

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285112	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2020
NAME OF PROVIDER OF SUPPLIER GOOD SAMARITAN SOCIETY - AUBURN		STREET ADDRESS, CITY, STATE, ZIP 1322 U STREET AUBURN, NE 68305	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Licensure Reference Number 175 NAC 12-006.17 Based on observation, record review and interview; the facility failed to maintain a 6 foot distance between 8 residents during meals in the main dining area for residents that required assist with eating. This created the potential for exposure to COVID - 19 due to the reduced physical distancing between residents. The facility census was 58. Findings are: Record review of a Center for Medicare and Medicaid (CMS) Memo QSO-20-28-NH dated 4/24/20 revealed the following: 14. Communal Dining: Nursing homes should adhere to social distancing, such as being at separate tables at least 6 feet apart. Social distancing should be practiced at all times. Record review of a facility policy entitled Food and Nutrition Services Considerations for Pandemic / Epidemic Outbreaks COVID-19 dated March 19 2020 revealed that residents with choking / swallowing risk were to be assisted in a dining location. The policy called for 1 resident per table, 6 feet apart. Observation on 6/22/20 between 11:40 AM and 12:55 revealed a total of 9 tables set up for meal service. Four of the tables were set for 2 residents to be seated at a table. At 12:00 PM, 12 residents that required assist with eating were seated in the main dining room. Four of the tables had 2 residents at each table as they were assisted with eating for a total of 8 residents. The residents were seated across from each other at the tables while eating. Observation on 6/22/20 at 12:50 PM with the facility Administrator confirmed that at 4 of the tables, the residents were seated 2 to a table across from each other. The facility administrator measured the width of the tables with a tape measurer. The width of the table measured 3 feet 5 inches. The Administrator then measured the width from wheelchair arm to wheelchair arm across the table. This measurement equally 4 feet and 5 inches. In an interview on 6/22/20 at 12:50 PM, the facility Administrator confirmed that 4 of the tables had 2 residents per table and that the residents seated across from each other at the tables were not 6 feet apart.</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.