

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 28E271	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OF SUPPLIER GENOA COMMUNITY HOSPITAL/LTC		STREET ADDRESS, CITY, STATE, ZIP P O BOX 310, 606/706 EWING AVENUE GENOA, NE 68640	
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>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 (a mild to severe respiratory illness that is caused by a coronavirus) related to failing to verify screening results for facility employees, failure to ensure the screening sheets contained full staff identifying information including first and last names and titles, failure to ensure follow up of symptoms indicated on screening sheets and failure to prevent self screening. The facility failure had the potential to affect all residents in the building. The facility identified a census of 36. Findings are: A. A record review of the Covid-19 Daily Screen Log (DSL, a screening tool for Covid-19 symptoms and exposure) dated 07/06/20 and 07/07/20 for Employee A revealed Employee A had answered yes to recent travel outside of the state. Further review of the DSL for Employee A revealed there was no evidence of a follow up evaluation prior to allowing Employee A to work. B. A record review of the Covid-19 DSL dated 07/07/20 and 07/10/20 for Employee B revealed that Employee B had answered yes to working in another healthcare facility. Further review of the DSL for Employee B revealed there was no evidence of a follow up evaluation prior to allowing Employee B to enter the facility and see their assigned residents. C. A record review of the Covid-19 DSL dated 07/07/20 and 07/09/20 for Employee C revealed that Employee C had answered yes to working in another healthcare facility. Further review of the DSL for Employee C revealed there was no evidence of a follow up evaluation prior to allowing Employee C to work. D. A record review of the Covid-19 DSL dated 07/09/20 for Employee D revealed that Employee D had answered yes to working in another healthcare facility. Further review of the DSL for Employee D revealed there was no evidence of a follow up evaluation prior to allowing Employee D to work. E. A record review of the Covid-19 DSL dated 07/09/20 for Employee E revealed that Employee E had answered yes to working in another healthcare facility. Further review of the DSL for Employee E revealed there was no evidence of a follow up evaluation prior to allowing Employee E to work. F. A record review of the Covid-19 DSL dated 07/11/20 and 07/12/20 for Employee F revealed that Employee F had answered yes to working in another healthcare facility. Further review of the DSL for Employee F revealed there was no evidence of a follow up evaluation prior to allowing Employee F to work. G. A record review of the Covid-19 DSL dated 07/12/20 for Employee G revealed that Employee G had answered yes to working in another healthcare facility. Further review of the DSL for Employee G revealed there was no evidence of a follow up evaluation prior to allowing Employee G to work. H. On 7/13/20 at 12:30 P.M., an interview was conducted with the facility Director of Nursing (DON). During the interview, a review of the DSL sheets for Employees A, B, C, D, E, F, and G dated 07/6/20 through 7/12/20 was completed. The DON confirmed there should have been follow up evaluations regarding employee screening answers and was not. The DON confirmed the DSL sheets were not reviewed on a consistent basis. I. An interview on 7/13/20 at 10:00 A.M. with the facility Administrator revealed that the facility did not have assigned staff to complete employee screening prior to entering the facility for their shift. Through the interview, it was revealed that the staff did take their own temperature but were required to show that temperature to another employee prior to proceeding to their work areas. The interview confirmed that the staff filled out their own questionnaires related to Covid-19 symptoms, recent travel history, Covid-19 exposure and working in other healthcare facilities.</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.