

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285144	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER BCP BLUE HILL, LLC		STREET ADDRESS, CITY, STATE, ZIP 414 NORTH WILLSON BLUE HILL, NE 68930	
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 0689 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Based on observation, interview, and record review, the facility failed to ensure that one resident (R6) was kept free of accident hazards, when a facility staff person transferred R6 using a sit-to-stand mechanical lift but did so with only one person. Findings include: Review of R6's activities of daily living (ADLs) care plan, dated 7/16/20, documented that R6 required the use of a sit to stand lift for transferring. Review of R6's falls care plan, revised 5/14/20, documented that R6 was at risk for falls. On 7/16/20 at 11:01am, Nurse Aide (NA2) exited R6's room, pushing a sit-to-stand mechanical lift. R6 remained in the room, sitting in her wheelchair. NA2 had been the only staff present in the room. On 7/16/20 at 11:44am, NA2 indicated that she transferred R6 to her wheelchair using the sit-to-stand mechanical lift by herself. NA2 indicated that she was supposed to have another person present to use the lift, but that the other staff on the floor went on break, leaving NA2 alone. NA2 indicated that the Director of Nursing (DON) would help transfer residents if needed, but that NA2 did not ask for assistance. NA2 failed to indicate why she did not ask the DON for assistance transferring R6. On 7/16/20 at 1:12pm, the DON indicated that the expectation of staff was to always use two staff for transfers that required mechanical lifts, including the sit-to-stand lift. The facility policy, dated 9/1/18, titled Transfers, documented: The goals of transfer activities and exercises are to . Reduce the risk of falls, skin tears and other transfer-related injuries.		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to implement CDC and CMS recommended infection control practices in order to control and prevent the potential spread of COVID-19 amongst the residents and staff. The facility failed to thoroughly screen all staff when facility staff failed to document temperatures, failed to answer screening questions prior to beginning their scheduled shifts, and when the facility failed to ask all required screening questions. Additionally, the facility failed to ensure that all staff correctly wore facemasks while working in resident care areas and other areas of the facility. Findings include: Screening of Staff Review of the Prevent COVID-19 Start of Shift Employee Screening Log revealed that facility staff must write down their first and last names, temperatures, and if they traveled. The staff must then indicate if they had any of the following symptoms by circling yes or no: cough, sore throat, new shortness of breath or difficulty breathing, vomiting or diarrhea, chills, muscle pain, headache, and loss of taste or smell. The log failed to require staff to answer if they had been around anyone under investigation for COVID-19 or who had tested positive for COVID-19. Further review of the facility's screening logs revealed the following: On 3/23/20, 3/24/20, 3/27/20, 4/2/20, 4/3/20, 4/7/20, 4/10/20, 4/15/20, 5/7/20, 5/8/20, 5/13/20, 5/21/20, 5/22/20, 5/23/20, 5/29/20, 5/31/20, 6/9/20, 6/11/20, 6/14/20, 6/17/20, 6/18/20, 6/19/20, 6/21/20, 6/22/20, and 7/13/20, at least one staff person each day failed to have a documented screening temperature. On 3/27/20, 4/3/20, 5/9/20, 5/14/20, 5/22/20, and 6/26/20, at least one facility staff person each day failed to completely answer screening questions. On 7/16/20 at 10:15am, the Administrator indicated that the facility identified issues with the screening process, including missing temperature documentation and missing answers to screening questions. The Administrator indicated that the screening logs were reviewed throughout the week, and that on the weekends, the weekend manager reviewed the screening sheets for completeness. The Administrator indicated that when a missing temperature was identified, department heads would go back and ask the screener if the staff person had a fever or a normal temperature. On 7/16/20 at 1:56pm, the DON indicated that facility staff were screened by either a nurse or a department head, who filled out the screening form. The screener would ask all screening questions and document the answers. The DON indicated that she would review the forms, but would not fill in any blanks. If there was a missing temperature on the form, administration would go back and ask the screener if that staff person had a fever or a normal temperature. The DON indicated that the facility identified an issue with staff failing to complete the screening forms a few weeks ago, and provided retraining to the staff. On 7/16/20 at 2:00pm, the Administrator indicated the facility's corporate consultants provided the screening forms, and developed them based on CDC guidance. The Administrator indicated that she was not aware that the screening log needed to ask if staff had been around anyone under investigation for COVID-19 or who had tested positive for COVID-19. Review of CMS guidance, dated 3/4/20, documented the following: How should facilities monitor or limit visitors? Facilities should screen visitors for the following: 1. International travel within the last 14 days to restricted countries. For updated information on restricted countries visit: https://www.cdc.gov/coronavirus/2019-ncov/[MEDICATION NAME]/index.html 2. Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat. 3. Has had contact with someone with or under investigation for COVID-19. The guidance then stated: How should facilities monitor or restrict health care facility staff? The same screening performed for visitors should be performed for facility staff (numbers 1, 2, and 3 above). Wearing Face Masks On 7/16/20 at 10:30am, NA1, wore a blue disposable surgical mask. NA1's mask failed to cover her nose, only her mouth. NA1 failed to appropriately wear her mask. NA1 then entered R1's room, and shut the door. On 7/16/20 at 10:37am, NA1 continued to wear her mask inappropriately. NA1 then entered the room of R2. On 7/16/20 at 11:37am, NA1 continued to wear her mask inappropriately. NA1 then entered the room of R3. On 7/16/20 at 11:45am, NA1 continued to wear her mask inappropriately. NA1 then entered the room of R4. On 7/16/20 at 11:51am, NA1 continued to wear her mask inappropriately. NA1 then entered the facility dining room. On 7/16/20 from 11:51am-12:05pm, NA1 continued to wear her mask inappropriately and remained in the dining room, conversing with the nine residents present in the dining room for lunch. On 7/16/20 at 12:11pm, NA1 continued to wear her mask inappropriately. NA1 re-entered the dining room, obtained the room tray cart, then proceeded to 100 hall. NA1 then assisted with passing room trays. NA1 remained in the hallway, handing room trays to other staff who took the trays into residents' rooms. On 7/16/20 at 1:02pm, NA1 continued to wear her mask inappropriately. NA1 then entered the room of R5. On 7/16/20 at 1:05pm, NA1 indicated that all staff have been educated on donning and doffing PPE and the proper way to wear a mask. NA1 indicated that staff are educated all the time, and that administration would come around and check on staff to make sure they were wearing PPE correctly. NA1 indicated that in order for a face mask to be effective, it must cover the mouth and the nose. NA1 indicated that her face mask wouldn't stay on her nose and that the nosepiece would become uncrimped all the time and would be unable to keep it on the nose. NA1 indicated that she informed the DON and Administrator of this issue all the time, but that their response was that they know, but that's the only mask available. NA1 indicated that she failed to report this to anyone in the last month. On 7/16/20 at 1:30pm, NA2 indicated that she has received education on appropriate donning and doffing of PPE and that facility managers round regularly to check on to make sure the staff is wearing PPE correctly. NA2 indicated that she did		

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.

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>not have any difficulty wearing her mask appropriately. NA2 indicated that she preferred to wear the blue surgical mask because it has the metal piece to crimp at the top of the nose to keep it from slipping down. The facility has several types of masks for staff to choose from so everyone can pick the one they want. On 7/16/20 at 2:00pm, the DON indicated that all staff have been trained on appropriate donning and doffing of PPE, and that masks are to be worn at all times while in the facility. Mask audits are done constantly, and all staff are aware that the mask is to be worn covering the nose and the mouth to be effective. The facility has several types of masks available for use by employees, so that if one mask doesn't fit appropriately they have others to choose from. The DON indicated that no staff member alerted her to any issues regarding inappropriately fitting masks.</p>		