

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285078	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/10/2020
NAME OF PROVIDER OF SUPPLIER ST. JOSEPH VILLA NURSING CENTER		STREET ADDRESS, CITY, STATE, ZIP 2305 SOUTH 10TH STREET OMAHA, NE 68108	
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>Licensure reference: 175 NAC 12-006.17 Based on observations, interviews, and record reviews the facility failed properly prevent or contain COVID 19 as the facility failed to develop and implement a policy related to contact tracing when a staff member tests positive for COVID 19 and failed to develop and implement use zones for management of COVID 19. Facility practice has the potential to affect all residents of the facility. Findings are: A. In an interview on 8/10/20 at 10:30 AM, the Director of Nursing and the Assistant Director of Nursing reported that the facility was utilizing the 100 and 600 hallway for red zones (residents that have tested positive for COVID 19) and the 300 wing for yellow zones (residents that have not tested positive for COVID 19 but have been exposed to an individual who has tested positive). The other hallways were considered green (residents that have not tested positive and have not been exposed). In an interview on 8/10/20 at 11:35 AM, the Director of Nursing confirmed that hallways 200, 400, 500, 700, 800, and 1000 were considered green hallways. Observations on 8/10/20 at 12:32 PM revealed Nurse Aide A delivering water to residents in rooms on the 1000 wing. Nurse Aide A was observed to wear a mask and face shield when entering resident rooms on the hallway. In an interview on 8/10/20 at 12:32 PM, Nurse Aide A reported that masks and face shields is required in all rooms. Rooms with a station containing Personal Protective Equipment outside require a gown to enter. In an interview on 8/10/20 at 3:09 PM, the Assistant Director of Nursing reported that when a staff member tests positive the facility looks back 10 days to determine what area of the building the staff member worked in. The Assistant Director of Nursing identified that positive staff members had worked on all but the 400 and 500 hallway. The Assistant Director of Nursing confirmed the hallways that positive staff members had worked on probably should have been considered yellow. The Assistant Director of Nursing confirmed that Personal Protective Equipment requirements include gowns and gloves be worn in addition to masks and eye protections when caring for residents on the yellow zone. In an interview on 8/10/20 at 4:05 PM, the Director of Nursing reported when a staff member tests positive for COVID 19 the facility tries to identify which residents the staff member had provided direct care too. The Director of Nursing confirmed that the facility should be using gowns when providing care to those residents that had received direct care from a positive staff member. A review of facility policy dated 4/10/20 titled Interim Guidance for Suspected or Confirmed Cases 2020 COVID-19 Pandemic revealed no directions for contact tracing or follow to completed when a staff member tests positive for COVID 19.</p> <p>B. On 8-10-2020 at 10:40 AM an interview was conducted with the DON and ADON. During the interview the ADON and DON reported that facility had Red, yellow, green and no gray zones. The DON further reporting the facility follows the Infection Control Assessment and Promotion Program (ICAP) recommendations. Record review of the ICAP's web site as of 8-12-2020 revealed the recommendations for zones as follows: -Red Zone, Residents with Positive COVID-19. -Light Red-Symptomatic residents suspected of having COVID-19. -Yellow Zone-Asymptomatic residents who may have been exposed to COVID-19. -Green Zone-Asymptomatic residents without any exposure to COVID-19. -Gray Zone- Residents who are being transferred from the hospital/outside facilities, but no known exposure to COVID-19. Record review of information sheet dated 7-31-2020 from the Staff Development Coordinator revealed the facility was utilizing a red zone and yellow zone. Record review of a Interim Guidance for Suspected or Confirmed Cases 2020 COVID -19 Pandemic sheet dated 4-10-2020 revealed the following information: -Purpose: -These guidelines are set forth to assist the community in ensuring adequate steps are taken in the management of COVID-19 and minimize the spread of COVID-19. Further review of the guidelines did not identify the zones the facility used. On 8-10-2020 at 4:50 AM during an interview, the DON confirmed the facility Guidance for COVID-19 did not identify the zones and what staff were to wear in those zones.</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.