STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285130	A. Building B. Wing	04/23/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Beatrice Health and Rehabilitation	1800 Irving Street Beatrice, NE 68310

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 50348 Licensure Reference Number 175 NAC 12.006. 18B Based on observation, and interview; the facility failed to maintain the cleanliness and condition of vents located in rooms 7, 16, 17, 29, 33, 38, 39, 40, 47, 48. This affected a total of 10 rooms. The facility census was 61. Findings are: An observation during an environmental tour on 04/23/2024 at 8:53 AM to 9:15 AM with Maintenance Direcectorrevealed that there was a thick brown buildup of debris located on the outside of vents in rooms: 7, 16, 17, 29, 33, 38, 39, 40, 47, and 48. An interview with Maintenance Director on 04/23/2024 at 9:15 AM confirmed that there was a thick brown buildup of debris located on the outside of vents in rooms: 7, 16, 17, 29, 33, 38, 39, 40, 47, and 48. An interview on 04/23/24 at 1:40 PM with Maintenance Director revealed that there was no policy or procedure for vent checks or cleaning and further revealed no monthly tracking or documentation of vent checks or cleaning had been completed. Maintenance stated that there was an inhouse system on the computer that was used to communicate needs for housekeeping and maintenance and there were no current entries noted in the system regarding cleaning of vents. An interview on 04/23/24 01:45 PM Housekeeping Supervisor (HSK-Sup) confirmed that vents in the resident bathrooms were not on the list to be cleaned or checked.

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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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50348 Licensure Reference Number 175 NAC 12-006.09 D3 Based on observation, interview and record review; the facility failed to maintain indwelling catheter (a tube inserted into the bladder) drainage bag below bladder level during toileting and catheter cares for Resident 39. Facility census was 61. Findings are: A record review of Resident 39s diagnosis list revealed an admitted [DATE] with diagnosis of neuromuscular dysfunction of bladder and overactive bladder. A review of the Indwelling Urinary Catheter Care policy dated 1/2022 revealed that the catheter drainage bag was to be kept below the level of the bladder. An observation on 04/22/2024 at 2:00 PM of Nursing Assistant (NA)-F and NA-E completing catheter cares on for Resident 39 revealed the resident was seated on the toilet in bathroom with the catheter drainage bag positioned on the transfer device.The drainage bag was above the level of residents' bladder and remained there until resident was transferred into wheelchair. The total time the drainage bag was viewed above bladder level was 20 minutes. During an interview on 04/22/2024 at 2:23 PM with NA-F confirmed that the catheter bag was located above Resident 39s bladder level from the time resident was toileted until transfer into wheelchair. During an interview on 04/23/24 at 07:54 AM with the Director of Nursing confirmed the expectation for a catheter drainage bag was for it to be always positioned below bladder level.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47406 Licensure Reference Number 175 NAC 12-006.09D6 Based on observations, record review and interviews; the facility failed to obtain a physician's order for a CPAP (Continuous Positive Airway Pressuretreatment that uses mild air pressure to keep your breathing airways open) for 1 (Resident 70) of 1 sampled resident. The facility census was 61. Findings are: Observation on 4/17/24 at 9:41 AM revealed a CPAP that was assembled and sitting on bed side table in Resident 70's room. Interview on 4/17/24 at 9:41 AM with Resident 70 revealed [gender] has woren the CPAP every night since admission to the facility. Record review revealed Resident 70's undated Face Sheet revealed Resident 70 was admitted on [DATE]. Record review of the undated Diagnosis Report revealed Resident 70 had a diagnosis of Obstructive Sleep Apnea. Record review of Resident 70's Hospital Admission Physician orders revealed no CPAP orders on 2/19/24. Record review revealed no physician order for a CPAP or the settings and was not on eMAR (a legal record of the medications administered to a patient at a facility by a health care professional). Record review of the Minimum Data Set (MDS) (a mandatory comprehensive assessment tool used for care planning) dated 2/23/24 revealed in Section O that the CPAP was not marked. Interview with the Director of Nursing on 4/23/24 at 8:35 AM revealed the physician was called on 4/22/24 and obtained the CPAP order with settings and placed the order on the eMAR. Interview with the Director of Nursing on 4/23/24 at 1:10 PM confirmed the admission physician orders did not have an order for the CPAP and one should have been obtained. Record review of Physician Orders Policy revised 01/2018 revealed: It is the policy of this facility to accurately transcribe and implement orders in addition to medication orders (treatment, procedure) only upon the written order of a person duly licensed and authorized to do so in accordance with the resident's plan of care. 6) Medications, treatment or related orders are transcribed in the eMAR, eTAR accurately and verified via the double check system process. 7) Medications, treatments, and procedures are to be administered per physician order.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 50348 Licensure Reference Number 175 NAC 12.006019D Based on record reviews, observation, and interviews; the facility failed to ensure that Resident 25 was free from unnecessary medications by attempting a gradual dosage reduction. Sampled resident total 1 of 1. Facility census 61. A record review for Resident 25s face sheet revealed that admission was 05/09/2020. A record review of the undated Diagnosis list for Resident 25 revealed Major Depressive Disorder (a person with persistently low or depressed mood), Delusional Disorders (one or more firmly held false beliefs that persist for at least a month) , Vascular Dementia with Behavioral Disturbance (changes in memory, thinking and behavior resulting from changes in the brain), Anxiety Disorder, Schizoaffective Disorder (a combination of symptoms such as mood disorders, hallucinations, mania, and delusions) and, Depression, and Unspecified Psychosis (an individual that has a psychotic episode, but does not meet any other criteria for a more specific diagnosis). A review of the Minimum Data Set (MDS), (a tool that measures health status of residents in nursing homes) dated 2/26/24 reveals a Brief Interview of Mental Status (BIMS-test is used to get a quick snapshot of how well you are functioning cognitively at the moment) score of 11 which inidcates the Resident 25 is moderately impaired. No hallucinations or delusions were documented on the MDS. Section GG revealed total dependence to substantial assist for hygiene, dressing, and transfers. Resident 25 was also marked as total dependence to max assist for rolling and position change. A review of Physician's Orders for Resident 25 revealed the following: -Celexa tablet 20 milligrams (mg) give 1.5 tablet by mouth at bedtime for Major Depressive Disorder ordered 8/5/2022. -Risperdal tablets give 0.25 mg by mouth at bedtime related to schizoaffective disorder, ordered 8/7/2022. -Mirtazapine tablet 15mg give 0.5mg tablet by mouth at bedtime for Depression ordered 5/9/2020. - Monitor Episodes: hallucinations and delusions. -Monitor Behavior: sadness, feelings of loss, self-isolation and side effects. A Review of the Medication Administration Record (MAR) revealed Resident 25 had no behaviors, hallucinations, delusions or sign of depression documented for the months of February, March, and April of 2024. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Pharmacy Reviews revealed no irregularities or GDRs attempted between the dates of 05/31/2023 and 03/31/24. A review of Interdisciplinary Team (a group of healthcare professionals) notes from 11/22/2023 to 04/16/2024 revealed that Resident 25 was being followed by in house psychiatric physician and that resident has had no target behaviors. A record review of documentation for the in house psychiatric physician revealed there is no documentation to be located since 01/18/2023. A review of the facilities Psychotropic Medications policy dated 12/2023 revealed that patients who use psychotropic drugs receive a gradual dose reduction (GDR) and behavioral intervention, unless clinically contraindicated, to discontinue these drugs. An interview on 04/23/24 at 1:01 PM with the Director of Nursing (DON) confirmed Resident 25 had no behaviors were documented on the MAR for the months of February, March and April of 2024 for Resident 25. An interview on 04/23/24 at 2:50 PM with the DON confirmed that no GDRs has been completed this last year for Resident 25, and no notes from the in house psychiatric physician have been found.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. 47406 Licensure Reference Number 175 NAC 12-006.10D Based on observations, record reviews and interviews; the facility failed to administer the correct medication and give within the time frame prescribed by the physician for 1 (Resident 46) of 3 sampled residents. The facility census was 61. Findings are: Observation on 4/18/24 at 12:30 PM of Medication Aide (MA)-G administering medications to Resident 46 revealed hand hygiene was performed. MA-G then checked the EMAR (a legal record of the medications administered to a patient at a facility by a health care professional) before administration and after when she documented that the medications were given.The medications were given whole in applesauce were: Bisoprolol Fumarate 10 mg QD (every day), Bupropion HCL SR 150 mg QD, Lasix 40 mg QD, Carbidopa-Levodopa 25-250 mg TID, Entresto 24-26 mg BID (twice a day), Gabapentin 100 mg 1 cap BID, Oxybutyrin CL ER 10 mg QD, Potassium CL ER 10 meq 2 tabs QD, Ropinrole HCL 0.25 mg QD, Solifenacin Succ 10 mg QD, Miralax 17 GM QD mixed in water, Apple Cider Vinegar capsule 450 mg 1 cap QD, and Geri-Kot 8.6 mg 1 tab BID. Observation of the EMAR revealed that some of the medications were hightlighted as red in color. Record review of medications order revealed: -Sennosides-Docusate Sodium Oral Tablet 8.6-50 MG Give 1 tablet by mouth two times a day for constipation -Carbidopa-Levodopa Oral Tablet 25-250 MG Give 1 tablet by mouth three times a day for Parkinson's -Entresto Oral Tablet 24-26 MG Give 1 tablet by mouth two times a day for hypertension -Gabapentin Capsule 100 MG Give 1 capsule by mouth two times a day for bilateral lower extremity pain Interview on 4/18/24 at 12:40 AM with MA-G revealed if the medication on the EMAR is red that means it is late. Resident 46 medications were due no later than 11:00 AM and it is was 12:30 PM when they were administered. MA-G further revealed some medications are in a block time that as long as given by 11:00 AM and far enough apart from the next dose. MA-G revealed the reason medications were not given before was because Resident 46 was visiting with [gender] spouse. MA-G stated, I know it's not right, but the medications have enough separation times and some of the medications need to be given at least so many hours apart if they are ordered more than once a day, so as long as they are far enough apart from the next dose. MA-G revealed that if the medications are late, MA-G would tell the charge nurse. (continued on next page)

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 4/18/24 at 12:17 PM with the Director of Nursing (DON) confirmed that the MA needs to tell the charge nurse if the medications are late and ask for help if needed. They administer the medications on Block times and 8-12-4-8 pm. DON revealed the facility will need to call the Doctor and see if we can get a time change for the medications. Record review of Med Pass Times: -under BID (two times daily) is 7:00 AM-11:00 AM, 3:00 PM-6:00 PM and 7:00 AM-11:00 AM, 8:00 PM-11:00PM -under TID (three times a day) 7:00 AM-11:00 AM, 12:00 AM-3:00 PM, 3:00 PM-6:00 PM and 7:00 AM-11:00 AM, 3:00 PM-6:00 PM, 8:00 PM-11:00PM Interview on 4/23/24 at 8:35 Am with DON revealed that the physician was called on 4/18/24 and was updated on the medication Carbidopa-Levodopa taken late and obtained an order to hold the afternoon dose and give the evening dose in the evening. Record review of Physician Orders Policy revised 01/2018 revealed: It is the policy of this facility to accurately transcribe and implement orders in addition to medication orders (treatment, procedure) only upon the written order of a person duly licensed and authorized to do so in accordance with the resident's plan of care. 7) Medications, treatments, and procedures are to be administered per physician order. Record review of Medication Administration Policy dated 05/2021 revealed 2) Medications must be administered in accordance with the written orders of the attending physician. 7) Medications may not be set up in advance and must be administered within one (1) hour before or after their prescribed time. 13) Prior to administering the resident's medication, the nurse should compare the drug and dosage schedule on the resident's MAR with the drug label.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 50348 Licensure Reference Number 175 NAC 12-006.17D Based on observation, record review, and interview; the facility failed to perform hand hygiene during wound cares for 1 (Resident 16) of 1 sampled resident, and during catheter cares for 1 (Resident 39) of 1 sampled resident. Facility census was 61. Findings are. A. A review of the undated Infection Control Prevention and Control Program- Hand Hygiene Policy revealed hand hygiene is to be completed at the following times: -before and after contact with residents, -before and after handling an invasive device (a device inserted into a body cavity) such as a urinary catheter (a flexible tube inserted into the bladder), -before moving from a contaminated body site to a clean body site during resident care, -after contact with objects in the immediate vicinity of the resident, -after contact with a Resident's intact skin, and -after contact with blood and body fluids. A review of the Indwelling Urinary Catheter Care policy dated 1/2022 revealed that hand hygiene using soap and water, and putting gloves on should be completed prior to performing catheter cares. B. An observation on 04/22/2024 at 10:04 AM of Registered Nurse (RN)-C completing wound cares on Resident 16 revealed RN-C gathered supplies, including loose gauze for cleaning the wound at the treatment cart located outside of the resident's room without performing hand hygiene. RN-C then sanitized their hands, applied gloves, and touched the treatment cart and the resident's door while entering the room. RN-C turned on the water in the resident's sink, prepared the gauze to cleanse the resident's wound, and turned the water back off with their gloved hands. Without performing hand hygiene or changing gloves, RN-C washed and dried the resident's inner thighs with the gauze, then applied a moisture barrier to the area. RN-C then removed gloves, touched the bathroom door and the countertop next to the sink, then put on another pair of gloves briefly, spoke with resident in doorway of bathroom, then removed the gloves as no cares were performed. No further contact with resident or surfaces. RN-C then performed hand washing was performed for 12 seconds prior to exiting room. RN-C was then in hallway completing an interview. No further surfaces being touched seen. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 04/22/2024 at 10:15 AM RN C confirmed that gloves were to be changed after cleansing Resident 16 and prior to applying moisture barrier on designated area. RN-C also confirmed that hand hygiene should have been performed after removal of gloves, and that the hand washing was to be completed for 30 seconds instead of the 12 seconds that was performed. C. An observation on 04/22/2024 at 2:00 PM of Nursing Assistant (NA)-F and NA-E completing catheter cares on Resident 39 revealed Resident 39 was seated on the toilet in the room's bathroom. NA-F and NA-E sanitized hands, donned gown and gloves outside of Resident 39's room. NA-E and NA-F then entered Resident 39's bathroom. NA-E positioned the wheelchair to the right side of the Resident 39. NA-F stood in front of Resident 39, and NA-E stood behind the resident assisting to stand. NA-F then obtained a clean wipe, wiping downward on the right side of groin with right hand. NA-F then obtained another clean wipe from the package and wiped downward on the left side of groin with right hand. No change of gloves or hygiene performed. NA-F obtained clean wipe, spread residents' labia (skin folds located between a female's legs) slightly with gloved left hand, and wiped from insertion site of catheter in a downward motion. Clean wipe then obtained another wipe from the package, and with the left-hand held the catheter in place while wiping in a downward motion from catheter entrance site using the right hand. NA-E then obtained a clean wipe and wiped the resident from the vaginal area (area located between bladder and buttocks) to buttocks, and discarded wipe. A clean wipe was obtained from package and the same process completed. The first wipe was noted to have small amount of stool, and the second wipe was without stool. NA-E without performing hand hygiene, obtained barrier cream located on a shelf located behind head and applied to residents' buttocks. NA-E and NA-F then pulled up Resident 39 pants and assisted resident to turn and sit down into wheelchair. NA-E then removed gloves but did not perform hand hygiene prior to exiting room. NA-F then turned to Resident 39's wheelchair with the dirty gloves on, unlocked brakes of wheelchair, and rolled resident backward to tray table in room. NA-F ensured that there was a call light on residents' tray table, then removed gloves and exited room. During an interview on 04/22/2024 at 2:23 PM with NA-F confirmed that gloves were not changed prior to completing care of catheter entrance site after wiping residents' groin. NA-F also confirmed that gloves were not removed and no hand sanitizing post catheter care, and prior to moving the resident from bathroom to tray table. During an interview on 04/22/2024 at 2:25 PM with NA-E confirmed that gloves were not removed prior to touching barrier cream and applying to Resident 39 buttock. NA-E further confirmed that barrier was then replaced on the shelf where retrieved. During an interview on 04/23/24 at 7:54 AM with the Director of Nursing revealed the expectation for catheter care was that hand hygiene is to be performed after groin is cleansed and prior to performing catheter care.

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F 0923 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have enough outside ventilation via a window or mechanical ventilation, or both. 50348 Licensure Reference Number 175 NAC 12.007. 04D Based on observation, and interviews; the facility failed to maintain mechanical ventilation in residents' bathrooms located in rooms 38, 39, 40, 47, 48. The facility census was 61. Findings are: An observation during an environmental tour on 04/23/2024 at 8:53 AM to 9:15 AM with Maintenance Director revealed that the vents in the following rooms were not functioning: 38, 39, 40, 47, and 48. An interview with Maintenance on 04/23/2024 at 9:15 AM confirmed that vents in the following rooms were not functioning: 38, 39, 40, 47, and 48. An interview on 04/23/24 at 1:40 PM with Maintenance Director revealed that there was no policy or procedure for vent function checks and further revealed no tracking or documentation of vent function checks had been completed. Maintenance Director revealed that there was an in house system on the computer that was used to communicate needs for housekeeping and maintenance and there were no current entries noted in the system regarding nonfunctioning vents. An interview on 04/23/24 1:45 PM Housekeeping Supervisor (HSK-Sup) confirmed that vents in the resident bathrooms were not on the list to be cleaned or checked.