

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>285054</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/18/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>AZRIA HEALTH MONTCLAIR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2525 SOUTH 135TH AVENUE OMAHA, NE 68144</b>	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>LICENSE REFERENCE NUMBER 175 NAC 12-006.17 Based on observation, interview, and record review; the facility failed to ensure staff completed COVID-19 screening prior to the start of shift. This had the potential to affect all residents in the facility. The facility failed to ensure PPE (personal protective equipment) was worn by staff in an isolation room for 1 resident (Resident 5). This had the potential to affect all residents residing on Station 2. The facility failed to ensure staff did not reach into uniform pockets for supplies when wearing PPE in an isolation room for 1 resident (Resident 9). This had the potential to affect all residents on Station 2. Facility census was 126. Findings are: A) Review of the Prevent COVID-19 Start of Shift Employee Screening logs dated 6/8/20 - 6/16/20 revealed: - On 6/16/20 NA-A (Nurse Assistant) recorded temperature of 97.4, but did not answer yes or no to any of the 9 screening questions. - On 6/15/20 EM-B (Employee) recorded temperature of 98.4, answered no to cough screening question, but did not answer yes or no to the remaining 8 screening questions. - On 6/15/20 NA-C recorded temperature of 98.2 but did not answer yes or no to any of the 9 screening questions. - On 6/15/20 RN-D (Registered Nurse) recorded temperature of 97.9 but did not answer yes or no to any of the 9 screening questions. - On 6/15/20 NA-A recorded temperature of 97.6 but did not answer yes or no to any of the 9 screening questions. - On 6/14/20 EM-E recorded temperature of 97.6 and answered no to 8 screening questions, but did not answer yes or no to the cough question. - On 6/12/20 NA-A recorded temperature of 97.4, but did not answer yes or no to any of the 9 screening questions. - On 6/11/20 NA-A recorded temperature of 97 but did not answer yes or no to any of the 9 screening questions. - On 6/11/20 EM-B recorded temperature of 97.5 but did not answer yes or no to any of the 9 screening questions. - On 6/10/20 EM-F temperature of 97.7 but did not answer yes or no to any of the 9 screening questions. - On 6/10/20 NA-A recorded temperature of 96.6 but did not answer yes or no to any of the 9 screening questions. - On 6/9/20 DM-G (Director of Maintenance) recorded temperature of 98.0 but did not answer yes or no to any of the 9 screening questions. - On 6/8/20 NA-A recorded temperature of 97.5 but did not answer any of the 9 screening questions. - On 6/8/20 LPN-H (Licensed Practical Nurse) recorded temperature of 97.7 but did not answer any of the 9 screening questions. Interview on 6/16/20 at 12:55 PM with the IP (Infection Preventionist) revealed the facility did not have a policy in place specifically addressing staff self-screening, but the staff are trained on thermometer use. The IP revealed the screening records are reviewed at 7 AM, 3 PM, and by the night supervisor. Review of the Employee Surveillance Guideline dated 3/23/20 revealed employees will have temperature, signs and symptoms of COVID-19 monitored at the beginning of each shift and documented on the surveillance log. B) Observation on 6/16/20 at 11:15 AM revealed RN-I and NA-J were in Resident 5's room without gown, gloves, or eye protection in place in close proximity speaking with the resident. Resident 5's door was marked with a gray zone star and gowns were sitting on the ledge outside the door. The ADM (Administrator) told the staff they should be wearing PPE and staff came to the door to put PPE on. Interview on 6/16/20 at 11:15 AM with the ADM revealed the staff should have been wearing PPE in Resident 5's room. Observation on 6/16/20 at 10:00 AM revealed gray zone rooms have a gray star outside the rooms with information/education stating what needs to be worn inside the gray zone rooms. The laminated gray star stated: DIRECT CARE: wear mask, gown, gloves, face protection. INDIRECT CARE: surgical mask and eye protection and gloves. Review of Resident 5's Admission Record dated 6/18/20 revealed the resident was admitted [DATE]. Review of Resident 5's eHR (electronic health record) revealed the resident was being screened for COVID-19. No elevated temperature or COVID-19 signs or symptoms were noted. C) Review of the undated AHM Finger Stick Glucose Level Competency sheet revealed step 5 was to place clean equipment on a clean surface and arrange supplies so they could be easily reached. Observation on 6/16/20 at 11:30 AM of RN-I performing a blood glucose check revealed RN-I was wearing a mask prior to entering Resident 9's room. RN-I took a glucometer to the resident's room, put a paper towel on the top of the caddy outside the door and set the glucometer on top. RN-I performed hand hygiene and applied gloves, then opened a new container of disinfectant wipes. RN-I wiped down the glucometer, set it on the paper towels, doffed gloves, performed hand hygiene, put on a gown that was hanging on the resident's door, applied new gloves, and put on a face shield. RN-I put a paper towel on the resident's bedside table, reached into a pocket on RN-I's uniform top and pulled out a bottle of glucose test strips. RN-I performed the blood glucose check, then brought the supplies back out of the resident's room and set them on a clean paper towel on the caddy. RN-I doffed gloves, face shield, and gown, used ABHR (alcohol based hand rub), put on a new pair of gloves and cleaned the glucometer, test strips, and face shield using disinfectant wipes. Interview on 6/16/20 at 11:47 AM with RN-I revealed reaching into the uniform pocket when wearing PPE caused the PPE to become contaminated. RN-I revealed RN-I should have made supplies readily available prior to putting on PPE. Interview on 6/16/20 at 1:30 PM with the IP confirmed staff reaching into a pocket while wearing PPE would be cross contamination.</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.