

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285104	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Prestige Care Center of Plattsmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  602 South 18th Street Plattsmouth, NE 68048	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49164</p> <p>Licensure Reference Number 175 NAC 12-006.19</p> <p>Based on observation, and interview the facility failed to ensure that a doorbell was functional at the north entrance of the facility, this had the potential to affect 32 residents identified as independent with mobility from a facility census of 82. The facility failed to ensure wallpaper,walls, light covers,and fixtures were maintained in clean condition and good repair, in 9 (302, 303, 306, 405, 408, NW4, NW7, NW8, and NW9) of 43 occupied resident rooms. The facility failed to maintain a utility sink in good repair in the memory care unit. This had the potential to affect 15 of 16 residents that reside on the unit. The facility to ensure an exterior stair hand railing was secured to the bottom step at the entrance to the south side of the facility. This had the potential to affect 12 residents identified as self-mobile without assistive devices. The facility census was 82.</p> <p>The findings are:</p> <p>A. An interview conducted with Social Service Director (SSD) on 02-05-2025 at 11:52 AM revealed that residents that are outside can enter the south entrance to the facility by the push button automatic door and the main entrance and the service entrance both have doorbells for the residents to ring if they need help back in the facility.</p> <p>An observation conducted on 02-05-2025 at 1:06 PM of the front door revealed when the doorbell was pushed that no one answered the door. The temperature outside was 26 degrees Fahrenheit.</p> <p>An interview conducted on 02-05-2025 at 1:12 PM with the Receptionist (Rec) E confirmed that the doorbell at the main entrance did not sound when pushed.</p> <p>An interview conducted with the Administrator in Training (AIT) on 02-05-2025 at 1:23 PM confirmed the doorbell chime was not plugged in at the main entrance as it should have been, therefore the doorbell did not sound.</p> <p>45614</p> <p>B. An observation on 02/16/2025 at 1:09PM with the Maintenance Director (MD) during a facility tour revealed the following:</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:  285104	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Prestige Care Center of Plattsmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  602 South 18th Street Plattsmouth, NE 68048	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-room [ROOM NUMBER] had a hole in the wall at the floorboard level of the bathroom.</p> <p>-room [ROOM NUMBER] the base of the toilet was stained, there was a hole at the base of the bathroom door, the caulking around the bathroom sink was visibly cracked and there was a strong urine odor.</p> <p>-room [ROOM NUMBER] had unpainted repairs to the wall around the window.</p> <p>-room [ROOM NUMBER] had a stained toilet base with a strong urine odor, scratches to the wall behind the bed nearest the door and the caulking around the heating unit was cracked.</p> <p>-room [ROOM NUMBER] was missing a light cover over bed nearest the window, the base of the toilet was stained, and 2 lights were out in the bathroom.</p> <p>-In the memory care unit, the wallpaper border above the rooms NW4, NW7, NW8 and NW9 was torn and missing in places.</p> <p>-The utility sink in the memory care unit had a sharp uneven hole to the right rear of the sink unit and the back board of the sink was cracked and separating from the counter.</p> <p>-The handrail to the exterior steps beside the south entrance was rusted and not secured to the right side of the bottom step.</p> <p>An interview with the Maintenance Director at 1:09 PM confirmed the above issues and further confirmed there were no active work orders for any of the issues mentioned.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285104	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Prestige Care Center of Plattsmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  602 South 18th Street Plattsmouth, NE 68048	

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 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>49164</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)(iii)(3)</p> <p>Based on observation, interview and record review the facility failed to ensure wound treatment orders were provided according to the practitioner's orders for 1 (Resident 331) of 4 residents sampled. The facility census was 82.</p> <p>The findings are:</p> <p>Record review of Resident 331's care plan revealed the following about the resident:</p> <ul style="list-style-type: none"> <li>-had wounds to the right lower leg</li> <li>-required 1-2 staff members for transfers</li> <li>-had a diagnosis of heart disease and seizures</li> </ul> <p>Record review of Resident 331's orders revealed an order for betadine (an antiseptic that is used in a medical setting to help promote healing of skin wounds) paint the second digit of the left foot and the bottom of the right foot daily.</p> <p>An observation of wound care on 02-04-2025 at 10:22 AM with Registered Nurse (RN) C revealed the RN painted the left foot second toe with betadine and did not paint the area to the bottom of the right foot.</p> <p>An interview conducted with RN C on 02-05-2025 at 2:05 PM revealed the area to the bottom of the right foot should have been painted with betadine along with the left foot second toe.</p> <p>An interview conducted with the Wound Nurse (WN) D on 02-06-2025 at 9:35 AM confirmed the order was to apply betadine to the left foot second toe and to the area on the bottom of the right foot.</p> <p>Record review of the facility policy Wound Treatment Management dated 01/2023 revealed a policy statement to promote wound healing of various types of wounds, it is the policy of this facility to provide evidence-based treatments in accordance with current standards of practice and physician orders.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285104	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Prestige Care Center of Plattsmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  602 South 18th Street Plattsmouth, NE 68048	

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>49164</p> <p>Licensure Reference Number 175 NAC 12-006.09(I)(i)(1)</p> <p>Based on observation, interview and record review the facility failed to implement interventions to prevent falls for 1 (Resident 54) of 4 residents sampled. The facility census was 82.</p> <p>The findings are:</p> <p>Record review of Resident 54's Minimum Data Set (MDS; a federally mandated assessment tool used for care planning) dated 12-30-2024 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> <li>-Brief Interview of Mental Status (BIMS) was scored as a 0. According to the MDS Manual a score of 0-7 indicates severe cognitive impairment.</li> <li>-required extensive assistance with toileting and showering</li> <li>-required moderate assistance with dressing, transfers, and bed mobility</li> </ul> <p>Record review of Resident 54's Comprehensive Care Plan revealed Resident 54 was at risk for falls and the interventions dated 01-06-2025 to prevent falls for Resident 54 was Dycem (a non-slip product that grips on both sides to prevent sliding) to the wheelchair seat.</p> <p>An observation on 02-05-2025 at 7:36 AM revealed no Dycem in Resident 54's wheelchair.</p> <p>An observation on 02-05-2025 at 9:30 AM revealed no Dycem in Resident 54's wheelchair.</p> <p>An interview with Nursing Assistant (NA) I on 02-05-2025 at 9:40 AM revealed fall interventions for Resident 54 were for gripper socks, non-skid strips next to the bed and to wear shoes when transferring. NA I reported Resident 54 doesn't need anything applied to the wheelchair because Resident 54 does well in the wheelchair.</p> <p>An observation on 02-06-2025 at 12:22 PM of Resident 54's wheelchair with the Director of Nursing (DON) revealed no Dycem on the seat of the wheelchair. An interview conducted with the DON immediately following the observation confirming the intervention of Dycem in the wheelchair was not implemented according to the care plan.</p> <p>Record review of the facility policy Fall Prevention revealed the following:</p> <ul style="list-style-type: none"> <li>-Policy statement: Each resident will be assessed for fall risk and will receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls.</li> </ul> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285104	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Prestige Care Center of Plattsmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  602 South 18th Street Plattsmouth, NE 68048	
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>-provide additional interventions as directed by the resident's assessment including but not limited to assistive devices, increased frequency of rounds, low bed, alternative call system access and therapy referrals.</p> <p>-each resident's risk factors and environmental hazards will be evaluated when developing the comprehensive plan of care. Interventions will be monitored for effectiveness, and the plan of care will be revised as needed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285104	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Prestige Care Center of Plattsmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  602 South 18th Street Plattsmouth, NE 68048	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>49164</p> <p>Licensure Reference Number 175 NAC 12-006.09(J)</p> <p>Based on record review and interview the facility failed to provide nutritional supplements for 1 (Resident 54) of 2 residents sampled. The facility census was 82.</p> <p>The findings are:</p> <p>Record review of Resident 54's Minimum Data Set (MDS; a federally mandated assessment tool used for care planning) dated 12-30-2024 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> <li>-Brief Interview of Mental Status (BIMS) was scored as a 0. According to the MDS Manual a score of 0-7 indicates severe cognitive impairment.</li> <li>-required extensive assistance with toileting and showering</li> <li>-required moderate assistance with dressing, transfers, and bed mobility.</li> </ul> <p>Record review of Resident 54's physician orders dated 2-05-2025 revealed an order for Med Pass 2.0 give 4 ounces 4 times a day for weight loss.</p> <p>Record review of Resident 54's progress notes revealed Resident 54 did not receive med pass 2.0 on 02-05-2025 at 8:00 PM due to the supplement was unavailable.</p> <p>An interview conducted with the Certified Dietary Manager (CDM) on 02-06-2025 at 9:15 AM revealed the facility had Med Pass 2.0 on hand.</p> <p>An observation conducted on 02-06-2025 at 9:20 AM revealed a carton of Med Pass 2.0 in the refrigerator at the nurse's station for Resident 54.</p> <p>An interview with Registered Nurse (RN) H on 02-06-2025 at 12 PM with the Director of Nursing (DON) present revealed Resident 54 did not receive Med Pass 2.0 at 10:00 AM today because RN H did not know what it was.</p> <p>An interview conducted with DON on 02-06-2025 at 9:43 AM confirmed the progress note from 02-05-2025 at 8:00 PM indicated that Med Pass 2.0 was not given because it was unavailable.</p> <p>A follow up interview conducted on 02-06-2025 at 12:30 PM with the DON confirmed the nutritional supplement was not administered as ordered.</p> <p>Record review of the facility policy Weight Monitoring dated 01/2025 revealed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285104	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Prestige Care Center of Plattsmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  602 South 18th Street Plattsmouth, NE 68048	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Policy statement- based on the resident's comprehensive assessment, the facility will ensure that all residents maintain acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise.</p> <p>-the facility will utilize a systemic approach to optimize a resident's nutritional status. This process includes developing and consistently implementing pertinent nutritional approaches.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285104	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Prestige Care Center of Plattsmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  602 South 18th Street Plattsmouth, NE 68048	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>49164</p> <p>Licensure Reference Number 175 NAC 12-006.10(D)</p> <p>Based on observation, interview and record review the facility failed to ensure a medication error rate of 5% or less as evidenced by 2 errors out of 28 opportunities for error resulting in a medication error rate of 7.14%. This affected 1 (Resident 328) of 3 residents sampled. The facility census was 82.</p> <p>The Findings are:</p> <p>An observation on 02-05-2025 at 9:50 AM of Medication Aid (MA) J administering medications for Resident 328 revealed MA J administered the following:</p> <ul style="list-style-type: none"> <li>-levothyroxine 75 micrograms (mcg) administered 1 tablet</li> <li>-Tylenol 500 milligrams (mg) tablet administered 2 tablets</li> <li>-lansoprazole 3mg per 1 milliliter (ml) administered 10 ml.</li> </ul> <p>An interview was conducted with MA J during the observation on 02-05-2025 at 9:50 AM revealed Resident 328 had already ate breakfast.</p> <p>Record Review of Resident 328's physician orders dated 1-25-2025 revealed the following:</p> <ul style="list-style-type: none"> <li>-levothyroxine 75 micrograms (mcg) tablet give 1 tablet on an empty stomach. Give 30 minutes prior to the meal.</li> <li>-Tylenol 500 milligrams (mg) tablets give 2 tablets three times a day.</li> <li>-lansoprazole 3mg per 1 milliliter (ml) give 10 ml by mouth with breakfast.</li> </ul> <p>An interview with MA J on 02-06-2025 at 6:48 AM confirmed levothyroxine should have been given 30 minutes prior to breakfast and lansoprazole should have been given with breakfast.</p> <p>Record review of the facility policy Medication Administration dated 01-2025 revealed the following:</p> <ul style="list-style-type: none"> <li>-Policy statement: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state, as ordered by physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection.</li> <li>- compare medication with the medication administration record to verify the resident's name, medication name, form, dose, route, and time.</li> <li>-administer medication as ordered in accordance with manufacturer's specifications.</li> </ul>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285104	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Prestige Care Center of Plattsmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  602 South 18th Street Plattsmouth, NE 68048	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>52170</p> <p>Licensure Reference Number NAC 175 12-006.11(E)</p> <p>Nebraska Food Code 2017 4-202.16</p> <p>Based on observation, interview, and record review; the facility failed to maintain the reach in refrigerator and a utility cart in a sanitary manner and failed to ensure food containers were not placed directly on the floor in the facility kitchen. This had the potential to affect 81 of 82 residents that ate food from the facility kitchen. The facility failed to ensure food items were sealed and dated on the memory care unit which had the potential to affect 16 of 16 residents that reside on the memory care unit. The facility identified a census of 82.</p> <p>Findings are:</p> <p>Observation on 02/03/25 at 7:45 AM revealed a reach-in refrigerator with white and red liquid splashes on the walls and a black utility cart with breadcrumbs and food debris on the second and third shelves.</p> <p>Observation on 02/04/25 at 9:10 AM revealed [NAME] B was preparing the lunch meal. [NAME] B retrieved a large container of sugar from the shelf and placed the container directly on the floor with no barrier beneath. [NAME] B measured the required amount, placed the lid on the container and returned the container to the shelf. [NAME] B retrieved a large container of flour and placed the container directly on the floor with no barrier beneath. [NAME] B measured the required amount, placed the lid on the container and returned the container to the shelf.</p> <p>Observation on 02/04/25 at 9:33 AM with the Certified Dietary Manager (CDM) revealed two open, unsealed bags of cereal in the Memory Care Unit.</p> <p>Interview on 02/04/25 at 9:33 AM with the CDM confirmed the bags of cereal should be sealed in a container and dated.</p> <p>Interview on 02/04/25 at 09:37 AM with the CDM confirmed the presence of breadcrumbs and food debris on the shelves of the utility cart and the liquid splashes inside the refrigerator. The CDM revealed that there was a cleaning schedule for the kitchen, but it had not been filled out. The CDM confirmed that the utility cart should be cleaned daily, and the refrigerator should be cleaned of any spills at the time of occurrence.</p> <p>Interview on 02/05/25 at 12:01 PM with the CDM revealed that 81 of 82 residents receive food prepared by the facility and 16 of 16 residents receive food in the Memory Care Unit.</p> <p>A review of the facility policy entitled Sanitation Inspection dated 01/2025 revealed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285104	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Prestige Care Center of Plattsmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  602 South 18th Street Plattsmouth, NE 68048	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>1. All food service areas shall be kept clean, sanitary, free from litter, rubbish and protected from rodents, roaches, flies and other insects.</p> <p>2. The department shall establish a sanitation program for food services based on applicable state and federal requirements.</p> <p>3. The sanitation program will provide for inspections to be conducted of the food service areas.</p> <p>4. Sanitation inspections will be conducted in the following manner:</p> <p>a. Daily: food service staff shall inspect refrigerators/coolers, freezers, storage area temperatures, and dishwasher temperatures daily.</p> <p>b. Weekly: The dietary manager shall inspect all food service areas weekly to ensure the areas are clean and comply with sanitation and food service regulations.</p> <p>A record review of Nebraska Food Code dated 2017 revealed the following:</p> <p>4-202.16 Nonfood-Contact Surfaces shall be free of unnecessary ledges, projections, and crevices, and designed and constructed to allow easy cleaning and to facilitate maintenance.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285104	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Prestige Care Center of Plattsmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  602 South 18th Street Plattsmouth, NE 68048	

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>52170</p> <p>Licensure Reference Number 175 NAC 12-006.18(B)</p> <p>Based on observation, record review and interview; the facility failed to follow Enhanced Barrier Precautions (EBP, use of gown and gloves during high-contact resident care activities) and failed to ensure supplies for wound care were not in contact with soiled items for 1 (Resident 49) of 5 sampled residents. The facility identified a census of 82.</p> <p>Findings are:</p> <p>A review of the facility policy entitled Enhanced Barrier Precautions dated 12/2023 revealed the following:</p> <p>-Policy Explanation and Compliance Guidelines:</p> <p>1c. Clear signage will be posted on the door or wall outside of the resident room indicating the type of precautions, required personal protective equipment (PPE), and the high-contact resident care activities that require the use of gown and gloves.</p> <p>2. Initiation of Enhanced Barrier Precautions</p> <p>b. An order for enhanced barrier precautions will be obtained for residents with any of the following:</p> <p>i. Wounds and/or indwelling medical devices.</p> <p>Record review of Resident 49's Quarterly Minimum Data Set (Minimum Data Set - a comprehensive standardized assessment of resident's functional capabilities and health needs) dated 11/01/24 revealed the resident had unclear speech and was rarely/never understood and rarely/never understands. The BIMS (Brief Interview for Mental Status, an assessment to aide in identifying cognitive impairment) assessment was not completed due to the resident was rarely/never understood. The staff assessment indicated the resident had a short-term and long-term memory problem and had no memory recall. The resident was identified as dependent on staff for all cares except the resident required substantial/maximum assistance with transfers. The MDS identified that Resident 49 had an open lesion (e.g. cancer lesion), had a pressure reducing device for the bed and chair, and application of non-surgical dressings other than to feet.</p> <p>A record review of Resident 49's Physician Orders revealed the following orders:</p> <p>- 1/18/2025 Clean left shoulder open area with soap and water, pat dry, and apply border gauze daily.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285104	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Prestige Care Center of Plattsmouth		STREET ADDRESS, CITY, STATE, ZIP CODE  602 South 18th Street Plattsmouth, NE 68048	

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>Observation on 02/04/25 at 11:09 AM revealed that EBP signage was located on the door of Resident 49s room and that a gown and glove use were required during high-contact cares. The resident's name label on the outside of the door was marked with an orange EBP label which indicated Resident 49 was on EBP.</p> <p>Observation on 02/04/25 at 11:10 AM revealed Registered Nurse (RN) A knocked on the door, entered the room with no gown in place, and placed a stack of wash cloths on top of the covers at the foot of the bed with no barrier beneath. RN A explained to the resident that they were going to perform a wound treatment. RN A washed hands for 24 seconds, donned gloves and prepared a pink basin of soapy water. RN A placed the basin directly on the floor near the head of the bed with no barrier between the basin and the floor. RN A proceeded to perform wound care to the left shoulder. RN A doffed gloves, performed hand hygiene for 19 seconds, donned new gloves and applied a pre-dated and initialed dressing. RN A doffed gloves and performed hand hygiene for 22 seconds. Throughout the observation of wound care, RN A did not have a gown on as required by EBP.</p> <p>Interview on 02/04/25 at 11:30 AM with RN A confirmed that treatment supplies, including the basin of water and the washcloths were placed on soiled surfaces with no barrier beneath them. RN A confirmed that the basin of water should not have been placed directly on the floor and washcloths should not have been placed directly on the bed linens. RN A confirmed that no gown was donned prior to performing wound care treatment for Resident 49.</p> <p>Interview on 02/04/25 at 12:00 PM with Director of Nursing (DON) confirmed wound supplies should be placed on an overbed table with a barrier or place a barrier on the floor if supplies needed to be placed there. The DON confirmed that there should be a barrier for wound treatment supplies if placed directly on the bed. The DON confirmed that Resident 49 was on EBP and that a gown should have been worn during the wound treatment.</p>