

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>285277</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SUTTON COMMUNITY HOME, INC.</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1106 NORTH SAUNDERS SUTTON, NE 68979</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<b>Provide and implement an infection prevention and control program.</b>  Licensure reference number 175 NAC 12-006.17 Based on observations, interviews and record reviews, the facility failed to implement infection control practices and Centers for Medicare and Medicaid Services (CMS) guidelines to prevent potential cross contamination including the spread of COVID-19 ( a mild to severe respiratory illness that is caused by a coronavirus) the facility failure to verify screening results for facility employees, failure to ensure the screening sheets contained full staff identifying information including first and last names and titles, failure to ensure follow up of symptoms indicated on screening sheets and failure to prevent self screening. The facility failure had the potential to affect all residents in the building. The facility identified a census of 25. Findings are: A. A record review of the Covid-19 Staff Symptoms Evaluation sheet (SSE, a screening tool for Covid-19 symptoms and exposure) dated 07/03/20 for Employee A revealed no temperature was documented prior to allowing Employee A to work. Further review of the SSE for Employee A revealed there was no evidence of a follow up evaluation prior to allowing Employee A to work. B. A record review of the SSE dated 07/02/20 for Employee B revealed an x documented in the columns indicating Covid-19 exposure and a fever. Further review of the SSE for Employee B revealed there was no evidence of a follow up evaluation prior to allowing Employee B to work. C. A record review of the SSE dated 07/01/20 for Employee C revealed the SSE had been left blank regarding Covid-19 symptoms. Further review of the SSE for Employee C revealed there was no evidence of a follow up evaluation prior to allowing Employee C to work. D. A record review of the SSE dated 07/01/20 for Employee D revealed the SSE had been left blank regarding Covid-19 symptoms. Further review of the SSE for Employee D revealed there was no evidence of a follow up evaluation prior to allowing Employee D to work. E. A record review of the SSE dated 07/01/20 for Employee E revealed Employee E had indicated having a headache. Further review of the SSE for Employee E revealed there was no evidence of a follow up evaluation prior to allowing Employee E to work. F. A record review of the SSE dated for the Director of Nursing (D.O.N.) indicated the D.O.N. had completed their own screen. G. On 07/06/20 at 12:00 P.M. an interview was conducted with the facility D.O.N During the interview, a review of the SSE sheets for Employees A, B, C, D, and E was completed. The facility D.O.N. confirmed there should have been follow up evaluations regarding employee symptoms and was not. H. On 07/06/20 at 12:00 P.M. an interview was conducted with the facility Administrator and the facility D.O.N During the interview, a review of the SSE for the D.O.N. dated 6/26/20 was completed. The facility D.O.N. confirmed that self screening had occurred		
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.