

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285147	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OF SUPPLIER AZRIA HEALTH CENTRAL CITY		STREET ADDRESS, CITY, STATE, ZIP 2720 SOUTH 17TH AVENUE CENTRAL CITY, NE 68826	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>LICENSURE REFERENCE NUMBER 175 NAC 12-006.17B LICENSURE REFERENCE NUMBER 175 NAC 12-006.17D LICENSURE REFERENCE NUMBER 175 NAC 12-006.18C LICENSURE REFERENCE NUMBER 175 NAC 12-006.11E Based on observations, interviews, and record reviews; the facility failed to protect the facility residents from the potential spread of Covid-19 by the facility failure to 1) disinfect the shower and whirlpool bath tub to prevent cross contamination and had the potential to affect all of the facility residents; 2) facility failure to change the barrier between the soiled and clean glucometer which had the potential to affect 4 residents (Residents 22, 23, 24, and 35); 3) facility failure to prepare and deliver water pitchers and drinks to prevent potential cross contamination which affected 24 residents (Residents 9, 5, 11, 25, 26, 27, 28, 29, 30, 12, 6, 15, 19, 31, 10, 24, 21, 7, 20, 13, 18, 33, 34, and 4') facility failure to perform hand hygiene after contamination which had the potential to affect all of the facility residents. The facility failed to ensure that staff performed hand hygiene (hand washing using soap and water or an alcohol based hand rub (ABHR) to remove germs for reducing the risk of transmitting infection among patients and health care personnel) during the performance of blood sugar checks for diabetic residents, between contact with residents receiving blood sugar checks, before and after putting on disposable gloves, and that staff wore disposable gloves during cleaning of the glucometer (a medical device used to measure and display the amount of sugar in the blood for residents with diabetes) to prevent the potential for cross contamination for 3 residents (Residents 4, 5, and 6) of 3 residents observed. The facility failed to ensure that staff performed hand hygiene before putting on and after taking off gloves and failed to ensure that staff scrubbed the hands for 20 seconds during hand washing with soap and water during resident cares to prevent the potential for cross contamination for 1 resident (Resident 8) of 1 resident observed. The facility census was 61. Findings are: A. Observation of the facility bath house on 6/24/2020 at 9:22 AM revealed NA-A (Nursing Assistant) sprayed the shower chair with Classic Disinfectant from a spray bottle then scrubbed the shower chair with a brush while rinsing it with water from the shower sprayer at the same time. NA-A was done rinsing the shower chair and the brush at 9:24 AM. NA-A did not let the disinfectant sit on the surfaces of the shower chair before rinsing it off and did not clean or disinfect the underside of the shower chair or the shower area including the walls, the floor, and the shower sprayer. Observation of the facility bath house on 6/24/2020 at 10:02 AM revealed NA-A cleaned the whirlpool in the bath house. It was a Penner Spa tub. NA-A sprayed the tub with the sprayer attachment on the tub. Interview with NA-A at this time revealed they were spraying the soap out of the tub. NA-A then sprayed the inside of the tub with Classic Disinfectant from a spray bottle. NA-A wet all surfaces inside the tub with the disinfectant at 10:03 AM. At 10:04 AM, NA-A rinsed the surfaces of the inside of the tub NA-A had sprayed with the disinfectant. NA-A then filled the foot well of the tub with water. NA-A then poured disinfectant into the water in the foot well of the tub from a jug of disinfectant that was sitting on top of the whirlpool and did not measure the amount of disinfectant. At 10:14 AM, NA-A drained the tub, rinsed the brush and the inside of the bottom foot well with the sprayer attachment. NA-A then said the tub was ready for the next resident. NA-A revealed 2 more residents were to receive whirlpool baths that day. NA-A did not disinfect and rinse the jets or run the air blower through the jets. NA-A also did not clean or disinfect the control panel or the sprayer attachment on the tub. Review of the facility Care Plan Item/Task Listing Report dated June 24, 2020 received from the facility administrator after a list of residents who used the facility shower and whirlpool tub was requested revealed 61 residents used the shower or whirlpool bath, which included every resident in the facility. Residents 19, 27, 5, and 39 used the shower. Residents 36, 37, 24, 38, and 16 used the whirlpool tub. Residents 29 and 40 used both the shower and the tub. Review of Resident 2's Care Plan dated 4/17/2020 revealed they took a tub bath with staff assistance. Review of the undated Instructions for Classic Whirlpool Disinfectant Cleaner revealed the following: For broad spectrum disinfection of gram negative and gram positive bacteria, including Pseudomonas aeruginosa and Staphylococcus aureus, add two ounces Classic Whirlpool Disinfectant Cleaner to one gallon of water. Remove heavy soil or gross filth from the surface to be disinfected, then apply properly diluted solution with a mop, cloth, sponge, or hand pump trigger sprayer so as to wet the surface thoroughly. Allow to remain wet for 10 minutes and then let air dry. If higher detergency is desired, increase dilution to 4 to 6 ounces per gallon of water. Prepare a fresh solution for each use or when solution becomes visibly dirty. To disinfect hard, non-porous, inanimate surfaces (such as fiberglass and stainless steel tubs and chair surfaces, chrome plated intakes and lefts, etc.), apply properly diluted Classic Whirlpool Disinfectant Cleaner so as to wet all surfaces thoroughly. For routine disinfection, proper dilution is 1:64 (2 ounces of product per gallon of water). Allow to remain wet for 10 minutes, then let air dry. For heavily soiled areas, a pre-cleaning step is required. Prepare a fresh solution of reach use as above. For cleaning bath and therapy equipment: after using the whirlpool unit, drain the water and refill with fresh water to just cover the intake valve. Add 2 ounces of Classic Whirlpool Disinfectant Cleaner for each gallon of water in the unit at this point. Briefly start the pump to circulate the solutions. Turn off pump. Wash down the unit sides, seat of the chairlift and any/all related equipment with a clean swab or sponge. After the unit has been thoroughly cleaned, drain solutions from the unit and rinse any/all clean surfaces with fresh water. Review of the undated facility policy Whirlpool (sic) Cleaning Checklist Audit revealed the following: 1) ensure bath tub door is in locked position-close the drain-press disinfectant jet located on side of the tub-it should take about 20-30 seconds to fill the tub with the injector value (sic) on-ensure cleaning fluid is coming out of jets 2) using scrub brush: wash tub in all areas inside and out allowing tub to sit for 10 minutes to properly disinfect. 3) After 10 minutes open drain, rinse the tub with the spray outlet. 4) Allow the scrub brush and tub to air dry before the next resident. 5) Showers: use disinfect (sic) spray from cupboard (classic disinfectant cleaner) spray mat by rinse then spray with bottle in cabinet and rinse. Spray down the shower area floor and walls and scrub with brush for then allow spray to sit 10 minutes before rinsing down area. Don't forget shower chair if used. 6) Reminder that the first bath and shower and the last bath and shower temps need to be taken and recorded on the tracker on the cabinets, every day. To change out disinfectant, use small key and with the panel which is next to the wall, put pressure under the key whole (sic) while turning to open and close panel. Get a new bottle from the bottom cabinet and unscrew the hose from the top of the old bottle and put the hose in the new bottle, put back in place and throw away the old bottle. Review of the undated Penner Manual on System Cleaning revealed the following: System Cleaning (After Every Bath) Note. Penner Cleaner/Disinfectant is a special non-abrasive cleaning and disinfecting solution that will not harm the tub's fiberglass surface. Penner Cleaner/Disinfectant is the only cleaning solution designed and recommended for use with your Penner Spa. 1. Close and lock the door. 2. Press the Tub Fill Button and turn the Temperature Control Knob all the way to the left to its warmest level to heat the disinfectant solution and maximize its effectiveness. 3. Remove any visible tissue, residue, or fluids from the tub by pressing the Shower Button and rinsing the inside tube surfaces with the shower sprayer. 4. Press the Fill Button again to turn off the water. Allow the tub to drain, and place the drain plug over the drain. 5. Press and hold the Disinfect Button located on the control panel. As the button is held down, the properly mixed cleaning solution is running through the air injection system and out all of the air jets. Release the button after you see solution coming out</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>of all the air jets and you have 1 to 1 gallons of disinfectant solution in the foot well of the tub. 6. Using the long-handled brush, available from your Penner distributor, thoroughly scrub all interior surfaces of the tub and Swivel Lift chair with the solution that remains in the foot well of the tub. Let disinfectant stay of surface for 10 minutes. (Or, as recommended by the instructions on the disinfectant concentrate container.) 7. Remove the plug from the drain. 8. Rinse the tub's interior surfaces thoroughly with the shower sprayer. 9. Press and hold the Rinse button located on the control panel until clear water runs from all the air jets. Then release the Rinse button. 10. Finish rinsing the interior surfaces of the tub with the shower sprayer. 11. Start the air blower by pushing the Aqua-Aire Button. Allow it to run for 30 seconds. This pushes the rinse water out of the air injection system. If this was the last bath of the day, allow the blower to run for 2 minutes to dry out the system. 12. Stop the Aqua-Aire blower by again pushing the Aqua-Aire button. 13. Visibly check that the tub and reservoir was effectively cleaned during the disinfecting procedure. If not, repeat the procedure. 14. If there is a delay of one or more hours before the next bath, we recommend using a towel to wipe off all excess water. B. Observation on 6/24/2020 at 9:26 RN-C doing a BS (Blood Sugar) check for Resident 23 revealed the following: The glucometer (a machine used to check blood sugar levels) was sitting on a piece of aluminum foil on the top of the medication/treatment cart. RN-C cleaned the glucometer with a MicroKill Bleach wipe at 9:28 AM. It was dry in seconds. RN-C did hand hygiene then got a test strip, lancet, and alcohol wipe out of the drawer. RN-C donned gloves and took the glucometer into Resident 23's room. RN-C checked Resident 23's BS by handling their hand and lancing their finger, placing a drop of blood on the test strip in the glucometer. RN-C then left the room and laid the glucometer on the same piece of foil RN-C took it out of initially. At 9:36 AM RN-C cleaned the glucometer with the MicroKill wipe and laid it on the same piece of foil that RN-C had laid it on before RN-C had cleaned it. It was dry in less than 30 seconds. At 9:38 AM RN-C wrapped the glucometer in the same piece of foil and put it back in the drawer on the cart. Interview with RN-C on 6/24/2020 at 9:28 AM revealed the facility residents shared a glucometer. Observation on 6/24/2020 at 10:51 AM revealed MA-E doing BS checks. MA-E laid out a clean piece of foil on the cart and got supplies out (test strip, lancet, and alcohol wipes). MA-E put the supplies and the glucometer onto the foil and took them in to Resident 35's room. MA-E laid the supplies on the foil on Resident 35's bed. MA-E checked Resident 35's BS by lancing their finger and placing a drop of blood on the test strip that was inserted into the glucometer. MA-E touched Resident 35's hand and handled the glucometer. After MA-E checked Resident 35's BS, MA-E took the glucometer on the piece of foil out to the medication/treatment cart, sat it on the cart, and cleaned the glucometer with a MicroKill Bleach wipe at 10:57 AM; it stayed wet for less than 30 seconds. MA-E put the glucometer back into the drawer at 10:58 AM. Interview with MA-E on 6/24/2020 at 10:51 AM revealed the facility residents shared the glucometer. Review of the facility policy Blood Glucose Monitoring dated 9/1/2018 revealed the following: If a blood glucose meter that has been used for one resident must be reused for another resident, the device is cleaned and disinfected with a bleach preparation of: 1 part bleach to 10 parts water or an approved designated cleaner. Interview with the facility Administrator on 6/25/2020 at 9:38 AM revealed Residents 22, 23, and 24 used the glucometer on the same unit. C. Observation on 6/24/2020 at 9:12 AM revealed NA-A (Nursing Assistant) entered the bath house. Resident 17 was seated on the shower chair. NA-A reported Resident 17 had just finished being assisted with a shower. NA-A and NA-B used the full lift and transferred Resident 17 into their wheelchair. At 9:19 AM, NA-B wheeled Resident 17 out of the bath house. At 9:20 AM, NA-A cleaned the lift with a MicroKill Bleach wipe after taking the lid off the wipe container and putting it on the floor. The lift was dry in seconds. The DON (Director of Nursing) picked the lid up off the floor and put it on the tub of wipes and put it back in the storage bag on the lift at 9:21 AM. The DON did not clean the lid after it was laying on the floor and did not do hand hygiene after they touched the lid that was laying on the floor. The DON then left the bath house without doing any hand hygiene. Review of the label with directions for use for the Micro-Kill Bleach disinfectant wipes received from the facility Administrator revealed the following: Directions for Use: 1. Always use personal protective equipment. 2. Open Micro-Kill Bleach Germicidal Bleach Wipes Canister. 3. Remove pre-moistened 5 in x 5 in wipe. 4. Apply pre-saturated towlette and wipe desired surface to be disinfected. 5. A 30 second contact time is required to kill all of the bacteria [MEDICAL CONDITION] on the label except a 1 minute contact time is required to kill [MEDICAL CONDITION][MEDICATION NAME] and [MEDICATION NAME] mentagrophytes and a 3 minute contact time is required to kill [MEDICAL CONDITION] spores. Reapply as necessary to ensure that the surface remains wet for the entire contact time. 6. Allow surface to air dry and discard used wipe and empty canister. Interview with the facility Administrator on 6/25/2020 at 9:50 AM revealed the facility residents shared the lifts. D. Observation on 6/24/2020 at 10:30 AM revealed MA-D (Medication Aide) was putting lids on water pitchers that were sitting on a cart in the dining area by the ice machine by handling the inside of the lids with their bare hands before snapping them onto the pitchers. MA-D then picked up a stack of red cups and handled them by the drinking rim with bare hands and placed each one of them on top of each of the pitchers. MA-D then took the cart down the hall with the pitchers and glasses on it and took them to the residents on the south unit. Observation of the south unit on 6/24/2020 at 10:48 AM revealed the water pitchers and glasses were in the resident rooms. Interview with Resident 15 at this time confirmed MA-D had brought them a water pitcher and glass from the cart. Record review of the undated facility document Water Pitchers received from the facility Administrator revealed the following residents received a water pitcher from the cart: 9, 11, 5, 25, 26, 27, 28, 29, 30, 12, 6, 15, 19, 31, 10, 24, 21, 7, 20, and 4. Observation on 6/24/2020 at 12:07 PM revealed DA-F (Dietary Assistant) picked up 2 glasses touching the inside of the glass with bare hands, sat them on the top of the cart that was sitting in the south hall and poured juice in them. The DS (Dietary Supervisor) then took the juice to Residents 13 and 18 at 12:09 PM. At 12:11 PM DA-F touched the inside of a glass with their bare hand and then poured milk in it. The DS then took the milk in to Resident 21. At 12:13 PM DA-F handled more glasses by the rims with their bare hands. DA-F poured coffee, milk and juice for Resident 20 and poured Resident 29 milk and Kool-Aid. The DS then took them in to them in their room. At 12:14 PM DA-F touched the mask on their face with their bare hands. DA-F then poured drinks for Resident 19 by handling the glasses then the DS took them to the room. DA-F then poured drinks for Resident 30 and Resident 25 after DA-F had handled the glasses with their bare hands. DA-F then touched their cloth face mask that was covering their face then poured more drinks by handling the glasses with their bare hands and not performing hand hygiene. At 12:17 PM the DS took drinks to Resident 5 after DA-F had touched their mask then poured the drinks by handling the glasses. At 12:18 PM, DA-F handled more glasses by the rims to pour drinks and the DS took the drinks to Resident 28 and Resident 27. At 12:19 PM, DA-F poured 2 glasses each of milk, juice, and coffee and was touching the rims of the glasses with their bare hands. The DS took the drinks in to Residents 33 and 34. DA-F did not perform hand hygiene between each residents' drink preparation or after touching their mask before preparing the drinks. All of the residents were observed handling the glasses and drinking from them after the drinks were taken to them. Review of the undated facility policy Procedure for Pouring drinks during Covid Precaution Serving revealed the following: Dietary aide pre-pours special drinks i.e. thickened drinks, lactose free, fortified drinks, etc. and places in refrigerator until serving time. All other drinks will be poured at point of service outside resident's rooms. Dietary aide will take two carts for each meal service outside resident's rooms. Dietary aide will take two carts for each meal service with: Juice/KA, Skim Milk, Whole Milk, Special Drinks. ALL gallons placed in tub of ice for duration of service. Special drinks placed in freezer tubs until passed to resident. The carts will have wrapped silverware, coffee, lidded cups, 8 oz and 4 oz cups ready to be utilized during meal service. Dietary aide MUST wear blue cover/gown while passing items/drinks if they will be entering a resident room. Prior to meal service: wash hands, load ice tubs, don gown, wash hands. Exit kitchen and begin hallway meal service. Pour drinks one room at a time. After each residents, staff will use hand sanitizer before pouring the next set of drinks. If available, other staff may help take items into resident's room including CDM, office staff, CNAs, etc. Any dietary staff entering a resident's room must have gown/blue cover on. Dietary staff will not go into quarantine/isolation rooms. Review of the undated Procedure for AM Water Pitcher/Pink Mug Pass revealed the following: By 10 am every day, the med aide will come to kitchen, don a hair net, wash hands, and place water pitchers on a clean cart. There is a list available to reference who receives a mug and who is on fluid restrictions. Pitchers are filled with ice/water, clean red cups are put with each mug. Med aide then passes the mugs and cups, picking up used red cups from noc to be wash for next day. Pre-thickened water available on med cart for residents needing thickened fluids with med pass. All mugs will be picked up on NOC shift and taken to kitchen for washing. The red cups stay in the room so that resident have a cup to use overnight. When dietary aide comes in for am shift, they wash all pink mugs and place on drying rack. Review of the facility policy Handwashing/Hand Hygiene revised August 2015 revealed the following: This facility considers hand hygiene the primary means to prevent the spread of infections. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the</p>		

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Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: a. before and after coming on duty; b. before and after direct contact with residents; c. before preparing or handling medications; d. before performing any non-surgical invasive procedures; e. before and after handling an invasive device; f. before donning sterile gloves; g. before handling clean or soiled dressing, gauze pads, etc.; h. before moving from a contaminated body site to a clean body site during resident care; i. after contact with a resident's intact skin; j. after contact with blood or bodily fluids; k. after handling used dressings, contaminated equipment, etc.; l. after contact with objects (e.g. medical equipment) in the immediate vicinity of the resident; m. after removing gloves; n. before and after entering isolation precaution settings; o. before and after eating or handling food; p. before and after assisting a resident with meals; and q. after personal use of the toilet or conducting your personal hygiene. Hand hygiene is the final step after removing and disposing of personal protective equipment. Interview with the facility Administrator on 6/24/2020 at 11:05 AM revealed the following: 1. Questions: What is the expectation for staff to pour drinks? Are they allowed to touch the rims and insides of the glasses with bare hands? If they touch their face mask, are they expected to perform hand hygiene before pouring the drinks and handling the drink glasses? Administrator's response: Wash hands before meal service, if you touch something other than dishware you would sanitize your hands again with soap and water if available or hand sanitizer. Pre-poured drink are covered with tinfoil or Saran wrap can be lifted from cooler tub by rim only touching cover and then remove covering and use side or bottom of glass to deliver. 2. Questions: What is the expectation for filling water pitchers? Are they allowed to touch the inside of the lids and the rims of the water glasses with bare hands? Administrator's response: Medication Aide fills water pitchers washing hands prior to completing the task. Lids should only be touched on the outside rim and glasses touched from side or bottom not at rim. 3. Questions: What is the expectation for cleaning the shower chair? Are the staff supposed to let the disinfectant sit for the amount of time per manufacturer? Administrator's response: Same as whirlpool and it should sit for 10 minutes. 4. Questions: What is the expectation for cleaning the whirlpool bath tub? Is the disinfectant supposed to be allowed to sit on the entire bathtub for the amount of time per manufacturer before being rinsed off? Are the whirlpool jets supposed to be disinfected and rinsed between residents? Administrator's response: Follow policy that we sent - The disinfectant should sit in tub for 10 minutes and then rinsed off - You push the disinfectant button and then the rinse button to clean the jets. 5. Questions: Are they supposed to follow the directions on the disinfectant wipes for contact time? Are they supposed to place the wipe container lid on the floor? When they handle the disinfectant tub, are they supposed to wash their hands afterwards? Administrator's response: MicroKill bleach wipes are used to clean the lift after use - yes - no if it is on the floor it needs to be cleaned before used again - hands hygiene should be performed if a staff member's hand becomes contaminated. 6. Questions: What is the expectation for handling of the glucometer? Are they supposed to wrap the clean glucometer machine in a clean piece of foil after they have put the dirty machine on it? Administrator's response: Glucometer is clean when in the medication cart if the foil becomes contaminated then new foil should be replaced. 7. Questions: What is the expectation for staff performing hand washing with soap and water and how long they must scrub the hands? Administrator's response: 20 seconds 8. Questions: What is the expectation for hand hygiene before gloving and after removal of gloves? Administrator's response: Wash before and after 9 Questions: When obtaining blood glucose what is the expectation for staff for washing hands/hand hygiene and putting on gloves prior to obtaining a blood sample and what is the expectation for removing gloves and performing hand hygiene after the blood sample is obtained? Administrator's response: Wash before and after 10. Questions: What is the expectation for PPE used when wiping the glucometer after use? Administrator's response: Gloves 11 Questions: What is the expectation for Hand hygiene between resident contacts when performing blood glucose tests between residents (is the expectation that staff can go from one room to another without performing hand hygiene), when going from room to room delivering meals, before and after assisting a resident with meals, before and after handling food, and after removing PPE? Administrator's response: Wash between resident contact</p> <p>E. Record review of the facility policy titled Handwashing/Hand Hygiene dated 8/2015 revealed the Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation Section Step 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. Step 8. Hand hygiene is the final step after removing and disposing of personal protective equipment (gloves, gowns, masks, eye protection). Step 9. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections. Procedure section: Applying and Removing Gloves: 1. Perform hand hygiene before applying non-sterile (disposable) gloves. 2. When applying, remove one glove from the dispensing box at a time, touching only the top of the cuff. 3. When removing gloves, pinch the glove at the wrist and peel away from the hand, turning the glove inside out. 4. Hold the removed glove in the gloved hand and remove the other glove by rolling it down the hand and folding it into the first glove. 5. Perform hand hygiene. Observation on 6/24/20 at 11:03 AM beside the facility nurses station revealed that Licensed Practical Nurse-G (LPN-G) performed hand hygiene with alcohol based hand rub (ABHR). LPN-G removed the glucometer from a drawer of the treatment cart and placed it on a disposable foil square on the top of the cart. LPN-G wiped the right index fingertip of Resident 4 with an alcohol prep pad. LPN-G pricked the resident's finger and wiped off a blood drop. LPN-G applied a new blood drop to the glucometer test strip and told the resident that the blood sugar level was 46. LPN-G asked Resident 4 if the blood sugar could be rechecked and the resident gave permission. LPN-G wiped the fingertip of the resident's 4th finger of the right hand with an alcohol prep pad and pricked the finger and obtained a blood drop. LPN-G wiped off the blood drop with a cotton ball and obtained a new blood drop and told the resident that the blood sugar level was 53. LPN-G placed the glucometer on the disposable foil on the top of the cart. LPN-G removed the disposable gloves and did not perform hand hygiene. LPN-G went toward the facility kitchen and got juice for Resident 4. LPN-G returned to the treatment cart and wiped the glucometer with a disinfectant wipe without wearing gloves and laid the glucometer on a new foil square. LPN-G did not perform hand hygiene. LPN-G went to the desk of the nurse's station and obtained the charge nurse sheet from the nurse's desk and returned to the treatment cart and wrote the resident blood sugar level on the charge nurse sheet. LPN-G pushed the treatment cart down the South Hallway and parked the cart across the hallway from the room of Resident 5. LPN-G did not perform hand hygiene and put on disposable gloves. LPN-G took the glucometer into the room of Resident 5 and obtained a blood sugar level for the resident. LPN-G exited the room and returned to the treatment cart. LPN-G removed the disposable gloves and did not perform hand hygiene. LPN-G wiped the glucometer with a disinfectant wipe without wearing disposable gloves and placed the glucometer on a new foil square on the top of the cart. LPN-G wrote the resident blood sugar level of 306 for Resident 5 on the charge nurse sheet. LPN-G did not perform hand hygiene and put on disposable gloves. LPN-G entered the room of Resident 6 with the glucometer to obtain a blood sample for measuring the resident's blood sugar level. LPN-G told the resident that the blood sugar level was 190. LPN-G exited the resident's room and returned to the treatment cart. LPN-G removed the disposable gloves and did not perform hand hygiene. LPN-G wiped the glucometer with a disinfectant wipe without wearing gloves and placed the glucometer on a new foil square on the top of the cart. LPN-G performed hand hygiene with ABHR. Record review of the facility procedure titled Blood Glucose (sugar) Monitoring dated 9/1/18 revealed the Section titled Procedures: Step 3. If a blood glucose meter (glucometer) that has been used for one resident must be reused for another resident, the device is cleaned and disinfected with a bleach preparation or an approved designated cleaner. Step 6. Wash hands and put on gloves. Step 10. Wipe away the first drop of blood. Step 13. Discard lancet (a pricking needle used to obtain drops of blood for testing). Step 14. Remove gloves and wash hands. Interview on 6/24/20 at 12:28 PM with LPN-G confirmed that the glucometer is shared between residents. Record review of the facility document titled Clinical Competency Assessment: Blood Glucose Testing dated 12/01 revealed: Step 6. Properly washes hands and puts on gloves. Step 12. (After blood sample glucose obtained) Properly disposes of lancet and diagnostic strip (a test strip that the blood drop is applied to for measuring the blood sugar level). Step 13. Discards gloves and washes hands. Interview by email from the Facility Administrator on 6/25/20 at 11:05 AM revealed that staff are expected to perform hand hygiene before putting on gloves and after removal of the gloves. Staff are expected to remove the gloves and perform hand hygiene after a blood sample is obtained. Staff are to wear gloves when wiping the glucometer after use. Staff are to perform hand hygiene between resident contacts when performing blood glucose</p>		

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NAME OF PROVIDER OF SUPPLIER AZRIA HEALTH CENTRAL CITY		STREET ADDRESS, CITY, STATE, ZIP 2720 SOUTH 17TH AVENUE CENTRAL CITY, NE 68826	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 3)</p> <p>tests. F. Observation on 6/24/20 at 11:37 AM in the room of Resident 8 revealed that Nursing Assistant-A (NA-A) entered the resident's bathroom and performed handwashing with soap and water. NA-A put on disposable gloves. Nursing Assistant-B (NA-B) entered the resident's bathroom and performed hand washing with soap and scrubbed the hands for 11 seconds. NA-B put on disposable gloves. Resident 8 was lying on the resident's back on the bed. NA-B unsecured the resident's brief (a disposable underwear for containing involuntary release of urine or bowel) and wiped the front private area of the resident with a disposable wipe. NA-A rolled Resident 8 onto the resident's left side and NA-B wiped stool from the resident's anal area. NA-B disposed of the resident brief with the resident stool into the trash can beside the resident's dresser. NA-B removed the disposable gloves and did not perform hand hygiene. NA-B positioned a new brief underneath the resident and NA-A rolled the resident onto the resident's back onto the brief. The facility MDS Coordinator (MDSC) laid a pair of disposable gloves on the foot of the bed near NA-B. NA-B told the MDSC thanks and put on the disposable gloves without performing hand hygiene. NA-B secured the brief on the resident. NA-B opened the top dresser drawer with the disposable gloves on and got clothing out</p>		