

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285288	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/30/2020
NAME OF PROVIDER OF SUPPLIER TABITHA AT THE LANDING		STREET ADDRESS, CITY, STATE, ZIP 6120 SOUTH 34TH STREET LINCOLN, NE 68516	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Licensure Reference Number 175 NAC 12-006.17B Based on interviews, CDC guidance, and record review, the facility failed to ensure an Observation zone resident did not ambulate into a green zone area of resident care potentially cross contaminating residents in the Covid Free or green zone area. This had the potential to effect the 14 residents in the Harbor house. The facility census was 43. CDC guidance updated June 25, 2020 titled Preparing for COVID-19 in Nursing Homes directs Long Term Facilities to create a Plan for Managing New Admissions and Readmissions Whose COVID-19 Status is Unknown. The directions includes the following; Depending on the prevalence of COVID-19 in the community, this might include placing the resident in a single-person room or in a separate observation area so the resident can be monitored for evidence of COVID-19. HCP should wear an N95 or higher-level respirator (or facemask if a respirator is not available), eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face), gloves, and gown when caring for these residents. Residents can be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after their admission. Testing at the end of this period can be considered to increase certainty that the resident is not infected. Record review of Resident 1's electronic health record revealed the resident had admitted to the facility on [DATE]. Further review noted the following. Staff attempted to ambulate the resident out of the Observation or Quarantine room to the Green zone on 6/19/2020 but the resident refused. The resident was assisted to ambulate out of the Observation or Quarantine room to the Green zone on 6/20/2020 at 10:07 AM and 9 PM. The resident was assisted to ambulate out of the Observation or Quarantine room to the Green zone on 6/21/2020 at 1:30 PM and 9:19 PM. The resident was assisted to ambulate out of the Observation or Quarantine room to the Green zone on 6/22/2020 at 9:57 AM and 9:08 PM. The resident was assisted to ambulate out of the Observation or Quarantine room to the Green zone on 6/23/2020 at 9:55 AM and 2:43 PM. The resident was assisted to ambulate out of the Observation or Quarantine room to the Green zone on 6/24/2020 at 9:50 AM and 6:19 PM. The resident was assisted to ambulate out of the Observation or Quarantine room to the Green zone on 6/25/2020 at 9:38 AM and 9:59 PM. The resident was assisted to ambulate out of the Observation or Quarantine room to the Green zone on 6/26/2020 at 10:15 AM and 9:11 PM. The resident was assisted to ambulate out of the Observation or Quarantine room to the Green zone on 6/27/2020 at 9:47 AM and 2:58 PM. The resident was assisted to ambulate out of the Observation or Quarantine room to the Green zone on 6/28/2020 at 10:34 AM and 7:52 PM. The resident was assisted to ambulate out of the Observation or Quarantine room to the Green zone on 6/29/2020 at 10:31 AM and 6:13 PM. The resident was assisted to ambulate out of the Observation or Quarantine room to the Green zone on 6/30/2020 at 10:10 AM. Interview with NA 1 on 6/30/2020 at 3:50 PM revealed the staff member had assisted Resident 1 to ambulate in the room. NA 1 had not assisted Resident 1 out of the room as the resident is in isolation and should not be out of the room. Hospice had performed bed baths as the resident could not go to the whirlpool tub. When anxious Resident 1 enjoyed talking with family on the phone or working on a puzzle in the room. Interview with Director of Nursing on 6/20/2020 at 1:50 PM confirmed Resident 1 had left the Observation/Quarantine area multiple times and at various times of the day to go on walks in the facility. All other residents in the Harbor house were considered to be in the Green or Covid free area of the facility.</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.