

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285283	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/09/2020
NAME OF PROVIDER OF SUPPLIER TABITHA NURSING CENTER AT CRETE		STREET ADDRESS, CITY, STATE, ZIP 1800 EAST 13TH STREET CRETE, NE 68333	
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 12-006.17A Based on observations, interviews and record reviews, the facility failed to implement infection control practices and Centers for Medicare and Medicaid Services (CMS) guidelines to prevent the potential spread of COVID by failing to ensure staff wore available N95 masks to provide care for residents admitted within the prior 2 weeks. The census was 35 and sample size was 6. A. Record review of direction from the Centers for Disease Control titled Preparing for Covid-19 in Nursing Homes dated June 25, 2020 revealed the following. Facilities should create a plan for managing new admissions and readmissions whose Covid-19 status is unknown. Health care personnel should wear an N95 or higher-level respirator if available, eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Review of a document titled Tabitha Health Care Services Personal Protective Equipment (PPE) Status dated July 7, 2020 revealed the following. The Tabitha Corporation had 10,565 N95 masks in stock for use in Green/Yellow/and Gray zones. The Tabitha Corporation had 1800 N95 masks in stock for Red zone use. Bulleted at the bottom of the form was the following Green/Yellow/Transitional Zones are very close to 100%, and Supply Chain will order 3000 N95 masks and 3000 disposable gowns to reach full capacity. The form also directed that N95 masks need to be used for red, yellow and gray zone activity. Review of an untitled document provided by the facility on 7/8/2020 concluded the facility would require 200 N95 masks per week. Review of N95 mask requests made from Tabitha of Crete to Corporate revealed requests of 20 masks were made on 5/8, 5/14, 6/11, 6/18 and 6/25. Requests of PPE were made on 5/21 but there were no requests of N95 masks made at this time. The total of all N95 requests made to Tabitha Corporate based upon information provided was a total of 100 N95 masks or the equivalent of a half week of the facility's reported need of N95 masks. Observation of therapy staff member A exiting transitional/gray room # 11 of house #2 at 10:27 AM on 7/8/2020 revealed the staff member had been wearing a surgical mask rather than an available N95 mask to provide care to Resident 2 who had admitted within the prior 2 weeks. Observation of facility Personal Protective Equipment storage on 7/8/2020 at 11:00 AM with Administrator and Director of Nursing (DON) revealed the facility had approximately 8 boxes of unused N95 or KN95 masks with 20 masks per box. Interview with LPN B on 7/8/2020 at 9:00 AM revealed the resident #2 was newly admitted as of last Thursday and remained in 2 weeks of isolation in a transition room. N95 masks were available but were not used in transitional rooms unless the resident would have tested positive. There was plenty of PPE. Staff were to wear a surgical mask, gown, goggles, and gloves when in a transitional room. Interview with RN C on 7/8/2020 at 10:20 AM revealed the difference between gray zones and transitional zones was that gray zones required N95 masks and transitional zones only required the use of surgical masks. Interview with the Infection Control Preventionist on 7/8/2020 at 10:40 AM revealed the facility wanted to use CDC guidance to not use N95 masks for new admissions as the facility has not been able to secure enough N95 masks required for transitional zones. The staff person didn't know the current number of N95 masks available at the facility. Supplies were ordered weekly from Corporate by the DON and Infection Control Preventionist. B. Observation on 7/8/20 at 10:21 AM revealed that NA D and NA E where wearing surgical masks and goggles and went into nurses' station and washed hands and then came out and put on gowns, gloves and went into Resident 1's room. Upon exiting Resident 1's room, both NA D and NA E removed gown and gloves and discarded them into trash container sitting by doorway inside of room. NA D and NA E then used hand sanitizer and then removed goggles and mask, then exited room and immediately outside room put on new surgical mask and pair of goggles and then went to nurses' station and washed hands.</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.