

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285156	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/20/2020
NAME OF PROVIDER OF SUPPLIER GOOD SAMARITAN SOCIETY - BLOOMFIELD		STREET ADDRESS, CITY, STATE, ZIP P O BOX 307, 300 NORTH SECOND ST BLOOMFIELD, NE 68718	
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	Provide and implement an infection prevention and control program. Licensure Reference Number 175 NAC 12-006.17 Based on observation, interview, and record review; the facility failed to ensure infection control practices were followed to prevent potential cross-contamination related to active screening of visitors and interventions for Resident 6 who had symptoms of a respiratory illness. This had the ability to affect all residents. The total sample size was 38 and the facility census was 38. Findings are: A. Review of the Centers for Medicare and Medicaid Services (C[CONDITION]) 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): -restriction of all visitors and non-essential healthcare personnel except for certain end of life situations: -cancel all group activities and communal dining; -implement active screening of residents for fever and respiratory symptoms; and -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. B. Review of the facility COVID-19 Visitor Restrictions Overview (undated) revealed: - Visitors were limited to only those who need entry, - All visitors would be directed to the main entrance, - Visitors who were not end-of-life-visit related or medically or operationally necessary would not be permitted in the building, and - All individuals entering the building would be actively screened and entry would be restricted for those with respiratory symptoms or possible exposure to COVID-19. C. On [DATE] at approximately 12:30 PM, an individual was observed walking through the front doors of the facility and down the hallway towards the therapy room. The visitor stated they were there for outpatient therapy. Review of the facility Visitor Screening Log dated 3/11/20 through 3/22/20 revealed no evidence to indicate outpatient therapy patients were actively screened when entering the facility. D. Review of a facility document dated [DATE] revealed Medical Doctor (MD)-A was in the facility seeing residents on [DATE], 3/17/20, and 3/19/20. Review of the facility Visitor Screening Log dated 3/11/20 through 3/22/20 revealed no evidence to indicate (MD)-A was actively screened when entering the facility and seeing residents. E. Review of Resident 6's Progress Notes revealed: - On 3/17/20 MD-A had a visit and exam with the resident with orders for lab the next blood draw day. - On 3/18/20 the resident had a temperature of 99.8 degrees, [MED] (a medication used for pain or fever reduction) was given, and the resident had audible wheezes. - On 3/19/20 at 7:50 AM, MD-A was called and informed of the resident's condition. The resident voiced being short of breath. The resident was warm and [CONDITION] but afebrile with a temperature of 98.8 degrees and [MED]gen saturation of 96 percent on room air. - On 3/19/20 at 8:54 AM, MD-A came to the facility to examine the resident. Orders were given for blood work and the sample was sent back with MD-A for testing. - On [DATE] at 8:00 AM, MD-A called the facility to report the resident was positive for [CONDITION] (a respiratory virus that causes an upper respiratory infection) with no new orders given and to continue current treatment. F. Interviews with the Director of Nursing (DON) and the Administrator on [DATE] from 11:30 AM to 1:15 PM confirmed: - The facility didn't start screening staff and residents for potential COVID-19 symptoms or exposure until [DATE]. - MD-A was not screened prior to seeing residents on [DATE], 3/17/20, or 3/19/20. - Visitors that presented for outpatient therapy were to enter the therapy room through a separate door. The outpatient therapy client today was coming for their first day and therefore they didn't know the process. - Outpatient therapy visitors were not actively screened for symptoms or potential exposure to COVID-19. -The DON confirmed Resident 6 had respiratory symptoms and was seen by MD-A on 3/17/20. Further interview confirmed additional interventions were not put into place for Resident 6 while awaiting test results.		

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.