

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER St. Joseph Villa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2305 South 10th Street Omaha, NE 68108	

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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>50106</p> <p>LICENSURE REFERENCE NUMBER 175 NAC 12.006.05(S)</p> <p>Based on observation, record review, and interview, the facility failed to ensure privacy for 1 (Resident 95) of 1 residents reviewed by posting information regarding the resident's diet on the outside of the resident's door. The facility identified a census of 159.</p> <p>Findings are:</p> <p>Record review of Resident 95's Minimum Data Set (MDS, a federally mandated assessment tool used for care-planning) had a Brief Interview for Mental Status (BIMS, a brief screener to determine cognition) with a score of 9. A BIMS score of 9 indicated the resident was moderately cognitively impaired. Resident 95 had a diagnosis of Diabetes Mellitus.</p> <p>Observation on 08/19/24 at 7:03 AM and 8/20/24 at 10:09 AM revealed a sign on Resident 95's door which read Bed 1-do not give this resident snacks full of sugar, Glucerna (a nutritional shake for those with Diabetes) and 1/2 of sandwich is ok. We cannot help it if the family give snacks full of sugar but as a facility, we have an obligation to not give (gender) snacks full of sugar.</p> <p>A interview on 08/20/24 at 10:09 AM with the Director of Nursing (DON) confirmed the note on the outside of the door about Resident 95's diet violated privacy.</p> <p>Record review of Facility Policy:</p> <p>Resident Rights (undated)</p> <p>Privacy and Confidentiality</p> <p>You Right to privacy and confidentiality is as important to you as it is to any other person. You have the right:</p> <ol style="list-style-type: none"> 1. To have other people respect your personal privacy during telephone calls and personal visits, as you receive care, and in connection with written communication; and 2. To confidentiality for your personal and clinical record.

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45641</p> <p>Licensure Reference Number 175 NAC 12.006.09(H)(iii)</p> <p>Based on observation, interview, and record review, the facility failed to ensure 1 (Resident 78) of 2 sampled resident's compression stockings (special hose used to treat venous disorders) and Prevalon boots (pressure relieving heel protectors) were applied per the physician's orders. The facility census was 159.</p> <p>Findings are:</p> <p>A record review of the facility's Physician Orders, Following policy dated 06/29/2021 revealed all physician orders would be followed as prescribed and if not followed, the reason shall be recorded on the resident's medical record.</p> <p>A record review of Resident 78's Face Sheet dated 08/21/2024 revealed the resident was originally admitted to the facility on [DATE]. The resident had diagnoses of Peripheral vascular Disease (reduced blood flow in limbs), Cellulitis (bacterial skin infection) of right lower leg, and Unspecified dementia (confusion).</p> <p>A record review of Resident 78's Minimum Data Set (MDS)(a comprehensive assessment used to develop a resident's care plan) dated 06/11/2024 revealed the resident did not have a completed Brief Interview for Mental Status (BIMS)(a score of a residents cognitive abilities) due to the resident was rarely/never understood. The resident was dependent on staff for all activities of daily living (ADLs). The resident was at risk for developing pressure ulcers (skin breakdown).</p> <p>A record review of Resident 78's Care Plan with a last care conference date of 06/12/2024 revealed the resident had a problem area of cellulitis of the right lower limb and an intervention to administer (follow) medical doctor (MD) orders. The resident had a problem area of at risk for discomfort due to end-of-life changes, and an intervention of provide preventative skin care as needed. The resident had a problem area of at risk for skin breakdown, and an intervention of apply treatments per MD orders and use Prevalon boots per treatment order to relieve pressure on heels.</p> <p>A record review of Resident 78's Medication Administration Record and Treatment Administration Record (MARs & TARs) dated June - August 2024 did not reveal the resident had compression stockings applied until 08/21/2024 or Prevalon boots applied until 08/20/2024.</p> <p>A record review of Resident 78's Active Orders dated 08/21/2024 revealed the resident had orders of compression stockings during the day and Prevalon boots to bilateral lower extremities (both lower legs) while in bed.</p> <p>An observation on 08/19/2024 at 2:03 PM revealed Resident 78 was sitting up in a wheelchair but did not reveal the resident had compression stocking on.</p> <p>An observation on 08/20/2024 at 6:50 AM revealed Resident 78 was sitting in a wheelchair in the resident's room but did not reveal the resident had compression stockings on.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An observation on 08/20/2024 at 2:36 PM with Licensed Practical Nurse (LPN)-F revealed Resident 78 was sleeping in bed but did not reveal the resident had compression stocking on or in the room and no Prevalon boots on.</p> <p>In an observation on 08/20/2024 at 2:36 PM, LPN-F confirmed Resident 78 did not have compressions stocking on or in the room and did not have Prevalon boots on and should have had them on. LPN-F confirmed the orders were entered into the system wrong so it would not have shown in the system for the nurse to apply the compression stockings or Prevalon boots. LPN-F confirmed the resident would not refuse to wear compression stocking or Prevalon boots.</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50106</p> <p>LICENSE REFERENCE NUMBER NAC 12.006.09(I)</p> <p>Based on record review and interview; the facility staff failed to transfer 1 (Resident 9) of 1 residents in a manner to prevent injury. The facility staff identified a census 159.</p> <p>Findings are:</p> <p>Record review of Resident 9's Electronic Health Record (EHR) titled Census Sheet revealed Resident 9 was admitted to the facility on [DATE].</p> <p>Record review of Resident 9's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 6-06-2024 revealed the following:</p> <ul style="list-style-type: none"> -Resident 9 had short term and long-term memory problem. -Dependent for eating, bed mobility, transfers, and toileting. -Has a diagnosis of Alzheimer's and dementia with behavioral disturbance. <p>Record review of Resident 9's Comprehensive Care Plan (CCP) with a last conference date of 6-05-2024 revealed Resident 9 required extensive to total assistance with Activities of Daily living (ADL's). According to Resident 9's CCP dated 7-06-2016 revealed 2 staff were to transfer Resident 9 using a full body sling. Further review of Resident 9's CCP revealed Resident 9's CCP did not identify the size of body sling that staff were to use when transferring Resident 9.</p> <p>Record review of Resident 9's Resident Profile (a sheet that identifies care needs of the resident including transfer status that nursing assistant use in the provision of care) sheet printed on 8-22-2024 revealed Resident 9's Profile sheet did not identify the size of the sling staff were to use for a Hoyer left transfer.</p> <p>Record review of an undated Final report for self-report of a major injury sheet revealed Nursing Assistant (NA) Q and NA R were transferring Resident 9 from the bed to the resident's wheelchair using a Hoyer (mechanical lift). Further review of the Final report revealed during the transfer Resident 9's bottom started to slide down through the opening of the Hoyer sling. NA R stopped pushing the Hoyer and NA Q cradled Resident 9, one arm under the legs and 1 arm behind the residents back in order to prevent the resident from sliding any further out of the sling. According to the final report, Resident 9 was assisted back into bed. The Final report identified Resident 9 stated my leg, my leg. The Final report sheet indicated NA Q went and found a full body sling versus the one NA Q and NA R were using, which was identified as a divided leg Hoyer sling.</p> <p>Record review of Resident 9's Progress Notes (PN) dated 7-16-2024 timed at 4:43 PM revealed Resident 9 had extreme pain while being transferred using the Hoyer left and after contacting the practitioner, Resident 9 was sent to the emergency room .</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 9's PN dated 7-16-2024 with a time of 9:15 PM revealed the facility staff were notified Resident 9 had a tibial fracture (a fracture that occurred when the shinbone breaks near the knee) and anterior displaced fibula (a fracture of the calf bone) fracture.</p> <p>Record review of Resident 9's Emergency Department dated 7-16-2024 revealed the following information:</p> <p>-Resident 9 had an acute displaced and angulated fractures to of the proximal tibia and proximal fibula metaphysis.</p> <p>On 8-22-2024 at 9:35 AM an interview was conducted with NA Q. During the interview NA Q reported they were using a sling in which the legs of the sling were crossed. NA Q reported thinking the sling was too big for Resident 9. NA Q reported when NA Q and NA R started to move Resident in the Hoyer, Resident 9 began to slide out of the sling. NA Q reported not having knowledge of what size of sling residents needed when using the Hoyer lift.</p> <p>Record review of NA Q's Certified Nursing Assistant (CNA) Care Guidelines Orientation Checklist dated 6-25-2024 revealed there was no indications on how staff were to determine the sling size when using the Hoyer Lift.</p> <p>Record review of NA R Certified Nursing Assistant Care Guidelines Orientation Checklist dated 4-30-2024 revealed there were no indications on how staff were to determine the sling size when using the Hoyer Lift.</p> <p>On 8-22-2024 at 10:43 AM an interview was conducted with Licensed Practical Nurse (LPN) N. During the interview LPN N reported not knowing how to determine which slings are to be used with Hoyer Lifts for resident.</p> <p>On 8-22-2024 at 10:45 AM an interview was completed with the MDS Coordinator C. During the interview MDSC reported sling sizes are not identified in the resident's medical record.</p> <p>On 8-22-2024 at 10:43 AM an interview was conducted with the Director of Nursing (DON). During the interview the DON confirmed Resident 9 sustained a fracture and was a major injury for Resident 9.</p> <p>Record Review of the Nursing Policy and Procedure Manual (dated 5/2021) Titled: Lift, Mechanical Full Body:</p> <p>-Purpose: To ensure that all nursing staff are using proper transfer techniques to minimize the risk of injury to resident and staff, while using full body lift.</p> <p>-Procedure:</p> <ol style="list-style-type: none"> 1. Secure the assistance of another NA or other qualified employee. 2. Adjust bed to the same height as the surface transferring to. Lock brakes of bed and chair. 3. Position of transferring surfaces should be in close proximity to minimize transport area allowing enough room to move base from bed to chair or chair to bed. <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<ol style="list-style-type: none"> 4. Position lift sling under resident by rolling resident side to side while rolling sling underneath the resident if sling is not under resident. 5. Wheel the lift into place over the resident with the base beneath the bed or around the chair. 6. Attach the lift sling to the lift. 7. Widen the base/legs of the lift prior to moving the lift. The lift is more stable when the legs are widened. 8. Unlock the wheels of the lift when actually lifting the resident on an electric lift. This allows the lift to adjust for the change in weight. 9. Resident's arms should be inside the sling. 10. Begin lifting the resident, using the control panel on the lift. 11. Prior to moving resident, check to ensure the sling is securely attached to the mechanical lift after slightly raising resident. 12. Lift the resident only high enough to clear both the surface they are on, and the surface they are moving to. The higher a resident is lifted in the air, the less stable the transfer. 13. The second staff member monitors the resident's body position, making sure the resident' extremities or head does not bump or swing into any object (including the mast on the lift). 14. As the first staff member moves the lift toward the chair/bed with the resident suspended in the sling, the second staff member is guiding the resident's legs to prevent injury. 15. Bring the lift into position so that the resident is over the seat of the chair or centered over the bed. CAUTION: Do not close the support legs while transporting residents. 16. Lower the sling so that the resident is seated in the chair or centered on the bed. 17. Remove the sling from the hooks on the lift. 18. Carefully move the lift away from the resident; watching to make sure the resident is not bumped with the lift. <p>There were no instructions on how staff were to determine the sling size when using the Hoyer Lift in the Mechanical Full Body Lift Policy and Procedure.</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>50106</p> <p>LICENSURE REFERENCE NUMBER 175 NAC 12-006.09(H)(iv)(2)</p> <p>Based on record review and interview, the facility failed to evaluate and implement a toileting program for 1 resident (Resident 1) of 2 residents. The facility identified a census of 159.</p> <p>Findings are:</p> <p>Record review of Resident 1's Minimum Data Set (MDS, a federally mandated assessment tool used for care-planning) dated 7/19/2024 revealed Resident 1 had a Brief Interview for Mental Status (BIMS, a brief screener to determine cognition) with a score of 13 indicating the resident was cognitively intact. Resident 1's urinary status was frequently incontinent of urine and always incontinent of bowel with no toileting program.</p> <p>Record review of Resident 1's Care Plan (a written interdisciplinary comprehensive plan detailing how to provide quality care for a resident) revealed the resident was incontinent of bowel and bladder related to immobility. The Care Plan revealed no evidence of evaluation or implementation of a toileting plan.</p> <p>A interview on 08/21/24 at 9:17 AM was conducted with Resident 1. During the interview Resident 1 reported they had the urge to go to the toilet and knew when (gender) needed to use the toilet. Resident 1 reported being able to use a bedpan if anyone would bring them one.</p> <p>A interview on 08/21/24 at 12:41 PM with MDS Coordinator (MDSC) confirmed Resident 1 was not on a toileting program and had not been evaluated for a toileting program.</p> <p>Record review of facility Policy and Procedure dated 6/2021 for Urinary Incontinence:</p> <p>Purpose: To develop and implement systems to ensure that any resident, based on the resident's comprehensive assessment that is incontinent receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>Procedure</p> <ol style="list-style-type: none"> 1. Assess for urinary continence status upon admission, quarterly and with any significant change of condition and develop an Incontinence Plan of Care. 2. Using the urinary Incontinence Assessment define the type of incontinence. 3. For the cognitively intact resident who is able to direct or participate in their own care, determine the times throughout the day and night that the need to void is identified by the resident and care plan a toileting schedule based on the resident defined timetable regardless of the type of incontinence. <p>(continued on next page)</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>4. For the cognitively impaired resident who cannot participate or direct their own care initiate a toileting monitoring record Incontinence Voiding Diary to define the times that the resident voids. Complete this study for 1-4 days. Develop a care plan based on the results and establish a specific toileting schedule.</p> <p>5. Reassess and revise the care plan as needed. The objective is to keep the resident dry by voiding in the toilet.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47733</p> <p>Licensure Reference Number 175 NAC 12-006.18</p> <p>Based on record review and interview, the facility failed to have an indication for antibiotic use for 2 (Resident 28 and 144) out of 2 sampled residents. The facility staff identified a census 159.</p> <p>Findings are:</p> <p>A. Record review of a fax sheet for Resident 28 dated 6/10/24 from Consonus Pharmacy revealed there was a physician order for Amoxicillin /Augmentin (a antibiotic medication (ATB) 500-125 mg per tablet, Quantity 20 tablets, take 1 tablet by mouth 2 times a day, effective start date was 6/9/24. Further review of the fax sheet for Resident 28 dated 6/10/24, did not indicate why the ATB was being given.</p> <p>Record review of Medication Administration Record (MAR) revealed the ATB was given for a total of 20 doses from 6/10/24-6/19/24.</p> <p>Record review of Resident 28's record that included practitioner orders, progress notes and laboratory work revealed there was no indication of the need for ABT.</p> <p>A interview with the Infection Preventionist Coordinator (IPC)-I on 8/21/24 at 11:16 AM confirmed the ATB for Resident 28's Urinary Tract Infection (UTI) diagnosis did not meet the McGeer's (tool used to assist in making a determination criteria for ATB use).</p> <p>49164</p> <p>B. Record Review of Resident 144's active orders summary printed 08-19-2024 revealed an order for doxycycline (a antibiotic medication) 20 mg twice a day without a stop date.</p> <p>An interview with the IPC I revealed when a resident is admitted to the facility on an antibiotic the staff are to look at the reason the resident is on the antibiotic and request from the physician a stop date or rationale for continued use.</p> <p>Record review of the facility policy revealed the Infection Control Policy and Procedure Manual dated April 2023, Rev.2/2024.</p> <p>Title: Antibiotic Stewardship</p> <p>Policy: [NAME] Gardens values the importance of a quality antibiotic stewardship program designed to help antibiotic resistance, infection control, optimize antimicrobial therapy, and ultimately provide quality resident care. We are committed to an interdisciplinary approach and championing a program that includes antimicrobial use protocols, monitoring guidelines, tracking of appropriate antimicrobial use, infection control, and education period. [NAME] Gardens will implement and sustain this program on behalf of the residents whom we are so honored to serve.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Purpose: To establish guidelines for a multidisciplinary antibiotic stewardship program that will promote the appropriate use of antimicrobials and minimize antibiotic overuse and resistance.</p> <p>Procedure: The following procedures will outline; key duties of the interdisciplinary antibiotic stewardship team; appropriate identification; communication, and documentation of potential infections; appropriate prescribing of antimicrobials; proper monitoring and follow-up on antibiotic therapy; And evaluation of antibiotic use and other stewardship activities.</p> <p>Duties of the interdisciplinary antibiotic stewardship team:</p> <p>C. Help ensure the antibiotics are only being used when appropriate and that the proper follow up is occurring (such as on cultures and sensitivities).</p> <p>Evaluation and treatment of potential bacterial infections.</p> <p>Treatment with an antibiotic is only appropriate when the practitioner determines that the most likely cause of the resident's symptoms is a bacterial infection. Antibiotics should only be used for the appropriate length of time needed to treat the infection, and in some cases to reduce the risk of relapse or control risk to others. Antibiotics should not be used for treating viral illnesses or infections that do not meet treatment criteria.</p> <p>-Nursing staff:</p> <p>A. When a resident has a suspected infection, the nurse should perform and document a complete assessment utilizing established assessment protocols to determine if resident meets criteria for needing antibiotics.</p> <p>D. Send antibiotic orders to pharmacy with the following information.</p> <p>-i. Name of antibiotic</p> <p>-ii. Dose (i.e. milligrams)</p> <p>-iii. Route of administration (i.e. by mouth)</p> <p>-iv. Frequency (i.e. daily)</p> <p>-v. Duration of therapy (either by including a stop date or by writing X 7 days)</p> <p>E. Place laboratory orders if applicable (blood level, culture & sensitivity, etc.)</p> <p>-i. The urine sample for the cultural sensitivity should be before the initiation of the antibiotic.</p> <p>- ii. Results of the culture should be treated as priority and communicate to the prescribe as soon as possible. Consult pharmacy for recommendations.</p> <p>-2. Data to be considered as part of the assessment, should include:</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-a. Completeness Of clinical assessment documentation at the time of suspected infection</p> <p>-b. Completeness of antimicrobial medication orders.</p> <p>-c. Appropriateness of antibiotic selection.</p> <p>-d. Promptness of labs and cultures being drawn and reported</p> <p>-e. Proper de-escalation of antibiotic therapy after C&S reports are received.</p> <p>NE004</p> <p>Licensure Reference Number 175 NAC 12-006.18</p> <p>Based on record review and interview, the facility failed to have an indication for antibiotic use for 2 (Resident 28 and 144) out of 2 sampled residents. The facility staff identified a census 159.</p> <p>Findings are:</p> <p>A. Record review of a fax sheet for Resident 28 dated 6/10/24 from Consonus Pharmacy revealed there was a physician order for Amoxicillin /Augmentin (a antibiotic medication (ATB) 500-125 mg per tablet, Quantity 20 tablets, take 1 tablet by mouth 2 times a day, effective start date was 6/9/24. Further review of the fax sheet for Resident 28 dated 6/10/24, did not indicate why the ATB was being given.</p> <p>Record review of Medication Administration Record (MAR) revealed the ATB was given for a total of 20 doses from 6/10/24-6/19/24.</p> <p>Record review of Resident 28's record that included practitioner orders, progress notes and laboratory work revealed there was no indication of the need for ABT.</p> <p>A interview with the Infection Preventionist Coordinator (IPC)-I on 8/21/24 at 11:16 AM confirmed the ATB for Resident 28's Urinary Tract Infection (UTI) diagnosis did not meet the McGeer's (tool used to assist in making a determination criteria for ATB use).</p> <p>B. Record Review of Resident 144's active orders summary printed 08-19-2024 revealed an order for doxycycline (a antibiotic medication) 20 mg twice a day without a stop date.</p> <p>An interview with the IPC I revealed when a resident is admitted to the facility on an antibiotic the staff are to look at the reason the resident is on the antibiotic and request from the physician a stop date or rationale for continued use.</p> <p>Record review of the facility policy revealed the Infection Control Policy and Procedure Manual dated April 2023, Rev.2/2024.</p> <p>Title: Antibiotic Stewardship</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER St. Joseph Villa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2305 South 10th Street Omaha, NE 68108	
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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Policy: [NAME] Gardens values the importance of a quality antibiotic stewardship program designed to help antibiotic resistance, infection control, optimize antimicrobial therapy, and ultimately provide quality resident care. We are committed to an interdisciplinary approach and championing a program that includes antimicrobial use protocols, monitoring guidelines, tracking of appropriate antimicrobial use, infection control, and education period. [NAME] Gardens will implement and sustain this program on behalf of the residents whom we are so honored to serve.</p> <p>Purpose: To establish guidelines for a multidisciplinary antibiotic stewardship program that will promote the appropriate use of antimicrobials and minimize antibiotic overuse and resistance.</p> <p>Procedure: The following procedures will outline; key duties of the interdisciplinary antibiotic stewardship team; appropriate identification; communication, and documentation of potential infections; appropriate prescribing of antimicrobials; proper monitoring and follow-up on antibiotic therapy; And evaluation of antibiotic use and other stewardship activities.</p> <p>Duties of the interdisciplinary antibiotic stewardship team:</p> <p>C. Help ensure the antibiotics are only being used when appropriate and that the proper follow up is occurring (such as on cultures and sensitivities).</p> <p>Evaluation and treatment of potential bacterial infections.</p> <p>Treatment with an antibiotic is only appropriate when the practitioner determines that the most likely cause of the resident's symptoms is a bacterial infection. Antibiotics should only be used for the appropriate length of time needed to treat the infection, and in some cases to reduce the risk of relapse or control risk to others. Antibiotics should not be used for treating viral illnesses or infections that do not meet treatment criteria.</p> <p>-Nursing staff:</p> <p>A. When a resident has a suspected infection, the nurse should perform and document a complete assessment utilizing established assessment protocols to determine if resident meets criteria for needing antibiotics.</p> <p>D. Send antibiotic orders to pharmacy with the following information.</p> <p>-i. Name of antibiotic</p> <p>-ii. Dose (i.e. milligrams)</p> <p>-iii. Route of administration (i.e. by mouth)</p> <p>-iv. Frequency (i.e. daily)</p> <p>-v. Duration of therapy (either by including a stop date or by writing X 7 days)</p> <p>E. Place laboratory orders if applicable (blood level, culture & sensitivity, etc.)</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> -i. The urine sample for the cultural sensitivity should be before the initiation of the antibiotic. - ii. Results of the culture should be treated as priority and communicate to the prescribe as soon as possible. Consult pharmacy for recommendations. -2. Data to be considered as part of the assessment, should include: <ul style="list-style-type: none"> -a. Completeness Of clinical assessment documentation at the time of suspected infection -b. Completeness of antimicrobial medication orders. -c. Appropriateness of antibiotic selection. -d. Promptness of labs and cultures being drawn and reported -e. Proper de-escalation of antibiotic therapy after C&S reports are received.

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>47733</p> <p>Licensure Reference Number 175 NAC 12-006.12(D)(i)</p> <p>Based on observation, interview, and record review, the facility staff failed to secure medications in 2 unlocked medication carts . This had the potential to affect 10 residents identified as self-mobile who resided on the 100 hall.</p> <p>An observation on 8/19/24 at 7:10 AM revealed the medication cart unlocked and un attended on the 100 hall.</p> <p>An interview on 8/19/24 at 7:12 AM with Registered Nurse (RN)-J confirmed the medication cart had been unlocked and unattended.</p> <p>An interview on 8/19/24 at 7:17 AM with MA (Medication Assistant)-K confirmed the medication cart should not have been left unlock and out of sight of MA-K.</p> <p>An observation on 8/21/24 at 6:12-6:18 AM revealed MA-N walked away from the medication cart leaving the medication cart unlocked and unsupervised on the 100 hall. Further observation revealed MA-N left a card (method of packaging medications) of Acetaminophen on top of the cart and unsecured.</p> <p>During an interview on 8/21/24 at 6:18 AM with MA-N confirmed the medication card should not have been left on top of the medication cart, and the cart should've been locked and secured.</p> <p>Record review of the facility medication storage policy received dated 8-2018 revealed the following:</p> <p>-Title:Medication storage.</p> <p>-Purpose: To ensure all medications are stored in accordance with state and federal regulations. All medications and biologicals are stored in locked compartments under proper temperature controls and only authorized by personnel. Have access to keys.</p> <p>Procedure.</p> <p>1. Scheduled II Drugs are stored in containers or cabinets under double lock in the Medication Room. Only the Charge Nurse or Medication Nurse has access to the narcotics keys. The key to the narcotic compartment or cabinet is not the same as the medication room or Medicare key.</p> <p>5. Medications which require refrigeration are kept in a refrigerator in the locked medication room period. Drug stored under refrigeration or stored separately from food. All refrigerated areas and devices have a temperature between 36 and 46 F and are equipped with two thermometers. Temperatures are logged daily by Med Tech or Nurse for quality assurance.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>6. If the refrigerator temperature is not within the designated range, the temperature knob in the refrigerator should be adjusted accordingly to correct the temperature. If the medication becomes frozen at less than <36 , it needs to be destroyed and replaced. If the temperature is greater than >46 , the guidance for stability of medication at room temperature should be followed. Pharmacy should be contacted about any questions regarding temperature excursions and medication stability.</p> <p>7. All regular medications will be stored between 56 and 86 F.</p> <p>8. Compartments and areas containing drugs are locked when not in use or left Unattended. Such areas include drawers, cabinets, rooms, refrigerators, carts, and boxes</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>49164</p> <p>Licensure Reference Number 175 NAC 12-006.11</p> <p>Based on observation, interview and record review the facility failed to follow the menu to meet the nutritional needs of residents that received pureed meals. This affected 7 (Residents 43, 54, 63, 78, 79, 125, and 129) observed of 13 residents the facility had identified as requiring a pureed meal. The facility census was 159.</p> <p>Findings are:</p> <p>Record Review of the facility's menu identified as Wednesday, week 5 revealed the kitchen would be serving, 4 ounces(oz) vegetable beef soup with 2 crackers, 1 hot dog with bun, 4 oz macaroni salad, 1 slice of watermelon and 1 slice of cake for lunch.</p> <p>An interview on 08-21-2024 with [NAME] W at 11:35 AM revealed the pureed meal consisted of 4 oz pureed vegetable beef soup with crackers , 6 oz pureed hot dog with bun and gravy, 4 oz pureed macaroni salad, 4 oz pureed watermelon and 4 oz pureed cake.</p> <p>A continuous observation on 08-21-2024 from 12:00 -1:27 PM of [NAME] X serving lunch revealed residents who had a pureed diet were served 4 oz pureed mashed potatoes with 2 oz gravy instead of the 6 oz pureed hot dog and bun with gravy.</p> <p>An interview with [NAME] X on 08-21-2024 at 1:30 PM revealed the mashed potatoes were served in place of the pureed hot dog and bun by mistake.</p> <p>An interview with [NAME] W PM 08-21-2024 at 1:35 revealed the residents should have received the pureed hot dog and bun and confirmed the menu was not followed. [NAME] W also confirmed the residents on pureed diets did not get the correct serving of protein for the meal.</p> <p>An interview with the facility's Registered Dietician (RD) on 08-21-2024 at 2:26 PM confirmed the pureed menu was not followed and the residents who received mashed potatoes instead of the hot dog received less calories.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50106</p> <p>LICENSE REFERENCE NUMBER 175 NAC 12-006.18 AND 12-006.19(C)(i)</p> <p>Based on observations, interviews and record reviews, the facility failed to gown during personal cares for residents on Enhanced Barrier Precautions (EBP, is a strategy used in nursing homes to reduce the spread of Multi-Drug Resistant Organisms (MDROs) to prevent cross-contamination for 5 residents (Residents 64, 29, 66, 144, 149) of 31 residents on EBP, failed to ensure Resident 8's nasal cannula was kept off the floor and ensure the laundry aide kept clean laundry away from the staff members clothing to prevent cross contamination. The facility census was 159.</p> <p>Findings are:</p> <p>A. Record review of Resident 29 Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 6/4/2024 revealed Resident 29 is rarely/never understood so a Brief Interview for Mental Status (BIMS, a brief screener used to determine cognition) could not be performed. A staff assessment of Resident 29's memory revealed short-term and long-term memory are OK. Resident 29 can recall current season, location of room, staff names and faces, and that (gender) is in a nursing home. Resident 29's diagnosis include: Stroke with the loss of the ability to speak (aphasic). Resident also has a gastrointestinal tube (G-tube, a small flexible tube that is surgically inserted through the abdominal wall and into the stomach) for the purpose of receiving adequate water (fluid) intake.</p> <p>Record review of Resident 29's Order Summary dated 3/7/2024 revealed an order for Bolus (a single dose) of 400 milliliters (mL) of water per G-tube (tube placed into the stomach to provide nutrition and fluids) every 6 hours at 3:00 AM, 9:00 AM, 3:00 PM, and 9:00 PM.</p> <p>Observation of the outside doorway on 8/21/24 at 8:40 AM of Resident 29's room revealed a sign for EBP. EBP would indicate the need for gowns and gloves during high-contact resident care activities for residents known to be infected with a MDRO or for those at increased risk of MDRO acquisition (e.g. residents with wounds or indwelling medical devices).</p> <p>Observation on 8/21/2024 at 8:42 AM revealed Licensed Practical Nurse (LPN) N entered Resident 29's room with out donning a gown. LPN-N completed hand hygiene (HH), donned gloves obtained 400 ml of water in preparation of administering fluids to Resident 29 via a G-tube. LPN- N checked for placement of the tube, once confirmed LPN-N administered the 400 ml of water and completed hand hygiene.</p> <p>A interview with LPN-N on 8/21/2024 at 9:03 AM confirmed LPN-N should have worn a gown when water was administered via the G-tube.</p> <p>B. Record review of Resident 64's MDS revealed a BIMS score of 8. A BIMS score of 8 indicating the resident's cognition is severely impaired. The MDS also indicated the resident had an indwelling foley catheter (a thin, flexible tube that is inserted into the urethra and bladder to collect and drain urine) and a diagnosis of obstructive uropathy (a disorder of the urinary tract that occurs due to obstructed urinary flow).</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 - Some</p>	<p>Observation of the outside doorway on 8/20/2024 at 10:50 AM of Resident 64's room revealed a sign for EBP. EBP would indicate the need for gowns and gloves during high-contact resident care activities for residents known to be infected with a MDRO or for those at increased risk of MDRO acquisition (e.g. residents with wounds or indwelling medical devices).</p> <p>Observation on 8/20/24 at 10:57 AM of Nursing Assistant-P (NA-P) revealed NA-P entered Resident 64's room without donning a clean gown to empty the foley catheter bag of urine. NA-P provided privacy for the resident by closing the drapes and closing the door. NA-P explained the procedure to be performed. NA-P did HH with hand sanitizer and applied clean gloves. NA-P opened 2 alcohol pads and cleaned the end of the leg bag with one alcohol pad. NA-P twisted the end of the leg bag open and allowed the urine to flow into the graduate located on the floor in a plastic bag. NA-P cleaned the end of the leg bag with the 2nd alcohol pad and then twisted the end shut. NA-P took note of the amount of urine in the graduate before emptying in the toilet and rinsed the graduate with a disposable cup of water removed gloves and completed HH.</p> <p>A interview on 8/20/24 at 11:30 PM with NA-P confirmed a gown should have been worn for emptying urine from Resident 64's catheter bag.</p> <p>49164</p> <p>C. Record Review of Resident 66's dated 07-15-2024 revealed an admitted [DATE] with diagnosis of Chronic Respiratory Failure requiring oxygen, Type 2 Diabetes, Congestive Heart Failure and morbid obesity. The MDS also indicated Resident 66 had a Multi Drug Resistant Organism (MDRO, which is a bacterium that has become resistant to certain antibiotics) and required set up assistance from staff for eating and personal hygiene and was dependent on staff assistance for toileting, dressing, bathing, bed mobility and transfers.</p> <p>An observation on 08-21-2024 at 6:41 AM of Nursing Assistant (NA) Y providing care for Resident 66 revealed NA Y was wearing gloves without a gown picking and up linens, cleaned a bed pan and bagging trash in the room.</p> <p>Record Review of a sign outside of Resident 66's room indicated Enhanced Barrier Precautions to remind staff must wear a gown and gloves for the following High-Contact Resident Care Activities including changing linens and providing hygiene.</p> <p>An interview with NA Y on 08-21-2024 at 6:45 AM revealed according to NA Y, Resident 66 was on EBP because (gender) uses oxygen, so wearing a gown is not needed.</p> <p>An interview with Licensed Practical Nurse (LPN) L on 08-21-2024 at 6:55 AM revealed Resident 66 was on EBP because (gender) had a vent (non-invasive).</p> <p>Record Review of the facility's list of residents on EBP dated 08-12-2024 revealed Resident 66 had a MDRO - Extended-spectrum beta-lactamases (ESBLs, are enzymes produced by some bacteria that make them resistant to many antibiotics) and was put on EBP for that reason.</p> <p>An interview with the Assistant Director of Nursing (ADON) on 08-22-2024 at 6:55 AM confirmed Resident 66 was on EBP and the staff should have worn a gown and gloves while providing care such as gathering linens or hair care.</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 - Some</p>	<p>D. Record Review of Resident 144's MDS dated [DATE] revealed an admitted [DATE] with the diagnosis of Amyotrophic Lateral Sclerosis (ALS, is a neurological disorder that affects motor neurons, the nerve cells in the brain and spinal cord that control voluntary muscle movement and breathing), dysphagia (difficulty swallowing), myoneural disorder (myoneural disorder is a condition that causes muscles to weaken due to improper signal transmission between the nerves and muscles). The MDS also indicated that Resident 144 had a gastrostomy tube (a small, flexible tube that is surgically inserted through the abdomen and into the stomach to provide direct access for feeding, hydration, or medicine) and was dependent on staff assistance for toileting, bathing, dressing, transfers and hygiene.</p> <p>An observation on 08-20-2024 at 1:30 PM of Nursing Assistants (NA) Y and Z transferring Resident 144 to the commode. Both NAs donned gloves and both aids placed a lift sling around Resident 144 and under (gender) arms. Once the sling was placed the lift belt was secured NA Z used the controls on the lift to raise Resident 144. NA Y was guiding Resident 144 as NA Z moved the lift to the commode. NA Y pulled down Resident 144's pants and brief, and NA Z using the lift controls lowered Resident 144 to the commode.</p> <p>An interview was conducted with NA Y on 08-20-2024 at 1:30 PM revealed a gown was not used because Resident 144 does not have a wound.</p> <p>An interview on 08-20-2024 with NA Z at 1:36 PM revealed a gown was not used. NA Z also indicated the sign outside Resident 144's room indicated staff should wear a gown.</p> <p>Record Review of Record Review of the facility's list of residents on EBP dated 08-12-2024 revealed Resident 144 had a gastrostomy tube and was placed on EBP for that reason.</p> <p>An interview conducted on 08-22-2024 at 7:43 AM with the ADON confirmed a gown and gloves should have been worn while assisting Resident 144 with toileting.</p> <p>E. Record Review of Resident 149's MDS dated [DATE] revealed an admitted [DATE] with diagnosis of cerebral palsy (a group of neurological disorders that appear in infancy or early childhood and permanently affect body movement and muscle coordination), anxiety, and depression. The MDS also revealed Resident 149 had a gastrostomy tube (a small, flexible tube that is surgically inserted through the abdomen and into the stomach to provide direct access for feeding, hydration, or medicine) and was dependent on staff assistance for bathing, dressing, toileting, hygiene, bed mobility and transfers.</p> <p>An observation on 08-20-2024 at 1:40 PM revealed Licensed Practical Nurse (LPN) BB administering medications to Resident 149 through (gender) gastrostomy tube. LPN BB was wearing gloves and did not have a gown on.</p> <p>An interview on 08-20-2024 at 1:44 PM with LPN BB revealed LPN BB had forgot to wear a gown while administering medications through the gastrostomy tube.</p> <p>Record Review of the facility's EBP listed dated 08-12-2024 revealed Resident 149 was placed on EBP due to having a gastrostomy tube.</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 - Some</p>	<p>An interview with the ADON on 08-22-2024 at 8:20 AM confirmed Resident 149 was on EBP and staff should wear a gown and gloves when administering medications through a gastrostomy tube.</p> <p>Record Review of the Facility policy Enhanced Barrier Precautions revealed:</p> <p>Nursing Policy and Procedure</p> <p>Date: 3/2024</p> <p>Title: Enhanced Barrier Precautions</p> <p>Purpose: To reduce the spread of multi-drug resistant organisms (MDRO)</p> <p>Definitions: MDRO: bacteria or fungi resistant to multiple antimicrobials</p> <p>Colonization: Germ is found on or in the body but is not causing infection.</p> <p>Types of MDROs include but not limited to:</p> <ul style="list-style-type: none"> -Pan-resistant organisms -Carbapenemase-producing carbapenem-resistant Enterobacterales, -Carbapenemase-producing carbapenem Pseudomonas spp., -Carbapenemase-producing carbapenem-resistant Acinetobacter baumannii. -Candida auris -Methicillin-resistant Staphylococcus aureus (MRSA), -ESBL-producing Enterobacterales, -Vancomycin-resistant Enterococci (VRE) -Drug-resistant Streptococcus pneumoniae. <p>EBP are indicated for resident with any of the following:</p> <ul style="list-style-type: none"> -Infection or colonization with a CDC-targeted MDRO when Contact Precautions do not otherwise apply; or -Wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO. <p>Procedure</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 - Some</p>	<p>1.Residents with colonization of MDRO and/or with indwelling medical devices (central lines, G-tubes, foley catheters) will be placed on Enhanced Barrier Precautions (EBP).</p> <p>2.Signage will be placed outside of their rooms to alert staff that PPE is needed.</p> <p>3.Personal protective equipment (PPE) including gowns and gloves, will be available immediately outside of the resident room.</p> <p>4.PPE should be worn with during high-contact resident care activities:</p> <ul style="list-style-type: none"> -Dressing -Bathing/showering -Transferring (not needed when transferring in a common area) -Providing hygiene -Changing linens -Changing briefs or assisting with toileting -Device care or use: Central line, urinary catheter, feeding tube, tracheostomy/ventilator -Wound care: Chronic wounds, not shorter-lasting wounds, such as skin breaks or skin tears covered with an adhesive bandage or similar dressing. Chronic wound examples include pressure injuries, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers. <p>5-Trash can will be placed inside the resident room and near the exit for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room.</p> <p>6.-Private room is not required.</p> <p>7.-Resident may participate in communal activities and dining.</p> <p>45641</p> <p>F.</p> <p>A record review of the facility's Oxygen - Safe Use policy dated November, 2022 revealed the facility staff was to store all cannulas (tube inserted into a resident's nose to deliver oxygen) and tubing in a labeled and dated plastic bag. Oxygen should not be allowed to drag on or touch the floor.</p> <p>An observation on 08/19/2024 at 8:33 AM revealed Resident 8 was not in the room and the resident's oxygen nasal cannula was laying on the floor.</p> <p>An observation on 08/19/2024 at 11:13 AM revealed Resident 8 was not in the room and the resident's oxygen nasal cannula was laying on the floor.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285078	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER St. Joseph Villa Nursing Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2305 South 10th Street Omaha, NE 68108	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An observation on 08/20/2024 at 10:59 AM revealed a Nursing Assistant (NA) was assisting Resident 8 in a wheelchair to the front of the building. An observation of the resident's room revealed Resident 8's oxygen nasal cannula was on the floor.</p> <p>An observation on 08/20/2024 at 11:21 AM revealed Resident 8's oxygen nasal cannula was laying on the floor. NA-G entered the room and assisted Resident 8's roommate and exited the room. The oxygen nasal cannula remained on the floor.</p> <p>An observation on 08/20/2024 at 11:40 AM with the facility's Assistant Director of Nursing (ADON) revealed Resident 8's oxygen nasal cannula was laying on the floor.</p> <p>In an interview on 08/20/2024 at 11:40 AM, the facility's ADON confirmed the ADON seen the oxygen nasal cannula on the floor. The ADON confirmed the oxygen nasal cannula should not have been on the floor, it should have been in a plastic bag when not in use, and the ADON threw the oxygen nasal cannula away.</p> <p>G.</p> <p>A record review of the facility's Laundry/Linen Protocols dated October 2019 revealed the staff were to maintain the laundry facilities and adhere to proper protocols to prevent the spread of infection by appropriately maintaining the laundry area and equipment and properly handling, storing, processing, and transporting linens and personal laundry.</p> <p>An observation on 08/19/2024 at 11:58 AM revealed the Laundry Supervisor (LS) delivered personal laundry to resident rooms [ROOM NUMBER] down a [NAME] Isolation Zone hallway with the clothing tucked between LS's left arm and body touching LS's clothing. Further observation revealed as the LS walked dothe the hall, the residents clothing were dragging on the floor.</p> <p>An observation on 08/20/2024 at 1:45 PM revealed the facility's LS left the laundry area and walked past the receptionist desk with a stack of linens resting on LS's left arm and resting against LS's chest.</p> <p>An observation on 08/21/2024 at 11:49 AM revealed the facility's LS delivered laundry to resident rooms, 500, 501, 1000, 1001, 1002, 600, 601, 603, 604, 400, 402, 403, 404, 405, 406, 407, 408, 410, 411, 1000, and 803 while hold the personal laundry between LS's arms and against LS's body.</p> <p>In an interview on 08/22/2024 at 7:47 AM, the facility's ADON confirmed the LS should have held the personal laundry away from the body and LS's clothing when delivering to prevent cross contamination.</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>50106</p> <p>Licensure Reference Number 175 NAC 12-006.18</p> <p>Based on interview and record review, the facility failed to prevent potential COVID-19 infection as evidenced by the failure to offer, provide education, and give 2 residents (Resident 15 and 25) of 5 residents reviewed, the opportunity to accept or decline updated COVID-19 vaccination for 2024-2025. The facility identified a census of 159.</p> <p>Findings are:</p> <p>Record review of Centers for Disease Control 2024-2025 COVID-19 vaccine dated July 3, 2024, recommendations were: Everyone ages 6 months and older should get the 2024-2025 COVID-19 vaccine. This includes people who have received a COVID-19 before and people who have had COVID-19.</p> <p>Record review of Resident 15's Immunization Record revealed COVID-19 vaccine history of vaccines given on 3/31/21, 4/21/21, and 11/23/21. The Electronic Health Record (EHR) did not reveal any documentation of education, the vaccine being offered nor any opportunities for the resident to decline or accept the vaccine for the 2024-2025 updated vaccination.</p> <p>Record review of Resident 25's Immunization Record revealed COVID-19 vaccine history of vaccines given on 12/29/20, 1/19/21, 10/3/21, 5/25/22, and 10/5/22. The EHR did not reveal any documentation of education, the vaccine being offered nor any opportunities for the resident to decline or accept the vaccine for the 2024-2025 updated vaccination.</p> <p>Interview with Director of Nursing (DON) on 8/19/24 at 2:15 PM confirmed Resident 15 and Resident 25 were not offered, given, and/or provided education for the COVID-19 vaccination for 2024-2025.</p> <p>Record review of Facility Policy and Procedure for COVID-19 Vaccination Program dated May 2021 the following:</p> <p>Purpose: To maximize COVID-19 vaccination rates by ensuring that residents and staff are educated about the COVID-19 vaccine and are offered opportunities to receive the vaccine.</p> <p>Procedure:</p> <p>-All residents will be provided information on COVID-19 vaccination, to include risks and benefits. If a resident is not vaccinated the resident will be encouraged and given the opportunity to be vaccinated if indicated.</p> <p>-Facility staff will document COVID-19 education provided to residents in the EHR.</p> <p>-For resident that choose to be vaccinated, the facility will document which vaccine was administered, which dose was administered and the date of vaccination in the HER.</p> <p>(continued on next page)</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-If a resident declines to be vaccinated, the facility will document, in the HER progress notes, the reason for refusal, and any contraindications the resident may have to the vaccine.</p> <p>-The facility will keep abreast of new vaccine information as provided by the CDC and Department of Public health and will provide ongoing education to address individual concerns, science-based findings, and benefits of vaccination to staff and resident as appropriate.</p>		