

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285208	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OF SUPPLIER COMMUNITY PRIDE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 901 SOUTH 4TH STREET BATTLE CREEK, NE 68715	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.17 Based on observation and interview the facility failed to 1) screen visitors by completing a covid question sheet and taking a temperature for COVID-19 (a mild to severe respiratory illness infection caused by [MEDICAL CONDITION] that can spread from person to person), upon entering the facility and 2) have/ develop a policy for residents with abnormal covid screening results 3) ensure dietary staff wore surgical mask to prevent the spread of Covid-19 4) Staff were performing self screening (including taking own temperatures and filling out covid screening questions 5) ensure Residents (Residents 1 and 2) were wearing face covering outside of their rooms. This had the potential to affect all staff and resident in the facility. The facility census was 43. Findings are: 1) A. Observation on 7/13/20 at 11:22 a.m. revealed signs on entrance door to ring door bell, no visitors allowed, and fill out COVID-19 screening sheet (a screening tool for COVID-19 symptoms and exposure), have temperature taken, and complete hand hygiene. Before entering facility. B. An observation upon entering the facility on 7/13/20 at 11:25 a.m. revealed the DON (Director of Nursing) opened facility door for three visitors to come in. DON asked to have hand hygiene completed and stated would complete COVID-19 screening sheets when the three visitors got into conference room. C. Interview with DON on 7/13/20 at 5:30 p.m. confirmed the COVID-19 screening sheets did not get completed on three visitors that entered the facility on 7/13/20 at 11:22 a.m. D. Record view of facility policy titled COVID-19 Phasing Guidance dated June 22,2020 revealed, all visitors must be symptom free and screened according to current guidelines. Under screening heading 100% screening for all persons entering the building and all staff at the beginning of each shift. Temperature checks, and questionnaire about symptoms and potential exposure. 2) Interview on 7/13/20 at 2:10 p.m. with RN/IP (Registered Nurse and Infection Preventioist),revealed that residents get a daily temperature, and ask questions if they have a cough, sore throat, short of breath and record on a paper log and gets handed in to DON (Director of Nursing). RN/IP revealed a temperature of 99.0 or above facility would keep residents in their rooms and keep an eye on them. If they have a roommate the roommate would also stay in room and be monitored. RN/IP stated the facility has two shifts for dining. RN/IP stated that residents are allowed out of their rooms, and are not required to wear a masks at this time. RN/IP stated if a resident would have to go out of the building they would wear a mask or face covering. Interview on 7/13/20 at 2:45 p.m. with Resident 1 revealed that resident goes out of room without a face mask or face covering. Resident 1 stated we can go out of our rooms with out a face mask. Resident 1 stated we only wear a face mask if we go out of the facility.</p> <p>2) According to CDC (Center for Disease Control and Prevention) (An organization responsible for providing research and education on infections and prevention of illness Worldwide) Document titled Preparing for COVID-19 in Nursing Homes dated June 25, 2020 revealed the following ---Evaluate and Manage Residents with Symptoms of COVID-19. - Ask residents to report if they feel feverish or have symptoms consistent with COVID-19. -Actively monitor all residents upon admission and at least daily for fever (T?1) and symptoms consistent with COVID-19. Ideally, include an assessment of oxygen saturation via pulse oximetry. If residents have fever or symptoms consistent with COVID-19, implement Transmission-Based Precautions as described below: Older adults with COVID-19 may not show common symptoms such as fever or respiratory symptoms. Less common symptoms can include new or worsening malaise, headache, or new dizziness, nausea, vomiting, diarrhea, loss of taste or smell. Additionally, more than two temperatures >9 might also be a sign of fever in this population. Identification of these symptoms should prompt isolation and further evaluation for COVID-19. An interview on 7/13/20 at 3:15 PM with DON (Director of Nursing) revealed the facility has no policy or procedure for what to do if resident has an abnormal screening (this includes a temperature over 100.4, or answering yes to cough, fever, sore throat, difficulty breathing. DON stated in the event of an abnormal screening staff would contact residents physician and wait for directions. DON stated on one event they had resident with symptoms resident was placed in isolation with roommate, staff began wearing full PPE and resident and roommate were tested for covid -19. Covid test returned negative. Record review of facility policies revealed no policy for facilities procedure regarding residents with abnormal screenings. 3) An observation on 7/13/20 at 11:50 AM revealed DA (Dietary Aide)- A was wearing a beard net over nose and mask. DA was not wearing a face mask or face shield. An interview on 7/13/20 at 11:50 AM with DA -A revealed (gender) had severe asthma and was unable to wear surgical mask or other types of masks because (gender) was not able to breathe; DA-A is wearing a beard net as an alternative to surgical mask. An interview on 7/13/20 at 11:55 AM with DS (Dietary Supervisor)- B revealed (gender) was aware of DA-A has a problem with not being able to breathe with surgical mask; DA- A has been wearing beard net as an alternative to surgical mask. DS-B states that one time DA-A was sent home due to having an asthma attack. Record review of document Titled COVID-19 Policy not dated revealed under section Universal Source Control and PPE -All facility staff and essential healthcare personnel, regardless of their position, who may interact with resident or enter resident rooms, should wear a surgical. procedural facemask. The facility staff, regardless of their position, who do not provide care to the residents and who have no interaction with resident should wear either a cloth face covering or facemask while in the facility. An interview on 7/13/20 at 3:00 PM with DON confirmed DA-A should be wearing a surgical mask per facility policy. 4) An interview on 7/13/20 at 12:00 PM with Activity Director revealed that when (gender) arrives at work though employee entrance, hand sanitizer is available, then must fill out from screening questions do you have any of the following symptoms of Covid-19? Fever, cough, sore throat, Difficulty Breathing (circle Yes or No for each). Then take temperature and document temperature. AD states if any screening questions answer yes or have a temperature you need to use walkie and call a nurse to see if you can come into work. An observation on 7/13/20 at 1:50 PM revealed the following NA (Nursing Assistants) -C,D,E performed self-screening by taking their own temperatures documenting it on screening log and answering covid screening questions by circling yes or no for having cough, fever, sore throat, difficulty breathing. An interview on 7/13/20 at 3:00 PM with DON confirmed that staff are entering the facility performing screening by filling out Covid -screening sheet with the following questions do you have a Fever, cough, sore throat, Difficulty Breathing? (circle Yes or No for each). Document Temperature. DON stated facility is following CDC guidelines in regard to temperature and notes anything over 100.4. DON stated (gender) reviews logs daily. DON states staff are calling (gender) if they have symptoms or questions about coming to work. Per CMS QSO memo 20-30. All phases require 100% screening of every person entering the building. Ensure all outside persons entering building have cloth face covering or facemask and observation of any signs or symptoms. 5) According to the CDC dated 7/9/20 Implement Universal Source Control Measures Source control refers to use of cloth face coverings or facemask's to cover a person's mouth and nose to prevent spread of respiratory secretions when they are talking, sneezing, or coughing. Because of the potential for asymptomatic and pre-symptomatic transmission, source control measures are recommended for everyone in a healthcare facility, even if they do not have symptoms of COVID-19. Patients and visitors should, ideally, wear their own cloth face covering (if tolerated) upon arrival to and throughout their stay in the facility. If they do not have a face covering, they should be offered a facemask or cloth face covering, as supplies allow. Patients may remove their cloth face covering when in their rooms but should put it back on when around</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	(continued... from page 1) others (e.g., when visitors enter their room) or leaving their room. An interview on 7/13/20 at 11:40 AM with Resident 2 revealed (gender) had just moved in about 1 month ago due to having a stroke. Resident 2 has been doing physical therapy and hopes to return home. Resident 2 states he only leaves his room for meals and therapy. Activities have all been held in hallways or individual. Visitors have been allowed through the window only. Resident 2 states (gender) is receiving baths 2 times per week. Resident 2 was not wearing a mask during interview; Interview took place in communal area; Resident 2 states only wears mask when leaving the facility for appointments. Resident states he has left facility multiple times for appointments in outside community. An interview on 7/13/20 at 3:00 PM with DON confirmed residents should be wearing masks when outside of their rooms and when leaving the facility.		