

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>285149</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/09/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MAPLE CREST HEALTH CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2824 NORTH 66TH AVENUE OMAHA, NE 68104</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> - Many	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Licensure reference # 175NAC 12-006.17 Based on observation and interview, the facility staff failed to implement screening procedures to prevent the potential spread of infections and failed to ensure staff wore mask throughout the facility for COVID 19 precautions and failed to change gloves during the provision of care for 1 (Resident 2) of 3 sampled residents. The facility staff identified a census of 128. Findings are: A). On 6/8/20 at 2:23 P.M. during entry to the Red Unit (isolation unit) revealed a staff member allowed entry onto Red Unit without prescreening. Facility staff did not question presence on unit until reaching nursing station. On 6/8/20 at 2:55 P.M. an interview with the Director of Nursing (D.O.N.) confirmed that the expectation of the facility is everyone entering the building or the Red Unit complete a screening process which includes a questionnaire related to travel, illness symptoms and also a temperature check. B) Observation on 6/8/20 at 1234 P.M. the Staffing Coordinator was observed walking in the hallway from the staff dining room without having a mask in place. On 6/8/20 at 12:34 P.M. an interview was conducted with the Staffing Coordinator. During the interview the Staffing Coordinator reported having completing lunch and a new mask was in the office down the hall. C) On 6/8/20 at 1:05 P.M. an observation of housekeeping staff B was observed leaving the staff dining area without wearing a mask. On 6/8/20 at 1:20 P.M. an interview with D.O.N. revealed that the staff have been educated to place their masks on a paper towel next to them as they eat and that all staff are to wear a surgical mask in the non-patient care areas and an respirator mask (N95) with patient cares.</p> <p>D. Observation on 6-08-2020 at 12:50 PM revealed Nursing Assistant (NA) A donned a gown, face mask, face shield and gloves to assist Resident 2 from the commode. NA A using wipe cleaned Resident 2's buttocks area. NA A without changing the soiled gloves pulled up an adult brief, Resident 2's pants, touch Resident 2's walker, call light and bed controls with the soiled gloves. On 6-08-2020 at 1:45 PM an interview was conducted with NA A. During the interview NA A confirmed the soiled gloves had not been changed.</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.