STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285088	A. Building B. Wing	02/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Hartington	401 W Darlene Street Hartington, NE 68739

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** LICENSURE REFERENCE NUMBER 175 NAC 12-006.18Based on observation, record review and interview; the facility failed to ensure antibiotics ordered for 2 (Resident 9 and 14) of 12 sampled residents had an order for duration for use. The facility census was 34.Findings are:A.Review of the facility policy Antibiotic Stewardship updated 11/13/2024 revealed the following:-Accura HealthCare antibiotic stewardship program promoted the appropriate use of antibiotics and included a system of surveillance, monitoring and preventative measures to improve resident outcomes and reduce antibiotic resistance. Antibiotics would be prescribed for the correct indication, dose, and duration to appropriately treat the resident while also attempting to reduce the development of antibiotic-resistant organisms. -If an antibiotic was ordered the Physician would identify the diagnosis/indication, the appropriate antibiotic, proper dose, duration and route. B.Review of Resident 9's Minimum Data Set (MDS-federally mandated comprehensive assessment used in the development of resident care plan) dated 1/29/26 revealed the following: - Resident 9 was admitted to the facility on [DATE] with a diagnosis of Alzheimer's Disease Late Onset. Review of Resident 9's Treatment Administration Record (TAR) dated February 2026 identified the following order:-Mupirocin Ointment (an antibiotic) applied to both nares topically every 24 hours as needed for dry nose with a start date of 11/26/24. Further review revealed no ordered duration for use. An interview with the facilities Infection Preventionist Registered Nurse (IP-RN) on 2/23/26 at 10:05 AM confirmed that the order for Mupirocin External Ointment did not have a defined duration and the IP-RN had not monitored the use of the antibiotic. C.Review of Resident 14's MDS dated [DATE] revealed the following:-Ointment/medication was applied other than to feet. Review of Resident 14's Care Plan with a revision date of 1/20/26 revealed the resident had self-inflicted scratches to the left thigh and to provide wound care per treatment order. Review of Resident 14's Weekly Skin Check assessment dated [DATE] revealed resident had self-inflicted scratches to the front of the left thigh that measured 0.8 centimeters (cm) by 0.5 cm. Review of Resident 14's Medication Administration Record (MAR) dated February 2026 identified the following order:-Triple Antibiotic Ointment apply to the left knee, right and left thigh every day for self-inflicted scratches. D/C treatment when areas were healed. Start date was 8/21/25. Further review revealed no ordered duration for use. During an observation of the provision of care for Resident 14 on 2/19/26 at 11:00 AM revealed Resident 14 was sitting in the bathing room and had a whirlpool. Registered Nurse (RN-K) applied Triple Antibiotic Ointment to an open area on resident's left thigh. RN-K confirmed that the area does heal but then resident scratches at the area and the area reopens. An interview with the IP-RN on 2/23/26 at 10:05 AM confirmed that the Triple Antibiotic Order did not have a defined duration and the IP-RN had not monitored the use of the antibiotic.

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