

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285231	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER SOUTH HAVEN LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP 1400 MARK DRIVE WAHOO, NE 68066	
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 - Some	Provide and implement an infection prevention and control program. Based on observation, interview, and record review, the facility failed to ensure staff followed infection control guidelines to help prevent the development and transmission of communicable diseases and infections. Specifically, the facility failed to ensure staff utilized hand washing or hand sanitizer while re-filling and distributing water to residents on the secured unit and failed to ensure staff appropriately held linens when placing the linens in the clean linen closet on one of four units. Findings include: During observation on 6/18/20 at 9:06am, Housekeeper (H1) removed clean linens from a cart, tucked them under her arm, unlocked the linen closet door and placed them in the closet for use. During observation on 6/18/20 at 9:12am on the secured unit, Nurse Aide (NA1) wore gloves. NA1 brought each resident's water cup into the hall, removed the lid and filled the cup with ice. NA1 re-entered the room filled the cup with water, placed the lid back on the cup and went into the next resident room repeating the pattern for each resident. NA1 did not change gloves or sanitize his hands between filling each cup. At this time NA1 indicated he should have changed his gloves or sanitized his hands in between each resident when he filled the cups on the unit. NA1 indicated the box of gloves on the cart were provided for him to use. During an interview on 6/18/20 at 10:01am, the laundry supervisor indicated staff should carry the laundry away from their bodies and it should not touch their clothing. During an interview on 6/18/20 at 10:52am, the Director of Nursing (DON) indicated staff should not carry clean laundry up against their clothing. The DON indicated NA1 should have changed his gloves after filling each cup. The 4/9/2020 COVID-19 Guidelines under the subtitle Prevention Measures recorded the facility maintains an Infection Prevention and Control Program. Everyday standard precautions and preventive actions should be used and include: Appropriate hand hygiene -Wash your hands for at least 20 seconds especially after using the restroom, before eating and after blowing your nose, coughing or sneezing. Always wash your hands when they are visibly soiled. -Use an alcohol-based hand sanitizer if soap and water is not readily available and/or when hands are not visibly soiled.		
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.