

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285164	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/01/2020
NAME OF PROVIDER OF SUPPLIER HOLMES LAKE REHABILITATION & CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 6101 NORMAL BLVD LINCOLN, NE 68506	
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 - Immediate jeopardy Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Licensure Reference Number 175 NAC 12-006.17A(2) and 12-006.17A(4) Based on observations, interviews and record reviews; the facility failed to prevent and contain COVID-19 by A) failure to implement and follow zoning guidelines for COVID-19. B) failure to isolate and relocate COVID-19 positive residents to a dedicated red zone away from resident who tested negative, C). failure to ensure resident doors and the clean linen closet doors were closed on the red/yellow unit. This affected 3 residents (Resident 5, 7 and 9) who shared rooms with a resident who was COVID -19 positive and subsequently each of these residents (Resident 5, 7 and 9) contracted COVID 19. This had the potential to affect 29 resident residing on the yellow/red zone. The facility census was 44. Findings are: A. An observation on 9/30/20 at 4:00 PM of the facility revealed the facility had 14 non-occupied rooms on the green and gray units. The gray unit was divided between 2 halls (the front of the halls were green with the back of the halls gray). Six rooms on the Wilderness hallway had 1 room occupied the other 5 gray rooms were not occupied, and 5 Gray rooms on Serenity hallway 3 were occupied a and 2 not occupied. The yellow zone was cohorting positive, negative and recovered residents. Record review of Facility Daily Census from the BOM (Business Office Manager) dated 9/30/20 revealed the yellow zone hallway had 9 recovered residents, 13 negative residents (Residents 2, 11, 14, 17, 18, 19, 20, 21, 22, 23, 24, 25, and 26), and 2 positive residents (Residents 1 and 3). The residents (Resident 7, Resident 5 and Resident 29) on the dedicated Red zone were recovered and one resident who refused to test (Resident 30). room [ROOM NUMBER] had a COVID positive resident (Resident 1) cohorting with a COVID negative resident (Resident 2). Record review NETEC (a National Emerging Special Pathogen Training and Education Center-an organization that is mobilized to increase the capability of the public health and health care systems to safely and effectively manage individuals with suspected and confirmed special pathogens) Recommendations for zoning dated 9/11/20 revealed; 1. Dark Red Zone: This is an isolation area for all residents who have tested positive for COVID-19. o Individuals testing positive can share a room so long as there are no co-infections and other criteria per the facility are met i.e. gender rules. o It is recommended that all room doors are kept closed, but/ if doors cannot be kept closed for safety reasons, the hallway must be considered a red zone. 2. Light Red Zone: This is an isolation zone for all residents who are symptomatic and are suspected to have COVID-19 but have not yet tested positive. This could be a resident who has had known exposure to someone who has tested positive for COVID-19 and is displaying one or more symptoms of the illness. o Residents in the light red zone cannot share a room. o All doors must remain closed to prevent potential cross contamination into rooms where residents rule out for having COVID-19. 3. Yellow Zone: This is a 14-day quarantine zone for residents who may have been exposed to COVID-19 but are asymptomatic. This could be someone who shared a room with someone who tested positive for COVID-19, but they themselves have no symptoms. o Doors in the yellow zone must remain closed since disease status is unknown/and it is possible for asymptomatic shedding of COVID-19. 4. Green Zone: This is for residents who have had no potential exposure and do not have any symptoms of COVID-19. This is not quarantine nor isolation, but these residents must be protected from becoming exposed. Staff must wear source control protection and practice good infection prevention. It is not necessary to keep doors closed in this zone, but it is good practice. Residents may share rooms if they meet the facility criteria for doing so. 5. Gray Zone: This is a quarantine zone for residents who have no symptoms but have had a potential for exposure by leaving the facility for outside appointments such as for [MEDICAL TREATMENT] or doctor appointments. Doors to these rooms must be kept closed as exposure history is unknown. Interview on 9/30/20 at 2:03 PM with the DON confirmed the residents past the fire doors (dedicated red zone) were past the 10 days and would be considered recovered from COVID19. The DON reported residents were testing positive, but there were no rooms to move resident into the red zone. The DON confirmed the residents in rooms past the fire doors on the yellow hall were past the 10 days and would be considered recovered. The DON revealed at this point in time residents were testing positive, but no rooms were available to move into so the red zone was changed to yellow. The DON confirmed the residents who tested positive had not been relocated to the red zone. An interview on 10/1/20 at 1:15 PM with the DON confirmed initially the back of the Peach unit Garden Walk, the back 4 rooms would be the Isolation zone, they do have fire doors to that area. The green unit (Serenity) had 4 rooms that were designated for the admission unit. The DON confirmed the facility ; had a gray zone on 2 different wings and the facility had tried to move residents however, the residents did not want to move. The DON acknowledged the 1135 waiver for the emergent need for moving residents. The DON reported staff do go between the gray unit and the green unit. The DON confirmed the 2 gray areas are not efficient as staff has to work on both green and gray zones in one hall. B. Record review of cohorting residents and roommates COVID positive residents with COVID negative residents revealed; 1. Roommates Residents 4 and 5 Record review of Resident 4 COVID test dated 8/26/20 revealed Resident 4 was positive for COVID-19. Record review of Clinical Census for Resident 4 revealed Resident 4 was in room [ROOM NUMBER] bed 1 from 12-14-20 through 9-1-20. Resident 4 was relocated away from roommate according to census on 9/2/20 to room [ROOM NUMBER]-1. Record review of Resident 4's temperature on September 4th and 5th revealed Resident 4 had a temperature of 99.1 and oxygen saturations was 91% on August 30, 2020. Record review of Resident 5's COVID test dated 8/26/20 revealed Negative test on 8/26/20. Record review of Resident 5's COVID test dated 9/2/20 revealed Resident 5 was positive for COVID-19. Record review of Clinical Census revealed Resident 5 resided in room [ROOM NUMBER]-bed 2 from 7-29-20 to 9-10-20 2. Roommates Residents 6 and 7 Record review of Resident 6's progress notes dated 8/23/20 revealed at 8:10 PM Temperature was 99.3, LS (Lung Sounds) auscultate with expiratory rubs bilateral, no cough or other s/s (Signs and symptoms) of COVID-19 noted, resident was lethargic & at times unsteady as (gender) ambulated, urine is cloudy yellow with mucous per Foley catheter, has no c/o(Complaints of) discomfort, per communication with DON staff will continue to check on resident & roommate for s/s of COVID. resident rests in recliner watching TV, ate 2 sandwich halves for HS (night time) snack, at 11:00 PM Temperature was 98.4 and resident was asleep. Record review of Resident 6 COVID test dated 8/26/20 revealed Resident 6 was positive for COVID 19. Record review of Clinical Census for Resident 6 revealed Resident 6 was in room [ROOM NUMBER] bed 2 from 6/29/20 to 9/2/20. Resident 6 was relocated away from roommate according to census on 9/2/20 to room [ROOM NUMBER]-2. Record review of Resident 7's COVID test dated 8/26/20 revealed Resident 7 was negative for COVID-19. Record review of Resident 7's COVID test dated 9/2/20 revealed Resident 7 was positive for COVID-19. Record review of Clinical Census revealed Resident 7 resided in room [ROOM NUMBER]-bed 1 from 7-16-20 until 9/9/20 was moved to 59-2. 3. Roommates Resident 8 and 11 Record review of Resident 8 COVID test dated 8/26/20 revealed Resident 8 was negative for COVID 19. Record review of Resident 8 COVID test dated 9/2/20 revealed Resident 8 was negative for COVID 19 Record review of Resident 8 COVID test dated 9/10/20 revealed Resident 8 was positive for COVID 19. Record review of Clinical Census for Resident 8 revealed; Resident 8 was in room [ROOM NUMBER] bed 2 from 2/14/20 to present. Record review of Resident 8's Progress note dated 9/14/20 revealed had elevated Temperature, 100.7, respirations regular & unlabored, no other indications of COVID-19. Record review of Resident 11's COVID test dated 8/26/20 revealed Resident 11 was negative for COVID 19. Record review of Resident 11's COVID test dated 9/2/20 revealed Resident 11 was negative for COVID 19. Record review of Resident 11's COVID test dated 9/10/20 revealed Resident 11 was negative for COVID 19. Record review of Resident</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.

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F 0880 Level of harm - Immediate jeopardy Residents Affected - Some	<p>(continued... from page 1)</p> <p>11 COVID test dated 9/16/20 revealed Resident 11 was negative for COVID 19. Record review of Resident 11 COVID test dated 9/23/20 revealed; Resident 11 was negative for COVID 19. Record review of Clinical Census for Resident 11 revealed Resident 11 was in room [ROOM NUMBER] bed 1 from 1/1/20 to present. 4. Roommates Resident 12 and 3 Record review of Resident 12's COVID test dated 8/26/20 revealed Resident 12 was negative for COVID 19. Record review of Resident 12's COVID test dated 9/2/20 revealed Resident 12 was negative for COVID 19. Record review of Resident 12's COVID test dated 9/10/20 revealed Resident 12 was positive for COVID 19. Record review of Clinical Census for Resident 12 revealed Resident 12 was in room [ROOM NUMBER] bed 2 12/23/20 to 9/1/20 moved to room [ROOM NUMBER] bed 1. Record review of Resident 3's COVID test dated 8/26/20 revealed Resident 3 was negative for COVID 19. Record review of Resident 3's COVID test dated 9/2/20 revealed Resident 3 was negative for COVID 19. Record review of Resident 3's COVID test dated 9/16/20 revealed Resident 3 was positive for COVID 19. 5. Roommates 13 and 14 Record review of Resident 13's COVID test dated 8/26/20 revealed Resident 13 was negative for COVID 19. Record review of Resident 13's COVID test dated 9/2/20 revealed Resident 13 was negative for COVID 19. Record review of Resident 13's COVID test dated 9/10/20 revealed Resident 13 was positive for COVID 19. Record review of Clinical Census for Resident 13 revealed Resident 13 was in room [ROOM NUMBER] bed 1 from 08/20/20 to 9/24/20 moved to room [ROOM NUMBER]-1 then on 9/26/20 transferred to hospital. . Record review of Resident 14's COVID test dated 8/26/20 revealed Resident 14 was negative for COVID 19. Record review of Resident 14's COVID test dated 9/10/20 revealed Resident 14 was negative for COVID 19. Record review of Resident 14's COVID test dated 9/16/20 revealed Resident 14 was negative for COVID 19. Record review of Resident 14's COVID test dated 9/23/20 revealed Resident 14 was negative for COVID 19. Record review of Clinical Census for Resident 14 revealed Resident 14 was in room [ROOM NUMBER] bed 2 form 06/01/20 to present. 6. Roommates Resident 1 and 2 Record review of Resident 1's COVID test dated 8/26/20 revealed Resident 1 was negative for COVID 19. Record review of Resident 1's COVID test dated 9/2/20 revealed Resident 1 was negative for COVID 19. Record review of Resident 1's COVID test dated 9/10/20 revealed Resident 1 was negative for COVID 19. Record review of Resident 1's COVID test dated 9/16/20 revealed Resident 1 was negative for COVID 19. Record review of Resident 1's COVID test dated 9/23/20 revealed Resident 1 was positive for COVID 19. Record review of Clinical Census for Resident 1 revealed Resident 1 had resided in room [ROOM NUMBER]-2 since 7/31/2020 Record review of Resident 2's COVID test dated 8/26/20 revealed Resident 2 was negative for COVID 19. Record review of Resident 2's COVID test dated 9/2/20 revealed Resident 2 was negative for COVID 19. Record review of Resident 2's COVID test dated 9/10/20 revealed Resident 2 was negative for COVID 19. Record review of Resident 2's COVID test dated 9/16/20 revealed Resident 2 was negative for COVID 19. Record review of Resident 2's COVID test dated 9/23/20 revealed Resident 2 was negative for COVID 19. Record review of Clinical Census for Resident 2 revealed Resident 2 had resided in room [ROOM NUMBER]-1 since 7/1/2020. An observation on 9/30/20 at 9:40 AM of Resident 1 and Resident 2 cohorting as roommates. An observation on 9/30/20 at 4:00 PM of the facility revealed the facility had 14 non-occupied single occupancy rooms on the green and gray units. The gray units were divided between 2 halls with 6 rooms on the Wilderness hallway with 1 room occupied the others were not occupied, and 5 Gray rooms on Serenity hallway had 3 occupied rooms with 2 not occupied. An observation on 10/1/20 at 10:44 AM of 2 residents as roommates revealed Resident 1 who had positive COVID test results cohorting with Resident 2 who had negative test results. Record review of the Yellow/Red hallway Census document the facility provided which indicated: COVID Positive Residents, COVID Negative Residents, and Recovered from COVID Residents revealed; 2 Residents were Positive for COVID resided in rooms, 1 Resident in room [ROOM NUMBER] and 1 Resident in room [ROOM NUMBER] (with negative roommate). There were 13 Residents on the yellow hall that tested negative for COVID-19 2 Residents in room [ROOM NUMBER] (Resident 17 and 18), 1 Resident in room [ROOM NUMBER] (Resident 14), 1 Resident in room [ROOM NUMBER] (Resident 19), 1 Resident in room [ROOM NUMBER] (Resident 20), 2 Residents in room [ROOM NUMBER] (Resident 21 and 22), 1 Resident in room [ROOM NUMBER] (Resident 11), 2 Residents in room [ROOM NUMBER] (Resident 23 and 24) 2 Residents in room [ROOM NUMBER] (Resident 25 and 26), and 1 Resident in room [ROOM NUMBER] (Resident 2). There were 9 Residents considered to be recovered that resided in rooms: 1 Resident in room [ROOM NUMBER] (Resident 27), 1 Resident in room [ROOM NUMBER] (Resident 17), 2 Residents in room [ROOM NUMBER] (Resident 10 and 9), 1 Resident in room [ROOM NUMBER] (Resident 6), 1 Resident in room [ROOM NUMBER] (Resident 8), 1 Resident in room [ROOM NUMBER] (Resident 28), and 2 Residents in room [ROOM NUMBER] (Resident 5 and 29) 1 Resident in room [ROOM NUMBER] (resident 7). Record Review of the facility Policy for Guidelines for Transition Care Area Gray Zone and Quarantine Area Yellow and or Red zone dated 5/21/20 revealed if a positive or suspected positive COVID-19 patient is diagnosed with [REDACTED]. Record review of the facility Protocol for Management of Patients with Suspected or Confirmed COVID-19 dated 4/2/20 revealed ;for Residents with suspected COVID will be transferred to the red zone, test will be done?. An interview on 9/30/20 at 2:03 PM with the IP (Infection Preventionist) revealed ICAP (Infection Control Assessment and Promotion Program- a program designed to prevent health care-associated infections) recommendations were to separate COVID-19 positive residents from the residents who were testing negative. The IP revealed; results are received 5 days after testing completed. The facility had not moved the negative resident who was the roommate with the positive resident because they were already exposed so there was no point moving the negative room-mate. The IP confirmed the facility had identified a designated red zone. The IP revealed positive residents who remain asymptomatic for 10 days would be considered recovered. An interview on 9/30/20 at 2:03 PM with the DON confirmed the residents in rooms past the fire doors on the yellow hall were past the 10 days and would be considered COVID19 recovered. The DON revealed at this point in time residents were testing positive, but no rooms were available to move into so the red zone was changed to yellow. C. An observation on 10/1/20 at 10:30 AM of the yellow/red unit revealed; the following room doors were open: The following rooms considered yellow rooms where doors were open were room [ROOM NUMBER], 45, 46, 48, 49, 50, 51, 52, 53, 54, 55, 57, 58, 59 and a clean linen door was open. The rooms considered red zone with open doors were 44 and 56. An observation on 10/1/20 at 10:57 AM of Fire doors separating the designated Red zone were open. An observation on 10/1/20 at 10:58 AM there was no poly wall separating the activity room from the designated red zone. An interview on 9/30/20 at 2:03 PM with the IP (Infection Preventionist) confirmed the facility no longer had red zone, the fire doors were not closed related to residents behind the doors were recovered and had no need to be quarantined. Record review NETEC recommendations dated 9/11/20 reveal; Doors to resident rooms are not being kept closed in the yellow or red zones. COVID-19 testing results are a 'moment in time' and it is uncertain how many residents or staff become positive after the tests were obtained. For that reason, source control should include that all doors are kept closed to reduce air flow out of the rooms and potential contamination to the hallways and other resident rooms. Dark Red Zone: It is recommended that all room doors are kept closed, but/ if doors cannot be kept closed for safety reasons, the hallway must be considered a red zone. Yellow Zone: This is a 14-day quarantine zone for residents who may have been exposed to COVID-19 but are asymptomatic. This could be someone who shared a room with someone who tested positive for COVID-19, but they themselves have no symptoms. Doors in the yellow zone must remain closed since disease status is unknown/ and it is possible for asymptomatic shedding of COVID-19. An interview on 09/30/20 at 12:58 PM with the DON confirmed the doors to resident rooms on the RED/YELLOW zone hallway were open due to the residents were considered high fall risk. Abatement: An abatement completed on 10/1/20 at 6:30 PM revealed; the facility made the yellow unit a red unit and will close the Fire Doors at the end making rooms [ROOM NUMBER] a Red zone. The facility will continue to explore ways to separate from the yellow zone. The Red zone will be clearly marked with red circles. Staff will be trained for caring for COVID positive residents/wearing Personal Protective equipment, with proper linen and garbage disposal in the Red zone. The facility will move the 2 COVID-19 Positive Residents to the Red zone. The resident who refused testing would remain in the red zone. The facility would review and implement the COVID cohorting policy supplied to us by NETEC. The facility would evaluate the CMS Blanket Wavier regulations and utilize them in our future planning. The facility would complete audits to insure Resident Room doors and linen closet doors are closed to lessen the germ spread. If a Resident was a Fall Risk precautions will be taken. The facility would only cohort positive Residents with positive Residents. Negative Residents will be placed with negative Residents. The facility would isolate COVID positive Residents from negative Residents. If possible positive Residents will occupy a room by themselves. In case of an outbreak move recovered Resident Serenity and/or Wilderness LANE to create more Red Zone rooms if necessary. Record review of a document received by the facility revealed; the facility had a plan to move residents testing positive to the designated Red zone and move residents who were considered recovered from the Red zone. An observation on 10/1/20 at 7:00 PM of the Wilderness hall way had been changed from yellow unit to a Red unit. On 10/1/2020 the facility abatement was received, the immediacy removed and the Immediate Jeopardy abated to a scope and severity of H</p>		

F 0882	Licensure Reference Number 175 NAC 12-006.17 Based on observation, interview and record review; the facility failed ensure		
Level of harm - Minimal harm or potential for actual harm			
Residents Affected - Many			

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F 0882 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 2)</p> <p>the Infection Preventionist was scheduled part time hours for Infection Prevention and failed to ensure the IP (Infection Preventionist) was certified. This had the potential to affect all residents in the facility. The facility census was 44. Findings are: Observation on 9/30 and 10/1/20 of the IP was working on the Red/Yellow Zone during survey. Record review of Staff Schedule revealed; the IP was scheduled and worked the floor on the following days revealed: - 9/29/20 on a hall as a Charge Nurse days - 9/28/20 on a hall as a Charge Nurse days - 9/25/20 on a hall as a charge nurse day and evening - 9/24/20 on a hall as a charge nurse days - 9/23/20 on a hall as a charge nurse evenings - 9/22/20 on a hall as a charge nurse part of day shift and part of evening shift - 9/21/20 on a hall as a charge nurse 7 PM - 11 PM - 9/17/20 on a hall as a charge nurse evenings - 9/16/20 on a hall as a charge nurse evenings Interview on 9/30/20 at 7:55 AM with the DON revealed; the facility had an employee that was the IP and was working as the IP but had not completed certification. There was no one else in the building certified as an IP since the last IP retired a couple months ago. The DON confirmed; the COVID timeline may not be updated related to the IP working the floor, due to staffing. Record review of the certification for IP for the staff member who had filled the Infection Preventionist roll revealed; the facility was unable to provide the certification for IP.</p>		