

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 10/19/2020
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 - Few	Provide and implement an infection prevention and control program. Licensure Reference Number 175 NAC 12-006.17B Based on observation, record review and interview; the facility failed to properly prevent COVID19 by failing to ensure staff removed isolation gown and gloves before leaving isolation rooms and failed to ensure staff performed hand hygiene after removing gloves to prevent the potential for cross contamination for 2 residents (Residents 3 and 4) of 3 residents sampled. The facility census was 34. An observation on 10/19/20 from 12:25 PM - 12:32 PM revealed Dietary Staff A, who was wearing an N95 mask and face shield, put on an isolation gown and gloves and entered Resident 3's room with noon meal in Styrofoam dishes. Resident 3 refused meal and Dietary Staff A exited the room with noon meal Styrofoam dishes and gown and gloves on. Dietary Staff A then handed the noon meal Styrofoam dishes to another dietary staff person and then removed isolation gown and gloves in the hallway. Dietary Staff A did not perform hand hygiene. Dietary Staff A then put on another isolation gown and gloves and took Resident 4's noon meal in Styrofoam dishes into Resident 4's room. Dietary Staff A then came out into the hallway with isolation gown and gloves on and removed isolation gown and gloves in the hallway, disposed of them and did not perform hand hygiene. Record review of facility Standard Precautions policy, effective date 5/20/19, reveals 1. Hand hygiene- d. Wash hands after removing gloves 2. Gloves-g. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another resident and wash hands immediately to avoid transfer of microorganisms to other residents or environments. 2. Gowns-d. Remove gown and perform hand hygiene before leaving the resident's room. Record review of an email dated 10/2/20 to all Long Term Care staff updates from Director of Nursing revealed gowns are required in every room and must be put on upon entering each room and before leaving each room. An interview on 10/19/20 at 3:45 PM with Infection Control Preventionist confirmed dietary staff entering an isolation room would be expected to wear N95 mask, face shield, isolation gown and gloves when entering an isolation room and would be expected to dispose of isolation gown and gloves before leaving the room and to perform hand hygiene after removing gloves. An interview on 10/19/20 @ 4:45 PM with Director of Nursing confirmed that any staff including dietary staff entering an isolation room would be expected to wear all of the required personal protective equipment and would be expected to remove isolation gown and gloves before leaving room.		

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.