STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285078	A. BUILDING _____ B. WING _____	**09/10/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ST. JOSEPH VILLA NURSING CENTER	**2305 SOUTH 10TH STREET OMAHA, NE 68108**

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	**Provide and implement an infection prevention and control program.** Based on staff interviews, record reviews and review of the Centers for Disease Control (CDC) guidelines for COVID-19, the facility failed to use an Environmental Protection Agency (EPA) approved disinfectant for COVID-19 to disinfect 19 of 19 food delivery carts. The facility also failed to perform initial fit testing of N95 respirators used by staff. This had the potential to affect 136 of 137 residents. The census was 137. This deficient practice occurred during the COVID-19 pandemic. Findings are: 1. On 09/09/20 at 2:15 PM, an interview with the Dietary Manager (DM-A). DM-A said a total of 19 food carts were used to deliver food to residents' rooms. DM-A said food carts were left outside of each unit and nursing staff took the carts onto each unit and down the halls to deliver trays. Empty carts were then returned to the kitchen dishwashing area and sprayed with Oasis Multiquat sanitizer. DM-A was not sure if that was on the EPA approved list for COVID-19. A review of the EPA List N website of approved COVID-19 disinfecting chemicals did not list Oasis. An interview with the Director of Nurses (DON) on 09/09/20 at 4:15 PM. The DON acknowledged Oasis Multiquat was not an EPA approved disinfectant. On 09/09/20 at 4:53 PM, an interview with Medication Aide-B (MA-B). MA-B reported being assigned to work on the COVID-19 isolation unit. MA-B said food delivery carts were taken inside the barrier and down the halls to deliver meals to residents. They were then placed back outside the barrier to be returned to the kitchen. 2. On 09/09/20 at 1:05 PM, an interview with the Director of Nurses (DON) and the facility Administrator. The Administrator reported all staff working on the COVID-19 isolation unit wore N95 respirator masks and test fitting had been completed. The DON reported there were 19 active COVID-19 cases in the facility. Documentation provided by the DON revealed in the last week, 22 staff members would have worked in the COVID-19 isolation unit. Review of the facility inventory level revealed a stock of 300 N95 respirators as of 09/08/20. On 09/09/20 at 2:36 PM, an interview with Licensed Practical Nurse (LPN)-A. LPN-A reported being assigned to work on the COVID-19 isolation unit. LPN-A said staff on the isolation unit wore N95 respirators and that test fitting had been done. When questioned about the details of test fitting, LPN-A said that they were trained to check the seal of the mask. There was no check for odor or taste or any testing with movement. An interview was completed with Infection Preventionist (IP) on 09/09/20 at 3:18 PM. The IP reported completing most of the test fittings for N95 respirators for the staff. Test fitting consisted of putting the respirator on, deep breathing to check for a seal and taking it off. A follow up interview was completed with IP on 09/10/20 at 8:38 AM. The IP said that N95 test fitting instructions had been sent from the corporate office. The IP confirmed that there was no testing other than to test for the seal. The IP provided an instruction sheet that showed how to test for a seal and identified that as the test fitting procedure. A review of the Centers for Disease Control (CDC), Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, last updated 07/15/20, indicated, Filtering Facepiece Respirators (FFR) including N95 Respirators. A commonly used respirator in healthcare settings is a filtering facepiece respirator (commonly referred to as an N95). FFRs are disposable half facepiece respirators that filter out particles. To work properly, FFRs must be worn throughout the period of exposure and be specially fitted for each person who wears one. This is called fit testing and is usually done in a workplace where respirators are used. FFR users should also perform a user seal check to ensure proper fit each time an FFR is used. A review of CDC's guidelines titled, Preparing for COVID-19 in Nursing Homes, last updated 06/25/20, indicated, Facilities should have supplies of facemasks, respirators (if available and the facility has a respiratory protection program with trained, medically cleared, and fit-tested HCP), gowns, gloves, and eye protection (i.e., face shield or goggles). Implement a respiratory protection program that is compliant with the OSHA respiratory protection standard for employees if not already in place. The program should include medical evaluations, training, and fit testing. A review of CDC's guidelines titled, Strategies for Optimizing the Supply of N95 Respirators, last updated 06/25/20, indicated, Respirator fit test methods are classified as either qualitative or quantitative, and there are multiple protocols of each classification that are NIOSH-recommended (National Institute for Occupational Safety and Health) or meet the requirements of OSHA's (Occupational Safety and Health Administration) Respiratory Protection Standard. A qualitative fit test is a pass/fail test to assess the adequacy of respirator fit that relies on the individual's sensory detection of a test agent. A quantitative fit test numerically measures the effectiveness of the respirator to seal with the wearer's face, without relying on the wearer's voluntary or involuntary response to a test agent. Quantitative fit tests involve adaptation of the respirator to the fit testing equipment, which can involve making holes in the respirator. Respirators, when required to protect HCP (healthcare personnel) from airborne contaminants such as some infectious agents, must be used in the context of a comprehensive, written respiratory protection program that meets the requirements of OSHA's Respiratory Protection standard. The program should include medical evaluations, training, and fit testing.

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.