

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/30/2024
NAME OF PROVIDER OR SUPPLIER  Heritage of Bel Air		STREET ADDRESS, CITY, STATE, ZIP CODE  1203 North 13th Street Norfolk, NE 68702	

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 0689</p> <p>Level of Harm - Minimal harm or potential for 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 29638</p> <p>LICENSURE REFERENCE NUMBER 175 NAC 12-006.09(l)(i)</p> <p>Based on record review and interview; the facility failed to implement assessed fall interventions, and to revise and/or develop new interventions for the prevention of ongoing falls for Resident 12. The facility census was 101 and the sample size was 5.</p> <p>Findings are:</p> <p>A. Review of the facility Fall Prevention Management Standards with revision date of 1/2024 revealed all residents were to be reviewed during pre-admission/admission to determine their risk for falls. When a resident was identified at risk for falls, the resident's care plan was to be updated to reflect the potential safety hazard. Approaches/ interventions were to be implemented and maintained related to identified areas of risk. If a fall was to occur, staff were to investigate and collect factual evidence related to the fall. A Root Cause Analysis was to be completed to find out what happened and to determine what could be done to prevent it from happening again.</p> <p>B. Review of Resident 12's Minimum Data Set (MDS-a federally mandated comprehensive assessment tool used for care planning) dated 6/27/24 revealed diagnoses of Parkinson's disease, arthritis, osteoporosis, seizure disorder, anxiety, depression, respiratory failure, and Schizophrenia. The MDS further indicated the resident had severe cognitive impairment; was dependent with toileting hygiene, personal hygiene, dressing, bed mobility and transfer; was frequently incontinent; and had 2 falls with injury (except major) since the previous assessment.</p> <p>Review of a Nursing Progress Note dated 3/10/24 at 11:45 AM revealed the resident was found on the floor of the resident's room. The resident reported the need to use the bathroom.</p> <p>Review of a Root Cause Analysis form dated 3/12/24 revealed the resident's fall occurred when the resident was attempting to utilize the bathroom before going out to the noon meal. New interventions included educating staff to toilet the resident before all meals and to initiate a bowel and bladder assessment to determine the resident's toileting routine.</p> <p>Review of a Nursing Progress Note dated 4/1/24 at 5:05 PM revealed the resident was lowered to the floor during a pivot transfer (resident bears at least some weight on one or both legs and spins to move their bottom from one surface to another) with one staff member.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/30/2024
NAME OF PROVIDER OR SUPPLIER  Heritage of Bel Air		STREET ADDRESS, CITY, STATE, ZIP CODE  1203 North 13th Street Norfolk, NE 68702	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a Root Cause Analysis Form dated 4/3/24 revealed the resident had been transferred with only 1 assist and staff failed to follow the resident's care plan which called for 2 staff to assist with transfers. A new intervention was initiated to use the sit-to-stand lift (a mechanical lift that allows for resident transfers from a seated position to a standing position. The lift is designed to support only the upper body and requires the resident to have some weight bearing capability).</p> <p>Review of the resident's undated care plan revealed the resident had a deterioration in ability to complete activities of daily living related to impaired decision-making skills, Parkinson's disease, and Schizophrenia. An intervention dated 5/9/24 revealed the staff were to use the full body lift (mechanical device that allows residents to be transferred between a bed and a chair using hydraulic power and requires no weight bearing assistance from the resident) and 2 staff for assistance with all transfers.</p> <p>Review of a Nursing Progress Note dated 5/11/24 at 9:30 PM revealed staff had transferred the resident by themselves using the sit-to-stand lift and the resident began to slide out of the lift. The resident was placed in the wheelchair and staff then attempted to pivot transfer the resident onto the bed without further staff assistance. Resident 12 then slid off the edge of the bed and onto the floor.</p> <p>Review of a Root Cause Analysis Form dated 5/14/24 revealed an intervention for staff to use the full body lift (which was to have been initiated 5/9/24) with 2 assists for all transfers.</p> <p>Review of a Nursing Progress Note dated 6/18/24 at 8:35 PM revealed the resident was on the floor of the resident's room. Staff had attempted to transfer the resident by themselves using the sit-to-stand lift and the resident fell backwards out of the lift. The resident obtained a small hematoma to the back of the head.</p> <p>Review of a Root Cause Analysis Form dated 6/19/24 revealed the staff failed to follow the resident's care plan related to safe transfers. Staff were to receive re-education regarding how to safely transfer the resident.</p> <p>Interview with the Director of Nurses (DON) on 7/29/24 at 11:17 AM confirmed the following:</p> <ul style="list-style-type: none"> <li>-after the resident's fall on 3/10/24 at 11:45 AM, there was no evidence staff received re-education regarding the need to toilet the resident prior to meals. In addition, an Hourly Elimination Dairy was completed over 3 days, but no trends were identified regarding the resident's elimination schedule and no new interventions were developed,</li> <li>-when the resident fell on [DATE] at 5:05 PM, the resident had been transferred with only 1 staff. Resident 12's plan of care at the time indicated there were to be 2 staff for all transfers. A new intervention was developed for staff to use the sit-to-stand lift for all transfers,</li> <li>-an intervention to use the full body lift with 2 staff was initiated 5/9/24 to assure safe transfers for the resident,</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/30/2024
NAME OF PROVIDER OR SUPPLIER  Heritage of Bel Air		STREET ADDRESS, CITY, STATE, ZIP CODE  1203 North 13th Street Norfolk, NE 68702	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-5/11/24 at 9:30 PM the resident had a fall in the resident's room when the staff attempted to use the sit-to-stand lift to transfer the resident and then when this failed, tried to pivot transfer the resident without assistance. The DON verified at this time, all transfers for Resident 12 were to include 2 staff and the full body lift. Fall interventions were not revised and no new interventions were developed, and</p> <p>-6/18/24 at 8:35 PM the resident had another fall in their room related to staff failure to correctly transfer the resident.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/30/2024
NAME OF PROVIDER OR SUPPLIER  Heritage of Bel Air		STREET ADDRESS, CITY, STATE, ZIP CODE  1203 North 13th Street Norfolk, NE 68702	
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 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>42360</p> <p>Licensure Reference Number 175 NAC 12-006.09</p> <p>Based on record review and interview; the facility failed to have physician documented, resident specific clinical rationale for not attempting gradual dose reductions for Resident 7's psychoactive (medications that affect brain activity associated with mental processes and behavior) medication. The sample size was 5 and the facility census was 101.</p> <p>Findings are:</p> <p>Review of the facility management standard Psychoactive Medications and Medication Regimen Review dated 6/2024 revealed the following:</p> <ul style="list-style-type: none"> <li>-Each psychoactive medication had an appropriate diagnosis to support the use of the medication.</li> <li>-Gradual Dose Reductions were required for all psychoactive medications.</li> <li>-The interdisciplinary Team acted as the resident advocate to ensure psychoactive medications were necessary, to ensure quality of life for each resident.</li> <li>-The facility utilized appropriate resources to assist in managing psychoactive medications that were prescribed for residents, including the attending physician, the medical director as needed, the consulting pharmacist, the facility team, behavioral services, regulations, and other published clinical resources.</li> <li>-Excessive Duration was described as medications administered beyond the length of time advised by the current standards of practice, clinical practice guidelines, clinical studies, or evidence-based review or without evidence of additional therapeutic benefit to the resident or clinical evidence that warranted continued use of the medication.</li> <li>-Gradual Dose Reduction was the stepwise tapering of a dose to determine if symptoms, conditions, or risks could be managed by a lower dose or if the dose could be discontinued. Guidance emphasized the importance of seeking an appropriate dose of each medication and minimizing the risk of adverse consequences and determining whether continued use is benefitting the resident.</li> <li>-For as long as a resident remains on a sedative/hypnotic that is used routinely and beyond the manufacturer's recommendations for duration of use, the facility attempted to taper the medication quarterly unless clinically contraindicated including a clinical rationale for why attempting dose reduction would likely impair the resident's function or cause psychiatric instability, by exacerbating an underlying medical or psychiatric disorder.</li> <li>-After the first year of use of antidepressant medications a gradual dose reduction was attempted annually unless documented by a physician as clinically contraindicated.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/30/2024
NAME OF PROVIDER OR SUPPLIER  Heritage of Bel Air		STREET ADDRESS, CITY, STATE, ZIP CODE  1203 North 13th Street Norfolk, NE 68702	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-For as long as a resident remained on a hypnotic/sedative medication used routinely beyond the manufacturer's recommendations for duration of use, the facility attempted to taper the medication quarterly unless clinically contraindicated (the physician documented why any attempted dose reduction would likely impair the resident's function or cause psychiatric instability by exacerbating and underlying medical of psychiatric disorder).</p> <p>-If there was to be no change in medications, the attending physician documented the rationale in the resident's medical record.</p> <p>Review of Resident 7's Care Plan with a revision date of 12/22/23 revealed the resident took psychoactive medication, had anxiety, depression, and insomnia and gradual dose reduction guidelines were followed. The facility monitored for adverse effects of the medication including monitoring for drowsiness, dizziness, confusion, and falls.</p> <p>Review of Resident 7's Minimum Data Set (MDS- federally mandated comprehensive assessment used to develop resident care plans) dated 5/30/24 revealed the resident received substantial assistance with dressing, toileting hygiene, and dressing, had diagnoses of anxiety and depression, and took antidepressant and hypnotic medication daily over the previous seven days. In addition, the resident had 2 or more falls since the previous assessment.</p> <p>Review of the Note to Attending Physician/Prescriber dated 7/12/23 regarding Resident 7, generated by the pharmacy revealed the following:</p> <p>-The Center for Medicare and Medicaid Services (CMS) guidelines recommended a dose reduction attempt to psychotropic medications twice within the first year for newly admitted residents and then in modest increments over adequate periods of time to minimize withdrawal symptoms and monitor for symptom recurrence.</p> <p>-The resident was taking Sertraline 125mg daily for depression and a review for a dose reduction was appropriate.</p> <p>-The was no resident specific clinical rationale given for not attempting to reduce the medication dose.</p> <p>Review of the Note to Attending Physician/Prescriber dated 9/11/23 regarding Resident 7, generated by the pharmacy revealed the following:</p> <p>-The Center for Medicare and Medicaid Services (CMS) guidelines recommended a dose reduction attempt to psychotropic medications twice within the first year for newly admitted residents and then in modest increments over adequate periods of time to minimize withdrawal symptoms and monitor for symptom recurrence.</p> <p>-The resident was taking Sertraline 125mg daily for depression and a review for a dose reduction was appropriate at that time.</p> <p>-The provider did not decrease the dose and there was no resident specific clinical rationale given, for not attempting to reduce the medication dose.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/30/2024
NAME OF PROVIDER OR SUPPLIER  Heritage of Bel Air		STREET ADDRESS, CITY, STATE, ZIP CODE  1203 North 13th Street Norfolk, NE 68702	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Note to Attending Physician/Prescriber dated 12/8/23 regarding Resident 7, generated by the pharmacy revealed the following:</p> <ul style="list-style-type: none"> <li>-The Center for Medicare and Medicaid Services (CMS) guidelines recommended a dose reduction attempt to psychotropic medications twice within the first year for newly admitted residents and then in modest increments over adequate periods of time to minimize withdrawal symptoms and monitor for symptom recurrence.</li> <li>-The resident was taking Ambien 5mg daily for insomnia and the medication needed to be evaluated for a gradual dose reduction to 2.5mg daily.</li> <li>-The physician agreed to attempt the reduction; however, the resident refused this medication change.</li> <li>-There was no evidence the facility provided the resident education regarding the reason for or benefits of a dose reduction or no resident specific documented rationale from the physician stating the rationale for continuing the medication at the same dose.</li> </ul> <p>Review of the Note to Attending Physician/Prescriber dated 6/7/24 regarding Resident 7, generated by the pharmacy revealed the following:</p> <ul style="list-style-type: none"> <li>-The Center for Medicare and Medicaid Services (CMS) guidelines recommended a dose reduction attempt to psychotropic medications twice within the first year for newly admitted residents and then in modest increments over adequate periods of time to minimize withdrawal symptoms and monitor for symptom recurrence.</li> <li>-The resident was taking Ambien 5mg daily for insomnia and the medication needed to be evaluated for a gradual dose reduction to 2.5mg daily.</li> <li>-The physician did not agree to the change the medication dose and did not document a resident specific rationale for not attempting a dose reduction.</li> </ul> <p>Review of the active Order Summary Report dated 7/29/24 revealed orders for the following psychoactive medication:</p> <ul style="list-style-type: none"> <li>-Ambien (hypnotic medication) 5 mg (milligrams) by mouth daily at bedtime for chronic insomnia.</li> <li>-Sertraline (antidepressant medication) 125 mg by mouth one time daily for depression.</li> </ul> <p>During an interview on 7/29/24 at 9:25 AM the Director of Nursing confirmed the provider did not document clinical rationale for not attempting dose reductions for Resident 7's Sertraline (antidepressant) and Ambien (hypnotic) medications. In addition, the facility did not provide education to the resident regarding the risks and benefits of attempting gradual dose reductions of psychoactive medication.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/30/2024
NAME OF PROVIDER OR SUPPLIER  Heritage of Bel Air		STREET ADDRESS, CITY, STATE, ZIP CODE  1203 North 13th Street Norfolk, NE 68702	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45739</p> <p>Licensure Reference Number 175 NAC 12-006.18 (B)</p> <p>Licensure Reference Number 175 NAC 12-006.18 (D)</p> <p>Based on observation, interview, and record review; the facility failed to implement Enhanced Barrier Precautions (EBP-an infection control intervention designed to reduce transmission of multi-drug resistant organisms [MDRO's]) during wound care and perform hand hygiene at appropriate intervals during high contact care activities for Resident 30, and to correctly use Personal Protective Equipment (PPE) to prevent the potential spread of Covid-19 related to resident 37. The total sample size was 28. The facility census was 101.</p> <p>Findings are:</p> <p>A. Review of the facility policy Standard and Transmission Based Precautions (TBP), undated, revealed the following:</p> <ul style="list-style-type: none"> <li>-TBP would be implemented for residents known or suspected to be infected with an infectious agent requiring additional control measures,</li> <li>-hand hygiene would be performed after contact with blood, body fluids, contaminated items, and immediately after removal of gloves,</li> <li>-gowns would be worn during procedures and resident care activities when clothing could have made contact with blood/body fluids and secretions, and</li> <li>-masks and eye protection would be worn during procedures and resident care activities likely to generate splashes or sprays of blood, body fluids, and secretions.</li> </ul> <p>B. Review of the facility policy Enhanced Barrier Precautions, dated 4/12/2024 revealed the following:</p> <ul style="list-style-type: none"> <li>-all staff were expected to comply with all designated precautions,</li> <li>-EBP would be initiated on residents that had wounds,</li> <li>-gowns and gloves would be available near or outside the resident's room (face protection may also be needed if performing activity with the risk of splash or spray such as wound irrigation), and</li> <li>-high contact resident care activities included dressing, transferring, providing hygiene, changing linens, changing briefs, or assisting with toileting and wound care.</li> </ul> <p>C. Review of Resident 30's Minimum Data Set (MDS- a federally mandated assessment tool used in care planning) dated 5/16/24 revealed the following:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/30/2024
NAME OF PROVIDER OR SUPPLIER  Heritage of Bel Air		STREET ADDRESS, CITY, STATE, ZIP CODE  1203 North 13th Street Norfolk, NE 68702	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-diagnoses of anemia, high blood pressure, and polyneuropathy (a condition that caused decreased ability to move and feel sensation because of nerve damage,</p> <p>-the resident was cognitively intact, and</p> <p>-the resident required substantial assistance with dressing and personal hygiene and was dependent with toileting and transfers.</p> <p>Review of Resident 30's Care Plan, last revised 7/15/24 revealed the resident had a chronic pressure wound to the right buttock and required EBP.</p> <p>Observation of Resident 30 on 7/25/24 at 10:05 AM revealed a magnet on the door frame of the resident room that indicated the resident needed EBP such as mask, gown, and gloves with high-risk care activities and an isolation caddy that contained gown, gloves, and goggles outside of the resident room.</p> <p>Observation of Resident 30 on 7/29/24 at 7:00 AM the isolation caddy with gown, gloves and goggles was outside of the resident room along with a magnet on the door frame that indicated the resident required EBP during high-risk care activities. Medication Aide (MA)-F entered the resident room wearing an N95 mask and no gown in place. The resident was in the bathroom hooked up to a sit to stand lift (a mobile lift that allows for resident transfers from a seated position to a standing position, it supports the upper body and requires the resident to have some weight bearing capability). MA-F performed hand hygiene and put on gloves. MA-F still without a gown, removed the old dressing from the residents wound. MA-F grabbed the wound wash, while still wearing the same pair of gloves, cleansed the wound, then applied the new dressing to the wound bed and covered the dressing with a foam backed dressing. MA-F, continued to wear the same pair of gloves, obtained the control to the sit to stand lift and lowered the resident onto the toilet. MA-F removed the gloves and performed hand hygiene and left the resident room.</p> <p>Interview on 7/29/24 at 7:10 AM with MA-F confirmed that MA-F did not wear a gown during the dressing change. Further interview confirmed MA-F did not change gloves during the dressing change.</p> <p>Interview on 7/29/24 at 7:10 AM with Licensed Practical Nurse (LPN)-A confirmed the resident was on EBP and a gown should have been worn during the dressing change and when assisting the resident with toileting.</p> <p>Interview on 7/29/24 at 7:55 AM with the Director of Nursing confirmed gowns were to be worn with high-contact care activities for resident's on EBP and gloves should have been changed after removing the old dressing.</p> <p>42679</p> <p>D. Review of the facility document Donning and Doffing Competency (Donning means to put on and use PPE properly to achieve the intended protection and minimize the risk of exposure. Doffing means removing PPE in a way that avoids self-contamination.) dated 3/2021 revealed the following procedures:</p> <p>Donning-</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/30/2024
NAME OF PROVIDER OR SUPPLIER  Heritage of Bel Air		STREET ADDRESS, CITY, STATE, ZIP CODE  1203 North 13th Street Norfolk, NE 68702	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-perform hand hygiene,</p> <p>-apply an approved N95 respirator or higher. If the respirator has a nosepiece, it should be fitted to the nose with both hands, respirator should be extended under the chin so both nose and mouth are protected,</p> <p>-respirator straps would be placed on the crown of the head (top strap) and base of neck (bottom strap),</p> <p>-apply goggles or face shield,</p> <p>-apply the gown-tie all ties on the gown,</p> <p>-apply gloves, gloves should cover the cuff of the gown,</p> <p>Doffing-</p> <p>-remove gloves without causing additional contamination of hands,</p> <p>-remove gown by untying all ties, reach to shoulders and pull gown down and away from the body then dispose,</p> <p>-perform hand hygiene,</p> <p>-exit the room,</p> <p>-remove face shield or goggles by grabbing the strap and pulling upwards and away from the head,</p> <p>-perform hand hygiene,</p> <p>-remove and discard respirator (do not touch the front of the respirator or facemask), remove the bottom strap by touching only the strap and bringing it carefully over the head, grasp the top strap and bring it over the head then pull the respirator away from the face without touching the respirator, and</p> <p>-perform hand hygiene.</p> <p>Review of the undated CDC guidance sequence for donning personal protective equipment revealed the following:</p> <p>-gown-fully cover torso from neck to knees, arms to end of wrists, and wrap around the back,</p> <p>-mask or respirator- secure ties or elastic bands at middle of head and neck, fit snug to face and below chin and fit check respirator,</p> <p>-place face shield over face and eyes or goggles and adjust to fit, and</p> <p>-gloved to cover the wrist of the isolation gown.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/30/2024
NAME OF PROVIDER OR SUPPLIER  Heritage of Bel Air		STREET ADDRESS, CITY, STATE, ZIP CODE  1203 North 13th Street Norfolk, NE 68702	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the undated CDC guidance sequence for removing personal protective equipment revealed the following:</p> <ul style="list-style-type: none"> <li>-gloves-grasp outside of the glove with the opposite hand and peel off, hold removed glove in gloved hand, slide fingers of ungloved hand under remaining glove at wrist and peel off, discard in waste container,</li> <li>-to remove goggles or face shield handle by the head band or earpieces, place in designated receptacle,</li> <li>-unfasten gown ties, pull away from neck and shoulders, turn gown inside out, fold or roll into a bundle and discard, and</li> <li>-to remove the mask or respirator, grasp bottom, then top ties or elastics and remove then discard in waste container.</li> </ul> <p>E. An observation on 7/24/24 at 0850 AM revealed the following:</p> <ul style="list-style-type: none"> <li>-resident room [ROOM NUMBER] had signage that indicated the resident was on Transmission-Based Precautions under the Red Zone category and anyone that entered was required to wear PPE (isolation gown, gloves, eye protection and N95 mask);</li> <li>-housekeeper-K had on an isolation gown, gloves, and N95 respirator mask (the bottom strap of the mask was dangling and not secured and there was a surgical mask underneath the N95 mask);</li> <li>-housekeeper-K exited room [ROOM NUMBER] holding a trash bag and had not removed any of the potentially contaminated PPE, then walked across the hall, opened the door to a room and disposed of the trash;</li> <li>-housekeeper-K walked back to room [ROOM NUMBER], removed the isolation gown outside the room, opened the door to the room and disposed of the gown inside the resident's room;</li> <li>-housekeeper-K was wearing the same pair of contaminated gloves and face mask, walked down the hallway to a cleaning cart and removed the contaminated gloves and disposed of them in the cart's trash receptacle in the hallway; and</li> <li>-housekeeper-K sanitized hands, put on a clean pair of gloves and entered Resident 37's room [the resident was not under any transmission-based precautions and was not positive for Covid-19] while wearing the same N95 face mask with the surgical mask underneath that was worn in resident room [ROOM NUMBER]. The wearing of a surgical mask under the N95 mask prevented a proper seal and fit for the N95 mask.</li> </ul> <p>On 7/24/24 at 08:55 AM an interview with housekeeper-K confirmed [gender] had not removed the potentially contaminated isolation gown and gloves before exiting room [ROOM NUMBER], was wearing the same N95 mask that was worn in room [ROOM NUMBER], and then entered Resident 37's room.</p> <p>On 7/25/24 at 10:20 AM an interview with Licensed Practical Nurse (LPN)-A confirmed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285089	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/30/2024
NAME OF PROVIDER OR SUPPLIER  Heritage of Bel Air		STREET ADDRESS, CITY, STATE, ZIP CODE  1203 North 13th Street Norfolk, NE 68702	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-the resident in room [ROOM NUMBER] was positive for Covid-19 and on Red Zone transmission-based precautions and Resident 37 was not on transmission-based precautions during the time frame housekeeper-K exited and entered both resident's rooms; and</p> <p>-housekeeper-K should have removed the isolation gown and gloves and performed hand hygiene before exiting resident room [ROOM NUMBER] and should have put on a new N95 mask before entering Resident 37's room. In addition, LPN-A confirmed housekeeper-K had not worn the N95 face mask properly and should have secured both the top and bottom straps.</p> <p>An interview with the Director of Nurses (DON) on 7/25/24 at 3:30 PM confirmed staff should not wear a surgical mask under the N95 face mask related to failure of a proper seal for the N95 mask.</p>		