

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285062	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/08/2020
NAME OF PROVIDER OF SUPPLIER MIDWEST COVENANT HOME		STREET ADDRESS, CITY, STATE, ZIP P O BOX 367, 615 EAST 9TH STREET STROMSBURG, NE 68666	
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	Provide and implement an infection prevention and control program. Licensure Reference Number 175 NAC 12-006.17B Based on observation, interview and record review the facility failed to A) ensure staff had on PPE in an area designated as a Red Zone and, B) the facility failed to ensure EVS (Environmental Service) discarded gown after use in provided container. This had the potential to affect all the residents and staff in the building. The census was 25. Findings are: A. An observation on 10/08/20 at 1:46 AM of EVS-D (Environmental Services Staff) standing in the Red Zone hall way, without any PPE on, no mask, no face shield, no gown or gloves. An interview on 10/08/20 at 1:50 PM with EVS D confirmed they were in the Red zone and changed PPE in the hallway, taking off gown, gloves, face shield and mask. An interview on 10/08/20 at 2:15 PM with the DON confirmed EVS D was on the inside of the closed fire doors of the Red Unit, there was tape on the floor of the unit to mark the beginning of the Red unit. The EVS would have changed all PPE prior to exiting the Red Unit. An observation on 10/08/20 at 1:50 PM of NA C who completed HH entered the fire doors to the cart parked to the south side of the tape approximately 15 feet inside the fire doors. NA C changed mask, placing the mask they had on in a paper bag, applied face shield, applied gown, and then applied gloves. NA C went into Resident 1 room and spoke to the briefly. Resident 1 had taken themselves to the bathroom. NA C instructed Resident 1 to use the call light for assistance. NA C inside Resident 1's room removed gloves, removed gown, HH completed with hand sanitizer. Record review of Staff Communication from the IP (Infection Preventionist) dated 10/07/20 revealed; We can wear the same gown, N-95 masks/ and face shield from Resident 1's room to Resident 4's room but Resident 4's room had to be the last one that you care for. Once you are done with Resident 4 you would remove your gloves and sanitize your hands and go to the Doffing room to remove your PPE. IF you have questions please contact the IP. B. Observation on 10/08/20 at 10:30 AM of (Environmental staff) EVS- A observed donning PPE, HH was completed with hand sanitizer, gown was put on. It was noted that EVA- A was looking for an item of PPE and could not locate it at the resident room door. Gown was removed, folded and rolled into a ball. The gown was then place on top of the housekeeping cart inside a small tote with clean cleaning cloths. EV-A went and retrieved shoe covers and placed them in a sack on top of the housekeeping cart. EV-A took the gown from the tote and put the gown on, put on foot covers, and gloves with no exposed skin. An interview on 10/08/20 at 11:25 AM with the DON confirmed EVS should have placed the used gown in the dirty bin and used a new gown. The DON confirmed placing the used gown on the clean cloth on top of the EVS cart was a potential for cross contamination.		
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.