NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

April 2, 2020

Charlotte Runcie, Administrator
Carter Place
1028 Jo Ann Drive
Blair, NE 68008

Dear Ms. Runcie:

A offsite focused infection control survey was conducted to investigate a complaint at Carter Place on March 30, 2020, by representatives of the Department of Health and Human Services Division of Public Health. To complete this investigation, The investigative process included review of resident records, review of policies, review of monitoring of employees and staff and interviews with staff.

ALLEGATION:
The facility fails to protect residents from infection.

FINDINGS:
The facility did protect residents from infection. To make this determination, facility records were reviewed and staff members interviewed. The facility did implement recommended interventions to protect residents from infection and provided education to staff regarding COVID 19. Therefore, the facility was determined to be in compliance with related regulatory requirements.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,

Carol Heneman, MPS
for

Connie Vogt, RN, BSN, Program Manager - Office of LTC Facilities - Licensure Unit - Division of Public Health - DHHS
PO Box 94986, 301 Centennial Mall South, Lincoln, Nebraska 68509-4986
(402) 471-3324, FAX: (402) 471-0555

CV/kd

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

June 1, 2020

Matt Conley, Administrator
Carter Place
1028 Jo Ann Drive
Blair, NE 68008

Dear Mr. Conley:

An unannounced visit was conducted to investigate a complaint at Carter Place on April 14, 2020, by representatives of the Department of Health and Human Services Division of Public Health. To complete this investigation, a representative sample of the residents who reside in the facility or had resided in the facility was selected. The investigative process included review of resident records; observation of the provision of care and services; and interviews with residents, family members and staff.

ALLEGATION:
The facility fails to maintain an effective infection control program.
FINDINGS:
The facility did protect residents from infection. To make this determination, resident records were reviewed and staff members interviewed. Interviews with direct care staff members and review of facility logs revealed staff screening was completed prior to beginning of a staff member shift. Resident record reviews and interviews with direct care and administrative staff revealed resident's conditions were monitoring and family members were notified of resident's condition. The facility also implement recommended interventions to protect residents from infection. Therefore, the facility was determined to be in compliance with related regulatory requirements.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,

Connie E Vogt RN,BSN

Connie Vogt, RN, BSN, Program Manager - Office of LTC Facilities - Licensure Unit - Division of Public Health - DHHS
PO Box 94986, 301 Centennial Mall South, Lincoln, Nebraska 68509-4986
(402) 471-3324, FAX: (402) 471-0555

CV/kd

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

April 28, 2020

Jeff Fritzen, Administrator
Gold Crest Retirement Center
200 Levi Lane
Adams, NE 68301

Dear Mr. Fritzen:

An unannounced visit was conducted to investigate a complaint at Gold Crest Retirement Center on April 6, 2020-April 27, 2020, by representatives of the Department of Health and Human Services Division of Public Health. To complete this investigation, a representative sample of the residents who reside in the facility or had resided in the facility was selected. The investigative process included review of resident records; observation of the provision of care and services; and interviews with residents, family members and staff.

ALLEGATION:
The facility fails to protect residents from infection.

FINDINGS:
The facility did protect residents from infection. To make this determination, interviews were conducted and records were reviewed. Interviews with staff revealed recommended interventions were implemented to protect residents from COVID 19. A review of records confirmed staff training and competencies were completed. The facility was determined to be in compliance with related regulatory requirements.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,

Connie E Vogt RN,BSN

Connie Vogt, RN, BSN, Program Manager - Office of LTC Facilities - Licensure Unit - Division of Public Health - DHHS
PO Box 94986, 301 Centennial Mall South, Lincoln, Nebraska 68509-4986
(402) 471-3324, FAX: (402) 471-0555

CV/kd

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

May 7, 2020

Sylvia Slatten, Administrator
Marquis Place Of Elkhorn
20800 West Maple Road
Elkhorn, NE 68022-5108

Dear Ms. Slatten:

An unannounced visit was conducted to investigate a complaint at Marquis Place Of Elkhorn on April 30, 2020-May 5, 2020, by representatives of the Department of Health and Human Services Division of Public Health. To complete this investigation, a representative sample of the residents who reside in the facility or had resided in the facility was selected. The investigative process included review of resident records; observation of the provision of care and services; and interviews with residents, family members and staff.

ALLEGATION:
1. The facility fails to implement intervention to prevent resident elopements.
2. The facility fails to ensure residents are free from restraints.
3. The facility fails to prevent skinbreak down.
4. The facility fails to maintain effective infection control practices.

FINDINGS:
1. The facility did implement interventions to prevent resident elopements. Observations revealed memory care unit doors were secured and equipped with audible alarms. Pages were also sent to pagers carried by staff when a secured door is opened. A review of service agreements revealed residents were being evaluated for elopement risk. Interviews with direct care staff members revealed staff members were knowledgeable regarding procedure if a secured door was opened. The facility was determined to be in compliance with related regulatory requirements.

2. The facility did ensure residents were free from restraints. Observations did not reveal any restrained residents. Interviews with direct care staff revealed no reports of resident's being restrained in the facility. The facility was determined to be in compliance with related regulatory requirements.

3. The facility did prevent skin breakdown. A review of facility documentation identified one residents with a skin condition that was being treated with a cream. Interview with Director of Nursing confirmed no pressure sores in the facility and reported that home health would be brought in to care for any open pressure sores. The facility was determined to be in compliance with related regulatory requirements.

4. The facility did maintain effective infection control practices. Observations revealed the facility had implemented precautions to protect residents from infection including screening staff and restricting visitors. Staff reported that adequate supplies of gloves and masks were available. Communal dining and group activities had been stopped. The facility was determined to be in compliance with related regulatory requirements.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,

Connie E Vogt RN,BSN

Connie Vogt, RN, BSN, Program Manager - Office of LTC Facilities - Licensure Unit - Division of Public Health - DHHS
PO Box 94986, 301 Centennial Mall South, Lincoln, Nebraska 68509-4986
(402) 471-3324, FAX: (402) 471-0555

CV/kd

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

May 20, 2020

Tawny McWilliams, Administrator
Royale Oaks/house Of Hope Alzheimers Care
4801 North 52nd Street
Omaha, NE 68104

Dear Ms. McWilliams:

An unannounced visit was conducted to investigate a complaint at Royale Oaks/house Of Hope Alzheimers Care on May 18, 2020-May 20, 2020, by representatives of the Department of Health and Human Services Division of Public Health. To complete this investigation, a representative sample of the residents who reside in the facility or had resided in the facility was selected. The investigative process included review of resident records; observation of the provision of care and services; and interviews with residents, family members and staff.

ALLEGATION:
The facility fails to follow Covid-19 standards of practice.

FINDINGS:
The facility did protect residents from infection. To make this determination, facility records were reviewed and Administrator interviewed. The facility did implement recommended interventions to protect residents from infection and provided education to staff regarding COVID 19. Therefore, the facility was determined to be in compliance with related regulatory requirements.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,

Connie E Vogt RN,BSN

Connie Vogt, RN, BSN, Program Manager - Office of LTC Facilities - Licensure Unit - Division of Public Health - DHHS
PO Box 94986, 301 Centennial Mall South, Lincoln, Nebraska 68509-4986
(402) 471-3324, FAX: (402) 471-0555

CV/kd

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

May 20, 2020

Tawny McWilliams, Administrator
Royale Oaks/house Of Hope Alzheimers Care
4801 North 52nd Street
Omaha, NE 68104

Dear Ms. McWilliams:

An unannounced visit was conducted to investigate a complaint at Royale Oaks/house Of Hope Alzheimers Care on May 18, 2020-May 20, 2020, by representatives of the Department of Health and Human Services Division of Public Health. To complete this investigation, a representative sample of the residents who reside in the facility or had resided in the facility was selected. The investigative process included review of resident records; observation of the provision of care and services; and interviews with residents, family members and staff.

ALLEGATION:
The facility fails to follow Covid-19 standards of practice.

FINDINGS:
The facility did protect residents from infection. To make this determination, facility records were reviewed and Administrator interviewed. The facility did implement recommended interventions to protect residents from infection and provided education to staff regarding COVID 19. Therefore, the facility was determined to be in compliance with related regulatory requirements.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,

Connie E Vogt RN,BSN

Connie Vogt, RN, BSN, Program Manager - Office of LTC Facilities - Licensure Unit - Division of Public Health - DHHS
PO Box 94986, 301 Centennial Mall South, Lincoln, Nebraska 68509-4986
(402) 471-3324, FAX: (402) 471-0555

CV/kd

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

April 10, 2020

Michael Early, Administrator
Azria Health Gretna
700 Highway 6
Gretna, NE 68028

Dear Mr. Early:

An unannounced visit was conducted to investigate a complaint at Azria Health Gretna on March 30, 2020-April 6, 2020, by representatives of the Department of Health and Human Services Division of Public Health. To complete this investigation, a representative sample of the residents who reside in the facility or had resided in the facility was selected. The investigative process included review of resident records; observation of the provision of care and services; and interviews with residents, family members and staff.

ALLEGATION:
The facility fails to follow infection control guidelines for illnesses.

FINDINGS:
The facility failed to follow infection control guidelines for illnesses. To make this determination, records were reveiwed and interviews were completed. It was determined the facility failed to follow facility policy and CMS guidelines for treatment of suspected respiratory infections. The facility failure is a violation at Federal tag 880 and State Licensure tag 175 NAC 12-006.17.

Please see the enclosed letter for instructions on completion and submission of the plan of correction for the deficiency(ies) found during the complaint investigation.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,

Connie E Vogt RN,BSN

Connie Vogt, RN, BSN, Program Manager - Office of LTC Facilities - Licensure Unit - Division of Public Health - DHHS
PO Box 94986, 301 Centennial Mall South, Lincoln, Nebraska 68509-4986
(402) 471-3324, FAX: (402) 471-0555

CV/kd

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285146	A. BUILDING _____ B. WING _____	C 04/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZRIA HEALTH GRETNA	700 HIGHWAY 6 GRETNA, NE 68028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS References to Title 175 of the Nebraska Administrative Code, Chapter 12- "Regulations Governing Licensure of Skilled Nursing Facilities, Nursing Facilities, and Intermediate Care Facilities" have been included in survey report as they apply to deficient practices identified.	F 000		
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or	F 880		4/30/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/16/2020

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285146	A. BUILDING _____ B. WING _____	C 04/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZRIA HEALTH GRETNA	700 HIGHWAY 6 GRETNA, NE 68028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 1 infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Licensure Reference Number 175 NAC 12.006.17	F 880	Plan of Correction for Azria Health Gretna Offsite Infection Control Survey	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285146	A. BUILDING _____ B. WING _____	C 04/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZRIA HEALTH GRETNA	700 HIGHWAY 6 GRETNA, NE 68028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 2 Based on record review and interview, the facility failed to implement measures to prevent the potential spread of Covid-19 related to Residents 4 and 3. This had the ability to affect all residents. The sample size was 5 and facility census was 54. Findings are: A. Review of the Centers for Medicare and Medicaid Services (CMS) Center for Clinical Standards and Quality, Safety and Oversight Group dated 3/13/20 revealed the following guidance for infection control and prevention of Coronavirus Disease 2019 (COVID-19): -restriction of all visitors and non-essential healthcare personnel except for certain end of life situations: -cancel all group activities and communal dining; -implement active screening of residents for fever and respiratory symptoms; and -screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperatures and document the absence of shortness of breath, new or change in cough and sore throat. If they are ill, have them put on a mask and then self-isolate at home. B. Review of the facility "COVID-19 Guidelines" (undated) revealed the purpose of the guideline was to provide clarification for steps the facility would take regarding COVID-19 to minimize exposures to respiratory pathogens and promptly identify residents with clinical features and risk for COVID-19. The objective being to decrease the prevalence and incident of residents coming into contact with anyone presenting with "cold like signs and symptoms".	F 880	3/30/2020-4/6/2020 Allegation: The facility fails to follow infection control guidelines for illnesses. F880 SS=F Statement of Compliance: It is the intent of the facility to establish and maintain an infection prevention and control program to provide safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. Correction to Resident(s) affected: Resident #3 was placed in droplet isolation on [redacted] after Respiratory Pathogen Screen was [redacted]. Residents roommate was placed in a private room on [redacted] to allow this resident to be in a private room on droplet precautions. Initial COMS Respiratory screener evaluation was done on [redacted] with no abnormal triggers in addition to [redacted] and [redacted] Resident Temperature, SPO2,and cough have been monitored daily in the day and evening since [redacted] and are continued to monitored utilizing a twice day Daily COVID-19 surveillance with no abnormal results on this resident. [redacted] was discontinued on [redacted] due to resident [redacted] Re-education to staff on Standard and transmission -based precautions to be followed and identifying respiratory infections early and guidelines to protect against potential transmission pending respiratory tests results. Resident #4 was [redacted]	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285146	A. BUILDING _____ B. WING _____	C 04/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZRIA HEALTH GRETNA	700 HIGHWAY 6 GRETNA, NE 68028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 3 C. Review of Resident 4's Physician Orders revealed that the facility received an order for [redacted] Review of Resident 4's Progress Notes revealed: -On [redacted] Resident 4 was seen in the facility by APRN (advanced practice registered nurse) due to a [redacted] identified in the morning of [redacted] As a result of the visit, orders were received for a [redacted] and an order to discontinue the [redacted] and start [redacted] -On [redacted] Resident 4's [redacted] - On [redacted] Resident 4 entered the hallway using a walker, the resident's vital signs were taken while out of the room, and the resident was encouraged to return to the resident room and [redacted] however the resident declined to do so. - On [redacted] laboratory findings were obtained and reported to the physician and as a result the resident was transferred to an acute care hospital for further evaluation and treatment. Laboratory results were received indicating [redacted] and the APRN ordered ER (emergency room) visit for further evaluation of the resident's condition; ER nurse called facility and reported that [redacted] would be run on this resident due to [redacted] and that resident	F 880	[redacted] Noted orders for droplet isolation on [redacted] that was not put in place by nurse receiving orders. Resident was started on [redacted] Resident was non-compliant with isolation precautions. Resident was transported to hospital on [redacted] Admitted to Hospital for additional testing which [redacted] Results of [redacted] test [redacted] Resident returned to facility on [redacted] with mask in place to private room and [redacted] x 14 days. On [redacted] Resident was resent out to ER due to increase [redacted] with a mask in place. Retested for [redacted] on [redacted] with [redacted]. Returned to facility on [redacted] with mask in place to private room and [redacted] 14 days. Resident Temperature, SPO2, cough have been and continued to be monitored utilizing a Daily COVID-19 surveillance twice a day with no abnormal results. The COMS Respiratory Screener Evaluation was done on each readmits with no abnormal triggers. Re-Education to nurse that took initial orders for isolation and who performed initial respiratory screener on [redacted] on required protocol and guidelines to initiate transmission -based precautions. Re- education to staff nurses and caregivers on Standard and transmission-based precautions to be followed and identifying respiratory	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285146	A. BUILDING _____ B. WING _____	C 04/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZRIA HEALTH GRETNA	700 HIGHWAY 6 GRETNA, NE 68028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 4 would be admitted to the hospital. - On [redacted] the hospital called the facility and reported that Resident 4's [redacted] -There was no evidence in the Progress Notes to indicate the resident was put in [redacted] related to the resident's [redacted] illness. Review of Resident 4's Care Plan with a revision date of [redacted] revealed Resident 4 received [redacted] Interview with the DON (Director of Nursing) on [redacted] confirmed that on [redacted] at [redacted] ordered for Resident 4 and that Resident 4 was out of the resident's room walking in the hallway on [redacted] and again on [redacted] and there was no evidence to indicate [redacted] were observed. D. Review of a Progress Note dated [redacted] revealed Resident 3 was seen by the physician. There was no documentation to indicate why the resident was seen by the physician. Review of a Physician's Order dated [redacted] revealed on [redacted] an order was written for a [redacted] and [redacted]	F 880	infections early and guidelines to protect against potential transmission of respiratory illness. Education and re-education to resident(s) on importance of compliance of droplet isolation precautions. System Changes: All staff will be educated/in serviced on Standard and transmission -based precautions to be followed and identifying respiratory infections early and guidelines to protect against potential transmission of respiratory illness and suspected cases of COVID-19 by 4/30/20. Inservice to all nurses on the Daily Covid-19 surveillance twice a day on all current residents, and the COMS Respiratory screener evaluation on all admits and readmits daily x 3 days. Monitoring Process: DON and/or designee will audit Daily COVID surveillance on 10 residents 5 x□s / week x 2 weeks, 2-3 x□s /week x 4weeks,1 x /week x14 weeks to ensure nursing staff compliance with immediate action taken if discrepancies are found. DON and/or designee will audit that the residents COMS Respiratory screeners evaluation are done for 3 days on all admits and readmits x 6 months and take immediate action if discrepancies are found. DON and /or designee will provide re -education/ in services of nursing staff involved in assessment, documentation, direct care and monitoring of residents on Standard and transmission -based precautions and identifying respiratory infections early and guidelines to protect	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285146	A. BUILDING _____ B. WING _____	C 04/06/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZRIA HEALTH GRETNA	700 HIGHWAY 6 GRETNA, NE 68028

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 5 [redacted] related to [redacted] a [redacted] Review of a Progress Note dated [redacted] revealed Resident 3 tested [redacted] and was to be in [redacted] Interview with the DON on 4/2/20 from 9:30 AM to 9:45 AM confirmed Resident 3 was tested for [redacted] and no additional interventions were put in place to prevent the potential spread of infection until after the test results were received from the [redacted]	F 880	against potential transmission of respiratory illnesses including COVID-19 1 -2 x□s per week. DON and/or designee will present Audit results to the monthly QAPI meeting for discussion and/or recommendations.	

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

April 13, 2020

Anthony Brewer, Administrator
Azria Health Midtown
910 South 40th Street
Omaha, NE 68105

Dear Mr. Brewer:

An unannounced visit was conducted to investigate a complaint at Azria Health Midtown on April 2, 2020-April 13, 2020, by representatives of the Department of Health and Human Services Division of Public Health. To complete this investigation, a representative sample of the residents who reside in the facility or had resided in the facility was selected. The investigative process included review of resident records; observation of the provision of care and services; and interviews with residents, family members and staff.

ALLEGATION:
The facility fails to follow infection control guidelines for illnesses.

FINDINGS:
The facility did follow infection control guidelines for illnesses. Interviews with Administrative staff revealed the facility implemented interventions for staff and resident protection without concerns. Record review of facility submitted documents revealed staff had completed education related to COVID 19 and were aware of the facility protocol for staff and residents. The facility was found to be in compliance with relevant regulatory requirements.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,

Connie F. Vogt RN,BSN

Connie Vogt, RN, BSN, Program Manager - Office of LTC Facilities - Licensure Unit - Division of Public Health - DHHS
PO Box 94986, 301 Centennial Mall South, Lincoln, Nebraska 68509-4986
(402) 471-3324, FAX: (402) 471-0555

CV/kd

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

April 27, 2020

David Young, Administrator
Belle Terrace
1133 North Third St
Tecumseh, NE 68450

Dear Mr. Young:

An offsite investigation was conducted to investigate a complaint at Belle Terrace on April 9, 2020-April 14, 2020, by representatives of the Department of Health and Human Services Division of Public Health. The investigative process included review of facility and resident records and interviews with staff.

ALLEGATION:
The facility fails to implement CMS directives related to COVID-19.

FINDINGS:
The facility did follow CMS (Centers for Medicare and Medicaid) protocol for COVID-19 prevention. Interviews with Administrative staff revealed the facility implemented interventions for staff and resident protection without concerns. Record review of facility submitted documents revealed staff had completed education related to COVID 19 and were aware of the facility protocol for staff and residents. The facility was found to be in compliance with relevant regulatory requirements

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,

Connie F. Vogt RN,BSN

Connie Vogt, RN, BSN, Program Manager - Office of LTC Facilities - Licensure Unit - Division of Public Health - DHHS
PO Box 94986, 301 Centennial Mall South, Lincoln, Nebraska 68509-4986
(402) 471-3324, FAX: (402) 471-0555

CV/kd

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

May 7, 2020

Alexander Willford, Administrator
Central Nebraska Veterans Home
4510 East 56th Street
Kearney, NE 68847

Dear Mr. Willford:

An unannounced visit was conducted to investigate a complaint at Central Nebraska Veterans Home on April 20, 2020-April 22, 2020, by representatives of the Department of Health and Human Services Division of Public Health. To complete this investigation, a representative sample of the residents who reside in the facility or had resided in the facility was selected. The investigative process included review of resident records; observation of the provision of care and services; and interviews with residents, family members and staff.

ALLEGATION:
1. The facility fails to follow infection control guidelines for illnesses.
2. The facility fails to notify the responsible party of changes in condition.

FINDINGS:
1. The facility did follow infection control guidelines for illnesses. Investigation included phone interviews and record review of facility documents related to COVID-19 policies and procedures, education, and a timeline of events as well as individual residents' progress notes and care plans. Review of facility documentation showed that the facility was following CDC guidelines related to COVID-19 including screening all who entered the building, limiting visitation, social distancing, use of appropriate PPE, and isolation procedures. Interviews with the administrator verified that the facility was notifying the Health Department and the State Agency of all COVID-19 findings within the building and verified that all policies and procedures were being applied consistently. Review of individual residents' records showed that the facility had followed CDC guidelines before any cases of COVID-19 were found in the facility and continued to follow recommendations when COVID-19 testing revealed cases in the building. The facility was found to be in compliance with relevant regulatory requirements.

2. The facility did notify the responsible party of changes in condition. The investigation included telephone interviews with the facility's administrator and record reviews for three residents. Interviews revealed that the facility routinely notified both residents and their responsible parties by phone of changes in the individual resident's condition. The interview also revealed that the facility was using press releases, written notices, e-mail, and phone calls to keep residents, families, staff, and the local community updated regarding COVID-19 concerns within the facility. Record review of the facility's timeline verified that communication was on-going as reported by the administrator. Review of progress notes for three residents showed that residents were personally apprised of actions being taken by the facility including when testing that individual for COVID-19 and the results of the test. The progress notes also verified that the representatives of those residents who had a change of condition or had testing done were also notified. The facility was found to be in compliance with relevant regulatory requirements.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,

Connie F Vogt RN,BSN

Connie Vogt, RN, BSN, Program Manager - Office of LTC Facilities - Licensure Unit - Division of Public Health - DHHS
PO Box 94986, 301 Centennial Mall South, Lincoln, Nebraska 68509-4986
(402) 471-3324, FAX: (402) 471-0555

CV/kd

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

April 28, 2020

Erin Nelson, Administrator
Douglas County Health Center
4102 Woolworth Avenue
Omaha, NE 68105-1899

Dear Ms. Nelson:

An offsite investigation was conducted to investigate a complaint at Douglas County Health Center on March 30, 2020-April 27, 2020, by representatives of the Department of Health and Human Services Division of Public Health. To complete this investigation, a representative sample of the residents who reside in the facility or had resided in the facility was selected. The investigative process included review of resident and facility records and interviews with staff.

ALLEGATION:
The facility fails to follow infection control guidelines for illnesses.

FINDINGS:
The Facility did follow infection control guidelines for illnesses. Record reviews of facility documents, policies and procedures and interviews were conducted and revealed the facility followed infection control guidelines for illnesses. The facility was found to be in compliance with relevant regulatory requirements.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,

Connie E Vogt RN,BSN

Connie Vogt, RN, BSN, Program Manager - Office of LTC Facilities - Licensure Unit - Division of Public Health - DHHS
PO Box 94986, 301 Centennial Mall South, Lincoln, Nebraska 68509-4986
(402) 471-3324, FAX: (402) 471-0555

CV/kd

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

April 9, 2020

Kay Vanness, Administrator
Good Samaritan Society - Bloomfield
P O Box 307, 300 North Second St
Bloomfield, NE 68718-0307

CMS CERTIFICATION NUMBER: 285156

Dear Ms. Vanness:

SUSPENSION OF SURVEY ACTIVITIES AND ENFORCEMENT REMEDIES

CMS is taking action to help facilities prepare and respond to COVID-19. In accordance with *Memorandum QSO-20-20-All*, regarding the prioritization of survey activities, CMS has limited the performance of state and federal surveys and suspended all enforcement activity until the prioritization period has been lifted. As a result, providers may submit a POC or request an IDR within the typical 10 day timeframe, or delay the request until 10 days after the survey prioritization period has ended. If CMS receives an acceptable POC, we will authorize desk reviews as appropriate. If substantial compliance needs to be verified onsite, we will authorize a revisit once survey and enforcement activities have resumed.

The attached CMS-2567 documents the results of a complaint investigation which includes one or more findings of noncompliance with the Federal regulations for Nursing Homes and Skilled Nursing Facilities, Nursing Facilities and Intermediate Care Facilities. The report was prepared following the inspection at your facility completed on March 20, 2020 by representatives of the Nebraska Department of Health and Human Services, Division of Public Health. The facility may submit a POC or delay the submission of a POC until the prioritization period is over.

Informal Dispute Resolution

In accordance with §488.331, you have an opportunity to question cited deficiencies through an Informal Dispute Resolution (IDR) process. To be given such an opportunity, you are required to complete the attached form. This request may be sent within the typical 10 day timeframe, or 10 days after the prioritization period has ended.

We thank you and your staff for your cooperation and assistance at the time of the survey. If you have any questions regarding this correspondence, please contact this office.

Sincerely,

Connie E Vogt RN,BSN

Connie Vogt, RN, BSN, Program Manager - Office of LTC Facilities - Licensure Unit - Division of Public Health-DHHS
PO Box 94986, 301 Centennial Mall South, Lincoln, Nebraska 68509-4986
(402) 471-3324, FAX: (402) 471-0555

CV/kd

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

April 9, 2020

Kay Vanness, Administrator
Good Samaritan Society - Bloomfield
P O Box 307, 300 North Second St
Bloomfield, NE 68718-0307

Dear Ms. Vanness:

An unannounced visit was conducted to investigate a complaint at Good Samaritan Society - Bloomfield on March 20, 2020, by representatives of the Department of Health and Human Services Division of Public Health. To complete this investigation, a representative sample of the residents who reside in the facility or had resided in the facility was selected. The investigative process included review of resident records; observation of the provision of care and services; and interviews with residents, family members and staff.

ALLEGATION:
The facility fails to follow infection control guidelines for illnesses.

FINDINGS:
The facility failed to follow infection control guidelines for illnesses. To make this determination, records were reviewed which included staff schedules, cleaning/disinfection protocols, staff and resident screening documentation and facility policies. In addition, staff interviews were conducted and interviews confirmed concerns with implementation of infection control guidelines. It was determined the facility was in violation of federal regulation F880 and licensure reference number 175 NAC 12-006.17.

Please see the enclosed letter for instructions on completion and submission of the plan of correction for the deficiency(ies) found during the complaint investigation.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,

Connie F Vogt RN,BSN

Connie Vogt, RN, BSN, Program Manager - Office of LTC Facilities - Licensure Unit - Division of Public Health - DHHS
PO Box 94986, 301 Centennial Mall South, Lincoln, Nebraska 68509-4986
(402) 471-3324, FAX: (402) 471-0555

CV/kd

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285156	A. BUILDING _____ B. WING _____	C 03/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - BLOOMFIELD	P O BOX 307, 300 NORTH SECOND ST BLOOMFIELD, NE 68718

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS References to Title 175 of the Nebraska Administrative Code, Chapter 12 "Regulations Governing Licensure of Skilled Nursing Facilities, Nursing Facilities, and Intermediate Care Facilities" have been included in the survey report as they apply to deficient practices identified.	F 000		
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or	F 880		4/21/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/17/2020

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285156	A. BUILDING _____ B. WING _____	C 03/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - BLOOMFIELD	P O BOX 307, 300 NORTH SECOND ST BLOOMFIELD, NE 68718

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 1 infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Licensure Reference Number 175 NAC 12-006.17	F 880	Plan of Correction for Bloomfield	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285156	A. BUILDING _____ B. WING _____	C 03/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - BLOOMFIELD	P O BOX 307, 300 NORTH SECOND ST BLOOMFIELD, NE 68718

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 2 Based on observation, interview, and record review; the facility failed to ensure infection control practices were followed to prevent potential cross-contamination related to active screening of visitors and interventions for Resident 6 who had symptoms of [redacted] This had the ability to affect all residents. The total sample size was 38 and the facility census was 38. Findings are: A. Review of the Centers for Medicare and Medicaid Services (CMS) Center for Clinical Standards and Quality, Safety and Oversight Group dated 3/13/20 revealed the following guidance for infection control and prevention of Coronavirus Disease 2019 (COVID-19): -restriction of all visitors and non-essential healthcare personnel except for certain end of life situations: -cancel all group activities and communal dining; -implement active screening of residents for fever and respiratory symptoms; and -screen all staff at the beginning of their shift for fever and respiratory symptoms. Actively take their temperatures and document the absence of shortness of breath, new or change in cough and sore throat. If they are ill, have them put on a mask and then self-isolate at home. B. Review of the facility "COVID-19 Visitor Restrictions Overview" (undated) revealed: - Visitors were limited to only those who need entry, - All visitors would be directed to the main entrance, - Visitors who were not end-of-life-visit related or	F 880	Survey 3-20-2020 Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. For the purposes of any allegation that the center is not in substantial compliance with federal requirements of participation, this response and plan of correction constitutes the centerÐs allegation of compliance in accordance with section 7305 of the State Operations Manual. F-880 Infection Prevention & Control Corrected to Resident Affected: Corrective action to Resident 6-Facility did start non communal dining and no group activities on March 16th. Resident 6 was [redacted] During the night on March 18th resident 6 had signs of [redacted] staff did wear mask when entering resident 6Ðs room. Medical director advised wearing a mask with his symptoms of [redacted] System Change (Identification and correction for other residents potentially affected):	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285156	A. BUILDING _____ B. WING _____	C 03/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - BLOOMFIELD	P O BOX 307, 300 NORTH SECOND ST BLOOMFIELD, NE 68718

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 3 medically or operationally necessary would not be permitted in the building, and - All individuals entering the building would be actively screened and entry would be restricted for those with respiratory symptoms or possible exposure to COVID-19. C. On [redacted] approximately [redacted] an individual was observed walking through the front doors of the facility and down the hallway towards the therapy room. The visitor stated they were there for [redacted] Review of the facility "Visitor Screening Log" dated 3/11/20 through 3/22/20 revealed no evidence to indicate [redacted] were actively screened when entering the facility. D. Review of a facility document dated [redacted] revealed Medical Doctor (MD)-A was in the facility seeing residents on [redacted] and [redacted] Review of the facility "Visitor Screening Log" dated 3/11/20 through 3/22/20 revealed no evidence to indicate (MD)-A was actively screened when entering the facility and seeing residents. E. Review of Resident 6's Progress Notes revealed: - On [redacted] MD-A had a visit and exam with the resident with orders for [redacted] - On [redacted] the resident had a [redacted] was given, and the resident had [redacted] - On [redacted] MD-A was called and	F 880	All Residents are screened twice a day with full sets of vitals/O2 stats and if any symptoms occur- residents will be placed on isolation precautions. Any new admissions to the facility will be screen on admission to the facility and twice daily with full sets of vitals/O2 stats and if any symptoms occur- resident will be placed on isolation precautions. [redacted] are coming in utilizing the outside [redacted] back door entrance. [redacted] staff are screening all [redacted] before entering the [redacted] department for (temp, fever, sore throat, cough, new shortness of breath & any travel within the last 14 days, or have been in contact with anyone with diagnosis of COVID 19) These screenings started on 3-16-2020 (Will email screening forms that were completed) (3-20-2020) Medical Director was educated on signing in on the visitor log as well as screening for (temp, fever, sore throat, cough, new shortness of breath & any travel within the last 14 days, or have been in contact with anyone diagnosis of COVID 19) when entering the facility. Completing all Staff education - Hand washing audits (started 3-12-2020), Online Infection Control Prevention (started 3-13-2020), PPE skills checklist (started 3-20-2020), Respiratory hygiene/Cough Etiquette & Return to work policy, Emerging Threats Acute Respiratory Syndromes Coronavirus	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285156	A. BUILDING _____ B. WING _____	C 03/20/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOOD SAMARITAN SOCIETY - BLOOMFIELD	P O BOX 307, 300 NORTH SECOND ST BLOOMFIELD, NE 68718

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 880	Continued From page 4 informed of the resident's condition. The resident voiced being [redacted] The resident was [redacted] - On [redacted] MD-A came to the facility to examine the resident. [redacted] back with MD-A for testing. - On [redacted] MD-A called the facility to report the resident was [redacted] with no new orders given and to continue current treatment. F. Interviews with the Director of Nursing (DON) and the Administrator on 3/20/20 from 11:30 AM to 1:15 PM confirmed: - The facility didn't start screening staff and residents for potential COVID-19 symptoms or exposure until 3/16/20. - MD-A was not screened prior to seeing residents on [redacted] - Visitors that presented for [redacted] were to enter th[redacted] through a separate door. The [redacted] today was coming for their first day and therefore they didn't know the process. - [redacted] were not actively screened for symptoms or potential exposure to COVID-19. -The DON confirmed Resident 6 had [redacted] and was seen by MD-A on [redacted] Further interview confirmed additional interventions were not put into place for Resident 6 while awaiting test results.	F 880	Policy, Steps to help prevent the spread of COVID 19 if you are sick, PPE Extended Use for COVID 19, Infection Control Droplet precautions (started 3-31-2020). RN completed Education for (Nurses & Medication Aide)- Vital Signs- Blood Pressure Clinical Skills Checklist, Oxygen Administration with Nasal Cannula/Face Mask Clinical Skill Checklist, & Monitoring Body Temperature. (Started 3-31-2020) RN Completed Education for (Nurses) Nebulizer Cleaning Clinical skill Checklist & Blood Glucose Monitoring Clinical Skill Checklist. (Started 4-1-2020) Monitor process for the system change including frequency and person responsible: Administrator or designee will complete random audits on ensuring staff, out-patient therapy, medical director & visitors are screening for any signs or symptoms of COVID 19 when entering the facility. Resident screening is completed and any respiratory symptoms will placed resident on isolation precautions. Audit will be completed for 2 x week for 4 weeks, 1 x for 4 weeks, and 1 x monthly for 3 months with all audits taken to QAPI monthly.	

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

April 2, 2020

Cathy Snyder, Administrator
Hemingford Community Care Center
P O Box 307, 605 Donald Avenue
Hemingford, NE 69348-0307

Dear Ms. Snyder:

An unannounced offsite focused infection control survey was conducted to investigate a complaint at Hemingford Community Care Center on April 1, 2020, by representatives of the Department of Health and Human Services Division of Public Health. The investigative process included a review of resident records, policies and procedures, monitoring and interviews with staff.

ALLEGATION:
The facility fails to follow infection control guidelines for illnesses.

FINDINGS:
The facility did follow infection control guidelines for illnesses. To make this determination, interviews were conducted with administrative staff. Related facility policies and procedures, staff training records and staff schedules were reviewed. Interviews and record reviews revealed that infection control policies and procedures were in place as required. Therefore, the facility was determined to be in compliance with related regulatory requirements.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,

Carol Heneman, MPS
for

Connie Vogt, RN, BSN, Program Manager - Office of LTC Facilities - Licensure Unit - Division of Public Health - DHHS
PO Box 94986, 301 Centennial Mall South, Lincoln, Nebraska 68509-4986
(402) 471-3324, FAX: (402) 471-0555

CV/kd

NEBRASKA
Good Life. Great Mission.
DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

April 2, 2020

Cathy Snyder, Administrator
Hemingford Community Care Center
P O Box 307, 605 Donald Avenue
Hemingford, NE 69348-0307

Dear Ms. Snyder:

An unannounced offsite focused infection control survey was conducted to investigate a complaint at Hemingford Community Care Center on April 1, 2020, by representatives of the Department of Health and Human Services Division of Public Health. The investigative process included a review of resident records, policies and procedures, monitoring and interviews with staff.

ALLEGATION:
The facility fails to follow infection control guidelines for illnesses.

FINDINGS:
The facility did follow infection control guidelines for illnesses. To make this determination, interviews were conducted with administrative staff. Related facility policies and procedures, staff training records and staff schedules were reviewed. Interviews and record reviews revealed that infection control policies and procedures were in place as required. Therefore, the facility was determined to be in compliance with related regulatory requirements.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,

Carol Heneman, MPS
for

Connie Vogt, RN, BSN, Program Manager - Office of LTC Facilities - Licensure Unit - Division of Public Health - DHHS
PO Box 94986, 301 Centennial Mall South, Lincoln, Nebraska 68509-4986
(402) 471-3324, FAX: (402) 471-0555

CV/kd

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

May 7, 2020

Rebecca Smith, Administrator
Hillcrest Firethorn
8601 Firethorn Lane
Lincoln, NE 68520

Dear Ms. Smith:

An unannounced visit was conducted to investigate a complaint at Hillcrest Firethorn on May 5, 2020, by representatives of the Department of Health and Human Services Division of Public Health. To complete this investigation, a representative sample of the residents who reside in the facility or had resided in the facility was selected. The investigative process included review of resident records; observation of the provision of care and services; and interviews with residents, family members and staff.

ALLEGATION:
The facility fails to follow infection control guidelines for illnesses.

FINDINGS:
The facility did follow infection control guidelines for illnesses. To make this determination, residents and staff were interviewed, observations were conducted, and records were reviewed. Observations revealed staff performed hand hygiene and wore the required PPE when providing care. Interviews and record reviews revealed the facility has policies in place to prevent the spread of illness within the facility. Therefore, the facility was determined to be in compliance with related regulatory requirements.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,

Connie F Vogt RN,BSN

Connie Vogt, RN, BSN, Program Manager - Office of LTC Facilities - Licensure Unit - Division of Public Health - DHHS
PO Box 94986, 301 Centennial Mall South, Lincoln, Nebraska 68509-4986
(402) 471-3324, FAX: (402) 471-0555

CV/kd

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

March 26, 2020

Peter Stygar, Administrator
Life Care Center Of Omaha
6032 Ville De Sante Drive
Omaha, NE 68104

Dear Mr. Stygar:

An unannounced visit was conducted to investigate a complaint at Life Care Center Of Omaha on March 12, 2020-March 16, 2020, by representatives of the Department of Health and Human Services Division of Public Health. To complete this investigation, a representative sample of the residents who reside in the facility or had resided in the facility was selected. The investigative process included review of resident records; observation of the provision of care and services; and interviews with residents, family members and staff.

ALLEGATION:

1. The facility fails to ensure prompt response to call lights.
2. The facility fails to ensure residents are treated with respect and dignity.
3. The facility fails to respond to calls for assistance in a timely manner.
4. The facility fails to maintain an effective infection control program.
5. The facility fails to ensure residents are provided with 3 meals per day.
6. The facility fails to manage wound vac systems as ordered.

FINDINGS:

1. The facility ensured prompt response to call lights. To make this determination; observations, record reviews and interviews with residents confirmed there was no delay in staff response to call lights. Observations of staff answering call lights revealed the lights were responded to within one to seven minutes of placing the call. The facility was found to be in compliance with relevant regulatory regulations.

2. The facility ensured residents are treated with respect and dignity. To make this determination; observations and interviews revealed staff interacted with residents and staff responded to resident call lights, and assisted the residents with mobility. Interviews with residents revealed no complaints regarding respect or dignity issues. The facility was found to be in compliance with relevant regulatory requirements.

3. The facility responded to calls for assistance in a timely manner, therefore, there is no violation related to this issue at the time of the survey. To make this determination several residents were placed onto the sample for review. Observation and interviews with the sampled residents revealed their call for assistance were answered in a timely manner. In addition random observations of call light being turned on revealed facility staff answered within 7 minutes. The facility was found to be in compliance with relevant regulatory requirements.

4. The facility failed to maintain an effective infection control program. To make this determination; observations, record reviews and interviews revealed the facility staff failed to identify organisms when residents were on an antibiotic medication and failed to implement protocols for the use of antibiotic medications. This facility failure is a violation of Federal regulation at F 881 and state licensure 175 NAC 12-006.17.

5. The facility ensured residents were provided with 3 meals per day. To make this determination; record review of

menus and resident meal intakes, observations of resident meals and interviews with residents and staff revealed the facility served 3 meals a day. The facility was found to be in compliance with relevant regulatory requirements.

6. The facility staff did manage a wound vac system as ordered. To make this determination; record reviews and observations of residents who had wounds an including the use of a wound vac treatments revealed the wound vac was managed as ordered. The facility was found to be in compliance with relevant regulatory requirements.

Please see the enclosed letter for instructions on completion and submission of the plan of correction for the deficiency(ies) found during the complaint investigation.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,

Connie F. Vogt RN,BSN

Connie Vogt, RN, BSN, Program Manager - Office of LTC Facilities - Licensure Unit - Division of Public Health - DHHS
PO Box 94986, 301 Centennial Mall South, Lincoln, Nebraska 68509-4986
(402) 471-3324, FAX: (402) 471-0555

CV/kd

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285137	A. BUILDING _____ B. WING _____	C 03/16/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF OMAHA	6032 VILLE DE SANTE DRIVE OMAHA, NE 68104

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS References to Title 175 of the Nebraska Administrative Code, Chapter 12- "Regulations Governing Licensure of Skilled Nursing Facilities, Nursing Facilities, and Intermediate Care Facilities" have been included in survey report as they apply to deficient practices identified.	F 000		
F 881 SS=F	Antibiotic Stewardship Program CFR(s): 483.80(a)(3) §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(3) An antibiotic stewardship program that includes antibiotic use protocols and a system to monitor antibiotic use. This REQUIREMENT is not met as evidenced by: LICENSURE REFERENCE NUMBER 175 NAC 12-006.17 Based on record review and interview; the facility staff failed identify the organism for potential infections and failed to develop protocols for use of antibiotics in the facility. The had the potential to effect all residents in the building. The facility staff identified a census of 95. Findings are: Record review of the facility Line Listing of Patient Infection (LLPI) sheet for February 2020 revealed 19 resident who were started on antibiotic medication did not meet the criteria of a infection.	F 881	1) Line Listing of Patient Infection for 03.01.20 - 03.13.20 was reviewed, evaluated and updated to ensure causative organism is identified and McGreer's criteria for treating infection were met. 2) All residents have the potential to be affected 3) Infection control Nurse was educated on 03.18.20 on thoroughly completing LLPI to determine if infection meets McGreer's criteria, documentation of physician notification if treated infection does not meet McGreer's, and documentation of PCP's response. 4) DON/Designee to review LLPI three times a week times three months. Results	4/13/20

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 04/03/2020

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285137	A. BUILDING _____ B. WING _____	C 03/16/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF OMAHA	6032 VILLE DE SANTE DRIVE OMAHA, NE 68104

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 881	Continued From page 1 Record review of the facility LLPI sheet for 3-1-2020 though 3-13-2020 revealed 8 antibiotics were started for residents who did not meet the criteria for an infection. On 3-16-2020 at 2:30 PM an interview was conducted with the facility Infection Control Nurse (ICN). During the interview review of both, the February 2020 and the March 2020 LLPI sheets were reviewed. The ICN confirmed antibiotics were administered to the facility residents who did not meet the criteria for a infection. The ICN further confirmed the causative organism was not always identified and there where not protocols on how to follow up with residents placed on antibiotics that did not meet the criteria for infections.	F 881	will be reported to monthly QAPI committee meeting for review and modification as warranted	

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

April 27, 2020

Erin Dye, Administrator
Ridgecrest Rehabilitation Center
3110 Scott Circle
Omaha, NE 68112

Dear Ms. Dye:

An offsite investigation was conducted to investigate a complaint at Ridgecrest Rehabilitation Center on April 7, 2020-April 27, 2020, by representatives of the Department of Health and Human Services Division of Public Health. The investigative process included review of Facility records and interviews with staff.

ALLEGATION:
The facility fails to implement CMS directives related to COVID-19.

FINDINGS:
The facility did implement CMS directives related to COVID 19. Record reviews and interviews were completed on the facility implementation of the CMS directives related to COVID 19. Record provided and interviews completed revealed the facility staff had implemented CMS's directives. The facility was able to provide evidence of ongoing education monitoring of the facility staff. The facility was found to be in compliance with relevant regulatory requirements.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,

Connie E Vogt RN,BSN

Connie Vogt, RN, BSN, Program Manager - Office of LTC Facilities - Licensure Unit - Division of Public Health - DHHS
PO Box 94986, 301 Centennial Mall South, Lincoln, Nebraska 68509-4986
(402) 471-3324, FAX: (402) 471-0555

CV/kd

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

June 3, 2020

Melody Gagner, Administrator
St Jane De Chantal
2200 South 52nd Street
Lincoln, NE 68506-2134

Dear Ms. Gagner:

An unannounced visit was conducted to investigate a complaint at St Jane De Chantal on May 18, 2020-May 21, 2020, by representatives of the Department of Health and Human Services Division of Public Health. To complete this investigation, a representative sample of the residents who reside in the facility or had resided in the facility was selected. The investigative process included review of resident records; observation of the provision of care and services; and interviews with residents, family members and staff.

ALLEGATION:
1. The facility fails to follow infection control standards of practice for Covid-19.
2. The facility fails to provide SA with reports of Covid-19 positives.

FINDINGS:
1. The facility did follow infection control standards of practice for Covid-19. To make this determination, record review revealed that the facility had infection prevention policies and procedures, followed infection prevention and control guidelines, and provided staff and resident education. Staff interviews confirmed that the facility infection control measures were in place. The facility was found to be in compliance with related regulatory requirements.

2. The facility did provide the State Agency (SA) with reports of Covid-19 positives. To make this determination, record review revealed that the facility did perform identification and tracking of Covid-19 testing of residents and staff. Record review revealed notification of positive test results for Covid-19. Staff interviews confirmed reporting of staff and residents with positive Covid-19 test results. The facility was found to be in compliance with related regulatory requirements.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,

Connie E Vogt RN,BSN

Connie Vogt, RN, BSN, Program Manager - Office of LTC Facilities - Licensure Unit - Division of Public Health - DHHS
PO Box 94986, 301 Centennial Mall South, Lincoln, Nebraska 68509-4986
(402) 471-3324, FAX: (402) 471-0555

CV/kd

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

June 1, 2020

Tonya Richards, Administrator
Tabitha Nursing Home
4720 Randolph Street
Lincoln, NE 68510

Dear Ms. Richards:

An unannounced visit was conducted to investigate a complaint at Tabitha Nursing Home on March 20, 2020, by representatives of the Department of Health and Human Services Division of Public Health. To complete this investigation, a representative sample of the residents who reside in the facility or had resided in the facility was selected. The investigative process included review of resident records; observation of the provision of care and services; and interviews with residents, family members and staff.

ALLEGATION:
The facility fails to follow CMS protocol for COVID-19 prevention.

FINDINGS:
The facility did follow CMS protocol for COVID -19 prevention. To make this determination interviews were conducted with direct care staff and management staff revealed; staff were knowledgeable and had been educated on the protocols for COVID 19 prevention. Observations of the signage, screening area, and procedures for daily screening and infection prevention were completed without concerns. Record review included resident's medical records, policy and procedures for infection prevention, and daily COVID screening of resident and staff revealed; staff were screened prior to each shift and residents were screened daily. The facility was found to be in compliance with relevant regulatory requirements.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,

Connie E Vogt RN,BSN

Connie Vogt, RN, BSN, Program Manager - Office of LTC Facilities - Licensure Unit - Division of Public Health - DHHS
PO Box 94986, 301 Centennial Mall South, Lincoln, Nebraska 68509-4986
(402) 471-3324, FAX: (402) 471-0555

CV/kd

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

April 2, 2020

Tonya Richards, Administrator
Tabitha Nursing Home
4720 Randolph Street
Lincoln, NE 68510

Dear Ms. Richards:

An unannounced offsite focused infection control survey was conducted to investigate a complaint at Tabitha Nursing Home on March 30, 2020-March 31, 2020, by representatives of the Department of Health and Human Services Division of Public Health. To complete this investigation, a representative sample of the residents who reside in the facility or had resided in the facility was selected. The investigative process included a review of resident records, policies and procedures, monitoring and interviews with staff.

ALLEGATION:
The facility fails to implement CMS directives related to COVID-19.

FINDINGS:
The facility did follow CMS (Centers for Medicare and Medicaid) protocol for COVID-19 (Coronavirus- an infectious disease caused by a virus) prevention. Interviews with Administrative staff revealed the facility implemented interventions for staff and resident protection without concerns. Record review of facility submitted documents revealed staff had completed education related to COVID 19 and were aware of the facility protocol for staff and residents. The facility was found to be in compliance with relevant regulatory requirements.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,

Carol Heneman, MPS
for

Connie Vogt, RN, BSN, Program Manager - Office of LTC Facilities - Licensure Unit - Division of Public Health - DHHS
PO Box 94986, 301 Centennial Mall South, Lincoln, Nebraska 68509-4986
(402) 471-3324, FAX: (402) 471-0555

CV/kd

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES

Pete Ricketts, Governor

April 17, 2020

Hayley Groshans, Administrator
Westfield Quality Care Of Aurora
Po Box 166, 1313 1st Street
Aurora, NE 68818

Dear Ms. Groshans:

An offsite investigation was conducted to investigate a complaint at Westfield Quality Care Of Aurora on April 6, 2020-April 15, 2020, by representatives of the Department of Health and Human Services Division of Public Health. The investigative process included review of facility records, training records, policies and procedures and interviews with staff.

ALLEGATION:
1. The facility fails to follow infection control guidelines for illnesses.
2. The facility fails to implement CMS directives related to COVID-19.

FINDINGS:
1. The facility did follow infection control guidelines for illnesses. Interviews with Administrative staff revealed the facility implemented interventions for staff and resident protection without concerns. Record review of facility submitted documents revealed staff had completed education related to COVID 19 and were aware of the facility protocol for staff and residents. The facility was found to be in compliance with relevant regulatory requirements.

2. The facility did follow CMS (Centers for Medicare and Medicaid) protocol for COVID-19 prevention. Interviews with Administrative staff revealed the facility implemented interventions for staff and resident protection without concerns. Record review of facility submitted documents revealed staff had completed education related to COVID 19 and were aware of the facility protocol for staff and residents. The facility was found to be in compliance with relevant regulatory requirements.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,

Connie F Vogt RN,BSN

Connie Vogt, RN, BSN, Program Manager - Office of LTC Facilities - Licensure Unit - Division of Public Health - DHHS
PO Box 94986, 301 Centennial Mall South, Lincoln, Nebraska 68509-4986
(402) 471-3324, FAX: (402) 471-0555

CV/kd