

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285218	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2020
NAME OF PROVIDER OF SUPPLIER AZRIA HEALTH MIDTOWN		STREET ADDRESS, CITY, STATE, ZIP 910 SOUTH 40TH STREET OMAHA, NE 68105	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure reference: 175 NAC 12-006.17 Based on observation, interview, and record review the facility failed to implement contact precautions for 3 (Residents 1, 3 and 4) of 4 sampled residents and failed to identify a gray zone in accordance with facility policy for COVID 19. The facility had a total census of 52 residents. Findings are: A. Observations on 6/10/20 at 1 PM revealed Nurse Aide A donning gown and gloves for entrance to Resident 1's room. Nurse Aide B had donned gown and gloves before entrance to room. Nurse Aide A wore a cloth mask and Nurse Aide B wore a hospital mask when entering Resident 1's room. Nurse Aide A and Nurse Aide B were not wearing goggles or a face mask. Nurse Aide A reported personal care was to be provided. Observations inside of Resident 1's room revealed a red barrel containing used gowns and a red barrel for linen. In an interview on 6/10/20 at 1 PM, Nurse Aide A reported that gowns and gloves would be discarded in red barrel before exiting Resident 1's room. Observations on 6/10/29 at 1:30 PM revealed Nurse Aide A wearing a cloth mask. In an interview on 6/10/20 at 1:30 PM, Nurse Aide A confirmed that masks were not be changed after coming out of an isolation room. In an interview on 6/10/29 at 2:30 PM, Registered Nurse C confirmed cloth masks are not to be worn into rooms of residents in contact isolation. Registered Nurse C reported hospital masks needed to be discarded when exiting a room of resident in isolation and a new mask put on. Registered Nurse C confirmed that there had been no masks available for staff outside of the rooms of residents in contact isolation. A review of undated policy titled Universal Use of Ear Loop Masks revealed the following: -The use of a universal mask does not apply for residents in transmission based precautions/isolation that requires the use of a mask. --If you have a resident in isolation you will removed the universal mask; place it in a secure area, sanitize or wash your hands and don a clean mask before entering the room that has isolation precautions in place. --Doffing of the mask and other PPE per normal procedures and hygiene apply when leaving the isolation room. --Then the universal mask may be retrieved and placed back in use. B. Review of Resident 3's care plan on 06/10/2020 revealed, Resident 3 attends an outside [MEDICAL TREATMENT] (the clinical purification of blood by [MEDICAL TREATMENT]), as a substitute for the normal function of the kidney) appointment 2 times per week. Observation on 6/10/2020 at 10:30 AM of Resident 3's room revealed no signage indicating isolation precautions in place. Interview with Nurse Aide (NA) A on 6/10/2020 at 11:40 AM, it was revealed that Resident 3 was not indicated as being in isolation. Interview on 6/10/2020 at 10:45 am with Licensed Practical Nurse (LPN) D it was revealed that Resident 3 was not indicated as being in isolation. Record review on 06/10/2020 of Facilities; Midtown_COVID-19-LTCF-Slides-with-QA revealed, All nursing homes should consider establishing a transitional zone for new admissions, returning residents from the hospital or those who are travelling in and out of the nursing home (such as the residents who are on [MEDICAL TREATMENT]). Interview with the Director of Nursing (DON) on 06/10/2020 at 3:35 PM revealed; Resident 3 was not in an isolation room. Interview also revealed Resident 3 should have been in a Gray Zone isolation room. C. Review of Resident 4's care plan on 06/10/2020 revealed, Resident 4 receives [MEDICAL CONDITION] ([MEDICAL CONDITION] is a type [MEDICAL CONDITION] treatment that uses one or more anti-cancer drugs as part of a standardized [MEDICAL CONDITION] regimen.) infusions at an outside infusion clinic and Resident 4 should be on neutropenic precautions. Observation on 6/10/2020 at 10:20 AM of Resident 4's room revealed no signage indicating isolation precautions in place. Interview with NA A on 6/10/2020 at 11:40 AM, it was revealed that Resident 4 was not indicated as being in isolation. Interview on 6/10/2020 at 10:45 am with LPN D it was revealed that Resident 4 was not indicated as being in isolation. Record review on 06/10/2020 of Facilities; Midtown_COVID-19-LTCF-Slides-with-QA revealed, All nursing homes should consider establishing a transitional zone for new admissions, returning residents from the hospital or those who are travelling in and out of the nursing home (such as the residents who are on [MEDICAL TREATMENT]). Interview with DON on 06/10/2020 at 3:35 PM revealed; Resident 4 was not in isolation. Interview also revealed Resident 4 should have been in a Gray Zone isolation room. D. Observations on 6/10/2020 from 10:15am to 3:00pm the first floor of the facility had 2 of 17 residents in isolation. Interview with NA A on 6/10/2020 at 11:40 AM, NA A report only 2 of 17 residents were in isolation. Interview on 6/10/2020 at 10:45 am with LPN D, LPN D reported only 2 of 17 residents were in isolation. Record review on 06/10/2020 of Facilities; Midtown_COVID-19-LTCF-Slides-with-QA revealed, All nursing homes should consider establishing a transitional zone for new admissions, returning residents from the hospital or those who are travelling in and out of the nursing home (such as the residents who are on [MEDICAL TREATMENT]). Interview with DON on 06/10/2020 at 3:35 PM revealed; a Gray Zone of isolation has not been established in the facility.</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.