

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285218	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2024
NAME OF PROVIDER OR SUPPLIER Azria Health Midtown		STREET ADDRESS, CITY, STATE, ZIP CODE 910 South 40th Street Omaha, NE 68105	

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>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>47406</p> <p>Licensure Reference Number 175 NAC 12.006.17D</p> <p>Based on observations, interviews, and record review; the facility failed to ensure that staff performed hand hygiene (sanitizing) using hand sanitizer or wash hands with soap and water for at least 20 seconds to prevent cross contamination for 1 (Resident #9) of 1 sampled resident. The facility census was 50.</p> <p>Findings are:</p> <p>Observation on 5/22/24 at 8:02 AM for incontinent cares for Resident #9 with NA-A and NA-B and assisting the resident with repositioning. Director of Nursing (DON) was in room observing also. Received permission from Resident #9 for surveyor to observe cares. NA-A had gloves on when surveyor entered room. The NA then had placed the equipment on bedside table. NA-A pulled cleansing wipes out of the container and sprayed No Rinse foam cleanser onto the wipes, then assisted with removing old brief and placed soiled brief in the trash can. The NA-A did not perform hand hygiene or change gloves. NA-A then cleansed penis and groins with wipes. NA-A did not dry the area. NA-A and NA-B repositioned resident onto left side and NA-A then cleansed buttocks and anus with wipes but did not dry area. The resident was then repositioned onto [gender]'s back. NA-A changed gloves at this time with no hand hygiene and assisted changing the draw sheet on the bed and applied clean brief. NA-A removed [gender] gloves and threw them in the trash, and then removed the trash can liner to take to hopper room.</p> <p>In an interview on 5/22/24 at 8:12 AM with NA-A revealed, I don't think I forgot anything, maybe I should have changed my gloves when I washed (gender's) bottom.</p> <p>In an interview on 5/22/24 at 8:15 AM with the DON revealed the expectation was for NA-A to do frequent hand washing and changing of gloves during cares. DON confirmed the NA should have performed hand hygiene and changed gloves after removing the brief and perform hand hygiene when the gloves were changed. The DON confirmed the NA did not meet the facilities expectation of hand hygiene. DON revealed the facility has talked about getting small bottles of sanitizer for staff to carry. DON revealed that NA-A needed to dry areas after cleansing.</p> <p>Record review of Perineal Care Policy undated revealed:</p> <p>(continued on next page)</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>It is the practice of this facility to provide perineal care to all incontinent residents during routine bath and as needed in order to promote cleanliness and comfort, prevent infection to the extent possible, and to prevent and assess for skin breakdown.</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>6. Perform hand hygiene and put on gloves. Apply other personal protective equipment as appropriate.</p> <p>12. Males:</p> <p>i. Pat dry</p> <p>16. Remove gloves and discard. Perform hand hygiene.</p> <p>Record review of Hand Hygiene policy dated 4/1/24 revealed:</p> <p>All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility.</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>4. hand hygiene technique when using an alcohol-based hand rub:</p> <p>a. Apply to palm of one hand the amount of product recommended by the manufacturer.</p> <p>b. Rub hands together, covering all surfaces of hands and fingers until hands feel dry.</p> <p>c. This should take about 20 seconds.</p> <p>5. Hand hygiene technique when using soap and water.</p> <p>a. Wet hand with water. Avoid using hot water to prevent drying of skin.</p> <p>b. Apply to hands the amount of soap recommended by the manufacturer.</p> <p>c. Rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers.</p> <p>d. Rinse hands with water.</p> <p>e. Dry thoroughly with a single-use towel.</p> <p>f. Use clean towel to turn off the faucet.</p> <p>6. Additional considerations:</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 - Few</p>	<p>a. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves.</p>