

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>285166</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PREMIER ESTATES OF KENESAW, LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>P O BOX 10, 100 WEST ELM AVENUE KENESAW, NE 68956</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Licensure Reference Number 175 NAC 12-006.17D Based on observation, record review, and interview the facility failed to ensure that staff performed hand hygiene (hand washing using soap and water or an alcohol based hand rub (ABHR) to remove germs for reducing the risk of transmitting infection among patients and health care personnel) prior to putting on disposable gloves and after removing disposable gloves to prevent the potential for cross contamination and Covid-19. This had the potential to affect 5 residents (Residents 12, 11, 8, 9, and 10). The facility census was 48. Findings are: Record review of the undated facility document titled Handwashing Audit revealed that staff are to wash hands between glove changes. Observation on 7/6/20 at 9:07 AM revealed that Medication Aide-C (MA-C) did not perform hand hygiene and put on disposable gloves. MA-C then put on a gown and entered the room of Resident 12. Observation on 7/6/20 at 9:20 AM revealed that Licensed Practical Nurse-D (LPN-D) returned to the medication cart from the room of Resident 15. LPN-D did not perform hand hygiene. LPN-D put on disposable gloves. LPN-D wiped the blood pressure cuff with a disinfectant wipe. LPN-D removed the gloves and performed hand hygiene with ABHR. Observation on 7/6/20 at 9:48 AM revealed that MA-C sat a tray of food items on top of the PPE cart outside the room of Resident 12. MA-C did not perform hand hygiene and put on disposable gloves. MA-C put on a gown to enter the resident's room. Observation on 7/6/20 at 9:58 AM revealed that MA-C exited the room of Resident 12 (a resident new to the facility under isolation precautions) and removed the face shield. MA-C wiped off the face shield with a Sani Cloth disinfectant wipe and removed the disposable gloves. MA-C put the face shield back on. No hand hygiene was performed. Observation on 7/6/20 at 9:58 AM revealed that the facility Therapy Director (TD) put on a gown outside the room of Resident 11. TD did not perform hand hygiene and put on disposable gloves and entered Resident 11's room. Observation on 7/6/20 at 11:29 revealed that Licensed Practical Nurse-E (LPN-E) stood at the treatment cart outside of the room of Resident 8. LPN-E entered Resident 8's room with the glucometer (a medical device used to measure and display the amount of sugar in the blood for residents with diabetes) and obtained the blood sugar level for the resident. LPN-E exited the resident's room and discarded the lancet (a small sterile blade used to obtain a small amount of blood for testing) into the sharps disposal container. LPN-E removed the right glove and wiped the glucometer with a Micro Kill One disinfectant wipe and wrapped the glucometer in the wipe. LPN-E used the computer mouse to document the blood sugar level results in the resident's electronic health medical record. LPN-E removed the left glove and did not perform hand hygiene and put on disposable gloves. LPN-E administered the ordered insulin to Resident 8. LPN-E removed the disposable gloves at the treatment cart. LPN-E performed hand hygiene with ABHR. LPN-E pushed the treatment cart to the room of Resident 9. LPN-E did not perform hand hygiene and put on disposable gloves. LPN-E obtained a blood sugar level of 283 for Resident 9. LPN-E exited the resident's room and wiped the glucometer with a disinfectant wipe and wrapped the glucometer in the wipe. LPN-E removed the disposable gloves and did not perform hand hygiene. LPN-E put on disposable gloves. LPN-E administered the ordered insulin to Resident 9. LPN-E removed the disposable gloves and performed hand hygiene with ABHR. LPN-E pushed the treatment cart to the room of Resident 10. LPN-E did not perform hand hygiene and put on disposable gloves. LPN-E obtained a blood sugar level of 205 for Resident 10. LPN-E exited the resident's room and wiped the glucometer with a disinfectant wipe and wrapped the glucometer in the wipe. LPN-E removed the disposable gloves. LPN-E did not perform hand hygiene and put on disposable gloves. LPN-E administered the ordered insulin to Resident 10. LPN-E removed the right glove. LPN wrapped the insulin pen with a disinfectant wipe. LPN-E removed the left glove and performed hand hygiene with ABHR. Record review of the facility policy titled Infection Prevention dated 11/2016 revealed that Handwashing is the single most important procedure for preventing facility acquired infections. Hands must be washed after the following, including, but not limited to: o Contact with blood/body fluids o Contact with contaminated items or surfaces o Contact with resident/patient o Initiating a clean procedure o Removal of gloves Record review of the facility policy titled Infection Control Manual Infection Prevention dated 03/2015 revealed Standard Precautions Procedure: Handwashing 1. Wash hands after touching the following whether or not gloves are worn: o Blood o Body fluids o Contaminated items o Excretions o Secretions 2. Wash hands promptly: o After gloves are removed o Between resident/patient contact o As indicated to avoid transfer of microorganisms to other resident/patient or environments o Between tasks and procedures on the same resident/patient to prevent cross-contamination of different body sites. Record review of the undated facility policy titled Glucometer Cleaning and Disinfecting revealed the section titled Hand hygiene and gloves: o Wear gloves during fingerstick glucose monitoring and during any other procedure that involves potential exposure to blood or bodily fluids. o CHANGE gloves between patients AND perform hand hygiene. ALWAYS perform hand hygiene before putting on gloves. o PERFORM hand hygiene immediately after removal of gloves and before touching other medical supplies intended for multi-patients use including glucometers. Record review of the facility policy titled Infection Control Manual Equipment dated 03/2015 revealed that the facility will appropriately care for resident/patient care equipment and supplies to prevent them from becoming sources of infection. All used equipment and supplies are considered contaminated with potentially infectious material and will be cleaned and disinfected or sterilized as applicable before use with another resident/patient. Interview on 7/7/20 at 3:52 PM with the facility Director of Nursing (DON) confirmed that hand hygiene with sanitizer or hand washing is to be performed by staff between glove changes including before putting gloves on and after removing gloves.</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.