

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285137	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/21/2020
NAME OF PROVIDER OF SUPPLIER LIFE CARE CENTER OF OMAHA		STREET ADDRESS, CITY, STATE, ZIP 6032 VILLE DE SANTE DRIVE OMAHA, NE 68104	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, review of isolation door signs, and policy/procedure review, the facility failed to ensure one nurse aide followed the hand hygiene procedures for three of eight resident rooms (room [ROOM NUMBER], 606 and 605) on isolation precautions. This failure has the potential to cross contaminate any communicable diseases from one resident room to the next room. Findings include: Observation of the rooms numbered in the 600's on 5/20/2020 at 11:10 AM showed each door had a sign that indicated, Stop/Enhanced Barrier Precautions/Everyone must: Clean their hands, including before entering and when leaving In an interview at that time, Registered Nurse (RN) 1 stated, 600 hall residents were new admissions and on isolation for 14 days for the Coronavirus. Observation of the 600 hall on 5/20/2020 at 12:57 PM showed Certified Nurse Aide (CNA) 2 enter room [ROOM NUMBER], stand at the bedside and discuss intake and output with the resident, then picked up the meal tray and carried it down to a cart in the common area at the end of the hall. CNA2 put the tray down, spoke with a staff member (who was assisting a resident with a meal at a table in the common area), picked up a cup, straw, and carton of Ensure and returned it to room [ROOM NUMBER], commenting to the resident that they should drink it. CNA2 exited room [ROOM NUMBER] and directly entered room [ROOM NUMBER] at 12:59 PM, picked up the meal tray and carried it down to the cart in the common area. CNA2 walked over to the end of the counter at the Nurse's Station (in the common area), laid a tablet on the counter and was observed to be tapping on the screen. At 1:02 PM on 5/20/2020, CNA2 entered room [ROOM NUMBER] with the tablet in hand, closed the door and was overheard discussing bowel output with the resident; opened the door and exited the room with the meal tray. CNA2 took the meal tray to the cart in the common area. At 1:03 PM, CNA2 placed the tablet on the top of a treatment cart (located catty-corner to the Nurse's Station in the common area) and was tapping on the screen. In response to the query of where the tablet was when she was carrying meal trays, CNA2 stated, Under the tray in my hand. At 1:05 PM, CNA2 was observed using alcohol-based hand rub (ABHR) at the Nurse's Station. In an interview on 5/20/2020 at 1:04 PM, the Infection Preventionist stated the CNA should be doing hand hygiene between residents. In an interview on 5/20/2020 at 1:55 PM, CNA2 stated an awareness that the ABHR was located at the Nurse's Station but was distracted and didn't use it. Review of the facility's policy Coronavirus (COVID 19) ([DIAGNOSES REDACTED]-CoV-2), last revised 5/13/2020, indicated: Purpose: To provide a framework to minimize the risk of potential exposure to the Coronavirus COVID-19 in the long-term care facility Associate Screening/Education/Assignment/Risk Classification . Perform proper hand hygiene with soap and water or alcohol-based hand rub (ABHR); -Before and after all resident contact; -Contact with potentially infectious material; -Contact with blood, body fluids, or visibly contaminated surfaces; -Before applying gloves -After removal of gloves -Prior to removal of faces shield/eye protection and/or respirator during the doffing of PPE process -After touching or adjusting facemask or face covering -Before performing a procedure such as an aseptic task -Always use soap and water if hands are visibly soiled or in the event of (ABHR) alcohol-based hand rub shortages. Refer to policies entitled Hand Hygiene, and Hand Hygiene for Residents.</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.