

May 22, 2020

Jared Rodman, Administrator
Life Care Center Of Elkhorn
20275 Hopper Street
Elkhorn, NE 68022-1434

Dear Mr. Rodman:

An unannounced visit was conducted to investigate a complaint at Life Care Center Of Elkhorn on May 18, 2020, by representatives of the Department of Health and Human Services Division of Public Health. To complete this investigation, a representative sample of the residents who reside in the facility or had resided in the facility was selected. The investigative process included review of resident records; observation of the provision of care and services; and interviews with residents, family members and staff.

ALLEGATION:

1. The facility fails to implement CMS directives related to COVID-19.
2. The facility fails to maintain an effective housekeeping program.
3. The facility fails to complete reporting to the SA as required.
4. The facility fails to supervise residents who have been identified at risk for falls.
5. The facility fails to ensure prompt response to call lights.
6. The facility fails to follow infection control guidelines for illnesses.
7. The facility fails to ensure sufficient staffing to care for residents.
8. The facility fails to implement interventions to prevent falls.
9. The facility fails to assist with ADL needs as required.
10. The facility fails to ensure adequate hydration.

FINDINGS:

1. The facility followed CMS (Centers for Medicare and Medicaid) protocol for COVID-19 prevention. To make this determination; interviews, record reviews and observations were conducted. Interviews with staff revealed the facility implemented interventions for staff and resident COVID 19 protection without concerns. Record review of facility submitted documents revealed staff had completed education related to COVID 19 (screening of staff and residents, PPE -Personal Protective Equipment, hand hygiene) and were following the facility protocol for staff and residents. The facility was found to be in compliance with relevant regulatory requirements.

2. The facility maintained an effective housekeeping program. To make this determination; observations of resident care areas and staff interviews revealed nursing staff performed housekeeping duties as recommended due to infection control guidelines related to COVID 19. Observations revealed resident care areas were free from offensive odors and clean. Therefore, the facility was found to be in compliance with relevant regulatory requirements.

3. The facility completed reporting to the State Agency as required. To make this determination; record reviews and interviews revealed COVID-19 tracking data was submitted to the State Agency as required. Therefore, the facility was found to be in compliance with relevant regulatory requirements.

4. The facility did supervise residents who have been identified at risk for falls. To make this determination;

observations were conducted across multiple days and shifts of different residents identified as at risk for falls revealed care planned interventions had been implemented and staff were knowledgeable of the residents individualized plan of care. Interviews revealed staff members were aware of resident needs related to fall interventions. Therefore, the facility was found to be in compliance with relevant regulatory requirements.

5. The facility ensured prompt response to call lights. To make this determination; observations were conducted on multiple days at various times during the day, records were reviewed, and staff and residents were interviewed. Observations revealed multiple staff were present on each hall and call lights were answered within 10 minutes. Review of the employee schedule revealed no concerns. Interviews revealed staff were bundling cares to reduce the number of times staff needed to enter and the number of staff entering a resident's room to prevent and decrease the spread of COVID 19. Therefore, the facility was determined to be in compliance with related regulatory requirements.

6. The facility followed infection control guidelines for illnesses. To make this determination; observations, interviews and record reviews revealed the facility implemented interventions for staff and resident protection without concerns. Record review of facility submitted documents revealed staff had completed education related to infection control guidelines and were aware of the facility protocol for staff and residents. The facility was found to be in compliance with relevant regulatory requirements.

7. The facility ensured sufficient staffing to care for residents. To make this determination; observations conducted, records reviews, and staff and residents interviews revealed multiple staff were present on each hall and call lights were answered within 10 minutes. Review of the employee schedule revealed no concerns. Interviews revealed staff were bundling cares to reduce the number of times staff needed to enter a resident's room. Therefore, the facility was determined to be in compliance with related regulatory requirements.

8. The facility implemented interventions to prevent falls. To make this determination; observations, record reviews, and staff interviews revealed care planned interventions were in place to prevent falls. Interviews revealed staff were aware of interventions for residents identified at risk for falls. Record review revealed the facility implemented new interventions after falls. Therefore, the facility was found to be in compliance with relevant regulatory requirements.

9. The facility failed to assist with activities of daily living needs as required. To make this determination; observations, staff and residents interviews, and record reviews. Interviews revealed residents received bed baths per infection control recommendations. However resident interviews revealed residents had not received any kind of bath for 1 - 2 weeks. Record review revealed an absence of documentation showing residents received any type of bath. Therefore, the facility was found to be in violation of regulatory requirements at Licensure reference number NAC 12-006.09D1c and F677.

10. The facility ensured adequate hydration. To make this determination; observations, record reviews, and staff and residents interviews were conducted. Observations on different days at various times throughout the day revealed residents had cups of water on the bedside tables and extra cups of water and juice were available in the halls. Interviews revealed the dietary department prepared cups of ice water throughout the day and nursing staff delivered the cups to the residents. Therefore, the facility was found to be in compliance with relevant regulatory requirements.

Please see the enclosed letter for instructions on completion and submission of the plan of correction for the deficiency(ies) found during the complaint investigation.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,

A handwritten signature in black ink that reads "Connie E. Vogt RN,BSN". The signature is written in a cursive, flowing style.

Connie Vogt, RN, BSN, Program Manager - Office of LTC Facilities - Licensure Unit - Division of Public Health - DHHS

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