

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>28E175</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/13/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PIONEER MEMORIAL COMMUNITY HOSPITAL</b>		STREET ADDRESS, CITY, STATE, ZIP <b>P O BOX 578, 206 NW 4TH STREET MULLEN, NE 69152</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>	<b>Provide and implement an infection prevention and control program.</b>  Licensure Reference Number: 175 NAC 12-006.17D Based on observations, interviews, and record reviews, the facility failed to comply with regulations and recommendations to control the COVID 19 virus by failure to: 1) ensure staff were pre-screened by another individual upon entry to begin their duties; 2) ensure residents were separated by a minimum of six feet during meal service. Facility census was 23. The failure could potentially result in the spread of COVID 19 which could affect all facility residents. Findings are: A. Interviews with direct care staff (Nurse Aides-A, B, and C) on 7/13/2020 at 10:30 a.m. revealed the three staff members explained the facility process for screening staff members when coming on duty. Nurse Aides A, B, and C stated when they come to work, they fill out a questionnaire and take their temperatures at the nurse's station. When asked who performs the temperature checks, Nurse Aides A, B, and C all stated they self screen. Record review of CMS (Centers for Medicare and Medicaid Services) memorandum QSO-20-30-NH dated 5/18/2020 (a memorandum to provide recommendations for State and local officials to prevent the transmission of COVID-19) revealed facilities in Phase 1 status (highest level of vigilance) instructions to screen all persons entering the facility and all staff at the beginning of each shift. This screening process included temperature checks, completing a questionnaire, and Observation of any signs or symptoms. Interview with the facility Administrator on 7/13/2020 at 1:00 p.m. verified staff coming on duty were self-screening. Further discussion with the Administrator revealed that persons self screening would have the potential for failing to identify symptoms or accuracy of the temperatures taken and that another staff member should be performing the screening to ensure the accuracy of the information and an observation of staff symptoms upon entry. B. Interview with RN (Registered Nurse)-D on 7/13/2020 at 10:15 a.m. revealed RN-D was working as the facility's charge nurse. During the interview, RN-D was asked about COVID-19 restrictions pertaining to facility procedures with dining. RN-D stated all residents but 2 come to the dining room for communal dining during all meals. RN-D stated the facility policy was for residents to social distance during meal times. Observation of the noon meal on 7/13/2020 at 12 noon revealed residents were escorted or came to the dining room independently and were seated at tables. Further observation revealed 9 tables with 2 residents at each table sitting on opposite ends of the table. One table had 3 residents seated, 2 on opposite ends and 1 in the middle. Two residents received room trays. Following the meal, observation and measurement of the distance between residents seated at the 9 tables across from one another measured 4 floor tiles. Measurement of the floor tiles each tile was 12 inches or one foot. The distance between residents during the meal service at these tables was 4 feet. Measurement of the distance between residents at the table with three residents revealed a distance of 3 feet between the residents seated at this table. Record review of facility electronic document entitled Facility Billitens revealed a 7/10/2020 bulliten which read: Revert to Phase 1: due to an increase in local COVID cases, we are reverting back to Phase 1 of our reopening plan. This includes: . Activities and dining will be conducted 6 feet apart . Record review of the CMS memorandum QSO-20-30-NH dated 5/18/2020 revealed facilities in Phase 1 status instructions revealed for Communal Dining (for COVID-19 negative or asymptomatic residents only) but residents may eat in the same room with social distancing (limited number of people at tables and spaced by at least 6 feet).		

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.