

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285173	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Florence Home		STREET ADDRESS, CITY, STATE, ZIP CODE 7915 North 30th Street Omaha, NE 68112	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>50106</p> <p>Licensure Reference Number 175 NAC 12-006.09 (F)(iii)</p> <p>Based on record review and interview, the facility failed to revise 1 (Resident 56) of 1 resident Care Plan related to NPO (nothing by mouth)status. The facility census was 79.</p> <p>Findings are:</p> <p>Record review of Resident 56's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 6/19/2024 revealed the resident's admitted was 2/21/2024. Resident 56's Brief Interview of Mental Status (BIMS, a brief screener to determine cognitive status) revealed Resident 56 was unable to complete the BIMS due to Resident 56 rarely to never being understood (Resident 56 does not speak). The staff assessment for Mental Status revealed short-term memory problem and appeared to recall long past. According to the MDS, Resident 56 had a stroke/Cardiovascular Accident (CVA) affecting his dominant side. Resident 56 also has diagnoses of aphasia (non-speaking) and dysphagia (difficulty swallowing) due to the CVA. His functional ability to eat-resident does not eat; Resident 56 gets nothing by mouth (NPO). Resident 56 is fed via a gastrointestinal tube (g-tube) for all nutrition and medications due to his dysphagia caused by the CVA.</p> <p>Record review of Resident 56's Physician Orders dated 1/4/2022 revealed an order Jevity (nutritional formula) 1.5 Cal via feeding pump at a rate of 65 milliliters (ml) per hour continuously for 24 hours for CVA, NPO.</p> <p>Record review of Resident 56 Care Plan dated 5/8/2024 revealed Resident 56's care plan identified Resident 56's nutritional status was to remain stable with no significant weight loss and to tolerate tube feedings. The following interventions were identified: assist with meals as needed, monitor meal intake, and provide snacks and supplements as ordered (Resident 56 is NPO and would not be eating meals nor be given snacks or supplements).</p> <p>Interview with Director of Nursing (DON) on 7/31/24 at 1:31 PM confirmed the interventions on the care plan dated 5/8/24 would be confusing as resident is NPO, does not eat meals, does not need assistance at mealtimes, and snacks and supplements would not be ordered. Resident is dependent upon the nursing staff to provide his nutrition 100% by g-tube.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45641</p> <p>Licensure Reference Number 175 NAC 12.006.02(09(H)(v)</p> <p>Based on observation, interview, and record review, the facility failed to ensure 1 (Resident 30) of 1 sampled resident was placed on the Restorative Nursing Program (RNP)(a program to prevent or improve a resident's abilities) following discharge and recommendation from Occupational Therapy (OT) and Physical Therapy (PT). The facility census was 79.</p> <p>Findings are:</p> <p>A record review of the undated [NAME] Home Guideline Restorative Program revealed residents will be identified as candidates for the Restorative Nursing Program (RNP) based on therapy referrals and facility screenings. Residents identified as candidates would be placed on a RNP. The RNP would focus on range of motion, communication, ambulation, wheelchair mobility, splint application, use of adaptive devices, and restorative dining.</p> <p>A record review of Resident 30's Profile Face Sheet dated 07/31/2024 revealed the resident was originally admitted to the facility on [DATE].</p> <p>A record review of Resident 30's Med A (Medicare Part A) Resident assessment dated [DATE] revealed the resident had diagnoses of Encephalopathy (damage or disease that affects the brain), Parkinson's Disease With Dyskinesia (a progressive neuromuscular disorder), Epilepsy (a brain disorder that can cause seizures), Chronic Diastolic (congestive) Heart Failure. Chronic Kidney Disease, Stage 3, and Morbid Obesity (severely overweight).</p> <p>A record review of Resident 30's Minimum Data Set (MDS)(a comprehensive assessment used to develop a resident's care plan) dated 06/12/2024 revealed the resident had a Brief Interview for Mental Status (BIMS)(a score of a residents cognitive abilities) 14 of 15 that indicated the resident was cognitively aware. The resident was dependent on staff with toileting, bathing, and dressing, needed partial/moderate assistance with eating and oral hygiene (cleaning), and substantial/maximal assistance with personal hygiene. Resident 30 had impairment on 1 side in range of motion (ROM) of the upper and lower extremities (arms and legs).</p> <p>A record review of Resident 30's Care Plan dated of 06/01/2024 revealed the resident was on a restorative program to maintain the resident's flexibility. The resident had interventions to do the program 3-6 days per week for at least 15 minutes each category, Restorative nursing evaluations would be done monthly, the staff would document changes in activity tolerances, and cue and assist the resident as needed with grooming.</p> <p>A record review of Resident 30's OT Discharge Summary dated 06/03/2024 revealed OT discharged the resident on 06/03/2024 with Restorative Programs, and they were established/trained.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of Resident 30's PT Discharge Summary dated 06/03/2024 revealed PT discharged the resident on 06/03/2024 with a Restorative ROM Program. ROM Program was established/trained: the resident is currently able to move feet up and down, rotate the feet in and out, and rotate the legs inward and outward. The resident would be able to move feet up and down, move legs up and down, rotate feet in and out, and rotate legs in and out by performing the following Restorative Nursing interventions: encourage resident to assist with the ROM, encourage the resident to participate, never force the extremity ranging and passive motion.</p> <p>A record review of Resident 30's Interdisciplinary (all staff) Notes dated 07/30/2024 did not reveal the resident was getting a RNP.</p> <p>A record review of Resident 30's Electronic Medical Record and hard chart did not reveal the resident was getting a RNP.</p> <p>An observation on 07/29/2024 at 8:51 PM revealed Resident 30 had difficulty moving both upper and lower extremities on both sides and demonstrated the challenge.</p> <p>An observation on 07/30/2024 at 3:05 PM revealed Resident 30 had difficulty moving all extremities.</p> <p>In an interview on 07/29/2024 at 8:51 PM, Resident 30 confirmed the resident had difficulty moving all extremities. Resident 30 confirmed the resident was not currently receiving OT, PT, or any staff assistance with exercising the resident's extremities. The resident confirmed the resident would do the exercises if offered.</p> <p>In an interview on 07/30/2024 at 8:01 AM, the Director of Nursing confirmed Resident 30 did not get put on the RNP when OT and PT made the recommendations and he should have been placed on a RNP.</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47733</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)(iv)(1)</p> <p>Based on observation, interview, and record review, the facility staff failed to provide catheter care for 1 (Resident 5) of 3 sampled residents. The facility identified a census of 79.</p> <p>Findings are:</p> <p>A record review of Resident 5's face sheet revealed an admitted [DATE].</p> <p>A record review of hospital records dated 05/13/2024 indicated that Resident 5 had an orthopedic surgery and was referred to a Skilled Nursing Facility for 24 hour care.</p> <p>A record review of Resident 5's Minimum Data Set (MDS-a federally mandated comprehensive assessment tool dated 6/4/24 revealed the Resident was admitted to the facility with diagnoses of chronic kidney disease (CKD), Chronic Atrial Fibrillation (A-Fib), Diabetes Mellitus (DM), Spinal stenosis with prior spinal fusion, status post revision of T7-L3 laminectomy and fusion, and Chronic Diastolic Congestive Heart Failure. The MDS also indicated no indwelling catheter was in place and Resident 5 was always incontinent of bladder and bowel</p> <p>A record review of lab results from Physician Laboratory Services the resident revealed a Urinary Tract Infection (UTI) on 07/01/2024 was identified. The culture and sensitivity report revealed the organism (a bacterium that normally lives inside human intestines, where it doesn't cause disease. If K. pneumoniae gets into other areas of the body, it can lead to a range of illnesses, including pneumonia, bloodstream infections, meningitis, and urinary tract infections.) to be Klebsiella pneumoniae.</p> <p>A record review on the Resident's Physician Orders for 07/20/2024 revealed as of 07/04/2024 facility staff were to complete catheter cares twice daily.</p> <p>A record review of Resident 5's Care Plan dated 07/07/2024 revealed staff were to perform Foley (catheter) cares per protocol.</p> <p>A record review of progress notes revealed that Resident 5 has an appointment with the Urologist (A doctor that studies and treats conditions affecting the kidneys, ureters, bladder, and urethra). The appointment with the Urologist is on 08/13/2024 at 10:30 AM.</p> <p>A record review of the Guidelines and Audit tool for Foley Care, dated 2024 revealed that during peri care the catheter should be cleansed and rinsed from insertion site to approximately 4 inches outward.</p> <p>An observation on 7/29/24 at 7:30 PM revealed Resident 5 was sleeping with a catheter bag hanging from the bed.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An observation on 07/31/2024 at 7:14 AM with Licensed Practical Nurse (LPN)-C and a Nursing Assistant (NA)-B revealed they gathered the supplies to complete catheter cares. LPN-C had a gown on and washed hands before putting gloves on. The NA also had a gown on and placed gloves following hand washing. LPN-C announced to Resident 5 that LPN-C and NA-B were going to be completing catheter care. NA-B pulled the blankets back and began to unfasten Resident 5's brief. The LPN-C using wash cloths completed front peri care for Resident 5. Further observation on 07/31/2024 at 7:14 AM revealed LPN-C and NA-B completed providing personal care task without completing catheter care.</p> <p>An interview on 7/31/24 7:7:23 AM was completed with LPN-C. During the interview LPN-C confirmed catheter care had not been completed for Resident 5.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45641</p> <p>Licensure Reference Number 175 NAC 12.006.11(E)</p> <p>Based on observation, interview, and record review, the facility failed to ensure all food in the facility's refrigerators, freezers, and dry storage were sealed, labeled, and/or dated and failed to clean and maintain the kitchen's fixtures and equipment to prevent the potential for cross contamination and foodborne illness. This had the potential to affect 77 residents that consumed food from the kitchen. The facility census was 79.</p> <p>Findings are:</p> <p>A.</p> <p>A record review of the facility's undated Food Storage (Dry, Refrigerated, and Frozen) Guideline & Procedure Manual revealed all food items would be labeled. The label must include the name of the food item and the date by which it should be sold, consumed, or discarded. Raw animal foods such as eggs should be wrapped properly. Never leave any food item uncovered and not labeled.</p> <p>An observation on 07/29/2024 at 6:15 PM revealed the following:</p> <p>The reach-in refrigerator in the dining room contained 7 chocolate covered cakes in clear plastic containers not labeled or dated.</p> <p>The walk-in freezer contained:</p> <ul style="list-style-type: none"> -1 opened bag of mixed vegetables not labeled or dated -1 bag of 2 breaded yellow items not labeled or dated <p>The walk-in refrigerator contained:</p> <ul style="list-style-type: none"> -26 small clear cups with lids that contained a white substance not labeled or dated -1 steam pan of a yellow substance not labeled or dated -1 steam pan of a green substance not labeled or dated -1 steam pan of a white substance not labeled or dated -1 steam pan of a red substance not labeled or dated -The walk-in refrigerator on the back south wall contained -1 bag of a shredded green substance not labeled or dated <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<ul style="list-style-type: none"> -1 open bag of green chucks not labeled or dated -2 steam pans covered with aluminum foil not labeled or dated on a cart -1 open bag of a yellow shredded substance not labeled or dated -1 bag of a white shredded substance not labeled or dated -1 open clear container with yellow square slices not labeled or dated -1 steam pan with 10 white ovals not labeled -2 steam pans with a white cream not labeled -1 opened gallon Hellmann's Real Mayonnaise without an open dated -2 plastic containers of blue round items not dated -1 gallon Sysco French Dressing without an open date -1 green rectangular object in plastic wrap not labeled or dated -1 clear container with a green lid not labeled or dated -1 clear container with green round items not labeled or dated -1 steam pan covered with plastic wrap not labeled -1 open pack of meat slices not sealed or dated -2 sandwiches not labeled or dated -1 uncovered steam pan of white ovals, 1 broke oozing yellow not sealed not labeled or dated -1 large clear plastic bin with an orange substance not labeled or dated -2 small clear containers with small white chunky substances not labeled -1 small clear covered container with an orange substance not labeled -1 small clear covered container with a dark brown substance not labeled <p>The dry storage contained:</p> <ul style="list-style-type: none"> -1 open bag yellow crispy flakes not sealed, labeled, or dated -1 bag of orange logs not labeled or dated <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-1 large clear container of a yellow liquid substance not labeled or dated</p> <p>In an interview on 07/31/2024 at 6:05 AM, the Dietary Manager (DM) confirmed that all items in the facility's refrigerators and freezers should have been sealed, labeled, and/or dated.</p> <p>B.</p> <p>A record review of the facility's undated Cooks Weekly Clean List revealed the cooks were to sweep and mop the storeroom daily, clean underneath shelves in the cooks area daily, delime the steam table as needed, clean the hot box once a week, clean the ovens and tops when needed, clean the range/grill/stove daily, and sweep and mop the kitchen daily.</p> <p>A record review of the facility's undated Aide-PM Cleaning Checklist revealed the steam table was to be wiped down after each meal service, all carts were to be wiped down after each meal service, and sweep and mop the steamtable area daily.</p> <p>An observation on 07/29/2024 at 6:15 PM revealed</p> <ul style="list-style-type: none"> -The ice maker had gray fuzzy substance on exterior vents above the door and a black slimy substance on interior surfaces in the front. -The steam table had brown crusty substance between the warmer pans -The toaster had light brown crumbs in and under it -The walk-in freezer floor was sticky. -The inside edge of the front of the hood had a gray fuzzy substance along the edge. The range/oven front vertical surfaces contained white and brown dried splatters and the oven handle was sticky. -The [NAME] double ovens had brown food splatters on the front and inside the doors and the top had scattered black crusty substances -The hot box vertical Flavor holding cart had white and brown dried on splatters down front and on inside lower warmer around door seal and bottom ledge. -The vent on the hot box had a thick coating of a gray fuzzy substance -The dry storage and kitchen floor had scattered crumbs and debris throughout and a black sticky substance around a floor electrical box under the prep table <p>An observation on 07/31/2024 at 6:05 AM with the DM revealed the items listed above had not been cleaned.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A record review of the Cooks Weekly Clean List dated July 2024 revealed the refrigerators sweep and mop had not been completed, the storeroom sweep and mop was only done 07/07/2024, the cleaning underneath shelves in cook's area was only done 07/03/2024 and 07/07/2024, delime the steam table had not been done, the hot box had not been cleaned, the ovens and tops had not been cleaned, the ice machine had not been cleaned, the range/grill/stove had not been cleaned, the daily floor sweep and mopping was only done 07/03/2024, 07/07/2024, and 07/21/2024.</p> <p>In an interview on 07/31/2024 at 6:05 AM, the Dietary Manager (DM) confirmed that all items listed above were not clean and should have been.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45641</p> <p>Licensure Reference Number 175 NAC 12.006.18(B)</p> <p>Licensure Reference Number 175 NAC 12.006.18(D)</p> <p>Based on observation, interview, and record review, the facility failed to ensure the staff donned (put on) the correct personal protective equipment (PPE) in COVID-19 isolation rooms, doff (take off) gowns and gloves inside the resident's COVID-19 isolation rooms, ensure COVID-19 isolation residents room doors remained closed, and perform hand hygiene (cleaning) during glove changes to prevent cross contamination when performing peri-care on 2 (Residents 56 and 44) of 3 sampled residents. The facility census was 79.</p> <p>Findings are:</p> <p>A.</p> <p>A record review of the facility's Infection Control Policy Coronavirus (COVID-19), February 2024 dated February 2024 revealed trash cans were to be near the exit inside any resident room to make it easy for employees to discard PPE.</p> <p>A record review of the facility's undated Donning and Doffing Guideline and Audit revealed the purpose was to help prevent the spread of infection. Staff should have had a N-95 mask (a mask the filters out very small particles of bacteria) on at all times in COVID positive resident's isolation rooms.</p> <p>An observation on 07/29/2024 at 9:03 PM revealed a Nursing Assistant (NA) exited COVID-19 isolation room [ROOM NUMBER] in gown, gloves, and eye protection and doffed the PPE in the 2nd floor hallway and placed in the dumpster in the hallway.</p> <p>An observation on 07/29/2024 at 9:17 PM revealed Unit Manager (UM)-H exited COVID-19 isolation room [ROOM NUMBER] with a gown, gloves, and eye protection on, doffed in the 2nd floor hallway, and disposed of PPE in the dumpster in the hallway.</p> <p>An observation on 07/30/2024 at 8:28 AM revealed NA-J entered COVID-19 isolation room with a surgical mask on, not a N-95 mask.</p> <p>An observation on 07/30/2024 at 8:28 AM with UM-H revealed NA-J was in COVID-19 isolation room with a surgical mask on, not a N-95 mask, and was within 6 feet of a COVID-19 positive resident.</p> <p>In an interview on 07/29/2024 at 9:23 PM, NA-J confirmed that there were trash cans in the COVID-19 isolation rooms and PPE should have been removed in the room.</p> <p>In an interview on 07/30/2024 at 8:34 AM UM-H confirmed NA-J should not have been in COVID-19 isolation room without a N-95 mask on.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 08/01/2024 at 7:23 AM, the Director of Nursing (DON) confirmed the staff should have removed PPE before exiting a positive for COVID-19 resident's room and not in the hallway.</p> <p>B.</p> <p>An observation on 07/29/2024 at 8:52 PM revealed a NA exited COVID-19 isolation room [ROOM NUMBER] and left the resident's door open.</p> <p>An observation on 07/29/2024 at 9:03 PM revealed a NA exited COVID-19 isolation room [ROOM NUMBER] and left the room door open.</p> <p>An observation on 07/30/2024 at 2:57 PM revealed the door to COVID-19 isolation room [ROOM NUMBER] was partially open and the resident was in the room taking a nebulizer treatment (a mist used to deliver medications to the lungs).</p> <p>In an interview on 07/30/2024 at 3:05 PM, the facility's Administrator confirmed the staff was to keep the doors to COVID-19 isolation rooms closed when not entering or exiting.</p> <p>50106</p> <p>C.</p> <p>Record review of Resident 44 Profile Face Sheet revealed an admitted [DATE]. Resident 44 diagnosis include: Alzheimer's disease, unspecified dementia, cognitive communication deficit, and need for assistance with personal cares.</p> <p>Record review of Resident 44's Minimum Data Set (MDS, a federally mandated assessment tool used for care-planning) dated 6/12/2024 revealed the resident was unable to participate in an interview for Brief Interview for Mental Status (BIMS, a brief screener to determine resident's cognition) as the resident is rarely/never understood. Staff assessment for Mental Status revealed the resident did not seem or appear to recall after 5 minutes nor did the resident seem or appear to recall the long past. Section GG revealed functional abilities of Resident 44 were eating-substantial/maximal assistance, toileting, bed mobility and transfers-total assistance. Section H revealed Resident 44 was always incontinent of bowel and bladder. Section O Special Treatments, Procedures, and Programs revealed the resident received hospice services while a resident.</p> <p>Observation on 7/31/24 at 07:18 AM of Nursing Assistant (NA)-D and NA-E planned to performed peri-care on Resident 44 revealing NA-D explained to Resident 44 what the NA's were planned to do (peri-care). NA-D removed the tabs on the soiled brief and pushed it down between the resident's legs. NA-D using a clean washcloth wipe first under the abdominal fold, down each side of the groin and down the middle of the peri-area between the labia. NA-D removed the soiled gloves and without benefit of hand hygiene (HH) applied clean gloves and continued with peri-care. Both NA-D and NA-E roll the resident to the left side and removed the soiled brief. NA-D continued to do peri-care to the buttocks by wiping both buttock and then the anal area using a clean washcloth with each wipe. After the area was clean, NA-D removed the soiled gloves applied clean gloves without the benefit of HH. NA-D applied barrier cream to Resident 44's buttocks, removed the soiled gloves and applied clean gloves without benefit of HH.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285173	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Florence Home		STREET ADDRESS, CITY, STATE, ZIP CODE 7915 North 30th Street Omaha, NE 68112	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with NA-D on 7/31/24 at 8:05 AM confirmed HH should have been performed with each glove change.</p> <p>Interview with Director of Nursing (DON) on 7/31/2024 at 12:05 PM confirmed HH should be performed with every glove change.</p> <p>D.</p> <p>Record review of Resident 56's Profile Face Sheet revealed the resident was admitted on [DATE]. Diagnosis listed: Cerebral Infarction (stroke), aphasia (doesn't speak), dysphagia (difficulty swallowing), chenille on dominant side (right), and contractures of right wrist.</p> <p>Record review of Resident 56's MDS revealed the resident is rarely or never understood and was unable to perform the interview for mental status. The staff assessment of mental status revealed the resident does not seem or appear to recall after 5 minutes but does seem or appear to recall long past. Section GG/functional abilities revealed Resident 56 does not eat but receives his nutrition through a gastrointestinal tube (G-tube), dependent for toileting and transfers, and requires substantial/maximal assist with bed mobility. Section H revealed that Resident 56 is always incontinent of bowel and bladder.</p> <p>Observation on 7/31/2024 at 11:24 AM of personal cares revealed NA-F and NA-G donned a gown and gloves in preparation of personal care for Resident 56. NA-F and NA G transferred Resident 56 from the wheelchair and into bed using a mechanical lift. Further observation on 7/31/2024 at 11:24 AM revealed NA-F and NA-G remove a sling from under residents 56, removed the gloves and donned another pair of gloves. NA-F and NA-G did not completed HH. NA-G removed the tabs on the adult brief and push the brief between Resident 56's legs. Further observation on 7/31/2024 at 11:24 AM revealed Resident 56 had a large loose bowel movement and was saturated. NA-G cleaned the front of the resident beginning of the groin, scrotum and penis. NA-G removed the soiled gloves applied clean gloves without HH. NA- F rolled Resident 56 on to the left side and NA-G removed the soiled brief. NA-G cleansed Resident 56's buttock, removed the soiled gloves and without completing HH,donned a clean pair of gloves.</p> <p>Interview on 7/31/24 at 11:30 AM with NA-G confirmed HRH should have been performed with every glove change.</p> <p>Interview on 7/31/24 at 12:05 PM with the DON confirmed HRH should have been performed with every glove change.</p> <p>E.</p> <p>Record review of Facility Policy Peri-care dated 01/2024 revealed the following:</p> <p>-Purpose:</p> <p>-The purpose of the guideline is to provide direction for proper peri-care.</p> <p>-Knock and announce yourself upon entering the room.</p> <p>-Identify resident and explain what you will be doing.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Florence Home		STREET ADDRESS, CITY, STATE, ZIP CODE 7915 North 30th Street Omaha, NE 68112	

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> -Don appropriate Personal Protective Equipment (PPE), if indicated. -Assemble equipment: Gather gloves, peri-wash, extra trash bags, and washcloths. Apply gloves prior to wetting the washcloths. Wet the washcloths thoroughly with warm water (do not allow the washcloths to touch the sink or the faucet) and place in plastic bag. Take to the bedside. -Perineal cleanser may be pumped on to each individual cloth or washcloths in the plastic bag. -Perform hand hygiene and put on gloves. -Fold down bed linens, exposing only the peri area. Be sure to cover the resident's upper body with a towel or sheet to prevent the feeling of overexposure. -If there is stool present, remove, and dispose of in toilet or trash bag. Remove gloves and perform hand hygiene. -For a female resident: Separate the labia and wash around the urinary meats first, wiping downward from front to back and from inside toward outside. Never wash upward from the anal area. Be sure to use a clean washcloth for each wipe or anytime the washcloth becomes contaminated. Place dirty washcloths in an empty plastic bag. With a clean washcloth, continue to wash between and outside the labia using downward strokes alternating from side to side and moving outward toward the thighs. Pat area dry in the same direction used for washing. -For male resident: If uncircumcised, pull foreskin back from head of penis. Use a washcloth to wash the urinary meats first, working down the penis, scrotum, and thighs. Be sure to wash all skin folds thoroughly, using a clean washcloth for each wipe. Place dirty washcloths in a plastic bag. Return the foreskin to the natural position if uncircumcised male. Pat area dry in the same direction used for washing. -Take gloves off, perform hand hygiene, and apply new gloves. -Keeping the resident covered, ask the resident to assist you in turning to side. -With buttocks exposed. Wash the buttocks first and then the anal area, wiping front to back, using a different washcloth for each wipe. Place dirty washcloths in a plastic bag. Pat the skin dry with dry clean towel and dispose of it in plastic bag. -Remove gloves and dispose into trash. Perform hand hygiene. -If applying moisture barrier product. Perform hand hygiene. Apply clean gloves. Apply product using same technique as cleansing (front to back) Secure brief on resident, and re-dress resident. -Position resident per their preference. -Dispose of soiled supplies and perform hand hygiene. -If PPE was used, remove, and perform hand hygiene. <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Report any unusual appearances in the resident's skin to charge nurse/supervisor.</p>