

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285066	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER Ambassador Health of Lincoln		STREET ADDRESS, CITY, STATE, ZIP CODE 4405 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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45641</p> <p>Licensure Reference Number 175 NAC 12-006.05(S)</p> <p>Based on interview and record review, the facility failed to ensure the staff explained procedures and provide privacy during resident cares for 1 (Resident 15) of 3 sampled residents. The total facility census was 72.</p> <p>Findings are:</p> <p>A record review of the facility's Dignity policy dated 02/05/2024 revealed residents were treated with dignity and respect at all times. Procedures were explained before they were performed. Staff would promote, maintain, and protect resident privacy, including bodily privacy during assistance with personal care and during treatment procedures. Staff were expected to treat cognitively impaired (confused) residents with dignity and sensitivity.</p> <p>A record review of Resident 15's Resident Census dated 11/13/2024 revealed the resident was admitted to the facility on [DATE].</p> <p>A record review of Resident 15's SNF (Skilled Nursing Facility) Continuity of Care Document (CCD) dated 11/13/2024 revealed the resident had diagnoses of Anoxic Brain Injury (an injury that cut off oxygen to the brain), Tracheostomy status (trach)(a tube inserted in the neck for breathing), Acute and Chronic Respiratory Failure with hypoxia (breathing problem with low oxygen), and Dependence on respirator (ventilator)(breathing machine).</p> <p>A record review of Resident 15's Minimum Data Set (MDS)(a comprehensive assessment used to develop a resident's care plan) dated 09/02/2024 revealed the resident had a Brief Interview for Mental Status (BIMS)(a score of a residents cognitive abilities) of 99 that indicated the resident is rarely/never understood. The resident was dependent on staff for all activities of daily living (ADLs). The resident was on oxygen, needed tracheostomy care, and was on a ventilator.</p> <p>A record review of Resident 15's Care Plan with last reviewed/revised date of 09/10/2024 revealed an intervention for Respiratory to provide trach care as ordered and as needed (PRN).</p> <p>A record review of Resident 15's Podiatry Exam dated 11/06/2024 revealed the Podiatrist (foot doctor) trimmed and debrided (removed damaged tissue) on both of the resident's feet 11/06/2024.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of Resident 15's Medication Administration Record and Treatment Administration Record (MAR & TAR) dated 11/01/2024 - 11/13/2024 revealed Respiratory Therapist (RT)-C done the resident trach care the morning of 11/12/2024.</p> <p>An observation on 11/06/2024 at 8:52 AM revealed the Podiatrist was trimming Resident 15's left toenails with the room door open all of the way and the procedure was visible from the hall.</p> <p>An observation on 11/12/2024 at 08:08 AM revealed RT-C entered Resident 15's room and performed trach care on the resident, but did not explain what RT-C was going to do to the resident before or during trach care.</p> <p>In an interview on 11/13/2025 at 7:05 AM, the Director of Nursing (DON) confirmed the Podiatrist should have closed the door while trimming Resident 15's toenails and RT-C should have told Resident 15 what RT-C was going to do prior to starting trach care regardless of the resident cognitive ability (ability to understand).</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42861</p> <p>Licensure Reference Number 175 NAC 12-006.09(D)</p> <p>Based on observation, interview and record review, the facility failed to ensure the accuracy of the MDS (Minimum Data Set, a comprehensive assessment of each resident's physical and mental functional capabilities) related to the BiPap use for one (Resident 14) of two sampled residents. The facility identified a census of 72.</p> <p>Findings Are:</p> <p>A record review conducted on 11/7/24 of the face sheet printed on 6/6/24 revealed Resident 14 had been accepted into the facility on [DATE] with a primary diagnosis of COPD (a term for lung and airway diseases that restrict your breathing) and hypotension (a blood pressure that is lower than normal).</p> <p>A record review conducted on 11/7/24 of the MDS dated [DATE] revealed Resident 14 had a BIMS (Brief Interview for Mental Status, a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function, while scores of 00 or 99 indicate total confusion). score of 15.</p> <p>During an interview on 11/06/24 at 10:20 AM Resident 14, an observation revealed a BiPAP (a noninvasive ventilation) nasal pillows (a mask that is smaller and easy to wear), still connected to the tubing and hanging from a hook on the wall behind the machine with the nasal pillows touching the wall and not stored in a bag and tubing was undated. Resident 14 also revealed being on 4 liters per minute l/m of o2 continuously.</p> <p>An observation on 11/7/24 at 09:34 AM revealed Resident 14's nasal pillows to be connected to the tubing and hanging from a hook on the wall.</p> <p>An interview on 11/7/24 at 9:46 AM with LPN-D revealed that Resident 14 requests that the tubing and nasal pillows be hung from hook on the wall.</p> <p>An interview on 11/12/24 at 10:22 AM with Resident 14 confirmed (gender) request to have nasal pillows and tubing hanging on the hook on the wall. Resident 14 confirmed staff had educated (gender) on best practice of keeping tubing and nasal pillows in a bag to prevent the potential for cross contamination.</p> <p>A record review on 11/7/24 at 5:15 PM of the MDS dated [DATE], Section O, did not indicate Resident 14 used a BiPAP.</p> <p>An interview on 11/13/24 at 8:27 AM with the facility MDS Nurse, after review of the MDS dated [DATE], Section O, confirmed it did not reflect the BiPAP use for Resident 14. The interview revealed that the facility follows the RAI (Resident Assessment Instrument) Manual related to guidance when completing an MDS.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review conducted on 11/13/24 at 2:22 PM of the RAI Manual related to completing section O of an MDS revealed the following instructions:</p> <p>O0110. Special Treatments, Procedures, and Programs</p> <p>Check all of the following treatments, procedures, and programs that were performed.</p> <p>O0110G2, BiPAP</p> <p>Check if the non-invasive mechanical ventilator support was BiPAP.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>47406</p> <p>Licensure reference number 175 NAC 12-006.09D6(7)</p> <p>Based on observation, interview and record review; the facility failed to follow the physician's order for administration of Oxygen for Resident 28.</p> <p>Findings are:</p> <p>Record review of O2 Therapy - General Principles Policy dated 10/2011 revealed: It is the policy of this facility to treat or prevent symptoms of hypoxia. Adjust liter flow/FI)2 per physician's order. An SaO2 reading on the prescribed liter flow must be documented.</p> <p>Record review of Resident 28's Continuity of Care Document dated 11/7/24 revealed admission was 12/28/2017.</p> <p>Record review of Resident 28's MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 9/24/24 revealed in Section C having a BIMS (Brief Interview for Mental Status, a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function) scored 15 and in Section O receiving O2.</p> <p>Record review of Resident 28's Diagnoses in Continuity of Care Document dated 11/7/24 revealed Acute respiratory failure with hypoxia.</p> <p>Record review of Physician Orders dated 11/7/24 revealed Oxygen: O2 @ 1 LPM Continuous. Special Instructions: Update PCP if needing more than 1L. *Document Minutes of O2 use: Continuous for 12 hours would be 720 Minutes Every Shift.</p> <p>Record review of August 2024 Medication Administration Record revealed O2 2 L administered 29 times.</p> <p>Record review of September 2024 Medication Administration Record revealed O2 2 L administered 13 times.</p> <p>Record review of October 2024 Medication Administration Record revealed O2 2 L administered 7 times.</p> <p>Record review of November 2024 Medication Administration Record revealed O2 2 L administered 0 times.</p> <p>Observation on 11/6/24 at 2:00 PM Resident 28 with O2 (Oxygen) 2 L (liter) per nasal cannula on via oxygen concentrator.</p> <p>Observation on 11/7/24 at 8:20 AM Resident 28's O2 on at 1.5 L per nasal cannula via oxygen concentrator.</p> <p>(continued on next page)</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation of Liscenced Practical Nnurse (LPN)-D on 11/7/24 at 2:35 PM revealed LPN changed Resident 28's O2 from 1.5 L to 1 L.</p> <p>Interview on 11/7/24 at 2:36 PM wit LPN-D revealed that there was no documentation for the increase of O2.</p> <p>Interview with Resident 28 on 11/12/24 at 9:56 AM revealed resident has not asked for the oxygen to be increased and has been short of breath.</p> <p>Record review of O2 saturation (Oxygen saturation which is a measurement of the percentage of how much oxygenation is in the blood) documented 2-3 times a day from 8/1/24 to 11/13/24 revealed O2 saturations were not lower than 91%.</p> <p>Interview on 11/13/24 at 7:24 AM with the Director of Nursing (DON) revealed that there was no documentation of reason for increasing the O2 from 1 liter and the physician was not notified.</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>47406</p> <p>Licensure reference number 175 NAC 12-006.11C</p> <p>Based on observation, interview and record review, the facility failed to perform hand hygiene and wear a beard net in the kitchen to prevent food-borne illness. And failed to ensure food items were sealed, labeled, and dated. This had the ability to affect 65 of 71 residents who eat out of the kitchen. The census of the facility was 72.</p> <p>Findings are:</p> <p>Initial kitchen tour on 11/6/24 at 7:05 AM revealed:</p> <p>Jello in their individual containers without labels or dated in the walk-in refrigerator.</p> <p>Carrot cake in their individual containers without labels or dated in the walk-in refrigerator.</p> <p>A box of rainbow sprinkles, with the sack not sealed and not dated.</p> <p>Rice Krispies and raisin bran cereal opened and sealed, but not labeled or dated.</p> <p>Vanilla instant pudding sack was not sealed or dated.</p> <p>Brown sugar was opened, but not sealed or dated.</p> <p>Natural Cocoa powder package was open, but not sealed.</p> <p>Interview with CDM (Certified Dietary Manager) on 10/6/24 at 7:20 AM revealed the food items listed above should be sealed, labeled, and dated.</p> <p>Observation on 11/6/24 at 7:30 AM Cook-E was preparing breakfast without a beard net on. [NAME] length was 1/2 to 3/4 inch in length.</p> <p>Observation on 11/7/24 at 10:05 AM Cook-E was prepping food without a beard net on. [NAME] length was 1/2 to 3/4 inch in length.</p> <p>Interview on 11/7/24 at 10:05 AM with Cook-E revealed [gender's] supervisor told Cook-E that if shaves beard 2 x a week and it is like a shadow beard then [gender] would not have to wear a mask.</p> <p>Interview with CDM on 11/7/24 at 10:31 AM confirmed that Cook-E's beard is not a shadow beard, and [gender] needs to wear a mask over it.</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>On 11/12/24 at 9:04 AM observed food prep by Cook-F. [Gender] had a cap, mask over beard and an apron on. At 9:08 AM Cook-F washed hands with soap and water x 12 seconds. Cook-F the opened 2 cans of V8 juice and 2 cans of diced tomatoes and poured into pan. At 9:18 AM Cook-F preformed hand washing for 8 seconds, then put in basil, rosemary, and thyme in pan and stirred. Cook-F put the frozen meatballs in same pan and stirred again. Cook-F placed a pan of frozen tomato basil soup and pan meatball/saucepan in oven after covering. At 9:29 am Cook-F washed hands for 6 seconds, donned gloves, and placed hoagie buns in pan and covered. Cook-F placed 4 tilapia in a pan, and beef franks with water in another pan, then placed into the oven. At 9:47 AM Cook-F washed hands for 12 seconds.</p> <p>Interview on 11/12/24 at 9:40 AM with CDM revealed there was 65 out of 72 residents who consumed foods from the kitchen.</p> <p>Interview on 11/12/24 at 9:52 am interview with CDM revealed that hand washing should be performed for 20 seconds.</p> <p>Corporate Dietary Hand washing Policy dated 7/1/09 revealed:</p> <p>Procedure: Clean hands immediately before engaging in food preparation including working with exposed food.</p> <p>-Wet hands with warm water and apply soap</p> <p>-Scrub well with soap and additional water as needed, scrubbing all areas thoroughly. Pay close attention to finger and fingertips. Wash hands for a minimum of 20 seconds.</p> <p>-Apply vigorous friction between fingers and fingertips. Rinse with clean, running warm water.</p> <p>-Dry hands thoroughly with single use towel, turn off faucets with towel and discard.</p> <p>Record review of Food Receiving and Storage Policy dated 12/21/23 revealed:</p> <p>Policy Statement: Foods shall be received and stored in a manner that complies with safe Handling practices.</p> <p>Refrigerated/Frozen Storage:</p> <p>-All foods stored in the refrigerator or freezer are covered, labeled, and dated (use by date).</p> <p>-Refrigerated foods are labeled, dated and monitored so they are used by their use by date, frozen, or discarded.</p> <p>Record review of Food Preparation and Services Policy dated 12/21/23 revealed:</p> <p>-Food and nutrition services staff wear hair restraints (hair net, hat, beard restraint, etc.) so that hair does not contact food.</p> <p>Record review of Nebraska Food Code dated 9/6/23 revealed the following:</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>Hair Restraints</p> <p>2-402.11 Effectiveness.</p> <p>(A) Except as provided in (B) of this section, food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single service, and single use articles.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</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 12-006.19(C)i</p> <p>Based on observation, interview, and record review, the facility failed to ensure the area was kept clean behind the washing machines, a fan was not blowing from the dirty to clean side, and ensure a gown was worn during sorting contaminated (dirty or used) laundry in the laundry room to prevent cross contamination (transfer of bacteria). This had the ability to affect all residents in the facility. The facility failed to ensure staff handled clean laundry away from the staff's clothing, ensure hand hygiene (cleaning) was completed between glove changes during medication administration (provide medications) for 2 (Residents 11 and 30) of 2 sampled residents and perform handwashing greater than 20 seconds during wound care for 1 (Resident 28) of 1 sampled resident to prevent cross contamination. The total facility census was 72.</p> <p>Findings are:</p> <p>A.</p> <p>A record review of the facility's Laundry Department Procedures dated 08/2024 revealed proper hand hygiene (cleaning), safety practices, and the appropriate use of Personal Protective Equipment (PPE) are essential to the physical safety of the facility's associates, as well as minimizing the contribution of contaminated laundry to the incident of healthcare associated illness and infections. Gloves should be worn any time laundry is being handled. Fluid resistant protective gowns (and gloves) should be used any time soiled laundry is being sorted to protect the associate from contaminants on the laundry. [NAME] associates must wear gloves, fluid resistant gown, and optional mask, hair net, foot covers, goggles while sorting soiled laundry.</p> <p>An observation on 11/06/2024 at 12:00 PM revealed Laundry Aide (LA)-B delivered cleaned personal laundry to resident rooms [ROOM NUMBERS] after holding the laundry between LA-B's left arm and chest, touching LA-B's clothing.</p> <p>An observation on 11/12/2024 at 9:10 AM with the Director of Maintenance (DOM) revealed a large amount of a gray fuzzy substance, debris, and a hanger was behind the washing machines. The observation revealed a fan was located just to the left of the wall opening separating the dirty side from the clean side of the laundry room with the airflow going from the dirty side to the clean side. The observation revealed LA-A was wearing gloves on the dirty side, but not a gown. At the time LA-A was not sorting laundry.</p> <p>In an interview on 11/12/2024 at 9:10 AM, LA-A confirmed the staff only wore gloves when opening the soiled bags of laundry and linens. LA-A confirmed the staff did not wear a gown when sorting soiled laundry and linens.</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 - Many</p>	<p>In an interview on 11/12/2024 at 9:21 AM, DOM confirmed the staff should have wore a gown and gloves when sorting laundry, it should have been clean behind the wash machines, and the fan in the laundry room should not have blown from the dirty side to the clean side of the laundry room.</p> <p>42861</p> <p>B.</p> <p>An observation on 11/12/24 at 7:11 AM revealed Medication Aide (MA)-G had been in the process of preparing medications for a resident when MA-G dropped a pill on the top of the medication cart then picked up the pill with ungloved hands and placed it into the medication cup containing other medications. When questioned of the facility process for dropped medications, MA-G confirmed that (gender) should not have picked the pill up with ungloved hands or picked the pill out of the medication cup which contained other pills, with ungloved hands and placed the pill into the sharps container (a safe, disposable container for needles, syringes, lancets, and often used as a safe container to dispose of medications). MA-G then donned gloves, replaced the pill, and then placed the cup of pills into the pocket of (gender) scrub top and grabbed a cup of water and the blood pressure machine and proceeded to the resident room. The following medication administration was observed:</p> <p>MA-G administered Resident 30's medications at 7:14 AM. The observation further revealed that MA-G did change gloves at this time but did no handwashing or sanitization. Then MA-G prepared and administered Resident 11's medications as 7:22 AM.</p> <p>An interview on 11/12/24 at 7:23 AM with MA-G, when questioned about the availability of hand sanitizer, as there was no dispenser on the cart. MA-G stated, well there are some there that we're supposed to use, pointing to a container of Virex wipes (disinfectant cleaner wipes) hanging from a dispenser on the wall behind the nurse's desk.</p> <p>An interview on 11/12/24 at 10:17 AM with the DON (Director of Nursing) confirmed that the facility expectation was that hand hygiene would be performed between each resident when passing medications. The DON also confirmed that hand sanitizer was available to be placed on the medication cart or carried in staff pockets.</p> <p>A record review of the facility policy titled Medications: Administration-General Principles, dated 09/2019, contained the following guidance related to medication administration:</p> <ul style="list-style-type: none"> -Wash hands. -Apply personal protective equipment as applicable per the exposure control plan. Although the medication is not to be touched, the work area should be as free of bacteria as possible. -Administer the medication. Allow the resident/patient to be as independent as possible, NEVER touch the medications with your hand. Give an adequate amount of fluid to ensure all medication is swallowed. You must observe the act of swallowing and NEVER leave medication with the resident/patient to be taken later. -Wash hands and/or use hand sanitizer and remove any personal protective equipment as applicable before procced to the next resident/patient. This must be done between each resident/patient. <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 - Many</p>	<p>47406</p> <p>C.</p> <p>Record review of Resident 28's Continuity of Care Document dated 11/7/24 revealed admission to facility was 12/28/2017.</p> <p>Record review of Resident 28's MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 9/24/24 revealed:</p> <p>Section M: Risk for Pressure Ulcer - indicated yes. Does this resident have one or more unhealed pressure ulcers/injuries - indicated no. Other Ulcers, Wounds and Skin Problems: MASD (Moisture Associated Skin Damage) (e.g., incontinence-associated dermatitis [IAD], perspiration, drainage) - indicated yes.</p> <p>Record review of Physician Orders dated 11/7/24 revealed: Right buttock crease: Clean wound with mild soap and water. Apply skin prep to periwound. Apply therabond over wound and secure with tegaderm daily. Once A Day.</p> <p>Observation of wound care on 11/12/24 at 10:07 AM by Licsensed Practical Nurse (LPN)-D. LPN-D had supplies in room on a bedside table. LPN-D performed hand washing with soap and water for 12 seconds. LPN-D donned (put on) gown and gloves. The Therabond and tagaderm dressing had fallen off and was on chux. LPN-D removed and threw away the dressing in the trash. LPN-D doffed (took off) gloves, performed hand hygiene using hand sanitizer gel, then donned new gloves. LPN-D cleansed right buttock wound with soap and water and patted dry with clean dry gauze. LPN-D performed hand hygiene using hand sanitizer gel and applied new gloves, then applied skin prep to periwound. LPN-D then applied therabond dressing over the wound and secured it with Tegaderm dressing.</p> <p>Interview on 11/12/24 at 10:19 AM with LPN confirmed that hand washing should be done for 20 seconds.</p> <p>Interview on 11/12/24 at 3:38 pm with DON revealed that hand washing is to be for 20 seconds.</p> <p>Record review of Hand washing policy dated 12/2019 revealed:</p> <p>Policy Statement - It is the policy of the facility to prevent the spread of infection through the use of hand washing and hand sanitizing gel in accordance with professionally accepted standards.</p> <p>Antiseptic Hand Wash Procedure:</p> <p>-Completely wet your hands and the area above the wrist by 2-3 inches under the running water. Keep your fingertips pointed downward.</p> <p>-Apply antimicrobial soap.</p> <p>-Hold your hands lower than your elbows while washing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285066	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER Ambassador Health of Lincoln		STREET ADDRESS, CITY, STATE, ZIP CODE 4405 Normal Blvd Lincoln, NE 68506	

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Work up a good lather. Spread it over the entire area of your hands and 2-3 inches above the wrist. Get soap under nails and between your fingers.</p> <p>-Clean under the nails by rubbing your nails across the palms of your hands. Use a rotating and rubbing (frictional) motion for a minimum of 20 seconds.</p>