

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OF SUPPLIER GOOD SAMARITAN SOCIETY - ALBION		STREET ADDRESS, CITY, STATE, ZIP P O BOX 271, 1222 SOUTH 7TH STREET ALBION, NE 68620	
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>License Reference Number: 175 NAC 12-006.17B Based on observations, record reviews and interviews; the facility failed to implement infection control precautions to prevent the spread of COVID-19 as 1) staff failed to follow transmission based precautions for 4 (Residents 1, 2, 6 and 7) of 7 sampled residents; and 2) staff failed to ensure forms were completed for staff screening. This had the ability to affect all of the facility residents. The total sample size was 7 and the census was 54. Findings are: A. Review of the facility policy for Transmission Based Precautions (undated) revealed staff were to wear a mask, face shield, isolation gown, and gloves when entering the room of a resident on isolation precautions. The following sequence for placing on Personal Protective Equipment (PPE) was identified: -complete hand hygiene; -put on a gown ensuring torso is fully covered from neck to knees, arms to end of wrists and wrapped around the back. The gown should then be fastened in back of the neck and waist; -put on mask with ties or elastic bands at middle of head and neck, fit flexible band to nose-bridge and ensure a snug fit to face and below chin; -place goggles or face shield over face and eyes and adjust to fit; and -put on gloves ensuring the gloves extend to cover wrist of isolation gown. The following instructions were identified for removal of PPE: -remove gloves; -remove gown; -exit the resident's room; -perform hand hygiene; -remove the face shield/goggles; and -perform hand hygiene. B. Review of a the facility form titled COVID-19 Unit-Outside the patient's room with a revision date of 4/14/20 revealed the following procedure for re-use of a face shield: -sanitize hands; -put on a pair of clean gloves; -place a disinfectant wipe on table as a barrier; -remove face shield and position on barrier; -use a disinfectant wipe to cleanse the front and the back of the shield, the elastic band and the foam band; -place shield upside down to dry; -remove gloves; and -hand sanitize. C. Observations on 6/29/20 of the 100 corridor during the noon meal revealed the following: -12:20 PM Nursing Assistant (NA)-C positioned a cart with room trays outside of Resident 6's room. Signs posted outside of the room indicated the resident was in the Gray Zone and was on isolation. NA-C was wearing a surgical mask and a face shield. Without performing hand hygiene, NA-C placed on a pair of clean gloves. NA-C removed the face shield and placed the shield directly on the shelf of a cabinet located outside of the residents' room. NA-C donned an isolation gown and placed the face shield back on. NA-C entered the resident's room and delivered the meal tray. After completion of task, NA-C removed gloves and isolation gown before leaving the resident's room. NA-C failed to cleanse the face shield or to complete hand hygiene; -12:22 PM NA-C propelled the room tray cart to Resident 1's room. A sign outside of the room indicated the resident was in the Gray Zone and was on isolation. Without completing hand hygiene, NA-C entered the resident's room and placed on an isolation gown then, stepped out of the room and placed on a clean pair of gloves from an isolation cart. NA-C brought a meal tray into the room and positioned the tray on a bedside table. The bedside table contained various items including a television remote, a covered thermal cup, a Kleenex box and a can of soda. NA-C attempted to move items to accommodate the meal tray and dropped the remote on the floor then proceeded to pick up. Items on the table were rearranged so that food was within the resident's reach. NA-C assisted the resident with meal set-up and with putting on a clothing protector. Upon leaving the resident's room, NA-C removed gloves and gown and completed hand hygiene. NA-C failed to cleanse the face shield; -12:25 PM NA-C positioned the room tray cart outside of Resident 7's room. Signs outside of the resident's room indicated the resident was on isolation as the resident was in a Gray Zone. NA-C removed face shield and placed directly on the top shelf of the isolation cart outside of the room without benefit of a barrier. NA-C placed on an isolation gown and secured, then replaced the face shield. Without any hand hygiene, NA-C put on clean gloves. After delivery of the meal tray to the room, NA-C removed gown and gloves and performed hand hygiene but failed to clean the shield; and -12:28 PM NA-C propelled the room tray cart to Resident 2's room. Signs outside of the room indicated the resident was in the Gray Zone and was on isolation. NA-C donned an isolation gown and gloves. NA-C delivered the room tray and removed gown and gloves before leaving the resident's room. NA-C removed the face shield and placed on the top of the isolation cart without benefit of a barrier. NA-C proceeded to cleanse the shield with disinfectant wipes, placed the shield back on, performed hand hygiene and returned to the dining room. During an interview with the Director of Nursing (DON) on 6/30/20 at 2:20 PM, the DON verified the following regarding NA-C: -hand hygiene should have been completed before placing on PPE and entering the resident's rooms; -NA-C's face shield should have been placed on a clean barrier and cleansed with a disinfectant wipe. This task should have been completed each time NA-C exited a resident room; and -hand hygiene should have been performed after removal of PPE to prevent the potential for cross contamination.</p> <p>D. An observation on 6/29/20 at 10:15 AM showed an area located at the facility entrance for screening with a sign stating, Upon arriving to work: sanitize your hands, put on your mask, social distance while you are waiting to be screened and get screened (temp taken, answer questions). Review of the facility's Employee Screening Logs from 3/11/20 - 5/11/20 revealed the logs were documented on paper. The logs were to include the date, the names of the employee being screened and the employee's temperature. In addition, employee responses to screening questions to determine potential COVID-19 symptoms and risks of exposure were included. Further review of the screening logs revealed the following: -3/25/20 no temperatures were documented on 2 line entries; -1 temperature was not documented on 3/30/20, 4/3/20, 4/6/20, 4/13/20, 4/16/20, 4/28/20 and 5/1/20; and -4/18/20 no temperature and no responses to symptoms were documented on 1 line entry. Review of the facility's Dietary Deliveries Log dated 3/12/20 - 4/10/20, had 20 line entries without temperatures documented but had the word no written under the column Do you have a fever? Review of 2 forms titled COVID-19/Coronavirus Disease 2019 Employee Screening Documentation updated 3/12/20 showed the forms did not include the date screening was completed. An interview on 6/30/20 at 3:00 PM with the DON and Administrator confirmed the screening logs were missing documentation.</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.