| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **285097** | A. BUILDING _____ B. WING _____ | **04/29/2020** |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
|---|---|
| **EMERALD NURSING & REHAB OMAHA** | **5505 GROVER STREET OMAHA, NE 68106** |

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<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Many | **Provide and implement an infection prevention and control program.**<br><br>Based on interview and record review, the facility failed to maintain an effective ongoing infection control program that identified, tracked, and trended infections including those of residents and staff that may be affected by COVID-19. Specifically, the facility failed to: -Develop an infection control program policy that encompassed all required elements of surveillance. -Track the illnesses of employees when the facility failed to develop or maintain an employee illness tracking log. -Ensure that accurate documentation of employee screening was obtained when the facility failed to document dates and employee temperatures on the screening sheets. Findings include: 1. Review of the Infection Control Log for January 2020 documented that the facility logged 13 infections for the month. The log documentation was to include the resident's name, age, room number, unit, admitted , date of infection, site of infection, if symptoms were present on admission (a yes/no question), pathogen, and if the infection was community or facility acquired. Of the 13 infections, ten lacked the residents' ages and no pathogens were identified. Only one infection had documented signs or symptoms of infection. The facility failed to document if any residents received diagnostic testing for the infections, what the ordered antibiotic was, if the antibiotic was appropriate to treat the infection, or if the infection resolved. 2. Review of the Infection Control Log for February 2020 documented that the facility logged nine infections for the month. The log documentation was to include the resident's name, age, room number, unit, admitted , date of infection, site of infection, if symptoms were present on admission (a yes/no question), pathogen, and if the infection was community or facility acquired. Of the nine infections, six lacked the resident's age. The facility failed to document signs or symptoms of infection. The facility failed to document if any residents received diagnostic testing for the infections, what the ordered antibiotic was, if the antibiotic was appropriate to treat the infection, or if the infection resolved. 3. Review of the Infection Control Log for March 2020 documented that the facility logged eight infections for the month. The log documentation was to include the resident's name, age, room number, unit, admitted , date of infection, site of infection, if symptoms were present on admission (a yes/no question), pathogen, and if the infection was community or facility acquired. Of the eight infections, the facility documented that signs and symptoms of infection were present, but failed to indicate what specific symptoms occurred. The facility failed to document if any residents received diagnostic testing for the infections, what the ordered antibiotic was, if the antibiotic was appropriate to treat the infection, or if the infection resolved. 4. The facility failed to provide an Infection Control Log for April 2020. 5. The facility failed to provide documentation related to the tracking and trending of employee illnesses. 6. Review of a random selection of the facility's staff screening forms for the month of April 2020 revealed that on 13 individual forms, the facility failed to document the staff person's temperature at the time of screening. An additional two forms lacked the staff person's temperature as well as date. 7. On 4/29/20 at 2:36pm, the Assistant Director of Nursing (ADON) indicated that she oversaw the Infection Control Program. The ADON indicated that she had not initiated infection control tracking for April 2020, but had completed individual resident assessments on each infection. The ADON indicated that the log did not normally get completed until the end of the month. The ADON indicated that the facility only recently began tracking only respiratory illnesses of employees following the COVID-19 pandemic. The ADON indicated that screening forms were reviewed by the person completing the screening for the employee, because the forms must have the temperature and other identifiable information present to be considered complete. The ADON indicated that the facility failed to ensure that all screening forms were completely filled out, and that it had been an issue in the past. 8. Review of the facility policy, dated 03/2020, titled Infection Prevention and Control Program, documented: 3. Surveillance: a. A system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual agreement based upon a facility assessment and accepted national standards. The facility policy failed to document how thorough surveillance would be completed and what data would be collected for surveillance. |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE