

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285273	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OF SUPPLIER PLAINVIEW MANOR		STREET ADDRESS, CITY, STATE, ZIP P O BOX 219, 101 HARPER STREET PLAINVIEW, NE 68769	
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 - Immediate jeopardy Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and document review, the facility failed to protect all residents in the facility by not following acceptable infection control practice recommendations for COVID-19 from the Centers for Disease Control (CDC) and the Centers for Medicare and Medicaid (CMS) Services. The facility failed to have a screening system in place to ensure all staff and visitors who entered the facility were screened for signs and symptoms of COVID-19 prior to having contact or providing care to the residents. Specifically, a staff screening station was set up at the nurse's station next to the time clock. Staff entered the facility from two separate entrances of the facility and both entrances required staff to either pass by resident rooms or resident common areas prior to being screened for signs and symptoms of COVID-19. The screening form used for staff did not collect all the required screening information to monitor for COVID-19 signs, symptoms, and/or exposure. Once at the nurses' station, staff were instructed to conduct a self-assessment of their temperature, use hand sanitizer, obtain a mask and clock in for their shift. The facility had a screening station set up at the front entrance of the facility for visitors to self-screen themselves by assessing their temperature prior to entering into resident care areas or having contact with any of the residents. Documentation showed the visitors temperatures were assessed upon entrance to the facility or at the nurses' station. This deficient practice placed all 36 residents at risk for contracting COVID-19 and resulted in Immediate Jeopardy (IJ). The IJ was determined to have started on 3/11/20 with the failure to adequately screen the staff and visitors for sign and symptoms of COVID-19. As a result of the identified non-compliance, the Administrator was notified on 7/16/20 at 11am of the Immediate Jeopardy (IJ). The facility submitted an acceptable plan and the IJ was removed on 7/17/20 after verification of implementation of the removal plan. The deficient practice remained at a level F. Findings include: Professional References Review of CMS, Center for Clinical Standards and Quality, Safety and Oversight (QSO) Memo 20-14-NH, dated 3/13/20, provided guidance to long term care facilities which included screening all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperature and document absence of shortness of breath, new or change in cough and sore throat. If ill, have them self-isolate at home. Facilities should actively screen and restrict visitation by those who meet the following criteria: Signs and symptoms of respiratory infection, such as fever, cough shortness of breath, or sore throat. In the last 14 days, has had contact with someone with a confirmed [DIAGNOSES REDACTED]. International travel within the last 14 days to countries with sustained community transmission. Residing in a community where community-based spread of COVID-19 is occurring. Review of the CDC's Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings, dated 3/13/20, showed the following: -Screen all healthcare professionals (HCP) at the beginning of their shift for fever and symptoms consistent with COVID-19. If they are ill, have them keep their facemask on and leave the workplace. -Fever is either measured temperature >100.0 degrees Fahrenheit or subjective fever. Respiratory symptoms consistent with COVID-19 are cough, shortness of breath and sore throat. - Screen visitors for fever and symptoms consistent with COVID-19, or known exposure to someone with COVID-19. Restrict anyone with fever, symptoms, or known exposure from entering the facility. Facility Policy Review of the facility's COVID Pandemic/Infection Control Emergency plan dated 6/18/20 showed the following: - All visitors would be screened upon entry of the facility (Screening: temperature taken and COVID questionnaire asked). -Staff will take their own temperature upon arrival for their shift at the nurse's station and log it into the time clock binder by the time clock. Staff were to also log temperature upon completion of their shift. Staff would also answer COVID questions of having a fever greater than 100.4 degrees Fahrenheit, a cough, shortness of breath or difficulty breathing, any travel in the past fourteen days to regions affected by COVID-19 or a hot spot, or been in close contact with anyone who has a confirmed COVID-19 diagnosis. Observations During a tour of the facility on 7/15/20 with the facility Administrator, she identified that all staff entered the facility through the front door and went to the nurses' station to screen themselves for signs and symptoms of COVID-19. She stated staff were responsible to screen themselves, with the charge nurse providing oversight. She stated that if they had any signs or symptoms of COVID-19, they were to report to the charge nurse. The Administrator identified that she was responsible to ensure all staff and visitors were screened for signs and symptoms of COVID-19. Observation on 7/15/20 showed when staff entered the front door of the facility, they proceeded approximately 25 feet to the nurses' station by the time clock. Observation on 7/15/20 showed when staff entered the facility from the back door they proceeded past a resident room before reaching the COVID-19 screening station located at the corner of the nurses' station by the time clock. Observation on 7/15/20 at 1:25pm showed a staff member standing at the corner of the nurses' station in the area identified as the screening station for staff to screen themselves for signs and symptoms of COVID-19, which was next to the time clock. The staff person was assessing her temperature and completing the assessment form for signs and symptoms of COVID-19. An unidentified resident was sitting in a wheelchair less than 2 feet from the staff person. The resident was not wearing a mask. Observations made on 7/15/20 between 10am and 3pm showed residents in hallways and common areas of the facility with no face coverings on. Interviews During an interview on 7/15/20 at 11:51am, Nurse Aide (NA) 1, stated she enters the facility through the front door, goes to the time clock at the nurses' station, takes her temperature, and puts a mask on and clocks in for her shift. During an interview on 7/15/20 at 12:02pm, NA2 stated she enters the facility through the front door, goes to the time clock at the nurses' station, checks and records her temperature. She stated the facility just started using a new form which now included a section for answering yes or no to signs to some symptoms of COVID-19. During an interview on 7/15/20 at 12:10pm, NA3 stated he enters the facility through the front door, puts a mask on, uses hand sanitizer and proceeds to the nurses' station to check and document his temperature and clock in for his shift. He stated a few weeks ago the facility initiated a new form to assess for signs and symptoms of COVID-19 which included sore throat and cough. During an interview on 7/15/20 at 12:18pm, NA4 stated she also worked in the Assisted Living facility located within the Skilled Nursing Facility. She stated she enters the facility through the front door, washes her hands, takes her temperature and clocks in at the time clock which is located at the nurses' station. She stated the facility recently updated the COVID-19 screening form to include if they have experienced any symptoms of COVID-19. During an interview on 7/15/20 at 12:45pm, Housekeeper (HK1), stated she works two additional jobs besides her job at the facility. She stated she works as a bartender in a bar in a neighboring town and as a waitress at a local restaurant. She stated she worked at the restaurant about a week ago but the restaurant had since changed to carry out only. She stated she was not going to work at the bar anymore due to hearing there were positive COVID-19 cases in that community. She stated she comes in the front door of the facility, goes to the time-clock, puts a mask on, checks and documents her temperature. She stated the facility updated the assessment form a couple of weeks ago to include a section which asked about some signs and symptoms of COVID-19. During an interview on 7/15/20 at 12:50pm, HK2 stated she enters the facility through the basement, and then went to the nurses' station to complete the assessment form for signs and symptoms of COVID-19 which included her name, the date, the time and what her temperature was. She said she completes this form at the beginning and the end of her shift. She stated a couple of weeks ago the facility added a section to the form which included some symptoms of COVID-19 that she</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285273	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2020
NAME OF PROVIDER OF SUPPLIER PLAINVIEW MANOR		STREET ADDRESS, CITY, STATE, ZIP P O BOX 219, 101 HARPER STREET PLAINVIEW, NE 68769	
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 - Immediate jeopardy Residents Affected - Many	<p>(continued... from page 1)</p> <p>had to check yes or no on. During an interview on 7/15/20 at 1:20pm, Dietary staff (DS1) stated she enters the facility through the front door but most of the other dietary staff enter the facility through the back door. She stated after she enters the facility she goes to the nurses' station to screen herself for COVID-19. She stated she would take her temperature and document it in the book, put a mask on and clock in for her shift. Document Review Review of the facility's COVID-19 screening assessment form for staff, initiated on 3/16/20, showed the form contained a section to identify the date, time, employee name and what their temperature reading was at the beginning and the end of their shift. There was no other information on the form showing staff were actively screened for signs and symptoms of COVID-19 prior to having contact and providing care to the residents. Review showed the form was utilized from March 16 until July 2, 2020. The facility failed to actively screen all staff for signs and symptoms of COVID-19 from March 16th until July 2, 2020. On July 2, 2020 the form was updated to include a section which staff were supposed to answer yes or no if they had had any shortness of breath, change in cough or sore throat (not related to allergies [REDACTED]). The facility failed to update the screening form to ensure that staff were actively screened for all signs and symptoms of COVID-19 which included: shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, congestion or runny nose, nausea or vomiting, diarrhea, if they had been in contact with someone with a confirmed [DIAGNOSES REDACTED]. Review of an employee document provided by the Administrator on 7/15/20 showed 3 employees who were also working at another long term care facility, had been tested for COVID-19 due to staff in the other facility testing positive for COVID-19. Review of the visitor sign in book showed 284 visitors entered the facility between March 11 and June 27, 2020. The book contained the date and time the visitor entered and exited the facility. Review showed 270 of the visitors during this time frame had a temperature documented, with some of those temperature assessments being obtained at the nurses' station and 14 visitors had no temperature assessment or active screening for signs and symptoms of COVID-19. There was no other information on the form showing visitors who entered the facility were actively screened for signs and symptoms of COVID-19 prior to entering resident care area and/or providing care to the residents. Interviews During an interview on 7/15/20 at 10:30am, the Administrator stated the facility had been shut down since March 11, 2020 and had only allowed Hospice nurses, aides, and Chaplin, contracted therapy staff and 2 family members of any Hospice resident who was considered to be at the end of life, and essential vendors into the facility. They were to enter through the front entrance and conduct an assessment on themselves prior to entering resident care areas. During an interview on 7/15/20 at 1:38pm, the Director of Nursing (DON) stated that staff were screened for COVID-19 at the nurses' station but the Infection Control Nurse could provide better answers regarding the facility's staff and visitor screening process. During an interview on 7/15/20 at 1:42pm, the Infection Control Nurse (ICN) stated screening for signs and symptoms of COVID-19 was conducted at the nurses' station. She stated the form that was utilized for the screening had been a work in progress. She stated between March 16th and July 2, 2020, the expectation was that the charge nurse would contact her if staff had any signs or symptoms of COVID-19 when reporting for work. She stated that she thought it was very important to assess staff and visitors for signs and symptoms of COVID-19.</p>		