

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285232	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/19/2020
NAME OF PROVIDER OF SUPPLIER SUNRISE COUNTRY MANOR		STREET ADDRESS, CITY, STATE, ZIP PO BOX A, 610 224TH STREET MILFORD, NE 68405	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to ensure visitors complied with infection control screening procedures and staff screenings were reviewed to rule out any possible communicable disease signs and/or symptoms prior to working with the residents. This screening failure had the potential to expose any of the 67 people residing in the facility and/or staff members working to possible communicable diseases. Findings include: Observation on 5/18/2020 at 1:25 PM showed Hospice Registered Nurse (RN) enter the locked entrance door code, enter the facility, stop at the visitor and staff screening table and fill out the visitor screening form. Hospice RN then left the area and entered room [ROOM NUMBER] without taking a temperature. In an interview on 5/18/2020 at 1:30 PM, Hospice RN stated she wrote down her temperature from earlier today. In an interview on 5/18/2020 at 1:35 PM, the Director of Nursing (DON) stated staff and contractors taking their own temperature was okay but using a temperature from another time was not acceptable. Observation of the screening table on 5/18/2020 at 1:47 PM showed a food delivery person enter the locked entrance door security code and enter the building. The delivery person stood at the screening table and waited until someone came to the desk to pick up/pay for the food, then exited the building. In an interview on 5/19/2020 at 12:16 PM, the Infection Preventionist RN (IP) stated the employee screening logs are reviewed by her when I get here and before I leave. At 12:20 PM, the IP clarified her normal hours were 7:00-7:30 AM to 4:00-4:15 PM five days per week. Review of the facility policy Coronavirus Disease (COVID-19) - Facility Entrance Screening, dated 5/2020, stated: ENTRY PROCEDURE: Entrance to the facility will be restricted to essential facility staff and contract workers (exceptions may be made for end of life). All doors to the facility will remain locked. A keypad at the main entrance will be available for essential workers. The keypad code will be changed at least monthly or with any observed noncompliance. All individuals entering the facility are required to pass through a screening station prior to entry. The screening station will be comprised of the following: -Hand sanitizing stations -Temperature check -Screening questionnaire regarding COVID-19 exposure and symptoms -Facemask distribution area Essential staff whose temperature is above 100 degrees Fahrenheit or that answer YES to any of the known exposure or symptom screening questions are instructed to go outside and contact charge nurse, infection preventionist, or DON for further instruction. The screening station will be monitored by the infection preventionist upon arrival and departure as well as randomly throughout the day. (Weekends will be monitored at the same frequency by the charge nurse). Review of the three-ring binder with the employee self-screening logs dated 5/17/2020 (a Sunday), 5/18/2020, and 5/19/2020 showed the initials of the IP in the lower right corner of the page. In an interview on 5/19/2020 at 3:14 PM regarding the employee self-screening logs, the IP confirmed there was no documentation that the weekend Charge Nurse reviewed the logs and stated, The Charge Nurse may not have done it, I can't say for sure. When I come in, I still go over it. The IP continued to clarify that she reviewed the 5/17/2020 Sunday form Yesterday (Monday). As a general rule, when I come in every Monday, I grab them all to review. When asked if there is documentation regarding what is reviewed, the IP stated No, I don't make any notes. (DON's name), (Administrator's name), and I talk about it, but I don't know that anybody takes notes.</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.