

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>285240</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>OMAHA NURSING AND REHABILITATION CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>4835 SOUTH 49TH STREET OMAHA, NE 68117</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> - Few	<b>Provide and implement an infection prevention and control program.</b>  Licensure Reference Number: 175 NAC 12-006.17 Based on observations, interviews, and record review, the facility failed to ensure eye protection and gloves were worn when providing care to 2 (Residents 3 and 5) of 5 sampled residents on the yellow/red zone. The facility had a total census of 56. Findings are: Observations on 7/14/20 at 12:25 PM revealed Nurse Aide A feeding Resident 3 in Resident 3's room located on the yellow zone. Resident 3 was observed to cough while being fed. Nurse Aide A was not wearing eye protection or gloves while assisting Resident 3 with the meal. Nurse Aide A donned a glove when assisting Resident 3 with wiping nose. In an interview on 7/14/20 at 12:58 PM, Nurse Aide A reported taking off gloves when feeding Resident 3 as Nurse Aide A wanted Resident 3 to eat. Nurse Aide A reported eye protection is only worn if resident has a cough. In an interview on 7/16/20 at 11:34 AM, the Director of Nursing confirmed that gloves and eye protection should be worn while feeding Resident 3. -Observations on 7/14/20 at 12:50 PM revealed Nurse Aide A combing Resident 5's hair in Resident 5's room. Resident 5 was wearing a mask. Nurse Aide A was wearing a mask and gloves but was not wearing a gown or eye protection. In an interview on 7/14/20 at 12:58 PM, Nurse Aide A reported a gown would be worn for hand on care but was not worn with Resident 5 as Resident 5 was already dressed. In an interview on 7/16/20 at 11:34 AM, the Director of Nursing confirmed eye protection and a gown when assisting Resident 5. Observations on 7/14/20 between 12:25 PM-1:25 PM revealed signs posted on rooms in the yellow zone stated the following: -Yellow Zone room -Droplet precautions in all rooms -PPE: face shields/goggles; gowns (only use one time); gloves; N95 (mask);		
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.