

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285178	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/16/2020
NAME OF PROVIDER OF SUPPLIER HILLCREST CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 702 CEDAR AVENUE LAUREL, NE 68745	
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, interview, and record view; the facility failed to 1) ensure visitors were screened for signs/symptoms of COVID-19 (A highly contagious virus primarily spread from person to person through respiratory droplets, which can lead to serious illness and even death); 2) ensure transmission-based precautions (the second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected with certain infectious agents for which additional precautions are needed to prevent infection) were implemented for 2 (Residents 1 and 5) of 5 sampled residents; and 3) failed to complete routine screening of the residents for signs and symptoms of COVID-19. This had the potential to affect all residents. The sample size was 5 and the facility census was 22. Findings are: A. Review of The Centers for Medicare and Medicaid Services (CMS) Center for Clinical Standards and Quality, Safety and Oversight Group dated 3/13/20 revealed the following guidance for infection control and prevention of Coronavirus Disease 2019 (COVID-19): -the facility should regularly monitor the CDC (Center for Disease Control) website for information and resources. Per the CDC, prompt detection, triage, and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents and healthcare personnel; -implement active screening of residents for fever and respiratory symptoms; -screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperatures and document the absence of shortness of breath, new or change in cough and sore throat; and -if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital where they would remain for 14 days with no symptoms. B. Review of the CMS Center for Clinical Standards and Quality, Safety and Oversight Group dated 4/24/20 revealed the following guidance for infection control and prevention of Coronavirus Disease 2019 (COVID-19): -the facility should consider the necessity of appointments outside of the facility to the resident's health, whether it is critical for the resident to attend; -if attending the appointment is necessary, the facility should help arrange for the resident to attend the appointment by taking precautions to minimize the risk of transmission of COVID-19; and -the facility should monitor the resident upon return for fever and signs and symptoms of respiratory infection for 14 days after the outside appointment (preferably in a space dedicated for the observation of asymptomatic residents). C. Review of the COVID-19 staff/visitor screening logs dated 6/1/20 through 6/15/20 revealed visitors and staff were to be screened prior to admission to the facility to determine if they had any signs or symptoms of a respiratory infection, and if they had contact with someone who had or was under investigation for COVID-19. Further review of the screening logs revealed no evidence the staff and/or visitors had been screened before entering the facility on 6/4/20, 6/10/20 and on 6/11/20. D. Review of Resident 1's Minimum Data Set (MDS-a federally mandated comprehensive assessment tool used for care planning) dated 5/12/20 revealed [DIAGNOSES REDACTED]. Review of Resident 1's Nursing Progress Notes revealed the following: -4/22/20 at 2:14 PM a new order was received for the resident to be seen for wound debridement (a procedure to remove debris or infected/dead tissue from a wound). The resident was to wear a mask to the appointment and was to be screened upon return from the appointment for COVID-19. The resident was to then be placed in isolation; -4/22/20 at 4:25 PM the resident continues to be at the Nurse's Station making phone calls to friends; -4/23/20 at 4:26 PM the resident returned from a physician appointment and was placed on isolation as the resident was out of the building; -4/30/20 at 11:07 PM the resident was out on the patio after the evening meal with staff and 2 other residents; -5/3/20 at 2:35 PM the resident enjoyed watching Dean Martin show in the commons area this afternoon; -5/6/20 at 8:11 AM the resident left the facility for an appointment at the Wound Clinic; and -5/6/20 at 4:48 PM the resident was out in the dining room and visited with staff. Review of Resident 1's medical record revealed no evidence the resident had been actively screened for fever or for respiratory symptoms after appointments or on a routine basis to monitor for signs and symptoms of COVID-19. E. Interview with the Administrator on 6/15/20 at 10:30 AM confirmed the following: -no evidence the staff and/or visitors had been screened prior to admission to the facility on [DATE], 6/10/20 and on 6/11/20; -Resident 1 was placed on transmission-based precautions 4/22/20 due to frequent appointments outside of the facility. The resident should not have been out of the resident's room on 4/22/20, 4/23/20, 4/30/20, 5/3/20 and on 5/6/20; and -no active screening for fever and/or respiratory symptoms had been implemented for any of the facility residents.</p> <p>F. Review of Resident 5's MDS dated [DATE] revealed the following Diagnoses: [REDACTED]. Review of Resident 5's Progress Notes revealed the following: -4/12/20 at 4:30 AM the resident was transferred to the hospital via ambulance after a fall at 3:40 AM; and -4/12/20 at 9:50 AM the resident returned from the hospital and had 8-10 stitches to right eye area. During an interview on 6/16/20 at 10:00 AM, the Administrator confirmed Resident 5 had never been placed in transmission-based precautions upon return from the hospital and had not been actively screened for COVID-19 symptoms, thereby putting the resident and others at an increased risk for exposure to [MEDICAL CONDITION].</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.