

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>285108</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ARBOR CARE CENTERS-O'NEILL LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>PO BOX 756, 1102 NORTH HARRISON O' NEILL, NE 68763</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>  <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b>          Licensure Reference Number 175 NAC 12-006.17 Based on observation, interview, and record view; the facility failed to 1) ensure visitors were screened for signs/symptoms of COVID-19 (A highly contagious virus primarily spread from person to person through respiratory droplets, which can lead to serious illness and even death); 2) ensure transmission-based precautions (the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected with certain infectious agents for which additional precautions are needed to prevent infection) were implemented for Residents 1, 2, and 4; and 3) ensure staff wore masks in a manner to prevent potential cross-contamination. This had the potential to affect all residents. The sample size was 7 and the facility census was 45. Findings are: A. Review of The Centers for Medicare and Medicaid Services (CMS) Center for Clinical Standards and Quality, Safety and Oversight Group dated 3/13/20 revealed the following guidance for infection control and prevention of Coronavirus Disease 2019 (COVID-19): -the facility should regularly monitor the CDC (Center for Disease Control) website for information and resources. Per the CDC, prompt detection, triage, and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents and healthcare personnel; -restriction of all visitors and non-essential healthcare personnel except for certain end of life situations; -implement active screening of residents for fever and respiratory symptoms; -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. If they are ill, have them put on a mask and then self-isolate at home; and -the facility should identify staff that work at multiple facilities (such as agency staff) and actively screen and restrict them appropriately to ensure they do not place individuals in the facility at risk for COVID-19. B. Review of the CMS Clinical Standards and Quality, Safety and Oversight Group dated 3/23/20 revealed additional guidance. Where the patient/resident was sleeping at the health care facility, signage on the patient's room was important to ensuring that all staff were aware of the necessary infection control steps. C. Review of the facility Infection Control during COVID-19 (New Admissions) policy with a revision date of 3/2020 revealed: - New Admissions and re-admissions would be placed in a private room with private toileting facilities upon entry/re-entry to the facility. - Residents would be confined to their room for 14 days. - Staff would wear a mask during direct contact with the resident. - At the end of the 14 day period and if the resident had not displayed signs or symptoms of an infection the resident could be moved to their permanent place in the facility. D. Review of the facility policy Monitoring Visitors related to COVID-19 with a revision date of 2/2020 revealed visitors would be screened by staff to determine if the visitor had traveled to a restricted country in the last 14 days, had any signs or symptoms of a respiratory infection, and if they had contact with someone who had or was under investigation for COVID-19. If the visitors met any of the above criteria the facility may restrict their entrance in the facility. E. Review of Resident 2's Progress Note dated 6/5/20 revealed the resident was admitted to the facility from a community care home. Observation of Resident 2's room on 6/15/20 at 11:08 AM revealed no signage on or around the resident's door/doorway and no isolation equipment in or around the resident's doorway to indicate the need for transmission-based precautions. During an interview with Nursing Assistant (NA)-B on 6/15/20 at 11:10 AM, NA-B was unaware of anyone on the Memory Care Unit (MCU) that was to be on transmission-based precautions (NA-B was currently working on the MCU). F. Review of Resident 1's Progress Note dated 6/8/20 revealed the resident was readmitted to the facility from the hospital. Observation of Resident 1's room on 6/15/20 at 10:23 AM revealed the resident was in a shared room with another resident. There was no signage in or around the doorway and there was also no isolation equipment in or around the resident's doorway to indicate the resident needed transmission-based precautions. G. Review of the Visitor Screening Logs 3/16/20 to 6/15/20 revealed the visitors were not always screened for signs/symptoms of COVID-19 as well as their temperature was not always taken prior to entry in the facility. H. On 6/15/20 at 11:10 AM NA-B was observed in a resident room on the MCU, NA-B's mask was below NA-B's nose (with bilateral nares visible). I. Interview with Registered Nurse (RN)-H (who was identified as the facility Infection Preventionist) confirmed residents that were new admission/re-admissions (including Residents 1 and 2) and those residents that needed to leave the facility for appointments (including Resident 4) should be put in grey zone transmission-based precautions. The staff should wear a gown and a mask when entering the room of residents on grey zone transmission-based precautions. The mask should be changed after finishing cares with a resident in the grey zone. RN-H confirmed education to the staff on the grey zone and associated transmission-based precautions may not have been carried through as the facility had intended. Further interview confirmed re-admissions should be placed in a private room for 14 days but Resident 1 was not placed in a private room due to some miscommunication. RN-H confirmed any visitors that were allowed to visit for end-of-life situations should have been screened for signs/symptoms of COVID-19 and their temperature should have been taken. RN-H confirmed the facility expectation was for all staff to wear a face mask at all times while in the facility.</p> <p>J. Review of Resident 4's Minimum Data Set (MDS-a federally mandated comprehensive assessment tool used for care plan development) dated 4/22/20 revealed the resident was not receiving isolation/transmission based precautions. Review of Resident 4's Progress Notes from 3/11/20 through 6/15/20 revealed no indication the resident was in isolation/transmission based precautions. Review of Resident 4's Care Plan with a revision date of 6/3/20 revealed Resident 4 left the facility for [MEDICAL TREATMENT] on Mondays, Wednesdays, and Fridays, and there was no indication the resident was in transmission based precautions. Observation of Resident 4's room on 6/15/20 at 8:30 AM revealed no signage on the door to the resident's room alerting staff of transmission based precautions while caring for the resident. During an interview on 6/15/20 at 8:45 AM NA-B reported not being aware of residents that were in a grey zone and that no residents on the MCU (where NA-B was assigned) were on transmission based precautions. Interview on 6/15/20 at 9:00 AM with RN-C revealed the nurse was unaware of grey zone residents, and the policies and protocols for transmission based precautions for residents in the grey zones. Interview on 6/15/20 at 10:15 AM with laundry/housekeeping supervisor revealed no knowledge of facility policies and procedures for grey zone residents or related laundry or cleaning protocols. Interview on 6/15/20 at 11:30 AM with NA-A revealed NA-A was unaware of which residents were in the grey zone and the associated infection control measures needed. Interview on 6/15/20 at 12:30 AM with the Infection Preventionist confirmed Resident 4 should have been placed in a grey zone with transmission based precautions.</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.