

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>285281</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>OAKLAND HEIGHTS</b>		STREET ADDRESS, CITY, STATE, ZIP <b>207 SOUTH ENGBAHL AVENUE OAKLAND, NE 68045</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>NAC Licensure Reference Number 175 NAC 12-006.17A and 12-006.17B Based on observation, and interview; the facility failed to prevent potential for cross contamination of COVID-19 related to storage of surgical facemasks for use in an isolation room for 1 resident (resident 1) of 3 sampled residents. The facility had a total census of 39 residents. The findings are: A. An observation on 6/29/20 at 10:15 am of resident 1's room revealed several paper bags hanging on a bulletin board on outside door labeled with a Gray zone (residents transferred from hospital to facility are kept in this zone for 14 days) label. B. An observation on 6/29/20 at 1:08 pm revealed Nursing Assistant A performed hand hygiene, applied standard isolation gown, performed hand hygiene, took brown paper bag with nursing assistant A name on it, took out surgical mask, put surgical mask on paper towel, tacked brown paper bag back on bulletin board, performed hand hygiene with ABHR (alcohol based hand rub), applied face mask and face shield, completed hand hygiene with ABHR, applied gloves and entered resident 1's room to empty Foley catheter (a flexible tube that a clinician passes through the urethra (the duct by which urine is carried out of the body from the bladder) and into the bladder to drain urine). Nursing Assistant A removed gown, and gloves, performed hand hygiene with soap and water for 25 seconds. Walked out of resident 1's room, applied ABHR for 20 seconds, removed face shield, placed face shield on paper towel on plastic cube. Completed hand hygiene with ABHR, removed brown paper bag off bulletin board with nursing assistant A name on it. Placed dirty surgical mask in brown paper bag, and tacked back up on bulletin board with rest of brown paper bags. Nursing Assistant A performed hand hygiene with ABHR. C. An interview on 6/29/20 at 1:20pm with staff member Nursing Assistant A revealed, that staff have their names on the brown paper bags hanging outside of the Gray zone door with 2 surgical masks in each brown paper bag. D. An interview on 6/29/20 at 1:25pm with the DON (Director of Nursing) confirmed a potential for cross contamination due to putting a dirty mask with a clean mask in the same brown paper bag. DON confirmed the brown paper bags were not dated. DON reported that the facility started putting 2 masks in the brown paper bags on June 24, 2020. DON reported we were told we could put the 2 different face masks in the paper bags. DON confirmed no policy for reuse of surgical masks in same brown paper bag.</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.