

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285143	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER AZRIA HEALTH WAVERLY		STREET ADDRESS, CITY, STATE, ZIP 11041 NORTH 137TH ST WAVERLY, NE 68462	
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	<p>Provide and implement an infection prevention and control program.</p> <p>Licensure Reference Number 175 NAC 12-006.17 Based on observations, record reviews and interviews the facility failed to implement Infection Control Practices and CMS (Center for Medicare and Medicaid services) guidelines to prevent the potential for cross contamination including the spread of Covid-19 related to staff wearing universal masks into isolation rooms for 7 residents (Residents 1,2,3,4,5,6, and 7) and, touching inside of contaminated gown with removing, touching clean brief with soiled gloves, touching biohazard containers with bare hands for 1 resident (Residents 1). The facility failed to ensure The Infection Preventionist had completed specialized training in infection and control prevention and Screening Logs for staff were completed and reviewed by trained staff. This had the potential to affect all resident in the building. The facility census was 44. Cross Contamination/ PPE (Personal Protective Equipment)/ hand hygiene after Direct resident contact An observation on 6/24/20 at 10:40 AM revealed that outside of Resident 1's door on the door frame was a piece of gray tape. Record review of facility policy no date revealed pieces of red, yellow, gray and green tape were used to identify the zones according to each residents Covid -19 status. A gray zone indicated that residents in room are considered in isolation or a transition zone for 14 days post arriving to facility as new admission or returning from a medical appointment. Record review of Resident 1's Electronic Health Record revealed Resident 1 had left the facility to got to a medical appointment on 6/16/20 and was place in Gray zone until 6/28/20. An observation on 6/24/20 at 10:49 AM revealed NA-A and NA-B leave Gray Zoned room with surgical mask on and had not discarded or applied a new mask. An observation on 6/24/20 at 11:35 AM revealed NA -C enter Resident 1's room(a Gray Zoned Room) with only surgical mask. An observation on 6/24/20 at 10:45 AM revealed NA-B provided Resident 1 with Perineal Care (Cleaning of private area) after using the toilet. NA-B pulled up residents brief with the same gloves that were used to perform perineal care. An observation on 6/24/20 at 10:47 AM revealed NA-B lift red biohazard trash bin with (gender) bare hands. An observation on 6/24/20 at 10:49 AM revealed NA-A removing PPE by touching inside of gown with dirty gloves on. An observation on 6/24/20 at 11:38 AM revealed MA-D applied goggles and entered Resident 1's room to administer medications. An observation on 6/24/20 at 11:42 AM revealed MA-D removed goggles cleaned goggles with sanitizing wipe (no gloves) placed goggles back into PPE (Personal Protective Equipment) Caddy, hand hygiene was not performed. An interview on 6/24/20 at 10:50 AM revealed NA-B was screening at the beginning of shift and provided a surgical (blue) mask to use for her shift. NA-B noted that when entering Gray zone only gown, googles and gloves need to be added to surgical mask, no other mask is needed. An interview on 6/24/20 at 3:30 PM with DON confirmed when staff enter a Gray Zoned room they must be changing masks. DON confirmed red biohazard trash cans should not be touched with bare hands for any reason .DON confirmed after perineal care is performed gloves should be discarded, hands washed before touching clean brief/ clothing. An interview on 6/24/20 at 4:30 PM with Administrator confirmed staff are to be applying a new mask (if using surgical masks) and applying PPE before entering Gray Zoned Rooms. Record review of policy titled Transmission Precautions: Droplet not dated revealed the following information that Staff need to perform hand washing, wear gloves when contact with anybody substance is anticipated, gowns must be worn when working within three feet of the resident. A mask must be worn when working within three feet of the resident. Record review of ICAP information dated 4/2/20 title Universal Use of Ear Loop Masks revealed - If you have a resident in isolation you will remove the universal mask; place it in a secure area, sanitize or wash your hands and don a clean mask before entering the room that has isolation precautions in place. Record review of document titled LTC (Long- Term Care) COVID Response Planning dated 6/19/20 revealed under section handles new admissions and handle returning residents - facility policy/ process- follow COVID 19 guideline. Record review of policy dated 3/4/20 Titled Routine Female Perineal Care revealed that after performing perineal care staff should remove gloves, wash hands, apply new gloves and adjust resident clothing. Record review of COVID-19 PPE Donning and Doffing dated 2/14/20 revealed that when removing PPE (Eye protection, mask, gown and gloves) the following steps should be taken and are illustrated in step by step picture form. To remove PPE grasp gown on the outside(part of gown not touching body) , pull away from body only touching outside - never inside fold gown into its self and dispose, reform hand hygiene, remove eye protection, perform hand hygiene, remove mask, perform hand hygiene. All PPE should be removed before exiting resident's room. Upon exiting resident's room perform hand hygiene, apply gloves, clean eye protection, place eye protection in secured area, remove gloves, and perform hand hygiene. Infection Preventionist- Training F882 An interview on 6/24/20 at 9:30 AM with DON revealed that current Infection Preventionist RN-E was working on completing infection control and prevention training. Record review of RN-E education completion of specialized infection control and prevention was not available. An interview on 6/24/20 at 3:30 PM with DON confirmed Infection Preventionist RN-E has not completed her infection prevention training.</p> <p>Covid- 19 Screening and Logs Record review of Documentation title Covid Screener Acknowledgement Form (not dated) revealed staff were trained on how to use thermometer and if any abnormal results of Covid screening staff can ask the person to leave. Staff was also provided education and understanding that PPE(Personal Protective Equipment) is required depending on the Zone (Red/ Gray/ Yellow/ Green) . Record review of Covid-19 Staff Screening logs revealed on 6/19 /20 and 6/22/20, NA (Nursing Assistant) -J and NA-G answered Yes to cough on screening questions. An interview on 6/24/20 at 3:30 PM with DON confirmed no additional documentation of NA-J and NA - G screening was available. DON agreed staff should have been questioned by a trained screener why questions were answered yes. Record review of Covid-19 Staff Screening log dated 6/20/20 revealed LPN (Licensed Practical Nurse) I signed name but left all Screening Questions Blank. An interview on 6/24/20 at 3:30 PM with DON confirmed all staff are to complete screening questions and have temperature taken and recorded.</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.