

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285173	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER FLORENCE HOME		STREET ADDRESS, CITY, STATE, ZIP 7915 NORTH 30TH STREET OMAHA, NE 68112	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure reference: 175 NAC 12-006.17 Based on observation, interview, and record review the facility failed to follow transmission based and contact precautions for Residents identified in the Yellow Zone in accordance with facility policy for COVID 19 and failed to documentation of follow up related to employee screening for COVID 19. This had the portntial to affect all of the residents 78. The facility had a total census of 78 residents. Findings are: On 6/15/2020 at 12:36 PM Certified Medication Aide (CMA) A was observed entering room [ROOM NUMBER] wearing a face shield, N95 respirator and isolation gown. CMA A was then seen exiting room [ROOM NUMBER] wearing a face shield, N95 respirator and isolation gown at approximately 12:38 PM and returned to the medication cart across the hall from room [ROOM NUMBER]. On 6/15/2020 at 12:37 PM CMA B was observed sitting in room [ROOM NUMBER] assisting Resident 6 eat the afternoon meal. CMA B was noted to be wearing a face shield, N95 respirator and gloves. On 06/15/2020 at 12:39 PM an interview with the Infection Control Nurse (ICN) revealed the expectation of the facility is; staff will wear a face shield, N95 respirator, gloves and isolation gown when entering a resident room. When exiting the resident 's room the staff are expected to remove gloves and Isolation gown and deposit them in a trash receptacle within the threshold of the doorway. On 6/15/2020 at 12:42 PM the ICN spoke with CMA A and confirmed, CMA A was wearing the same isolation gown when entering multiple rooms. On 6/15/2020 at 12:43 PM the ICN spoke with CMA B, the ICN confirmed that CMA B had not been wearing an isolation gown while assisting Resident 6 with the afternoon meal. On 6/16/2020 review of facility policy titled Isolation - Categories of Transmission-Based Precautions and dated 2/25/2020 revealed the following: d. Gown (1) Wear a gown (clean, nonsterile) for all interactions that may involve contact with the resident or potentially contaminated items in the resident 's environment. Remove the gown and perform hand hygiene before leaving the resident 's environment. (2) After removing the gown, do not allow clothing to contact potentially contaminated environmental surfaces.</p> <p>B. A review of the staff screening log revealed the following directions on the top of the form: -Please take you own temp. sign below and answer the questions. -If your temp is 100.0 or higher, put mask on, call your supervisor for further instructions. -Answer the questions below. If you answer yes to any question, put a mask on and talk to your supervisor. -Use hand sanitizer to wash your hands A review of staff screening log revealed the following entries without documentation on the log of follow up completed: -6/9/20 at 7:55 AM Staff Member F answered Yes to do you have fatigue and yes to do you have a headache -6/10/20 at 7 (no AM or PM listed) Staff Member G answered yes to do you have a sore throat -6/10/20 at 7:25 (no AM or PM listed) Staff Member H answered yes to do you have congestion or a runny nose -6/10/20 at 1:55 (no AM or PM listed) Staff Member I answered sc to do you have a cough -6/12/20 at 7:25 (no AM or PM listed) Staff Member J answered yes to do you have congestion or a runny nose -6/11/20 at 1:55 (no AM or PM listed) Staff Member I answered sc to do you have a cough and listed a temperature of 99.6 F -6/13/20 at 6 (no AM or PM listed) Staff Member K answered yes to do you have a cough and listed a temperature of 99.3 F -6/12/20 7:05 (no AM or PM listed) Staff Member L answered yes to do you have fatigue and have you been in direct contact with someone with known or suspected COVID-19 in the last 14 days -6/12/20 at 7:30 (no AM or PM listed) Staff Member J answered yes to do you have congestion or a runny nose -6/12/20 7:53 (no AM or PM listed) Staff Member M answered yes to do you have congestion or a runny nose -6/12/20 at 7:51 (no AM or PM listed) Staff Member F answered yes to do you have fatigue and do you have a headache -6/15/20 at 8:30 (no AM or PM listed) Staff Member N answered yes to do you have congestion or a runny nose -6/15/20 at 9:14 (no AM or PM listed) Staff Member O answered yes to have you been in direct contact with someone with known or suspected COVID-19 in the last 14 days and yes to do you have congestion or a runny nose -6/15/20 at 2:05 (no AM or PM listed) Staff Member I answered sc to do you have a cough and listed a temperature of 99.2 F -6/16/20 at 8:30 (no AM or PM listed) Staff Member JM P answered yes to do you have congestion or a runny nose -6/15/20 at 6 (no AM or PM listed) Staff Member Q answered yes to do you have headache -6/16/20 at 6:41 (no AM or PM listed) Staff Member L answered yes to have you been in direct contact with someone with known or suspected COVID-19 in the last 14 days and yes to do you have congestion or a runny nose In an interview on 6/16/20 at 10:30 AM, Infection Prevention Registered Nurse reported that staff members are to screen themselves in the board room at the beginning of their shift. If a staff member has symptoms, the staff member is to call the nurse manager on call. Infection Prevention Registered Nurse reported the staff log is reviewed once a day by the Infection Prevention Registered Nurse or by the Director of Nursing. In an interview on 6/18/20 at 1:14 PM, the Director of Nursing reported that if a staff member answers yes to any of the questions, the staff member is to call their direct supervisor. Each supervisor keeps their own notes about the calls that they receive the facility. The facility has 3 screening logs with nursing check one of the logs daily, the Administrator checking one of the logs daily and the front desk monitors the other log. Facility policy titled Infection Control Policy and Procedures [MEDICAL CONDITION]-Widespread dated 2/28/20 stated the following: -Employees should be instructed to self-report symptoms and exposure to their supervisor. Refer staff to their physician if they have respiratory symptoms and fever.</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.