

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2024
NAME OF PROVIDER OR SUPPLIER Good Shepherd Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2242 Wright Street Blair, NE 68008	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17285</p> <p>Licensure Reference Number 175 NAC 12-006.17B</p> <p>Based on observation, interview and record review; the facility failed to position a catheter bag in a manner to prevent the potential for cross contamination for 1 (Resident 20) of 2 residents observed with urinary catheters. The facility census was 70.</p> <p>Findings are:</p> <p>Record review of a facility policy entitled Catheter Care - Suprapubic [suprapubic catheter: a hollow flexible tube that drains urine from the bladder. It is inserted into the bladder through a cut in the stomach just below the navel] dated [DATE] revealed the following information: Residents with Suprapubic catheters will have routine catheter care performed in a manner to minimize the opportunities for infection. Policy Interpretation and implementation: Check the following items: Catheter bag is not laying on the floor.</p> <p>Record review of Resident 20's Clinical Census report revealed that Resident 20 was admitted [DATE]. Resident 20's Diagnoses report identified that Resident 20 had diagnoses that included neuromuscular dysfunction of the bladder and a malignant neoplasm of the renal pelvis.</p> <p>Record review of Resident 20's admission Minimum Data Set [MDS, a clinical assessment of the resident] dated 3/21/24 revealed that Resident 20 had a Brief Interview Mental Status [BIMS, a test to determine cognitive status] score of 13 which indicated that cognition was intact. The MDS identified that Resident 20 was totally dependent on staff for toileting hygiene and had a urinary catheter present.</p> <p>Record review of Resident 20's Comprehensive Care Plan [a interdisciplinary plan of care for the resident] revealed Resident 20 had a suprapubic catheter due to neurogenic bladder.</p> <p>Observations on 04/21/24 at 9:53 AM, 1:38 PM and 2:40 PM revealed Resident 20 seated in a recliner in the resident's room. A urinary catheter bag was attached to the trash can. The back of the bag was in contact with the exterior of the trash can and the bottom of the bag touched the floor.</p> <p>Observations on 04/22/24 at 6:30 AM and 8:35 AM revealed Resident 20 seated in a recliner in the resident's room. A urinary catheter bag was attached to the trash can. The back of the bag was in contact with the exterior of the trash can and the bottom of the bag touched the floor.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 04/22/24 at 8:40 AM with the Director of Nursing [DON] confirmed that the catheter bag for Resident 20 was in contact with the floor and the trash can and this could cause potential cross contamination. The DON confirmed that the catheter bag should be positioned so as not to touch the floor or the trash can.</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>45614</p> <p>Based on record review and interview; the facility failed to ensure that the designated infection preventionist was certified. This had the ability to affect all residents in the facility. The facility claimed a census of 70.</p> <p>Findings are:</p> <p>A record review of the facility Infection Control Program dated 7/2019 and revised on 10/11/2019 and 3/26/2020 revealed the following: Paragraph 2. A nurse (RN - Registered Nurse or LPN - Licensed Practical Nurse) will be designated as the facility Infection Preventionist and will complete required training related to the role of an Infection Preventionist.</p> <p>An interview on 04/22/2024 at 1:32PM with the designated Infection Preventionist (IP) revealed they are not currently a certified Infection Preventionist but expect to complete the required IP certification in May of 2024.</p> <p>An interview on 04/22/2024 at 3:34PM with the Facility Administrator confirmed the facility does not have a certified Infection Preventionist at this time but the designated IP is expected to be certified by May 2024.</p>