

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285088	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/16/2020
NAME OF PROVIDER OF SUPPLIER ARBOR CARE CENTERS-HARTINGTON LLC		STREET ADDRESS, CITY, STATE, ZIP PO BOX 107, 401 DARLENE STREET HARTINGTON, NE 68739	
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.</p> <p>Licensure Reference Number 175 NAC 12-006.17 Based on observation, record review, and interview; the facility failed to ensure that standard of practice regarding personal protective equipment (PPE) for residents on Transmission Based Precautions were in place to protect residents from COVID-19 (a highly contagious virus primarily spread from person to person through respiratory droplets, which can lead to serious illness and even death) for 3 of 3 sampled Residents (Residents 1, 2, and 3) and failed to ensure approved face masks were worn for health care providers which had the ability to affect all residents. The total sample size was 6 and the facility census was 21. Findings are: A. Review of The Center for Medicare and Medicaid Services (CMS) Center for Clinical Standards and Quality and Oversight Group dated 3/13/20 revealed the following guidance for infection control and prevention of COVID-19: -Facilities should regularly monitor the Center for Disease Control (CDC) website for information and resources. -Prompt detection, triage, and isolation of potentially infectious residents are essential to prevent unnecessary exposures among residents and healthcare personnel. B. Review of Infection Control Assessment and Promotion Program (ICAP) zone recommendations revealed: - The Red Zone was for residents that were either positive or presumptive positive for COVID-19. PPE requirements included gown, gloves, eye protection, and N95 mask (N95 preferred, if no N95, then a surgical mask with a face shield). - The Yellow Zone was for residents that were asymptomatic but had been exposed to COVID-19. PPE requirements included gown, gloves, eye protection, and N95 mask (N95 preferred, if no N95, then a surgical mask with a face shield). - The Grey Zone was for residents that were transferred from the hospital or an outside facility but had no known COVID-19 exposure. PPE requirements included gown, gloves, eye protection, and N95 mask (N95 preferred, if no N95, then a surgical mask with a face shield). - The Green Zone was for asymptomatic residents without any exposure to COVID-19. PPE requirements included a surgical mask and other PPE per standard precautions. C. Review of the Nebraska Department of Health and Human Services Long-Term Care COVID-19 Phasing Guidance revealed if a facility was in Phase 1 the facility needed to provide universal source control and PPE. All facility staff and essential healthcare personnel, regardless of their position, who may interact with residents or enter resident rooms, should wear a surgical/procedural facemask. D. Observations of facility Staff Member-H on 7/15/20 from 9:00 AM to 11:00 AM revealed the staff member walking in the hallways of the building. The staff member wore a cloth face covering. Staff Member-H also held a professional license, which would make it possible that the staff member would need to assist with resident care if an emergent situation was to arise. E. Review of Resident 1's Progress Notes revealed: - On 7/12/20 the resident was noted to be congested with yellow/green sputum and a temperature of 99.0 degrees. - On 7/13/20 an occasional cough was noted and an order was received for a COVID-19 test. - On 7/14/20 at 6:12 AM the resident took fluids poorly and had a temperature of 100.6 degrees and a Tylenol suppository was given. - On 7/14/20 at 3:05 PM the resident's temperature was 101.1 degrees. On 7/15/20 from 10:20 AM to 10:25 AM, Nursing Assistant (NA)-G was observed entering Resident 1's room wearing a surgical mask, face shield, disposable gown, and gloves. F. Interviews with the Director of Nursing (DON) on 7/15/20 from 8:30 AM to 11:00 AM confirmed Resident 1 had been placed in Red Zone isolation due to having symptoms consistent with potential COVID-19 (including an elevated temperature, runny nose, congestion, sneezing, and loss of appetite). Further interview revealed there was a recent positive COVID-19 case in the community so the facility has remained in Phase 1. The DON stated the facility did not have a shortage of PPE and did have N95 masks available but they were not using them at this time as they were saving them.</p> <p>G. Observation of Resident 3 on 7/15/20 at 8:50 AM revealed Resident 3 attempted to leave the resident's room and Registered Nurse (RN)-B immediately intervened and asked Resident 3 to return to the resident's room. NA-G stepped in to help and while RN-B distracted Resident 3, NA-G put on a gown and gloves (a surgical mask was already in place), and assisted Resident 3 back into the room. NA-G did not apply a face shield, goggles, or an N95 mask. H. Observation of RN-B on 7/15/20 at 10:10 AM revealed RN-B responded to Resident 2's call for assistance. RN-B put on a gown and gloves (a surgical mask was already in place). RN-B entered the resident room and conversed with the resident from the bedside. RN-B then removed the gloves and gown inside the resident room, placed the gloves and gown in the trash, exited the room, and used hand sanitizer. Immediately after RN-B exited the room, Resident 2 called from the bed requesting to visit with RN-B. RN-B put on a gown and glove (the surgical mask was already in place) and re-entered Resident 2's room. After conversing with Resident 2 RN-B removed the gloves, and gown, placed the gloves and gown in the trash, exited the room, and used hand sanitizer. RN-B did not apply a face shield, goggles or an N95 mask. I. Interview with the DON on 7/15/20 at 11:00 AM revealed the facility had N95 masks available, but were not requiring N95 mask use by staff during care of residents in the Red Zone, Yellow Zone, or Grey Zone. Staff were using face shields and a surgical mask in the Red Zone and Yellow Zone, but were only using a surgical masks in the Grey Zone (unless an aerosol creating procedure was anticipated).</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.