

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>28E299</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/24/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>HILLCREST SHADOW LAKE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1507 E GOLD COAST ROAD PAPILLION, NE 68046</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	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Licensure Reference Number 175 NAC 12-006.17 Based on interview, observation, and record review, the facility failed to ensure staff followed transmission based precautions per the droplet standard of practice by staff failure to don eye protection in the facility GREY ZONE for 1 (Resident 2) of 3 sampled residents. The facility census was 91. Findings are:</p> <p>A. Observation at 10:00 AM for resident 2 revealed a NA B (Nurse Aide) donned PPE (personal protective equipment) on which included long sleeved gown that snapped in the back, had a surgical mask on and put gloves on. The NA B did not don on a face shield or goggles during answering of this residents call light. NA B assisted the resident to the bathroom with wheelchair and assisted resident 2 by pivoting to the toilet, waited while the resident finished and assisted resident 2 from bathroom back to wheelchair, assisted resident 2 with hand washing; and NA B doffed PPE and put dirty gown and gloves in waste baskets and laundry baskets, then NA B used hand sanitizer for hands. Interview on 6/22/2020 at 10:15 AM with Resident 2 confirmed the resident 2 was a new admission and had been there 2 weeks, the quarantine was extended as resident 2 went to Doctors appointment out of the facility, did wear mask, but the staff that provided cares for this resident did not use any PPE (face shield or goggles) to assist this resident with any activities of daily living. B. Interview on 6/20/2020 at 11:00 AM with Director of Nursing revealed the facility was in Phase 1 of reopening and Resident 2 was new admission and in the GREY ZONE, but resident 3 had left the nursing home for a Doctor's appointment so the quarantine lasted a few days longer. The Director of Nursing stated Resident 2 did not have any signs or symptoms of covid-19 and the medical director of the facility stated they did not need to wear eye protection.</p> <p>C. A review of facility policy titled Hillcrest Health Services Coronavirus Disease 2019 (COVID-19) SNF Policy V.8 up-dated 6/8/20 exhibit 2 revealed the following Personal Protective Equipment is required for Team Members in the grey zone: -Surgical Mask -Gown -gloves -goggles D. A review of CDC website updated 6/22/20 revealed the following for guidance for managing new admission and readmissions whose COVID-19 status is unknown: -HCP (Health Care Professional) should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves and gown when caring for these residents.</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.