end of their shift; -8/22/20 2 visitors failed to document answers to the screening questions; 1 visitor failed to document a temperature; and 2 staff failed to document their temperatures at the end of their shift; -8/23/20 1 staff indicated with screening questions they had shortness of breath and there was no documented temperature at the end of their shift; -8/25/20 1 visitor failed to document the answers to the screening questions and 2 staff failed to document their temperatures at the end of their shift; -8/26/20 1 visitor had a temperature of 99.7 degrees Fahrenheit (F) and was allowed to come into the building; and 4 staff failed to document their temperatures at the end of their shift; -8/27/20 1 visitor failed to document the answers to the screening questions and 6 staff failed to document their temperatures at the end of their shift; -8/28/20 5 staff failed to document their temperatures at the end of their shift; -8/30/20 1 staff failed to document their temperatures at the end of their shift; and -8/31/20 1 staff failed to document their temperatures at the end of their shift. Review of staff screening logs from 9/1/20-9/30/20 revealed the following: -9/1/20 2 staff failed to document their temperatures at the end of their shift; -9/2/20 6 staff failed to document their temperatures at the end of their shift; -9/3/20 1 staff failed to document their temperatures at the end of their shift; -9/4/20 2 staff failed to document their temperatures at the end of their shift; -9/5/20 2 staff failed to document their temperatures at the end of their shift; -9/7/20 2 staff failed to document their temperatures at the end of their shift; -9/8/20 2 staff failed to document their temperatures at the end of their shift; -9/9/20 3 staff failed to document their temperatures at the end of their shift; -9/11/20 3 staff failed to document their temperatures at the end of their shift; -9/14/20 1 staff failed to document their temperatures at the end of their shift; -9/15/20 1 staff failed to document their temperatures at the beginning of their shift and 4 staff failed to document a temperature at the end of their shift; -9/16/20 2 staff failed to document their temperatures at the end of their shift; -9/17/20 2 staff failed to</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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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>document their temperatures at the end of their shift; -9/18/20 at 5:52 AM Nurse Aide (NA)-K identified they had a runny nose, a loss of taste and smell and indicated they had a known COVID-19 exposure. NA-K documented leaving the facility at 8:55 AM (3 hours later) with a temperature of 99.2 degrees F. and 2 staff failed to document their temperatures at the end of their shift; -9/19/20 3 staff failed to document their temperatures at the end of their shift; -9/20/20 3 staff failed to document their temperatures at the end of their shift; -9/21/20 3 staff failed to document their temperatures at the end of their shift; -9/23/20 4 staff failed to document their temperatures at the end of their shift; -9/25/20 4 staff failed to document their temperatures at the end of their shift; -9/26/20 1 staff failed to document their temperatures at the end of their shift; -9/28/20 3 staff failed to document their temperatures at the end of their shift; -9/29/20 2 staff failed to document their temperatures at the end of their shift; and -9/30/20 3 staff failed to document their temperatures at the end of their shift; Review of screening logs from 10/1/20 to 10/5/20 revealed the following: -10/1/20 4 staff failed to document their temperatures at the end of their shift; -10/2/20 2 staff failed to document their temperatures at the end of their shift; -10/3/20 1 staff failed to document their temperatures at the end of their shift; -10/4/20 4 staff failed to document their temperatures at the end of their shift; and -10/5/20 3 staff failed to document their temperatures at the end of their shift; G. During an interview on 10/7/20 at 2:45 PM, the Administrator confirmed the following: -staff and visitors have been screening themselves with entry into the facility; -screening logs indicate anyone entering the building should document the date, the time, their name and their temperature. Answers to all of the screening questions were to be documented and staff/visitors were to document the time they were leaving for the day and what their temperature was at that time; -the screening logs had not been updated to ensure staff/visitors were actively screened for all signs and symptoms of COVID-19 which included: new or worsening cough, fatigue, chills, repeated shaking with chills, headache, muscle or body aches, congestion, nausea or vomiting and diarrhea; -on 9/18/20 NA-K remained in the facility for 3 hours with signs and symptoms of COVID-19. NA-K was tested on this date and found to be positive for COVID-19; -the facility has 12 residents who have continued with communal dining throughout the recent COVID-19 outbreak as these residents required supervision and/or assistance with intakes. The facility had not reassessed the residents during the outbreak to determine if any other interventions could have been implemented to prevent potential exposure; and -residents should be wearing a face covering when they are not in their rooms.</p> <p>H. Review of Resident 1's screening logs from 8/1/20 to 10/5/20 revealed no evidence the resident was assessed for signs and symptoms of COVID-19 (fatigue, muscle or body aches, headache, new loss of taste or smell, congestions or runny nose, nausea or vomiting and diarrhea, worsening cough, difficulty breathing, chills, repeated shaking with chills, and sore throat) on the following dates: -8/3/20 on the evening shift; -8/7/20 on the evening shift; -8/8/20 on the evening shift; -8/9/20 on the evening shift; -8/14/20 on the evening shift; -8/25/20 on the morning shift; and -8/25/20 on the evening shift. I. Review of Resident 2's screening logs from 8/1/20 to 10/5/20 revealed no evidence the resident was assessed for signs and symptoms of COVID-19 (fatigue, muscle or body aches, headache, new loss of taste or smell, congestions or runny nose, nausea or vomiting and diarrhea, worsening cough, difficulty breathing, chills, repeated shaking with chills, and sore throat) on the following dates: -8/6/20 on the evening shift; -8/10/20 on the evening shift; -8/14/20 on the evening shift; and -8/25/20 on the morning shift. J. Review of Resident 3's screening logs from 10/2/20 to 10/5/20 revealed no evidence the resident was assessed on 10/2/20 on the evening shift for signs and symptoms of COVID-19 (fatigue, muscle or body aches, headache, new loss of taste or smell, congestions or runny nose, nausea or vomiting and diarrhea, worsening cough, difficulty breathing, chills, repeated shaking with chills, and sore throat). K. Review of Resident 4's screening logs from 8/1/20 to 10/5/20 revealed no evidence the resident was assessed for signs and symptoms of COVID-19 (fatigue, muscle or body aches, headache, new loss of taste or smell, congestions or runny nose, nausea or vomiting and diarrhea, worsening cough, difficulty breathing, chills, repeated shaking with chills, and sore throat) on the following dates: -9/6/20 on the evening shift; -9/9/20 on the evening shift; -9/11/20 on the evening shift; -9/13/20 on the morning shift; and -9/14/20 on the evening shift.</p>		