

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285055	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER FALLS CITY NURSING AND REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1720 BURTON DRIVE FALLS CITY, NE 68355	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Licensure reference number 175 NAC 12-006.17 Based on observation, interview, and record review; the facility failed to implement infection control practices and Centers for Medicare and Medicaid Services (CMS) guidelines to prevent potential cross contamination including the spread of COVID-19 related to failing to implement isolation procedures for 1 (Resident 1) of 3 sampled residents. The facility staff identified a census of 39. Findings are: A. Record review of a Teachable Moment for all staff dated 5-27-2020 revealed several topics of education that included the following: -Transmission Based Precautions: -Guidance has changed as Personal Protective Equipment (PPE) have become more available. The Following PPE are required on all isolation rooms effective immediately, N95 mask, Goggles or face shield, Disposable gown and gloves. -Zoning: -Red Zone-COVID 19 Positive. -Yellow Zone-Residents that become symptomatic will be moved to this zone. Staff will use transmission based precautions in this zone. The yellow zone for this facility will be designated with yellow tape on the floor outside of the rooms. -Gray Zone-New admissions, that do not have symptoms and residents who go out for [MEDICAL TREATMENT] or appointments will be in this zone. This zone also requires transmission based precautions. -Green Zone- No symptoms, no exposure. Mask can be N95 or surgical. B. On 6-16-2020 at 9:12 AM an interview was conducted with the facility Administrator. During the interview the Administrator reported the facility did not have or suspect any residents or staff with COVID 19 virus. C. Record review of Resident 1's Progress Notes (PN) dated 6-12-2020 revealed Resident 1 was in isolation as had gone out for an appointment. Observation on 6-16-2020 at 8:20 AM revealed Resident 1 had yellow tape on the floor surrounding the entry to Resident 1's room. There was no signs on the door to indicate any type of precautions. Further observation on 6-16-2020 at 8:20 AM revealed Nursing Assistant (NA) A was leaving Resident 1's room and did not have a N95 mask on. On 6-16-2020 at 8:20 AM an interview was conducted with NA A. During the interview NA A reported (gender) was not wearing a N95 mask. NA A further reported that a cloth mask should have been covering the mask NA A was wearing. Observation on 6-16-2020 at 8:35 AM revealed Licensed Practical Nurse (LPN) B was in Resident 1's room. LPN B was observed to be wearing a surgical mask and not a N95 mask, was not gowned, did not wear gloves and did not have eye protection on. On 6-16-2020 at 8:40 AM an interview was conducted with LPN B. During the interview LPN B confirmed a gown, gloves, N95 and eye protection were not worn. Observation on 6-16-2020 at 10:05 AM with the Infection Control Preventionist (ICP) revealed NA C gowned, gloved and wore a surgical mask. No eye protection was worn. On 6-16-2020 at 10:05 AM an interview was conducted with the ICP. During the interview, the ICP confirmed there was no signs on Resident 1's door to indicate Resident 1 was in isolation and further reported staff did not need to wear eye protection and confirmed NA C did not wear a N95 mask. On 6-16-2020 at 10:21 AM an interview was conducted with the Director of Nursing (DON). During the interview, the DON reported staff did not need to wear a N95 mask in the yellow zone and further reported the facility had no gray zones. On 6-16-2020 at 11:45 AM an interview was conducted with the facility Administrator. During the interview the facility Administrator confirmed staff were educated on the zones for isolation and should be following the requirements.</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.