

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285243	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/23/2020
NAME OF PROVIDER OF SUPPLIER PARKVIEW HOME, INC.		STREET ADDRESS, CITY, STATE, ZIP 930 2ND STREET DODGE, NE 68633	
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 - Few	Provide and implement an infection prevention and control program. Licensure reference: 175 NAC 12-006.17 Based on observation, interview, and record review, the facility failed to follow precautions for 2 (Residents 1 and 2) of 2 sampled residents in the gray/transitional zone in for COVID 19 and failed to follow up on responses to employee questions for COVID 19. The facility has a total census of 35. Findings are: A. Observations on 6/23/20 at 11:20 AM revealed Licensed Practical Nurse A setting up and handing nebulizer treatment mask to Resident 1. Licensed Practical Nurse A then started the treatment and answered Resident 1's questions before leaving Resident 1's room. Licensed Practical Nurse A was wearing a surgical mask and gloves while in the room and disposed of the mask and gloves before leaving the room. In an interview on 6/23/20 at 10:50 AM, Licensed Practical Nurse A reported staff members are to wear mask and gloves when caring for residents in the gray zone. Staff members are not required to wear a gown unless doing actual care. Licensed Practical Nurse A reported handing the nebulizer treatment mask to Resident 1 and then leaving the room so gown is not used. B. Observations on 6/23/20 at 12:45 PM revealed Nurse Aide B assisting Resident 2 to the bathroom in Resident 2's room. Nurse Aide B was wearing a surgical mask, gown and gloves. In an interview on 6/23/20 at 1:21 PM, Nurse Aide B reported mask, gown and gloves are required to be worn when assisting residents on the gray zone. C. In an interview on 6/23/20 at 2:28 PM, the Director of Nursing reported face shields are available for staff to use when having high contact with a resident on the gray zone but use of a face shield is not mandated for staff. The Director of Nursing report that Director of Nursing would want staff to wear eye protection when a nebulizer treatment is being performed. D. A review of facility Cohorting Plan or Parkview Home dated 4/20/20 revealed the following regarding residents on the gray (Transitional) zone: -All asymptomatic residents who are being transferred to Parkview Home from another facility, hospital, or from their home and have known exposure to COVID-19. -Implement COVID-19 level precautions. -Use PPE (Gloves, Gown, and Surgical Mask) when providing high contact resident care activities and also use Face Shield for aerosol generating procedures. Example providing personal cares, baths. E. A review of CDC website updated 6/22/20 revealed the following for guidance for managing new admission and readmissions whose COVID-19 status is unknown: -HCP (Health Care Professional) should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves and gown when caring for these residents. F. A review of facility screening log for visitors and staff revealed the following: -On 6/13/20 and 6/14/20 Medication Aide E circled yes to question about having worked in facilities/locations with recognized COVID-19 positive cases In an interview on 6/23/20 at 12:19 PM, Infection Control Registered Nurse C reported that the screening log is reviewed daily but may not be reviewed until Monday after a weekend. In an interview on 6/23/20 between 1:36-2:20 PM, Infection Control Registered Nurse C and D reported staff self-screen at the beginning of their shift and report any concerns to the charge nurse. Infection Control Registered Nurse C and D reported no follow up had been completed on why Medication Aide E had answered yes to the question about having worked in facilities/locations with recognized COVID-19 positive cases. A review of COVID-19 Risk Mitigation Plan updated 4/7/20 revealed the following regarding staff: -All staff will enter facility through the maintenance door. All other entry doors will be locked. -All staff will complete questionnaire and take their temperature prior to beginning their shift. -Any staff that that exhibits a temperature of 100 degrees or higher or has other symptoms such as coughing, shortness of breath will be immediately dismissed and sent home. DON and Infection control nurse will be notified.		
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.