

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285127	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/02/2020
NAME OF PROVIDER OF SUPPLIER THE AMBASSADOR OMAHA		STREET ADDRESS, CITY, STATE, ZIP 1540 NORTH 72ND STREET OMAHA, NE 68114	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and record review, the facility failed to implement CMS and CDC recommendations in order to prepare for COVID-19. The facility failed to thoroughly screen visitors, when the Federal surveyor entered the facility and was not screened by staff. Additionally, the facility failed to screen staff, when the facility failed to ask CDC-recommended screening questions prior to staff caring for residents. The facility failed to ensure that staff correctly wore facemasks at all times while in the facility, and while within six feet of residents. Findings included: - On 6/2/20 at 11:30am, Registered Nurse (RN1) and RN2 sat at the 3R, or pediatric floor, nursing station. RN1 and RN2 wore disposable surgical facemasks, but failed to wear the masks appropriately. RN1 and RN2 each had their mask beneath their nose, leaving their noses exposed. Upon seeing the Federal surveyor, RN1 and RN2 pulled their facemasks over their noses. On 6/2/20 at 12:03pm, the Pediatrics Supervisor indicated that facemasks must be worn over the mouth and nose. The Pediatric Supervisor indicated that she was not aware of any issues with staff wearing facemasks inappropriately. On 6/2/20 at 12:17pm, RN1 and RN2 indicated that their facemasks had slipped beneath their noses. On 6/2/20 at 12:37pm, a housekeeper (H1) cleaned R1's room while R1 watched TV in the common area. H1 wore a disposable surgical facemask, however, H1's mask was pulled beneath her chin, leaving her mouth and nose exposed while she cleaned the room. On 6/2/20 at 12:47pm, H1 indicated that she was too hot, so she pulled her mask down beneath her chin. H1 indicated that this was not appropriate mask wearing, and fixed her mask. On 6/2/20 at 12:58pm, H1 swept R2's room, while R2 was present. H1 stood directly next to R2 and looked in the direction of R2's television, which played cartoons. H1's facemask was again pulled beneath her chin, leaving her mouth and nose exposed. H1 then exited the room and retrieved a dustpan, collected some floor debris, then exited R2's room. H1 failed to sanitize her hands after leaving the room and beginning to vacuum the hallway. On 6/2/20 at 1:05pm, RN3 stood in R3's room and talked with the resident. RN3 wore a disposable surgical facemask, however, the mask was pulled down, leaving R3's nose exposed. Upon seeing the Federal surveyor, RN3 pulled her facemask over her nose. On 6/2/20 at 1:22pm, RN3 indicated that her mask had slipped down, and that she had not fixed it yet. RN3 indicated that masks must be worn over the mouth and nose. On 6/2/20 at 2:30pm, Licensed Practical Nurse (LPN1) indicated that facemasks must be worn over the mouth and nose at all times. LPN1 indicated that in the past, she had observed staff not wearing facemasks appropriately. This happened occasionally, and LPN1 would complete on-the-spot education for staff who did not correctly wear their masks. - Review of CMS guidance, dated 3/4/20, documented the following: How should facilities monitor or limit visitors? Facilities should screen visitors for the following: 1. International travel within the last 14 days to restricted countries. For updated information on restricted countries visit: https://www.cdc.gov/coronavirus/2019-ncov/[MEDICATION NAME]/index.html 2. Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat. 3. Has had contact with someone with or under investigation for COVID-19. The guidance then stated: How should facilities monitor or restrict health care facility staff? The same screening performed for visitors should be performed for facility staff (numbers 1, 2, and 3 above). On 6/2/20 at 11:15am, the Federal surveyor entered the facility. A receptionist sat at the desk. The Federal surveyor gave the reason and purpose for the visit, and the receptionist called the Director of Nursing (DON). The receptionist failed to screen the Federal surveyor. Approximately five minutes later, the DON arrived, and escorted the Federal surveyor to floor 3R. The DON failed to screen the Federal surveyor. On 6/2/20 at 12:17pm, RN2 indicated that the facility screening process consisted of staff taking their own temperatures and logging the result. There were no screening questions to complete. On 6/2/20 at 12:28pm, the DON indicated that all floors in the facility were locked, so staff were either screened there or at the nursing stations, which were directly by the entry doors. Facility staff were to take their own temperatures and log them. The DON indicated that there were also screening questions staff were to complete. On 6/2/20 at 1:22pm, RN3 indicated that the facility screening process consisted of staff taking their temperatures and logging the result. Staff were asked if they had signs or symptoms of COVID-19, but there were no further screening questions. Review of staff screening sheets, dated 3/15/20 through the recent ones, documented facility staff had their temperatures taken, and answered a single question as to if they had signs or symptoms of a respiratory infection. There were no other screening questions present. The facility failed to provide any staff screening forms prior to 3/15/20.</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.