

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285114	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  Falls City Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 Towle Street Falls City, NE 68355	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45641</p> <p>Licensure Reference Number 175 NAC 12.006.09D2</p> <p>Based on observation, interview, and record review, the facility failed to ensure 1 (Resident 47) of 3 sampled resident's wound care was completed as ordered by the provider. The total facility census was 52.</p> <p>Findings are:</p> <p>A record review of Resident 47's Clinical Census dated 05/22/2024 revealed the resident was admitted to the facility on [DATE].</p> <p>A record review of Resident 47's Medical Diagnosis dated 05/22/2024 revealed the resident had diagnoses of Type 2 Diabetes Mellites With Diabetic Chronic Kidney Disease (uncontrolled blood sugars that resulted in kidney disease), Secondary Malignant Neoplasm of Bone (bone cancer) Weakness, and lung disorders.</p> <p>A record review of Resident 47's Minimum Data Set (MDS, a comprehensive assessment used to develop a resident's care plan) dated 05/02/2024 revealed the resident had a Brief Interview for Mental Status (BIMS, a score of a residents cognitive abilities) of 12 of 15 which indicates the resident was moderately cognitively impaired. The resident needed partial/moderated assistance putting on footwear, supervision or touching assistance with toileting and dressing, and setup or clean-up assistance with eating and oral hygiene. The MDS revealed the resident was at risk for developing pressure ulcers/injuries but did not have any at the time of the MDS.</p> <p>A record review of Resident 47's Care Plan did not reveal the resident had wounds to the BLE.</p> <p>A record review of Resident 47's Wound - Initial (New) Documentation Form (one wound per form) - V 1 dated 04/27/2024 revealed Resident 47 had an abrasion (damage by scraping or wearing away of skin) to the front of the left lower leg that was 1.7 centimeter (cm) long, 1.6 cm wide, and 0 deep that has a scant (small) amount of clear drainage.</p> <p>A record review of Resident 47's Progress Note dated 05/17/2024 revealed the resident had fluid filled blisters that remained to the bilateral lower extremities (BLE, both lower legs) and treatment in place as ordered.</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
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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>A record review Resident 47's Skilled Status Evaluation - V 5 dated 05/20/2024 revealed the resident had scattered intact (not damaged) and nonintact blisters that remained to the BLE and treatment remained in place as ordered.</p> <p>A record review of Resident 47's Physician's Orders dated 05/15/2024 revealed the facility was to use Betadine Paint (an antiseptic liquid that kills germs/bacteria) to BLE blistered areas, cover with Telfa (a non-adherent dressing) and army battle dressing (ABD, used to absorb discharges from draining wounds) 2 times per day (BID) and apply Triple Antibiotic Ointment (TAO) to any ulcerated area (open sore) on BLE after applying Betadine.</p> <p>An observation on 05/21/2024 at 10:37 AM revealed Licensed Practical Nurse (LPN)-A performed handwashing, got on the floor, gloved and applied Povidone-Iodine swab stick (an antiseptic liquid that kills germs/bacteria) to the front of Resident 47 BLE but did not paint the blistered areas on the sides of the lower legs.</p> <p>In an interview on 05/22/2024 at 8:43 AM, LPN-A confirmed LPN-A thought the order was to paint the open area, not the blisters, I misread it. LPN-A confirmed the blisters on Resident 47's BLE did not get painted with Betadine per the provider's order.</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>42861</p> <p>Licensure Reference Number 175 NAC 12-006.04C2</p> <p>Based on record interview and record review; the facility failed to ensure sufficient staffing related to 8-hour daily RN (Registered Nurse) coverage, this had the potential to affect all residents who reside in the facility. The facility identified a census of 52.</p> <p>Findings are:</p> <p>A record review of the staffing schedules for 5/1/24 through 5/20/24 revealed no 8-hour RN coverage on 5/12/24 and 5/16/24, but did reveal there was only 4 hours of RN coverage on 5/12/24.</p> <p>An interview with the facility Administrator on 05/23/24 at 8:07 AM confirmed that after pulling timecards it was found that the facility did not have RN coverage on 5/6/24 and 5/12/24 and only 4 hours of RN coverage on 5/11/24.</p> <p>A record review of the documents titled Facility Assessment Tool (used to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies) dated 6/5/23 revealed the following guidance related to RN coverage: Staffing plan 3.2 Federal law requires nursing homes to have sufficient staff to meet the needs of residents, to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45641</p> <p>Licensure Reference Number 175 NAC 12.006.17B</p> <p>Licensure Reference Number 175 NAC 12.006.17D</p> <p>Based on observations, interviews, and record review; the facility failed to ensure all infection control measures were followed during wound care for 1 (Resident 47) of 3 sampled residents, ensure 1 (Resident 54) of 1 sampled resident's nebulizer kit (used to deliver liquid medication to the lungs) and mask were cleaned after each treatment, and failed to perform hand hygiene between gloves changes while providing catheter cares for 1 (Resident 41) of 1 sampled resident. The total facility census was 52.</p> <p>Findings are:</p> <p>A.</p> <p>A record review of the facility's Handwashing/Hygiene policy with a revision dated of Jan. 2020 revealed hand hygiene needed to be completed before donning (putting on) and after removal of gloves.</p> <p>A record review of Resident 47's Clinical Census dated 05/22/2024 revealed the resident was admitted to the facility on [DATE].</p> <p>A record review of Resident 47's Medical Diagnosis dated 05/22/2024 revealed the resident had diagnoses of Type 2 Diabetes Mellites With Diabetic Chronic Kidney Disease (uncontrolled blood sugars that resulted in kidney disease), Secondary Malignant Neoplasm of Bone (bone cancer) Weakness, and lung disorders.</p> <p>A record review of Resident 47's Minimum Data Set (MDS, a comprehensive assessment used to develop a resident's care plan) dated 05/02/2024 revealed the resident had a Brief Interview for Mental Status (BIMS, a score of a residents cognitive abilities) of 12 of 15 which indicates the resident was moderately cognitively impaired. The resident needed partial/moderated assistance putting on footwear, supervision or touching assistance with toileting and dressing, and setup or clean-up assistance with eating and oral hygiene. The MDS revealed the resident was at risk for developing pressure ulcers/injuries but did not have any at the time of the MDS.</p> <p>A record review of Resident 47's Care Plan did not reveal the resident had wounds to the BLE.</p> <p>A record review of Resident 47's Progress Note dated 05/17/2024 revealed the resident had fluid filled blisters that remained to the bilateral lower extremities (BLE, both lower legs) and treatment in place as ordered.</p> <p>A record review of Resident 47's Wound - Initial (New) Documentation Form (one wound per form) - V 1 dated 04/27/2024 revealed Resident 47 had an abrasion (damage by scraping or wearing away) to the front of the left lower leg that was 1.7 centimeter (cm) long, 1.6 cm wide, and 0 deep that has a scant (small) amount of clear drainage.</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 - Few</p>	<p>A record review Resident 47's Skilled Status Evaluation - V 5 dated 05/20/2024 revealed the resident had scattered intact (not damaged) and nonintact blisters that remained to the BLE and treatment remained in place as ordered.</p> <p>A record review of Resident 47's Physician's Orders dated 05/15/2024 revealed the facility was to use Betadine Paint (an antiseptic liquid that kills germs/bacteria) to BLE blistered areas, cover with Telfa (a non-adherent dressing) and army battle dressing (ABD)(used to absorb discharges from draining wounds) 2 times per day (BID) and apply Triple Antibiotic Ointment (TAO) to any ulcerated area (open sore) on BLE after applying Betadine.</p> <p>An observation on 05/21/2024 at 10:37 AM revealed Licensed Practical Nurse (LPN)-A performed handwashing, got on the floor, put on gloves, and applied TAO on Resident 47's ulcerated areas on the front of both of the resident's lower legs, removed and discarded the gloves, and applied a new pair of gloves, but the observation did not reveal that LPN-A performed hand hygiene between changing gloves. LPN-A placed 2 dressing pads on the residents left leg, but as LPN-A started to wrap the resident's lower leg with Kerlix (a stretch dressing), 1 of the dressing pads fell on the carpeted floor, wound side down. LPN-A picked up the dressing pad and placed it back on Resident 47's left lower leg over the wound and continued to wrap the leg with Kerlix. The same side of the dressing pad the touched the carpet was the same side that was applied to the blisters.</p> <p>In an interview on 05/22/2024 at 8:43 AM, LPN-A confirmed hand hygiene should have been completed between glove changes during Resident 47's wound care to the BLE.</p> <p>In an interview on 05/22/2024 at 9:02 AM, LPN-A confirmed the dressing pad that fell on the floor during Resident 47's wound care to the left lower leg should have been discarded following touching the carpeted floor and a new one applied prior to being wrapped with kerlix.</p> <p>B.</p> <p>A record review of the facility's Nebulizer Cleaning Policy with a revision date of March 2019 revealed the nebulizer kit and mask would be cleaned after each use and placed upside down on a paper towel to dry.</p> <p>A record review of Resident 54's Clinical Census dated 05/21/2024 revealed the resident was admitted to the facility on [DATE].</p> <p>A record review of Resident 54's Medical Diagnosis dated 05/22/2024 revealed the resident had diagnoses of Chronic Obstructive Pulmonary Disease (COPD), Personal History Of Other Malignant Neoplasm of Bronchus And Lung (lung cancer), Other Forms Of Dyspnea (shortness of breath), Emphysema, Unspecified (lung disease), and Anxiety Disorder, Unspecified.</p> <p>A record review of Resident 54's MDS dated [DATE] revealed the resident had a BIMS of 15 of 15 which indicated the resident was cognitively aware. The resident needed minimal assistance with all activities of daily living (ADLs).</p> <p>A record review of Resident 54's Care Plan did not reveal the resident was on nebulizer treatments.</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 - Few</p>	<p>A record review of Resident 54's Order Summary Report dated 05/22/2024 revealed the provider had ordered Arformoterol Tartrate Inhalation Nebulization Solution (liquid medication for the lungs) BID, Budesonide Inhalation Suspension (liquid steroid) BID, and Albuterol Sulfate Inhalation Nebulization Solution (a liquid medication to open the lungs) every 2 hours as needed.</p> <p>A record review of Resident 54's Medication Administration Record (MAR) dated May 2024 revealed the resident was administered nebulizer treatments at least every morning and every evening.</p> <p>In an observation on 05/20/2024 at 10:35 AM revealed Resident 54's nebulizer kit and mask were laying on the resident's bedside table by the resident's recliner. The nebulizer kit had a residual (small, left over) amount of fluid in the nebulizer kit and facial oils on the mask.</p> <p>In an observation on 05/21/2024 at 10:42 AM revealed Resident 54's nebulizer kit and mask were laying on the resident's bedside table by the resident's recliner. The nebulizer kit had a residual amount of fluid in the nebulizer kit and facial oils on the mask.</p> <p>In an observation on 05/21/2024 at 1:56 PM revealed Resident 54's nebulizer kit and mask were laying on the resident's bedside table by the resident's recliner. The nebulizer kit had a residual amount of fluid in the nebulizer kit and facial oils on the mask.</p> <p>In an interview on 05/20/2024 at 10:35 AM, Resident 54 confirmed the staff did not clean the nebulizer kit and mask after each treatment.</p> <p>In an interview on 05/21/2024 at 1:56 PM, Resident 54 confirmed the staff did not clean the nebulizer kit and mask after each treatment.</p> <p>In an interview on 05/21/2024 at 2:50 PM, LPN-A confirmed the staff was to rinse the nebulizer kit after each treatment and confirmed it had not been done.</p> <p>42861</p> <p>C.</p> <p>A record review of the document titled Admission Record dated 3/21/24 revealed Resident 41 had been re-accepted into the facility on [DATE] with a primary diagnosis of Acute Congestive Heart Failure (CHF, a long-term condition that happens when your heart can't pump enough blood).</p> <p>An observation on 05/21/24 at 9:20 AM of catheter cares completed by Nurse Aide (NA)-J revealed that NA-J had cleansed Resident 41's genitalia and groin area and then donned (put on) a new pair of gloves without completing any hand hygiene.</p> <p>The observation on 05/21/24 at 9:20 AM of catheter cares completed by Nurse Aide (NA)-J revealed that NA-J then cleansed down the catheter tubing and then donned new pair of gloves without completing any hand hygiene.</p> <p>The observation on 05/21/24 at 9:20 AM of catheter cares completed by Nurse Aide (NA)-J revealed that NA-J then began to assist Resident 41 with (gender) clothing and had not completed hand hygiene.</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 - Few</p>	<p>An interview on 05/21/24 at 9:59 AM with NA-J confirmed that hand hygiene had not been completed between glove changes when providing catheter cares to Resident 41 and should have been.</p> <p>An interview on 05/21/24 at 10:10 AM with the facility DON (Director of Nursing) confirmed that the facility expectation was that hand hygiene was to be done between glove changes.</p> <p>A record review of the facility policy titled Catheter Cares with a revision date of October 2022 revealed the following guidelines and procedure steps:</p> <ul style="list-style-type: none"> <li>-Wash the resident's genitalia and perineum thoroughly with soap and water or perineal wipes. Rinse the area well and towel dry.</li> <li>-Place soiled linen into designated container</li> <li>-Remove gloves and discard into the designated container. Wash and dry your hands thoroughly.</li> <li>-Put on gloves</li> <li>-Provide privacy</li> <li>-Use a clean washcloth with warm water and soap or clean perineal wipe to cleanse and rinse the catheter from insertion site to approximately four inches outward</li> <li>-Check drainage tubing and bag to ensure that the catheter is draining properly</li> <li>-Discard disposable items into the designated containers. Remove glove and discard into designated container. Wash and dry your hands thoroughly.</li> </ul>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>42861</p> <p>Licensure Reference Number 175 NAC 12-006.04</p> <p>Based on record review and interviews; the facility failed to ensure that 5 of 5 reviewed nursing assistants (NA's) had completed 12 mandatory education hours annually, this had the potential to affect all residents who reside in the facility. The facility identified a census of 52.</p> <p>Findings are:</p> <p>A record review of the continuing education hours for 5 employees hired more than one year ago revealed that the following staff had received or completed the following education hours;</p> <ul style="list-style-type: none"> <li>-NA-K had 6.7 hours of continuing education completed in the last 12 months.</li> <li>-NA-L had 0.50 hours of continuing education completed in the last 12 months.</li> <li>-NA-M had 5.05 hours of continuing education completed in the last 12 months.</li> <li>-NA-N had 0.50 hours of continuing education completed in the last 12 months.</li> <li>-NA-O had 1.75 hours of continuing education completed in the last 12 months.</li> </ul> <p>An interview with the facility Administrator on 05/21/24 at 3:20 PM confirmed that Nursing Assistants who had been employed in the facility for more than 1 year had not completed 12 hours of continuing education hours and should have.</p> <p>An interview on 05/22/24 at 10:15 AM with NA-N revealed [gender] was not aware of the need for 12 hours of continuing education annually.</p> <p>A record review of the documents titled Facility Assessment Tool (used to determine what resources are necessary to care for residents competently during both day-to-day operations and emergencies) dated 6/5/23 revealed the following guidance related to NA training;</p> <p>Training All required federal and state trainings will be completed including and along with the following: These trainings will be completed by all Associates, and Contractual Staff: Abuse, neglect, and exploitation - Training includes: (1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property; (2) Procedures for reporting incidents, of abuse, neglect, exploitation, or the misappropriation of resident property; and (3) Care/management for persons with dementia and resident abuse prevention. The following trainings will be completed by NA's: The above-mentioned trainings and these required in-service training for nurse aides: Continuing competence of nurse aides, at least 12 hours per year. For nurse aides providing services to individuals with cognitive impairments, also address the care of the cognitively impaired.</p>		