

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285303	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/29/2020
NAME OF PROVIDER OF SUPPLIER ST JOSEPH'S HILLSIDE VILLA		STREET ADDRESS, CITY, STATE, ZIP 540 E WASHINGTON STREET WEST POINT, NE 68788	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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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.</p> <p>Licensure Reference Number 175 NAC 12-006.17 Based on observations, interviews and record review; the facility failed to ensure infection control practices were in place to prevent the potential spread of COVID-19 as staff failed to: 1) ensure all staff/visitors were screened and that self-screening results were verified; and 2) complete routine screening of residents for signs and symptoms of COVID-19. These failures had the potential to affect all facility residents. The sample size was 9 and the census was 35. A. Review of the CMS Center for Clinical Standards and Quality, Safety and Oversight Group dated 3/13/20 revealed the following guidance for nursing homes regarding infection control and prevention of Coronavirus Disease 2019 (COVID-19): -actively screen residents for fever and respiratory symptoms; and -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. B. Review of the Infection Prevention and Control Assessment Tool for Nursing Homes Preparing for COVID-19 dated 5/8/20 revealed staff were to be screened at the beginning of their shift for fever and symptoms of COVID-19 (actively record their temperature and document they do not have fever, new or worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat or new loss of taste and smell). In addition, the facility was to assess residents for fever and symptoms of COVID-19 (new or worsening cough, fatigue, difficulty breathing, chills, repeated shaking with chills, muscle or body aches, headache, sore throat, congestion, or runny nose and new loss of taste or smell) upon admission and at least daily throughout their stay in the facility. In addition, older adults should be monitored for atypical symptoms such as a worsening malaise, new dizziness, nausea/vomiting or diarrhea. C. Review of Staff and/or Visitor screening logs from 9/1/20 to 9/28/20 revealed the screening logs contained the following information; the date, staff/visitors temperature, name/signature and nurse's initials (verification of temperature check). In addition, the following screening questions were to be answered; if they had traveled and to where, did they have shortness of breath, a sore throat or a loss of taste. Further review of the screening logs revealed the following: -9/1/20 no verification of temperature checks for 15 staff/visitors; -9/2/20 no documented temperature for 1 staff/visitor and no verification of temperature checks for 2 staff/visitors; -9/3/20 no documented temperature for 1 staff/visitor, no verification of temperature checks for 9 staff/visitors and no documented answers to screening questions for 1 staff/visitor; -9/4/20 no verification of temperature checks for 32 staff/visitors and no documented answers to screening questions for 3 staff/visitors; -9/5/20 no verification of temperature check for 10 staff/visitors; -9/6/20 no verification of temperature checks for 12 staff/visitors and no completion of screening questions for 1 staff/visitor; -9/7/20 no verification of temperature checks for 4 staff/visitors and no completion of screening questions for 1 staff/visitor; -9/8/20 no temperature check for 1 staff/visitor, no verification of temperature checks for 3 staff/visitors and no completion of screening questions for 2 staff/visitors; -9/9/20 no verification of temperature checks for 18 staff/visitors and no completion of screening questions for 1 staff/visitor; -9/10/20 no verification of temperature checks for 19 staff/visitors and no completion of screening questions for 1 staff/visitor; -9/11/20 no verification of temperature checks for 23 staff/visitors and no completion of screening questions for 1 staff/visitor; -9/12/20 no verification of temperature checks for 12 staff/visitors; -9/13/20 no verification of temperature checks for 7 staff/visitors; -9/14/20 no verification of temperature checks for 13 staff/visitors; -9/15/20 no verification of temperature checks for 14 staff/visitors; -9/16/20 no verification of temperature checks for 11 staff/visitors and no completion of screening questions for 1 staff/visitor; -9/17/20 no verification of temperature checks for 16 staff/visitors and no completion of screening questions for 2 staff/visitors; -9/18/20 no temperature check for 1 staff/visitor, no verification of temperature checks for 11 staff/visitors and no completion of screening questions for 2 staff/visitors; -9/19/20 no verification of temperature checks for 13 staff/visitors; -9/20/20 no verification of temperature checks for 9 staff/visitors; and -9/23/20 no temperature check for 1 staff/visitor. D. During an interview on 9/28/20 at 12:30 PM the Director of Nursing (DON) confirmed the following: -staff/visitors were self-screening upon entrance to the facility; -all staff/visitors were to document their temperature and answer screening questions. A second staff member was to verify the temperature check and then initial the log to show verification; -the DON reviewed the logs for completion each day. If the DON did not work, then the DON would review the log the following day; -the screening logs had not been updated to ensure staff were actively screened for all signs and symptoms of COVID-19 which included: new or worsening cough, fatigue, chills, repeated shaking with chills, headache, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting and diarrhea; and -residents were to have a temperature check completed and documented twice a day, once in the morning and once in the evening. E. Review of Resident 4's screening logs from 9/1/20 to 9/28/20 revealed no evidence a temperature was completed on 9/14/20 for the morning or the evening shift. In addition, there was no evidence the resident was assessed for signs and symptoms of COVID-19 (fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting and diarrhea, worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache and sore throat). F. Review of Resident 5's screening log from 9/1/20 to 9/28/20 revealed no evidence a temperature check was completed on 9/10/20 for the evening shift, on 9/12/20 on the evening shift and on 9/18/20 on the evening shift. In addition, there was no evidence the resident was assessed for signs and symptoms of COVID-19 (fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting and diarrhea, worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache and sore throat). G. Review of Resident 6's screening log from 9/1/20 to 9/28/20 revealed no evidence a temperature check was completed on 9/8/20 for the evening shift, on 9/12/20 for the evening shift, on 9/13/20 for the evening shift and on 9/18/20 for the evening shift. In addition, there was no evidence the resident was assessed for signs and symptoms of COVID-19 (fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting and diarrhea, worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache and sore throat). H. Interview with the DON on 9/28/20 at 1:30 PM revealed staff did not routinely question or assess residents regarding COVID-19 signs and symptoms.</p> <p>I. Review of the facility's policy titled Covid-19 Prevention and Control with a revision date of 5/29/20 revealed temperatures of the residents would be taken twice a day. In addition there was no evidence indicating all residents would be assessed daily for Covid-19 signs and symptoms (fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting and diarrhea, worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, and sore throat). J. Review of the Resident 3's screening logs for 9/1/20 to 9/25/20 revealed no temperatures were checked or documented on 9/6/20 for the evening shift, on 9/12/20 for the evening shift, and on 9/18/20 for the evening shift. In addition there was no evidence Resident 3 was assessed for signs and symptoms of Covid-19 (fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting and diarrhea, worsening cough, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, and sore</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.

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