STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285219	A. BUILDING _____ B. WING _____	06/11/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
SOUTHLAKE VILLAGE REHABILITATION & CARE CENTER	9401 ANDERMATT DRIVE LINCOLN, NE 68526

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	**Provide and implement an infection prevention and control program.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.17B Based on observation, record review and interview; A. the facility failed to ensure that staff performed hand hygiene in a manner to prevent cross contamination for 1 resident (Resident A) and to ensure that hand hygiene was completed after removing gloves for 1 resident (Resident B). B. The facility failed to ensure gray zone residents that had been admitted in the prior 2 weeks were cohorted separately from green zone COVID-19 free residents. This had the potential to effect 4 residents (Residents C, D, E and F) C. The facility failed to follow recommended PPE (Personal Protective Equipment) for grey zone isolation rooms for staff by not utilizing available N95 masks. This had the potential to affect 11 residents (Residents A, C, D, E, F, G, H, I, J, K and L) who resided on the Cornhusker Unit. The facility census was 95. Findings are: A. Observation of Transportation staff A on 6/10/2020 at 9:00 AM revealed the staff member A entered room [ROOM NUMBER] without performing hand hygiene. Resident A in room [ROOM NUMBER] had been designated as a gray or isolation resident after having transferred to the facility within the prior 2 weeks. There was no signage on the door to direct staff to check with nursing prior to entering. The transport staff member conversed with the resident and then moved the resident's wheel chair to the resident's side and dropped paperwork on the resident's bed. Prior to leaving, the transport staff member picked up the paperwork and exited the room. No hand hygiene was performed on exit from the room. Interview with the Infection Control Preventionist on 6/10/2020 at 3:15 PM revealed audits of hand hygiene or of donning and doffing gowns had not been completed. Staff had been educated and signed off on these tasks but checks to see if the staff continued to perform these activities had not been documented. Interview with the DON on 6/10/2020 at 3:00 PM revealed staff would be expected to complete hand hygiene upon entry and exit from a resident room. Record review of facility Hand Hygiene policy and procedure, revised 9/12/17 reveals that hand hygiene is to occur: After contact with inanimate objects or medical equipment close to the patient. Observation on 6/10/20 at 11:15am of LPN B using glucometer to obtain a blood sugar on Resident B revealed that LPN B performed hand hygiene and wiped down glucometer with Clorax wipe and donned gloves and brought needed supplies into Resident B's room. LPN B performed finger stick and obtained blood sugar reading, then removed gloves and without performing hand hygiene, picked up glucometer and walked out of room and placed glucometer on top of medication cart. LPN B then performed hand hygiene and obtained Clorax wipe and wiped glucometer and left Clorax wipe on glucometer and then LPN B performed hand hygiene. Observation on 6/10/20 at 11:25am revealed LPN C at medication cart and removed gloves and without performing hand hygiene drew up insulin in a syringe from a vial and then went into a resident room carrying the syringe. Observation on 6/10/20 at 11:30am in DR revealed CNA D wearing gloves and peeling a banana and then breaking the banana in half and placing it on resident's plate. CNA B then removed gloves and without performing hand hygiene picked up resident's fork. Record review of facility Hand Hygiene policy and procedure, revised 9/12/17 reveals that hand hygiene is to occur: before and after patient contact and after removing and disposing of gloves and other protective equipment. Record review of facility Hand Hygiene Competency, revised 12/2019 revealed when to wash hands: before and after gloving and when hand sanitizer can be used: after removing gloves or between changing gloves. Interview on 6/10/20 at 2:45pm with Infection Control Preventionist revealed that the expectation would be for staff to perform hand hygiene immediately after removing gloves. B. Observation of the Cornhusker Unit on 6/10/2020 at 0855 revealed multiple rooms that were being utilized as Quarantine or Gray zone rooms for residents that had been admitted in the prior 2 weeks. There were also 4 residents on the same unit that were deemed green zone for residents that were asymptomatic without any known exposure to COVID 19. Interview of RN E on 6/10/2020 at 0950 revealed staff were to wear surgical masks throughout the day. Staff were to wear the surgical masks to provide care to residents in isolation and continue to wear the same masks to enter the 4 rooms on Cornhusker that were considered Green zone rooms. This included Resident C in room [ROOM NUMBER] who was currently on Neutropenic precautions (steps that can be taken to prevent infections in patients with severely low number of white blood cells). Resident C had a [DIAGNOSES REDACTED]. Residents D, E and F were also Green Zone residents residing on the same unit as multiple Gray zone residents. Interview with the Administrator and DON on 6/10/2020 at 12:15. The facility had been following what they deemed were ICAP directions for cohorting of residents. The Administrator was aware Green zone residents resided amongst Gray zone residents on Cornhusker unit. The facility was aware the Resident C that resided in room [ROOM NUMBER] was on neutropenic precautions. The facility had looked at transferring this resident out of the Cornhusker unit where the isolated residents had been placed, but the Resident C had preferred not to change rooms. Review of the facility Policy and Procedure titled COVID-19 Guidelines dated 5/19/2020 revealed all new admissions were to be admitted to the identified containment area for 14 days following the guidelines for Resident that has COVID Symptoms. Admissions were to be placed in a private room or to cohort with other recent admissions with similar status. Staff were to initiate PPE usage of droplet and contact precautions which included gloves, mask, and face shield/eye protection and gowns. Signage was to be placed on the door and a tracking log for Isolation room entry initiated. C. Observations on 6/10/20 from 8:30am-9:30am of staff working on the Cornhusker Unit revealed that staff were wearing surgical masks and googles and were going in and out of rooms on this unit without changing surgical masks. Interview on 6/10/20 at 9:30am with DON revealed that the Cornhusker Unit was where they were placing new admissions from the hospital and they were put into isolation for 14 days and monitored for signs and symptoms of COVID-19. DON revealed there were also residents residing on the Cornhusker unit that were not in isolation including one resident that was on neutropenic precautions. Interview on 6/10/20 at 12:30pm with ADM and DON revealed that they had the rooms available to separate the residents who were in isolation from the residents who were not in isolation but had decided not to move any residents. Interview with DON on 10/6/20 at 2:30pm revealed that they had 750 N95 masks available in house but were not using them because they didn't feel they were required and they didn't have the ability to fit test the N95 masks. The DON confirmed that they were not utilizing available N95 masks for staff who were working on the Cornhusker Unit with the residents in isolation. The DON also confirmed that staff were going in and out of the rooms on the Cornhusker Unit and were not changing surgical masks in between the isolation rooms and the non-isolation rooms. Record review of CMS Memo dated March 13, 2020, Ref: QSO-20-14-NH reveals that Nursing Homes should admit any individuals that they would normally admit to their facility, including individuals from hospitals where a case of COVID-19 was/is present. Also, if possible, dedicate a unit/wing exclusively for any residents coming or returning from the hospital. This can serve as a step-down unit where they remain for 14 days with no symptoms (instead of integrating as usual on short-term rehab floor, or returning to long-stay original room).

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.