

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>285058</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>RIVER CITY NURSING AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP <b>7410 MERCY ROAD OMAHA, NE 68124</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)		
<p>F 0880</p> <p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Many</b></p>	<p><b>Provide and implement an infection prevention and control program.</b> **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and record review, the facility failed to maintain an effective ongoing infection control program that identified, tracked, and trended infections including residents that had the potential to be affected by COVID-19. Specifically, the facility failed to: -Accurately track infections in February 2020, when a Resident (R1) [MEDICAL CONDITION], and the facility documented that R1 had a urinary tract infection. -Accurately document the onset dates of infections for R3 and R4 in March, 2020. -Indicate the site of infections for R5 and R6, who had documented infections in March 2020. -Accurately document onset dates of the infections on the Infection Control Log for R1 and R2 who developed infections in the month of April 2020. -Ensure that ongoing trending of infections was completed, when the facility failed to complete any trending of March 2020 infections, and had not yet started trending of infections for April 2020 until 4/28/20. -Maintain an ongoing system to monitor the illnesses of employees, contractors, volunteers, or other people rendering services to the facility. This failure had the potential to affect all 79 residents that resided in the facility. Findings include:</p> <p>1. Review of the Infection Control Log for the month of February 2020 documented that the facility logged 14 infections for the month. Of the 14 infections, two were indicated to have a diagnostic test completed. The facility failed to indicate if the other 12 infections had diagnostic testing completed, or if testing was not indicated. The facility failed to indicate if the resident's infections originated in the facility or in the community. The facility failed to document signs or symptoms of infection for any of the 14 infections. All 14 infections were treated with antibiotics, however, the facility failed to indicate on the Infection Control Log if the ordered antibiotic was appropriate to treat the infectious organisms or infectious process. The facility failed to document if any of the infections resolved, or were ongoing. The facility failed to document the individual resident locations for the residents documented on the Infection Control Log. The Infection Control Log for February 2020 documented that R1 developed a urinary tract infection [MEDICAL CONDITION] on 2/14/20. Review of a nursing note in R1's chart, dated 2/28/20, documented that R1 readmitted to the facility following hospitalization for altered mental status, UTI, [MEDICAL CONDITION]. The Infection Control Log failed to indicate that R1 [MEDICAL CONDITION] during the month. 2. Review of the Infection Control Log for March 2020 revealed that the facility logged 23 infections for the month. The facility failed to indicate if any of the 23 infections received any diagnostic testing, and failed to indicate if any infectious organisms were identified. The facility failed to document any signs or symptoms of infection for any of the 23 infections. The facility failed to indicate if any of the infections resolved, or were ongoing. The facility failed to document the individual resident locations for the residents documented on the Infection Control Log. The Infection Control Log for March 2020 documented that R5 and R6 required antibiotics to treat facility-acquired infections. The facility failed to document any other identifiable information regarding R5 and R6's infections. The Infection Control Log for March 2020 documented that on 3/17/20, R3 required antibiotics to [MEDICAL CONDITION]. Review of R3's progress notes, dated 3/7/20, ten days prior, documented that R3 exhibited an increased temperature and decreased oxygen saturation level. R3 was admitted to the hospital Intensive Care Unit (ICU) for treatment. The Infection Control Log for March 2020 documented that on 3/23/20, R4 required antibiotics to [MEDICAL CONDITION], which she contracted in the community. Review of R4's progress notes, dated 3/17/20, documented that R4 began antibiotics [MEDICAL CONDITION] on 3/17/20, six days prior. The facility failed to provide any information related to the trending of infections for the month of March 2020. 3. Review of the Infection Control Log for April 2020 documented that the facility logged eight infections for the month. The facility failed to indicate if any infections received any diagnostic testing. The facility failed to indicate if any of the infections resolved, or were ongoing. The facility failed to document individual resident locations for the residents documented on the Infection Control Log. The Infection Control Log for April 2020 documented that on 4/15/20, R1 experienced purulent drainage around his Foley catheter, and required antibiotic treatment. Review of R1's progress notes, dated 4/12/20, three days prior, documented that R1 experienced purulent drainage from around his Foley catheter. The Infection Control Log for April 2020 documented that on 4/23/20, R2 experienced dizziness and altered mental status, and was sent to the emergency room from his [MEDICAL TREATMENT] appointment. Review of R2's progress notes, dated 4/7/20, documented that R2 experienced an increased temperature of 100.4F, and was put on isolation precautions. Review of an additional progress note, dated 4/9/20, documented that R2 went to the hospital with a pneumonia. The Infection Control Log failed to indicate R2's hospitalization for pneumonia or that he was isolated following an increased temperature. 4. The facility tracked employee absences related to COVID-19 for the month of April 2020, but failed to provide any additional documentation for the months of February 2020 and March 2020. 5. On 4/28/20 at 3:45pm, the Director of Nursing (DON) indicated that the facility failed to complete infection trending for the month of March, and that the facility failed to initiate trending of infections for the month of April 2020 until earlier in the day. The DON indicated that she was aware that trending of infections was to be an ongoing process. 6. On 4/28/20 at 4:15pm, the DON indicated that the facility failed to document all required applicable information for infections, including but not limited to signs and symptoms of infection, resolution dates of infections, and if diagnostic testing was completed. The DON indicated that ongoing trending of infections would begin in May 2020, and that the facility failed to timely complete infection trending in the past. The DON indicated that tracking of employee illnesses was limited to what was related only to COVID-19, and began in the month of April 2020. 7. The facility policy, dated 10/2018, titled Infection Prevention and Control Program, documented: 3. Surveillance: A system of surveillance is utilized for prevention, identifying, resorting, investigating, and controlling infections and communicable disease for all residents, staff, volunteers, visitors, and other individuals providing services.</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.