

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>285097</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>EMERALD NURSING &amp; REHAB OMAHA</b>		STREET ADDRESS, CITY, STATE, ZIP <b>5505 GROVER STREET OMAHA, NE 68106</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference: 175 NAC 12-006.17 Based on observations, interviews, and record review the facility properly prevent or contain COVID 19 by failure to ensure eye protection was worn by staff members working on the gray zone for 3 (Residents 2, 4, and 5) of 5 sampled residents, failed to ensure universal eye protection was worn by staff members, and failed to update facility policy regarding use of zones for management of COVID 19 infections. The facility practice has the potential to effect all 58 residents of the facility. Findings are: A. Observations on 8/12/20 at 10:05 AM revealed Nurse Aide A entering Resident 2's room wearing a KN95 facemask (a mask with a filtration efficiency of 95% for non-oily particles above 0.075 microns), gown and gloves. Nurse Aide A was not wearing eye protection. Resident 2 resided on the C hallway. Observations on 8/12/20 at 11:50 AM revealed Nurse Aide A taking lunch meal in to Resident 4's room. Nurse Aide A was wearing a KN95 facemask, gown and gloves. Nurse Aide A was not wearing eye protection. Resident 4 resided on the C hallway. Observations on 8/12/20 at 11:56 AM revealed Nurse Aide A entered Resident 5's room to check Resident 5's bloods sugar wearing a KN95 facemask, gown and gloves. Nurse Aide A was not wearing eye protection. Resident 5 resided on the C hallway. In an interview on 8/12/20 at 12 PM, Nurse Aide A reported that the residents on hallway C had all tested negative for COVID 19 and eye protection was not required. Observations on 8/12/20 between 2:19-2:22 PM revealed doors to the C hallway were shut with a sign on the door identifying the hallway as a gray zone (an area designated as a transitional zone for residents that are newly admitted or have left the facility for appointments). A sign on the hallway door identified that droplet precautions were to be utilized. The sign identified that eye protection was to be used for droplet precautions. Observations on 8/12/20 between 2:19-2:22 PM revealed signs next to each room door on the C hallway (gray hallway) which stated gown, mask, eyewear/face shield, and gloves were to be donned before entering the room. In an interview on 8/12/20 at 1:38 PM, the Regional Registered Nurse Consultant confirmed eye protection is to be worn when working with residents on the gray zone. B. Observations on 8/12/20 between 8:40-8:49 AM revealed staff members working on the B hallway were not wearing eye protection. There was green tape on the entrance to the hallway indicating that the hallway was the green zone (Residents on the hallway were not positive for COVID 19 and had no known exposure to COVID 19). Observations on the B hallway on 8/12/20 between 11:32-11:38 AM revealed staff members taking lunch trays into residents' rooms. Staff Members were not observed to be wearing eye protection. In an interview on 8/12/20 at 1:38 PM, Regional Operation Director and Regional Registered Nurse Consultant reported being unaware of Centers for Disease Control and Prevention recommendation for universal use of eye protection in addition to masks. A review of Centers for Disease Control and Prevention Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated July 15, 2020 revealed the following under the heading Implement Universal Use of Personal Protective Equipment: -HCP (Health Care Personnel) working in facilities located in areas with moderate to substantial community transmission are more likely to encounter asymptomatic or pre-symptomatic patients with [DIAGNOSES REDACTED]-CoV-2 infection. If [DIAGNOSES REDACTED]-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis). They should also: Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters.</p> <p>C. On 8-12-2020 at 8:10 AM an interview was conducted with the facility Administrator. During the interview, the Administrator reported the facility follows the Infection Control Assessment and Promotion Program (ICAP) recommendations. Observation on 8-12-2020 at 10:00 PM revealed Hall A doors were closed with signs posted identifying the hall as the red zone. 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 the facility COVID-19 Guideline revision #8 dated 6-15-2020 as of 9:45 PM revealed COVID-19 positive residents would be moved to the red zone and for new admissions there would be a area or gray zone. Further review of the facility COVID-19 Guideline revision #8 dated 6-15-2020 at 9:45 PM revealed Light red, yellow and green zones were not identified. In addition, there was not specific information on the directions for staff to follow for each zone. On 8-12-2020 at 2:30 PM an interview was conducted with the Regional Clinical Consultant and Director of Operations. During the interview, review of the facility COVID-19 Guideline revision #8 dated 6-15-2020 as of 9:45 PM was completed. The Director of Operations confirmed during the interview the COVID-19 Guideline needed to be updated.</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.