

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285112	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/03/2024
NAME OF PROVIDER OR SUPPLIER  Good Samaritan Society - Auburn		STREET ADDRESS, CITY, STATE, ZIP CODE 1322 U Street Auburn, NE 68305	

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>17285</p> <p>Licensure Reference Number 175 NAC 12-006.19</p> <p>Based on observations and interview, the facility failed to maintain the cleanliness of the bathroom ceiling ventilation covers and the condition of the base of the toilets in 15 (Rooms 207, 211, 302, 311, 314, 315, 402, 403, 404, 405, 406, 411, 504, 505 and 506) of 62 occupied resident rooms in the facility. The facility census was 62.</p> <p>Findings are:</p> <p>Observation on 9/30/24 between 3:00 PM and 4:00 PM revealed the following:</p> <ul style="list-style-type: none"> <li>- Ventilation covers were coated with a collection of a dark fuzzy substance resembling dust in resident bathrooms in rooms 207, 211, 314, 315, 402, 403, 404, 405, 406, 411, 504, and 506.</li> <li>- There was corrosion surrounding the base of the toilet with a dark brown substance present and cracked caulking around the base of the toilet in resident bathrooms in rooms 207, 211, 302, 311, 314, 402, 403, 404, 405, 406, 411, 504, 505, and 506.</li> </ul> <p>Observation on 10/02/24 between 7:53 AM and 8:55 AM with the facility Maintenance Director (MD) and the facility Administrator confirmed the following observations during the environmental tour of the facility:</p> <ul style="list-style-type: none"> <li>- Ventilation covers were coated with a collection of a dark fuzzy substance resembling dust in resident bathrooms in rooms 207, 211, 314, 315, 402, 403, 404, 405, 406, 411, 504, and 506.</li> <li>- There was corrosion surrounding the base of the toilet with a dark brown substance present and cracked caulking around the base of the toilet in resident bathrooms in rooms 207, 211, 302, 311, 314, 402, 403, 404, 405, 406, 411, 504, 505, and 506.</li> </ul> <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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 285112	If continuation sheet Page 1 of 5

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 10/02/24 at 8:56 AM with the facility MD confirmed the dust coated ventilation covers in resident bathrooms in rooms 207, 211, 314, 315, 402, 403, 404, 405, 406, 411, 504, and 506. The MD confirmed that there was corrosion surrounding the base of the toilet with dark brown substances present and cracked caulking around the base of the toilets in resident bathrooms in rooms 207, 211, 302, 311, 314, 402, 403, 404, 405, 406, 411, 504, 505, and 506. The MD confirmed those areas needed to be cleaned and recaulked around the toilet base. The MD confirmed that there were no active work orders for the concerns identified during the environmental tour.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>17285</p> <p>Licensure Reference Number 175 NAC 12.006.11(E)</p> <p>Nebraska Food Code 2017 Section 4-602.13</p> <p>Based on observation, interview, and record review; the facility failed to maintain the cleanliness of a fan and the walls inside the walk in cooler and 2 ventilation covers above a food preparation area in a manner to prevent the potential for food borne illness. The facility also failed to ensure that a plastic scoop handle was not in contact with flour inside a flour bin. This had the potential to affect 62 residents that ate foods prepared in the facility kitchen. The facility census was 62.</p> <p>Findings are:</p> <p>Record review of the Nebraska Food Code dated 2017 Section 4-602.13 revealed that non-food contact surfaces of equipment shall be cleaned at a frequency necessary to prevent the accumulation of soil residues.</p> <p>Observations on 9/30/24 between 8:20 AM and 8:35 AM, and on 9/30/24 between 9:15 AM and 10:15 AM revealed the following environmental concerns in the facility kitchen:</p> <ul style="list-style-type: none"> <li>- A condenser fan in the walk in cooler was turned on and was functional. It was coated with a dark gray/black substance. There was also a coating of a dark grey fuzzy substance on the interior walls and ceiling of the walk in cooler.</li> <li>- Two large air conditioner covers in the ceiling above the food preparation table were coated with a dark grey/black substance.</li> <li>- A plastic scoop was present in the flour bin on top of the flour with the handle of the scoop in contact with the flour product.</li> </ul> <p>Observation on 9/30/24 between 11:00 AM and 11:30 AM with the Dietary Manager (DM) confirmed the following environmental concerns:</p> <ul style="list-style-type: none"> <li>- A condenser fan in the walk in cooler was turned on and was functional. It was coated with a dark gray/black substance. There was also a coating of a dark grey fuzzy substance on the interior walls and ceiling of the walk in cooler.</li> <li>- Two large air conditioner covers in the ceiling above the food preparation table were coated with dark grey/black substance.</li> <li>- A plastic scoop was present in the flour bin on top of the flour with the handle of the scoop in contact with the flour product.</li> </ul> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 9/30/24 at 11:35 AM with the DM confirmed the presence of dust on the 2 air conditioner covers, dust on the condenser fan in the walk in cooler, dust on the walls and ceiling of the walk in cooler and a scoop present in the flour bin. The DM confirmed the scoop should have been stored outside of the bin and should not have been in contact with the flour. The DM confirmed that the air conditioner covers (2) were directly over a food preparation area which could have the potential to cause food borne illness if the dust dropped down into the foods. The DM confirmed that the fan in the cooler was not on a cleaning schedule and was unsure of the last time it had been cleaned. The DM confirmed that the air conditioner covers were not on the dietary cleaning schedule and was unsure of the last time they had been cleaned.</p> <p>Record review of undated dietary cleaning schedules revealed that the cleaning schedules did not identify the condenser fan in the walk in cooler or the air conditioner covers on the cleaning schedules.</p> <p>Interview on 10/01/24 at 10:36 AM with the facility Registered Dietician confirmed that all 62 residents that resided in the facility ate foods that had been prepared in the facility kitchen.</p>		

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<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>49164</p> <p>Licensure Reference Number 175 NAC 12.006.18(B) &amp; 1-005.06</p> <p>Based on observation, interview, and record review; the facility failed to secure a urinary catheter bag to prevent the potential for cross contamination for 1 (Resident 14) of 2 residents sampled. The facility census was 62.</p> <p>The Findings Are:</p> <p>Record review of Resident 14's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 9-17-2024 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> <li>-Diagnoses of Diabetes Mellitus Type 2, heart failure and obstructive uropathy (structural or functional hindrance of normal urine flow).</li> <li>-Required partial assistance with personal hygiene and rolling right and left.</li> <li>-Required total assistance with lower body dressing, transfers and toileting.</li> <li>-Has an indwelling urinary catheter (a thin, hollow tube that's inserted into the bladder to drain urine).</li> </ul> <p>An observation on 9-30-2024 at 9:05 AM revealed Resident 14 sitting in a recliner with a urinary catheter bag hanging from the trash can with the bottom of the bag touching the floor.</p> <p>An observation on 10-3-2024 at 8:52 AM revealed Resident 14 sitting in a recliner with a urinary catheter bag hanging from the trash can with the bottom of the bag touching the floor.</p> <p>An interview with Nursing Assistant (NA)-A on 10-03-2024 at 9:30 AM confirmed Resident 14's catheter drainage bag was touching the floor.</p> <p>An interview with Licensed Practical Nurse (LPN)-B on 10/3/24 at 9:40 AM confirmed catheter drainage bags should not touch the floor.</p> <p>An interview with the Director of Nursing (DON) on 10-03-2024 at 11:57 AM confirmed catheter bags should not touch the floor or be hung on a trash can.</p> <p>Record review of the facility's policy Catheter Care dated 7-30-2024 revealed:</p> <ul style="list-style-type: none"> <li>-catheters are always properly secured, connected and maintained using a sterile closed drainage system.</li> </ul>		