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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285261 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 08/11/2020 |
| NAME OF PROVIDER OF SUPPLIER PARKVIEW HAVEN NURSING HOME | | STREET ADDRESS, CITY, STATE, ZIP P O BOX 667, 1203 4TH STREET DESHLER, NE 68340 | |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. | | | |
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| F 0550 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Licensure Reference number 175 NAC 12-006.05 (6) Based on record reviews, interviews and observations the facility failed to ensure soiled clothing was changed for 1 resident (Resident 1) of 8 residents sampled. The facility census was 18. Findings are: An observation on 8/5/20 at 1:20 PM revealed Resident 1 was transferred from wheelchair to bed with hooyer lift (a mechanical lift) assisted by NA-B. Resident 1 was turned side to side to pull pants down. A large wet area was noted to left back area on pants. Resident 1's soiled brief (disposable underwear) was removed and perineal care (cleaning of private area) was performed and soiled pants were pulled up. Record review of Facility Policy Titled Dignity dated 2-28-20 revealed Policy- in accordance with existing resident's rights, dignity for each resident shall be promoted and maintained to enhance self-esteem and to promote self-worth. Procedure the social worker is responsible for assisting in maintaining the dignity of each and every resident and will assist in developing a plan of care that respects the resident's preferences. All disciplines will cooperate to promote resident dignity. An interview on 8/5/20 at 1:20 PM with ADON (Assistant Director of Nursing) confirmed if a resident's clothing are soiled, the item of clothing is changed. | | |
| F 0585 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many | Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Licensure Reference Number 175 NAC 12- 006.16G (2) Based on record reviews, interviews and observations the facility failed to ensure residents could file an anonymous grievance and written grievance forms were available to all residents without asking for them. This had the potential to affect all residents in the facility. The facility census was 18. Findings are: An interview on 5/6/20 at 10:00 AM with Residents 18, 17 and 4 revealed that the facility does not have a process for residents to file an anonymous grievance and written grievance forms are not available without asking staff for one. An observation on 5/6/20 at 10:20 AM revealed no grievance forms were available for residents or staff to fill out. Record review of facility policy titled Privacy revealed under section Complaints to the facility When any resident requests a complaint form, the member of the workforce to when the request is made shall refer the resident to the privacy officer/administrator. The designated staff member shall provide the form to the resident to be completed and returned. An interview on 8/6/20 at 10:25 AM with Administrator confirmed grievance forms were not available for residents to fill out without asking for one and a secured grievance/complaint box was not available. | | |
| F 0641 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09B Based on observations, record review and interview; the facility failed to complete the MDS (Minimum Data Set, a federally mandated comprehensive assessment used for care planning purposes) upon return to the facility for 1 resident, Resident 69 and failed to accurately code urinary incontinence for 1 resident, Resident 1. The sample size was 8 residents. The facility census was 18. Findings are: A. An observation on 8/5/20 at 10:30 AM of Resident 69 in room [ROOM NUMBER] A. Record review of downloaded MDS's for Parkview Haven in Deshler reveals no Resident 69 currently residing in the facility. An interview on 8/5/20 at 10:40 AM with DON (Director of Nursing) revealed that Resident 69 was not a new admission and had been a resident at the facility for a while. An interview with RN (Registered Nurse) K on 8/5/20 at 11:00am revealed that as of this time, reentry MDS had not been submitted for Resident 69 when (gender) returned to facility on 7/9/20 from a hospital admission on 7/7/20. Review of resident reentry MDS dated [DATE] shows resident returned to facility on 7/9/20. B. An observation on 08/06/20 at 01:33 PM revealed NA-A assist Resident 1 to change brief (disposable underwear) Resident 1 was incontinent of bowel and bladder. A new brief and a pad was applied for Resident 1's bowel and bladder incontinent's. Record review of Resident 1's MDS (Minimum Data Set) (is part of federally mandated process for clinical assessment of all residents in Medicare or Medicaid certified nursing homes. This process entails a comprehensive, standardized assessment of each resident's functional capabilities and health needs) dated 5/25/20 revealed the following information: Section H Bowel and Bladder Under section Urinary Continence revealed Resident 1 is occasionally incontinent - less than 7 episodes of incontinence. An interview on 8/10/20 at 10:45 AM with NA-A revealed that Resident 1 is usually incontinent of bladder and bowel. Staff check and change resident's incontinence products. Record review of Resident 1's bowel and bladder charting dated 5/15/20 - 5/20/20 revealed that Resident 1 was incontinent of bladder on 17 separate occasions and was continent of bladder 2 times. Resident 1 was incontinent of bowel on 9 separate occasions and was continent of bowel 4 times. An interview on 8/11/20 at 3:41 PM with DON (Director of Nursing) confirmed Resident 1's MDS dated [DATE] Urinary Continence revealed Resident 1 is occasionally incontinent - less than 7 episodes of incontinence. Urinary continence should be documented as frequently incontinent with at least 1 episode of continent voiding. | | |
| F 0644 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interview, the facility failed to ensure that a Level II PASARR (Preadmission Screening and Resident Review, which is an assessment to determine placement recommendation and services for residents with serious mental illness or mental disability) screen was completed for 1 resident, Resident 4, of 8 resident sampled, for a new medical [DIAGNOSES REDACTED]. Findings are: Record review of [DIAGNOSES REDACTED]. Record review of PASARR Level I dated 11/8/2016 revealed [DIAGNOSES REDACTED]. Record review of yearly MDS (Minimum Data Set, a federally mandated comprehensive assessment used for care planning purposes) dated 5/31/20 indicated in Section A, no PASARR evaluation and no serious mental illness and Section I indicated [DIAGNOSES REDACTED]. Interview on 8/11/20 at 4:24 pm with DON (Director of Nursing) revealed that no PASARR Level 11 request had been submitted since [MEDICAL CONDITION] disorder was added to Resident 4's diagnoses. | | |
| F 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals. | | |
| 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 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>(continued... from page 1) **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09D2 Based on observations, interviews, and record reviews, the facility failed to ensure skin assessments were completed for Resident 14 in accordance with facility policy. The facility had a total census of 18. The findings are: An observation on 8/5/20 at 10:41 AM revealed Resident 14 had multiple open [MEDICAL CONDITION] to both sides of the face. A review of Resident 14's August 2020 MAR (Medication Administration Record) revealed orders for the following: -Triple Antibiotic Ointment - apply to area on face topically daily. -Antibiotic Ointment - 2 times daily as needed - lesion on face. A review of Resident 14's medical record did not reveal any documentation of wound or abnormal skin assessments with measurements for Resident 14. A review of the facility's Wound/Skin Interruption Assessment Policy, last updated 9/27/16, revealed the following: -Guideline: A professional nurse will measure all wounds/skin interruptions at least weekly. -Purpose: To obtain accurate assessments of wounds or any other skin interruptions and assess for healing progression. -Procedure: 1. CNA (Certified Nursing Assistant) will identify any new skin interruption on a skin alert sheet and will turn this sheet into the professional nurse. 2. Bath aide's will fill out a skin alert sheet on each resident at a frequency determined by the DON including identifying those residents with no skin irregularities and will turn these forms into the professional nurse. 3. The professional nurse will assess the area and document on the appropriate form. This will then be assessed at least weekly until resolved. 4. The professional nurse will turn the skin alert sheets into the DON's office to be reviewed to determine if investigation of the cause needs to be done. 5. Each resident with a new skin interruption will be assessed for interventions to prevent recurrence and those interventions will be placed on the care plan. 6. The skin interruptions will be logged by the QA coordinator to look for patterns. In interviews on 8/10/20 at 3:26 PM and 3:40 PM, the Director of Nursing (DON) confirmed no skin assessments were completed for Resident 14. The DON reported not knowing why they weren't done and stated skin assessments for open areas are generally done weekly. The DON also confirmed the [MEDICAL CONDITION] on Resident 14's face are open and would be considered skin interruptions.</p> | | |
| F 0693 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few | <p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09D6(1) Based on observations, record review and interview; the facility failed to ensure staff assessed for proper placement of [DEVICE] (gastrostomy tube-a tube inserted into the stomach) prior to administering water and enteral nutrition for 1 resident, Resident 69 of 2 residents sampled with [DEVICE]s. The facility census was 18. Findings are: An observation on 08/06/20 from 02:19 PM - 2:30 PM of LPN (Licensed Practical Nurse) C administering tube feeding to Resident 69. LPN C washed hands and put on clean gloves, opened carton of [MEDICATION NAME] 1.5 (fiber-fortified therapeutic nutrition for tube feeding) and unclamped [DEVICE] and placed 60cc syringe into end of [DEVICE]. LPN C then poured 60cc of water into syringe and flushed tube via gravity, then poured [MEDICATION NAME] 1.5 into syringe and allowed to flow by gravity and repeated several times until all of the solution had been given. LPN C then poured 60cc into syringe and flushed [DEVICE] via gravity flow and then clamped [DEVICE], removed gloves and wash hands. Resident was sitting in an upright position in recliner chair during administration of [DEVICE] feeding. Record review of facility PEG (Percutaneous Endoscopic Gastrostomy) tube policy, dated 02/08 revealed that before flushing [DEVICE] or administering the formula, check for placement by aspirating gastric contents and check for residual. Interview on 8/11/20 at 1:38PM with DON (Director of Nursing) revealed that tube placement should be checked by checking for residual prior to flushing tube or administering tube feeding.</p> | | |
| F 0725 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some | <p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. Licensure Reference Number 175 NAC 12-006.4C7a Based on interviews and record reviews the facility failed to ensure call lights were answered promptly for 3 residents (Residents 2, 4, and 13). The sample size was 8. The facility census was 18. Findings are: An interview on 8/5/20 at 2:35 with Resident 2 revealed that staff are helpful with assisting (gender) to restroom but when finished in restroom ; Resident 2 calls for assistance staff take a long time to return and residents wonders if they are ever coming back some times. Record review of Resident 2's Call light logs dated 7/11/20- 8/1/20 revealed the following call light times. On 7/29/20 bathroom call light was pressed at 4:49PM and cleared at 5:30PM (41 minutes and 23 seconds) On 7/27/20 at bedroom call light was pressed at 6:36AM and cleared at 6:55AM. (19 minutes 34 seconds) On 7/21/20 bathroom call light was pressed at 7:27PM and cleared at 10:13PM. (166 minutes and 9 seconds) On 7/12/20 bedroom call light was pressed at 3:23PM and cleared at 3:41PM. (17 minutes and 12 seconds) On 7/12/20 bathroom call light was pressed at 8:36PM and cleared at 8:58 PM. (20 minutes and 28 seconds) An interview on 8/5/20 at 2:30 PM with Resident 13 revealed that after pressing call light for help, it takes a long time for staff to respond, especially when needing to use the restroom. Record review of Resident 13's call light logs date 7/27/20 - 8/10/20 revealed the following call light times. On 8/8/20 bathroom call light was pressed at 8:47PM and cleared at 9:10 PM (23minutes 14 seconds) On 8/7/20 bathroom call light was pressed at 3:24PM and cleared at 3:35 PM (10 minutes and 46 seconds) On 8/3/20 bathroom call light was pressed at 6:38PM and cleared at 6:59PM (20 minutes and 42 seconds) On 8/2/20 bathroom call light was pressed at 6:32PM and cleared at 6:53PM (20 minutes and 11 seconds) 8/1/20 bathroom call light was pressed at 10:10AM and cleared at 10:21AM (10 minutes 26 seconds) Record review of facility document titled wireless call light system policy and procedure dated 2/18/20 revealed under procedure section 2) it is the goal of the facility to answer call lights within 10 minutes during average times of the day and within 20 minutes during peak times of the day. Peak times of the day are 6-8AM, 11AM-1PM and 6-8 PM. An interview on 8/11/20 at 5:00PM with DON confirmed call light response times should be 5-7 minutes on average during non-peak times (before and after meals). During peak times no longer than 15- 20 minutes.</p> <p>B. An interview on 8/5/20 at 10:55am with Resident 1 revealed that resident waits up to 45 min when puts on call light, states that he has pain and has to wait a long time for pain medication. Record review of Resident 4's call light response times for the dates of 7/27/20-8/10/20-revealed the following 12 call light response times that were greater than 10 minutes: 7/28/20- 11 min 11 min 47 sec 15 min 16 sec 7/29/20- 15 min 33 sec 18 min 45 sec 7/31/20- 22 min 31 sec 8/02/20- 25 min 22 sec 8/03/20- 15 min 37 sec 14 sec 8/05/20- 20 min 52 sec 8/08/20- 18 min 1 sec 15 min 59 sec</p> | | |
| F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many | <p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Licensure Reference Number 175 NAC 12-006.11E Based on interviews and observations the facility failed to ensure 1) that hair restraints fully covered all hair during meal preparation and services, 2) staff serving food did not touch facemask while serving residents food and hand hygiene was performed during meal preparation, 3) follow recipes to maintain nutritional value and serving sizes, 4)Cold salads were served at or below 41 degrees Fahrenheit 5) dishwasher PH was tested to ensure sanitation of dishes to prevent the potential foodborne illness and cross contamination. This had the potential to affect all residents eating food prepared in the facility kitchen. The facility census was 18. Findings are: 1) Record review of The Nebraska Food Code dated March 2013 Section 2-402.11 revealed the following related to Hair Restraints effectiveness: Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair that are designed and worn to effectively keep their hair from contacting exposed food, clean equipment, utensils and linens and unwrapped single service and single use articles. Observation on 8/5/20 at 10:03 AM revealed DM (Dietary Manager's) hair net was not fully covering hair, strands of hair exposed on sides and back. An observation on 8/10/20 at 10:15 AM revealed Day cook Donna and DA (Dietary Aide) E's hairnet did not enclose all hair. Hair was stick out from the back and sides of hairnet. 2) An observation on 8/05/20 at 12:00PM revealed Cook- D touched facemask and then touched resident's dishes without performing hand hygiene. An observation on 8/10/20 @ 2:45 PM revealed evening</p> | | |

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| F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many | <p>(continued... from page 2)</p> <p>Cook-G applied soap to one hand turn on water faucet wash hands together for 20 seconds, then tapped both hands against sink when finished washing hands, used a paper towel turn to off faucet, use same paper towel to dry hands. 3) An observation on 8/10/20 at 2:50 PM revealed Cook -G had 2 large mental bowls on counter and 2 cans of potatoes and 1 can of diced tomatoes. Cook- G proceeded to used large can opener to open cans, when asked if cans were wiped off, cook took rag from red bucket and quickly wiped top of each can. Cook - G then applied gloves, poured canned potatoes into 2 large strainers in the drain. Cook then went to fridge and pulled out de shelled hard boiled eggs. A cutting board and egg slicer and knife were also on the counter. Cook used slicer to chop eggs and placed 7 eggs into each mental bowl. Cook removed gloves, washed hands, and grabbed a large jar of salad dressing and sweet pickle relish out of walk in fridge. A large serving spoon was used to scoop into salad dressing jar and 2 large scoops were placed into each metal bowl. A large scoop of pickle relish was also added to each metal bowl. Next 1 teaspoon of salt was added to each bowl by using a 1/2 teaspoon measuring spoon. 1 Cup of predicted onions was placed into each bowel with a 1 cup plastic measuring cup. A small jar of mustard was removed from fridge in kitchen and was squeezed into each bowl. Next the drained potatoes were added to each bowl. When asked how many potatoes were used Cook - G stopped, walked over to trash can, opened lid with hand dug into trash can and retrieved potato can. Can of potatoes was 6 lbs 9 ounces or 18 servings. No hand hygiene was completed. Cook -G then proceed to return to potato salad preparation mixing ingredients. A tray and several small serving dishes was then placed on prep counter and a size #6 scoop was used to dish potato salad into serving dished. Dishes covered in plastic wrap and placed in fridge. Cook- G then placed 3 large cups of potato salad into blender adding pre thickened milk to thin mixture. Turned blender on and walked away. Cook - G then began placing dirty dishes on cart to wash later. No hand hygiene was performed. Cook-G then began touching kitchen utensils and pulled down a strainer from the kitchen utensil wall and placed in sink. A can of diced tomatoes was then poured into strainer. Cook-G then returned to blender that had remained running and turned blender off. A spatula was then used to dish potato salad into 3 small serving dishes. No measuring scoop or measuring device was used. An interview on 8/10/20 at 3:50 PM with Cook -G revealed oil, vinegar, lemon juice and celery was not added into potato salad mixture. Cook stated (gender) cooks to (his/her) taste and preferences and 1 resident does not like green things in salads so (gender) avoids adding green veggies. Cook also stated cooking approximately 50 servings, 18 for Residents in facility, 20 for assisted living and about 4 for staff. Record review of Potato Salad Recipe for 50 servings (each serving 1/2 cup) Ingredients: 10 pounds of fresh potatoes or 100 count peeled diced cooked potatoes 1/2 cup oil 1/2 cup vinegar 1 tbsp. (tablespoon) lemon juice 2 tbsp. (Tablespoon) mustard 2 tsp (teaspoon) salt 1/2 tsp (teaspoon) ground pepper 12 eggs 1 pound fresh celery (diced) 2 Fresh onions diced 2 cups mayonnaise Directions 1) Make a marinade of oil, vinegar, lemon juice and seasoning. Add to warm potatoes and mix gently. Marinate in refrigerator until cold. 2) Hard cook and dice eggs. Add celery, onion, and eggs to potato marinade. Mix lightly. 3) Add mayonnaise. Mix carefully to blend. Chill at least 1 hour before serving. Record review of Pureed Potato salad Recipe and directions revealed the following ingredients Potato Salad (from previous prepared regular Potato Salad) remove portion needed for 5 servings 21/2 cups of prepared potato salad 5 ounces boiling water. Directions- Remove needed portions from prepared recipe. Place in food processor. Add 1 ounce liquid per portion. Do not add thickener. Process until smooth. Add Additional water if needed. Serve chilled. Portion with #8 scoop for 1/2 cup portions. An interview on 08/10/20 at 3:15 PM with Cook- G revealed that a recipe for pureed Potato Salad was available but Cook-G did not follow recipe. An observation on 08/10/20 at 3:25 PM the cook placed cucumbers on scale. Weight was 5.7 pounds. Cucumbers washed. Cucumbers were then peeled and diced. Placed in large mixing bowl. Next frozen chopped green peppers 1.17 pounds added to cucumbers, 1/2 teaspoon salt, 1/2 teaspoon sweet basil, 2 cups of ranch. All ingredients were measured with measuring spoons or cup. 1 can (6 lbs 9 ounces) diced tomatoes drained was added to other ingredients and mixed. No fresh celery was added. Metal bowl was covered with plastic wrap and placed in fridge. Record review of Cucumber and Tomato Salad Recipe revealed the following for 50 servings (each serving 5 ounces) Ingredients: 5 1/2 lbs (pounds) Fresh cucumbers 4 3/4 lbs (pounds) fresh celery 3 lbs (pounds) fresh tomatoes 1.25 fresh chopped green peppers 2 tsp (teaspoons) ground dried basil 1/2 tsp (teaspoon) salt 1 qt (quart) salad dressing, Ranch Directions 1) Peel and dice cucumbers. Chop Celery. Dice Tomatoes. Chop peppers. 2) Combine vegetables and basil. Chill thoroughly. 3) Sprinkle with salt. Add salad dressing and toss to coat just before serving. An interview on 08/10/20 at 3:30 pm with Cook-G revealed that (gender) did not look to see if fresh tomatoes were available and celery was not added as it was not in (his/her) taste preference. An interview on 08/10/20 at 4:10 PM with DM (Dietary Manager) confirmed Cook -G should have washed hands after digging in trash before preparing food to prevent cross contaminating. DM informed Cook-G that cross contamination had occurred and potato salad was discarded and remade. An observation on 8/10/20 at 5:10 PM revealed Cook -G placed 8 hamburger patties into chopper, after patties were chopped; 1 cup of pre mixed brown gravy (liquid) was added to chopped hamburger patties, mixture was ground until meat was a fine ground consistency. Next 3 cooked hamburger patties placed into blender, 2 full hamburger buns and then poured pre thickened milk into blender (no measuring devices was used) mixture was then blended. Cook added pre thickened milk an additional 3 times to create desired consistency. (Each additional time milk was added no measuring cup was used). Record review of Hamburger/Slurry Bun revealed the following serving size 1 each (sandwiches) Ingredients for 5 servings 5 beef Fz patty 4-1Mavr 5 hamburger bun (2 ounces each) 1 1/4 cup Slurry for Pureed Diets (see recipe for slurried hamburger bun) Directions 1) Bake beef patty at 400 degrees Fahrenheit for 15 to 20 minutes. Internal temperature must reach 155 degrees Fahrenheit for 15 seconds. 2) Slurry bun. Follow instructions using recipe for Slurried Hamburger Bun. Serve patty between 2 halves of slurried bun. Serve with gravy or broth if needed. An interview on 8/10/20 at 4:10 PM with DM confirmed recipes are to be followed as written unless dietician provides approved alternatives or directions. DM confirmed water is not added to pureed recipes. Milk, broth or gravy is always used. Ground meats (like hamburger) do not require a recipe as meat is already considered ground before cooking. DM revealed that menus used are supplied by food vender. An observation/interview on 8/10/20 at 6:15 PM with Cook -G confirmed the following scoops used for each food item: Cucumber and Tomato salad - size 10 Scoop Potato Salad - size 12 scoop Ground Hamburger- size 10 scoop Purred Hamburger - size 6 scoop Record review of Measurement chart on kitchen wall revealed #10 Scoop = 3/8 cup or 3-4 ounces #12 Scoop = 1/3 cup or 2 1/2 - 3 ounces #6 Scoop=2/3 cup or 6 ounces 4) An observation on 8/10/20 at 5:50 PM revealed the following temperatures of food on the steam table. Hamburgers 186 degrees Fahrenheit Pureed hamburgers 171 degrees Fahrenheit Ground hamburgers 180 degrees Fahrenheit Potato Salad 55.7 degrees Fahrenheit Cucumber and Tomato Salad 45.8 degrees Fahrenheit An interview on 8/10/20 at 5:55 PM with Cook- G revealed that normally (he/she) expects to see cold foods temperature below 40; but today those temperatures were just going to have to do today is not a normal day. When asked if (he/she) felt it was safe for residents to each cold salads that were above 40 degrees; Cook - G replied today yes but not normally. When asked what could be done to lower temperature cook; did not answer. Cook proceeded to unplug steam table and push steam table forward toward dining room. An interview on 8/10/20 at 5:57 PM with DM confirmed cold salad temperatures of 55.7 and 45.8 degrees Fahrenheit were not acceptable and would need to be cooled down before serving. An observation on 8/10/20 at 6:15 PM revealed Potato salad temperature was 35.4 degrees Fahrenheit and cucumber and tomato salad temperature was 40 degrees Fahrenheit. Record review of facility policy not dated titled Food Preparation and Service revealed the following information food will be prepared by methods which ensure retention of flavor appearance and nutrients. Food will be maintained at proper temperatures during service and transported in sanitary manner. Food will be served at acceptable temperatures, each type of food having an appropriate service temperature. 5) An observation on 8/5/20 at 10:10AM with Cook -D revealed the dishwasher is chemical type, test strips tried 2 different ones and no color change, cook-D then stated (gender) doesn't do the dishwasher PH logs (gender) normal is the cook. Cook- D then took a third container of ph strips and dipped into dishwasher water reservoir, looked at ph test strip and noted the color was light purple; Test strip numbers were covered under sticker. Tracy pushed back the label and strip only registered at 50 parts per million. Cook-D looked for expiration date on strips but none was found. Cook-D then called DM over and DM brought a new ph strip package. Cook- D tore a piece of ph strip of Test strip changed colors was at 100 parts per million. An interview on 8/5/20 at 10:15 AM with DM revealed (he/she) like to see PH strip read at 100- 200 Parts per million. An observation/interview on 8/6/20 at 9:10AM revealed DA- E was doing the morning dishes. When asked to check the dishwasher's PH; DA -E bent down and looked at the dishwasher temperature gauge and stated it's about 50. When asked if PH is tested with PH strips? DA-E said oh yeah; reach above glove dispenser and pulled down a plastic tub container and took out a yellow strip and placed it in the dishwater and the strip remained yellow. DA-E then stated oh i think that's the wrong one, When asked how (she/he) knows which PH strip is used for dishwasher or cleaning bucket? DA-E stated that each PH strip container is labeled. An observation/ interview on 08/10/20 at 2:15 PM with DA-H revealed that (gender) checks the dishwasher temperature and notes it on the calendar. When asked which PH strip is used? DA-H gaps a plastic roll of PH paper and tears a strip off and dips</p> | | |

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| F 0812 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many | <p>(continued... from page 3) and holds in dishwasher water for 10 seconds. DA- H then states oh i used the PH strips for bucket of cleaning water. DA -H states that PH testing is not done for the dishwasher. Observation on 08/10/20 at 2:20 PM revealed on top of glove box holder PH strips were in containers 2 rolled ph strips in plastic container were labeled bucket and bleach. A third container of PH strips in plastic tube container was not labeled. Record review of sign on kitchen wall titled Cleaning and Sanitizing - Mechanical Dish machines Low Temperature- This is what we use Record review of facility policy titled Chemical Test for Adequacy of dishwasher sanitation. The final rinse water for the dish machine will be checked daily for adequacy of chlorine concentration to provide sanitation of all items washed through the dishwashing machine. This will be done by means of the chemical test kits designed for this purpose, which use precision chlorine test papers. Procedure: 1: Use dry fingers to remove strips of paper from vial. 2) Dip strips of paper into water to be tested ; without agitation, and compare immediately with color chart for the jar of paper strips. Water residue remaining on items washed through the dishwashing machine is to be used to dip the paper strip. 3. The test is to be taken twice a day. If results show less than 50 pm of available chlorine, report at once for repair. Results will be recorded on the calendar posted in the dishwashing area. An interview on 8/11/20 at 1:00PM with DM confirmed dishwashing PH was not being tested according to facility policy.</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 12-006.17 Based on record reviews, observations and interviews the facility failed to ensure hand hygiene was performed in the dining room during meal services and during medication administration to prevent potential for cross contamination. This had the potential to affect all residents in the facility. The Facility census was 18. Findings are: An observation on 08/11/20 at 9:50 AM revealed RN (Registered Nurse) I went into Residents 14's room; did not perform hand hygiene applied pulse oximeter to Resident 14's finger. Pulse was 66 beats per minute. RN- I exited Resident 14's room, did not perform hand hygiene. Wiped pulse oximeter off with alcohol wipe and then sanitized hands with alcohol based hand rub. RN-I then pulled medications bubble packs out of medication cart, opened MAR. Placed each medication tablet into a separate plastic medication cup. RN - I then opened a medication bag by placing one finger into each bag (3 total bags) to open; then slide each pill out of medication cup into a separate medication crush bag. Each medication was crushed. RN - I opened each medication bag by placing one finger inside each bag, crushed medication was placed into 3 separate plastic medications cups. RN - I then went into Resident 14's restroom applied soap to one hand, turned water on with the other, washed hands together for 15 seconds, grabbed clean paper towel turned off faucet; dried hands with used paper towel and new paper towel. Applied gloves. An observation on 8/11/20 at 1:15 PM Medication Aide (MA) J passed afternoon medications to Resident 1; Record review of MAR revealed resident had afternoon [MEDICATION NAME] 0.2% eye drop order reads place 1 drop in both eyes three times a day. MA reviewed MAR and then removed eye drop box and bottle from medication cart. No hand hygiene was performed. MA applied gloves Entered Resident 1's room, announcing self-first, explained procedure, raised head of bed Applied 1 drop of medication to each eye by pulling down on lower eye lid. Drabbing each eye with Kleenex. Removed gloves Wash hands in Resident 1's restroom by applying soap to both hands, turning on water faucet, scrubbing hands together for 10 seconds, MA dried hands with paper towel. Medication was replaced into box and into medication cart. Medication was documented in MAR. An observation on 8/11/20 at 1:20 PM with MA-J revealed MAR in computer was reviewed and noted Resident 18 had order for [MEDICATION NAME] 2.5 mg tablet; take 1 tablet by mouth BID (2 times daily) in the morning and at 2 PM. No hand hygiene preformed MA-J removed bubble pack from medication cart. Popped medication into plastic medication cup. Replaced bubble pack into cart. Locked cart and placed computer privacy screen up. MA-J knocked up on Resident 18's door, Resident agreed to MA-J enter room. MA- J explained had 2 o'clock medication. Medication cup and glass of water given to resident. Resident took pill. MA-J exited Resident 18's room. No hand hygiene preformed was performed. Record review of policy titled Hand Hygiene dated 2/20/19 revealed staff involved in direct resident contact will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, resident and visitors. Hand hygiene is a general term that applies to either handwashing or the use of antiseptic hand rub, also known as alcohol-based hand rub. Hand hygiene using soap and water is done by wetting hands applying soap rubbing hands together for 20 seconds, rinse hands, dry hands with single use towel. An interview on 8/11/20 at 3:41 PM with DON (Director of Nursing) confirmed hand hygiene needs to be completed before and after medication administration with hand sanitizer or washing with soap and water for 20 seconds. Gloves should not be applied before entering resident rooms and inside of medication bags should not be touched at any point of medication administration /set up.</p> <p>B. An observation on 8/5/20 at 11:59 AM revealed Activity Staff A washed hands in the dining room sink prior to assisting residents in the dining room with ketchup and mustard on their hamburgers. Activity Staff A washed (gender) hands for approximately 5 seconds. An observation on 8/5/20 at 12:06 PM revealed Activity Staff A washed (gender) hands in the dining room sink after assisting residents with ketchup and mustard on their hamburgers. Activity Staff A washed (gender) hands for approximately 8 seconds. An observation on 8/5/20 at 12:08 PM revealed Activity Staff A washed (gender) hands before exiting the dining room for approximately 3 seconds. A review of the facility's Hand Hygiene policy dated 2/20/19 revealed the following: -4. Hand hygiene when using soap and water: a. Wet hands with water. Avoid using hot water because repeated exposure to hot water may increase the risk of [MEDICAL CONDITION]. b. Apply enough soap to cover all hand surfaces. c. Rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers. d. Dry thoroughly with a single use towel. e. Use towel to turn off the faucet.</p> | | |
| 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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.17 Based on record reviews, observations and interviews the facility failed to ensure hand hygiene was performed in the dining room during meal services and during medication administration to prevent potential for cross contamination. This had the potential to affect all residents in the facility. The Facility census was 18. Findings are: An observation on 08/11/20 at 9:50 AM revealed RN (Registered Nurse) I went into Residents 14's room; did not perform hand hygiene applied pulse oximeter to Resident 14's finger. Pulse was 66 beats per minute. RN- I exited Resident 14's room, did not perform hand hygiene. Wiped pulse oximeter off with alcohol wipe and then sanitized hands with alcohol based hand rub. RN-I then pulled medications bubble packs out of medication cart, opened MAR. Placed each medication tablet into a separate plastic medication cup. RN - I then opened a medication bag by placing one finger into each bag (3 total bags) to open; then slide each pill out of medication cup into a separate medication crush bag. Each medication was crushed. RN - I opened each medication bag by placing one finger inside each bag, crushed medication was placed into 3 separate plastic medications cups. RN - I then went into Resident 14's restroom applied soap to one hand, turned water on with the other, washed hands together for 15 seconds, grabbed clean paper towel turned off faucet; dried hands with used paper towel and new paper towel. Applied gloves. An observation on 8/11/20 at 1:15 PM Medication Aide (MA) J passed afternoon medications to Resident 1; Record review of MAR revealed resident had afternoon [MEDICATION NAME] 0.2% eye drop order reads place 1 drop in both eyes three times a day. MA reviewed MAR and then removed eye drop box and bottle from medication cart. No hand hygiene was performed. MA applied gloves Entered Resident 1's room, announcing self-first, explained procedure, raised head of bed Applied 1 drop of medication to each eye by pulling down on lower eye lid. Drabbing each eye with Kleenex. Removed gloves Wash hands in Resident 1's restroom by applying soap to both hands, turning on water faucet, scrubbing hands together for 10 seconds, MA dried hands with paper towel. Medication was replaced into box and into medication cart. Medication was documented in MAR. An observation on 8/11/20 at 1:20 PM with MA-J revealed MAR in computer was reviewed and noted Resident 18 had order for [MEDICATION NAME] 2.5 mg tablet; take 1 tablet by mouth BID (2 times daily) in the morning and at 2 PM. No hand hygiene preformed MA-J removed bubble pack from medication cart. Popped medication into plastic medication cup. Replaced bubble pack into cart. Locked cart and placed computer privacy screen up. MA-J knocked up on Resident 18's door, Resident agreed to MA-J enter room. MA- J explained had 2 o'clock medication. Medication cup and glass of water given to resident. Resident took pill. MA-J exited Resident 18's room. No hand hygiene preformed was performed. Record review of policy titled Hand Hygiene dated 2/20/19 revealed staff involved in direct resident contact will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, resident and visitors. Hand hygiene is a general term that applies to either handwashing or the use of antiseptic hand rub, also known as alcohol-based hand rub. Hand hygiene using soap and water is done by wetting hands applying soap rubbing hands together for 20 seconds, rinse hands, dry hands with single use towel. An interview on 8/11/20 at 3:41 PM with DON (Director of Nursing) confirmed hand hygiene needs to be completed before and after medication administration with hand sanitizer or washing with soap and water for 20 seconds. Gloves should not be applied before entering resident rooms and inside of medication bags should not be touched at any point of medication administration /set up.</p> <p>B. An observation on 8/5/20 at 11:59 AM revealed Activity Staff A washed hands in the dining room sink prior to assisting residents in the dining room with ketchup and mustard on their hamburgers. Activity Staff A washed (gender) hands for approximately 5 seconds. An observation on 8/5/20 at 12:06 PM revealed Activity Staff A washed (gender) hands in the dining room sink after assisting residents with ketchup and mustard on their hamburgers. Activity Staff A washed (gender) hands for approximately 8 seconds. An observation on 8/5/20 at 12:08 PM revealed Activity Staff A washed (gender) hands before exiting the dining room for approximately 3 seconds. A review of the facility's Hand Hygiene policy dated 2/20/19 revealed the following: -4. Hand hygiene when using soap and water: a. Wet hands with water. Avoid using hot water because repeated exposure to hot water may increase the risk of [MEDICAL CONDITION]. b. Apply enough soap to cover all hand surfaces. c. Rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers. d. Dry thoroughly with a single use towel. e. Use towel to turn off the faucet.</p> | | |
| F 0923 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many | <p>Have enough outside ventilation via a window or mechanical ventilation, or both. Licensure Reference Number 175 NAC 12-007.04D Based on record reviews, interviews and observations the facility failed to ensure ventilation system was operating and cleaned. This had the potential to affect all residents in the facility. The facility census was 18. Findings are: An observation on 8/5/20 at 2:30 PM revealed Resident 13's bathroom vent was covered in a fuzzy gray material and would not draw up a 3 x 3 piece of toilet tissue. An observation on 8/5/20 at 2:35 PM Revealed Resident 11's bathroom vent was covered in a fuzzy gray material and would not draw up a 3 x 3 piece of toilet tissue. An observation on 8/5/20 at 2:35 PM Revealed Resident 1's bathroom vent was covered in a fuzzy gray material and would not draw up a 3 x 3 piece of toilet tissue. An observation on 8/5/20 at 2:35 PM Revealed Resident 2's bathroom vent was covered in a fuzzy gray material and would not draw up a 3 x 3 piece of toilet tissue. An interview/observation on 8/5/20 at 4:00PM with Maintenance Director confirmed Resident 13's bathroom vent was dirty and was not working. Record review of maintenance logs books revealed no ventilation check logs were completed. An interview on 8/5/20 at 4:32 PM with Maintenance Director confirmed ventilation fans motors were burned up and ventilation log checks were not done. An observation on 8/6/20 at 10:40 AM revealed in bathhouse on the 100 hallway exhaust fan was covered in a fuzzy gray material. An interview on 8/6/20 at 10:45 AM with maintenance director confirmed bathroom exhaust fan needed to be cleaned.</p> | | |