

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>285282</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/01/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>JEFFERSON COMMUNITY HEALTH &amp; LIFE GARDENSIDE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>P O BOX 277, 2200 NORTH H STREET FAIRBURY, NE 68352</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Numbers 12-006.17A and 12-006.17B Based on observation, interview, and record review; the facility failed to implement appropriate transmission-based precautions related to the potential spread of COVID-19 for new admissions for 1 (Resident 1) of 3 residents reviewed and failed to ensure staff did not screen themselves for signs and symptoms of COVID-19. This had the potential to affect all residents residing in the facility. The facility had a total census of 34 residents. The findings are: Transmission-Based Precautions/Resident Cohorting A. A review of the facility's Novel Coronavirus Policy, last revised 5/2020 revealed the following: Resident Cohorting: -Preference is to establish red, yellow and green zones in geographically distinct areas with the facility, however with the limited space within (Facility Name), staff will work with NE ICAP (Nebraska Infection Control Assessment and Promotion Program - supported by the Nebraska Department of Health and Human Services Healthcare Associated Infections Program via a CDC grant) in determining cohorting plan. -Extended use of PPE (Personal Protective Equipment) may be considered within zones, but may not be used between color zones. Definitions: -Yellow Zone - asymptomatic residents who may have been exposed to COVID-19. Goal: separating people who are, or may have been, exposed to a pathogen, but are not showing signs of illness. -Red Zone - Light Red-symptoms present or high-risk exposure and awaiting test results, Dark Red-symptoms present with confirmed positive test results. Goal: to separate people who are sick from those who are not sick. -Green Zone - no significant exposure and asymptomatic residents. -Gray Zone asymptomatic: New admissions or readmission and is asymptomatic and no known exposure. Goal: to prevent inadvertent exposure, residents who are not ill to possible asymptomatic individual. -Gray Zone symptomatic: Possible symptoms but tests negative upon admission/readmission. Goal: to prevent inadvertent exposure, residents who are not ill to possible positive individual. PPE: -Work in cooperation with ICAP and local Public Health District in determining appropriate interventions/precautions and in establishing proper zones. B. An interview with the Administrator on 6/30/20 at 7:30 AM revealed the facility considered themselves in Phase 2 of their reopening plan. A review of the facility's undated Reopening Plan revealed the following related to resident cohorting in Phase 2: -Two private rooms have been established as dedicated space for new admissions or readmissions to establish a gray zone where the new admission/readmission will quarantine for 14 days. C. A review of Resident 1's medical record revealed an admission date of [DATE]. Resident 1 was admitted from the local hospital where Resident 1 had been since 6/21/20 with a [DIAGNOSES REDACTED]. In an interview on 6/30/20 at 9:15 AM, Resident 1 reported being admitted to the facility the day before. Resident 1 stated Resident 1 was receiving meals in the room and only came out for a bath last evening. An observation at this time revealed a sign outside Resident 1's door stated, Observation Zone. Standard Precautions with Procedure Mask. The sign indicated Resident 1 started observation on 6/21/20 and would end observation on 7/5/20. There was a box of gloves and a bottle of hand sanitizer outside of Resident 1's room on the handrail. In an interview on 6/30/20 at 8:20 AM, LPN (Licensed Practical Nurse)-C reported Resident 1 was admitted the day before (6/29/20). LPN-C stated PPE required in Resident 1's room was a mask and gloves only. LPN-C reported it was the same procedure facemask staff wore in other resident rooms and throughout the building. In interviews on 6/30/20 between 9:30 AM and 10:07 AM, the DON (Director of Nursing) and Administrator reported Resident 1 was in the gray zone at the attached hospital for 8 days and was finishing the 14-day isolation period at the facility. The DON stated after 6 days in isolation at the facility, Resident 1 would move to a semi-private room with a roommate. The DON and Administrator also reported the hospital generally quarantines the facility's new admissions for 14 days prior to them moving to the facility. The Administrator stated the facility used to have a gray zone, but now call it an observation zone as of 6/25/20. An observation on 6/30/20 at 11:20 AM revealed LPN-A exited Resident 1's room wearing a procedure mask and entered another resident room across the hall wearing the same procedure mask. The resident in the second room did not have any signage to indicate they were in transmission-based precautions. An observation and interview on 6/30/20 at 11:38 PM with OT (Occupational Therapist)-B revealed OT-B was exiting Resident 1's room wearing a procedure mask. OT-B stated the only PPE required when working with Resident 1 was a procedure mask and gloves if there was contact with Resident 1. OT-B reported the same procedure mask was worn when working with other residents in the facility. D. A review of recommendations from Nebraska ICAP related to resident cohorting and zones revealed the following PPE should be worn in the gray zone: gown, gloves, eye protection and N95 mask (N95 preferred, if no N95, then surgical mask with face shield). E. In an interview on 7/01/20 at 9:15 AM, the Administrator confirmed the facility was not following the guidelines that had been recommended by Nebraska ICAP related to resident cohorting for Phase 2. Staff Screening F. An observation and interview on 6/30/20 at 7:10 AM revealed the ADON (Assistant Director of Nursing) entered the locked front door of the facility and took (gender) own temperature in the lobby. The ADON reported that staff can screen each other when they come to work or can screen themselves. In an interview on 6/30/20 at 7:28 AM, the Administrator reported staff were responsible for screening themselves when they arrive to work and the DON and IP (Infection Preventionist) review the screenings. The Administrator reported staff had to call the Charge Nurse if they have a temperature greater than 99.5. In an interview on 6/30/20 at 8:05 AM, the IP reported staff screen themselves in the facility lobby when they arrive to work for symptoms of COVID-19 and take their own temperatures. The staff were to call the Charge Nurse if they had a temperature greater than 100.0 and the Charge Nurse would assess the staff member further. In an interview on 6/30/20 at 8:30 AM, LPN-C (also the Charge Nurse) reported staff screen themselves for symptoms when they arrive to work and take their own temperatures. LPN-C stated if staff have symptoms or a temperature greater than 100.0, they were to call the DON. In an interview on 6/30/20 at 10:55 AM the IP reported dietary staff screen themselves for signs and symptoms of COVID-19 and increased temperature. The IP also stated the DON is responsible for making sure staff are doing the screening and temperature checks at the start of their shift. A review of the facility's Novel Coronavirus Policy, last revised 5/2020 revealed the following information about staff screening: -All staff will be screened upon coming to work and when leaving work for symptoms of COVID-19 and temperature.</p> <p>G. Interview on 6/30/20 at 7:50 AM with Nursing Assistant (NA) D and NA E on 6/30/20 at 8:03 AM revealed that the staff wear surgical masks and gloves only when going into room [ROOM NUMBER] the isolation room. NA D and NA E confirmed that staff do not wear gowns, eye protection or an N 95 mask and they do not discard their surgical mask after being in the isolation room. NA D stated they receive one mask when they come on duty and wear it all day. Interview on 6/30/20 at 8:32 AM with LPN A confirmed that staff wear gloves and surgical masks when going into room [ROOM NUMBER], the isolation room. They do not wear gowns, goggles or N 95 masks and do not change their surgical masks after being in the isolation room.</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.