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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285235 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/18/2020 |
| NAME OF PROVIDER OF SUPPLIER NYE POINTE HEALTH & REHAB CTR | | STREET ADDRESS, CITY, STATE, ZIP 2700 LAVERNA STREET FREMONT, NE 68025 | |
| 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>Based upon observation, interview, and record review, the facility failed to ensure that infection control practices were implemented during the cleaning of resident rooms to reduce the possible spread/transmission of infections. Specifically, Environmental Services staff (ES1) failed to sanitize her hands upon entering, cleaning, and exiting multiple residents' rooms. The facility did not have any residents with COVID-19 currently or in the past. The facility census was 38. Findings include: An observation on 6/18/2020 at 8:25am showed, ES1 applied gloves to both hands, without performing hand hygiene, and entered R1's room with her mop and cleaning cloth. 8:26am showed, ES1 exited R1's room, removed her gloves and placed them in the trash, applied a new mop head to the mop, applied fresh gloves, without performing hand hygiene, and entered R2's room with her mop and new cleaning cloth. 8:27am showed, ES1 cleaned the sink and sink counter, entered the resident's bathroom, exited the resident's bathroom to obtain her mop, mopped the resident's bathroom, and vacuumed the floor of the resident's room. 8:34am showed, ES1 exited R2's room, removed her soiled gloves, and without performing hand hygiene, applied a fresh set of gloves. 8:36am showed, ES1 entered R3's room and entered the bathroom with her cleaning cloth and mop. 8:38am showed, ES1 exited R3's room, removed her gloves and placed them in the trash, applied fresh gloves, without performing hand hygiene, and entered R4's room. 8:44am showed, ES1 exited R4's room, removed her gloves and placed them in the trash and applied fresh gloves, without performing hand hygiene. 8:45am showed, ES1 entered R5's room with her mop and cleaning cloth. 8:47am showed, ES1 exited R5's room, removed the used mop head and replaced it with a clean one, removed her gloves and placed the gloves in the trash and applied fresh gloves, without performing hand hygiene. An interview with ES1 on 6/18/20 at 8:49am showed: She had been educated on Infection Control Practices to prevent cross-contamination between residents and between staff and residents. The facility has trained staff on handwashing and using alcohol based hand rub to sanitize their hands. Environmental Services staff are supposed to change their gloves every time they enter a different resident room. She has been trained on hand hygiene a couple of times. She doesn't have to wash her hands between rooms as long as she changes gloves. She was instructed to use alcohol based hand rub if the opportunity arises. An interview with the Environmental Services Supervisor on 6/18/20 at 9:45am showed: All Environmental Services staff have received training on COVID-19, Infection Control practices to prevent cross-contamination, and on hand washing and use of alcohol based hand rub (ABHR) if staff is unable to wash their hands. All staff are expected to perform hand hygiene upon entering and exiting a resident room, and whenever they have to change their gloves. It would not be appropriate for facility staff to change gloves in between resident rooms without performing hand hygiene. All ES staff have been trained to wash their hands or use ABHR whenever they remove gloves, and before applying fresh gloves. An interview with the Education Coordinator (EC) at 10:35am showed: All staff have been trained on Infection Control and Hand Hygiene procedures. She has completed competencies on all staff to ensure hand hygiene is done appropriately and is in the process of completing the second competency on all staff. Environmental Services staff have all been trained to wash their hands or use alcohol gel every time they enter or exit a resident's room before proceeding to the next one. All staff are expected to perform hand hygiene after removing gloves, and upon entry and exit of a resident's room. It would not be appropriate to only change gloves between resident rooms and not perform hand hygiene. Record Review on 6/18/20 of the Infection and Exposure Prevention and Control Program showed: The infection prevention and control program is set up to provide: A sanitary environment to avoid sources and transmission of infections and communicable diseases and interventions to reduce or prevent exposure, such as Personal Protective Equipment (PPE), and work practice controls. Record Review on 6/18/20 of the facility's COVID-19 Guideline showed: The recommended measures to prevent COVID-19 outbreaks mimic the same interventions advised by the Centers for Disease Control (CDC) to implement routinely for Influenza and other similar respiratory based infections. The facility maintains an Infection Prevention and Control Program. Everyday standard precautions and preventive actions, and universal source control efforts 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. Hands must be washed if visibly soiled. Staff is to use an alcohol based hand sanitizer if soap and water is not readily available and/or when hands are not visibly soiled. Hand washing and use of PPE competencies to be completed.</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.