

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 05/01/2025
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>52351</p> <p>Licensure Reference Number 175 NAC 12-006.04(F)(i)(5)</p> <p>Based on record reviews and interviews; the facility failed to notify the medical practitioner and family of 1 (Resident 52) of 5 residents sampled for refusal to take medications. The facility census was 66.</p> <p>Findings are:</p> <p>Record review of Resident 52's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 03/28/2025 revealed a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 99. The MDS manual identified a score of 99 as resident was unable to complete the interview.</p> <p>Record review of Resident 52's Order Summary dated 4/29/2025 revealed the following medications were prescribed by the practitioner:</p> <ul style="list-style-type: none"> -Acetamin tab 325 milligrams (mg) twice daily for pain -Aspirin 81 mg for heart health -Atorvastatin 80 mg for hyperlipidemia (an elevated level of lipids - like cholesterol and triglycerides in your blood) -Carvedilol 10 mg extended release (ER) for essential primary hypertension (high blood pressure) -Fluoxetine Solution 20 mg/5 milliliters (ML) for depression -Omeprazole cap 40 mg for GERD (a digestive disorder where stomach acid frequently flows back up into the esophagus, the tube connecting the mouth to the stomach) -Prevagen 10 mg capsule for memory support -Risperidone solution 1 mg/ML twice daily for dementia <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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Senna tablet 8.6 mg for constipation</p> <p>Record review of Resident 52's Medication Administration record (MAR) (a Medication Administration Record documents every medication a patient receives, including the name, dose, route, and time) dated April 2025 revealed Resident 52 had refused the following medications:</p> <p>- Aspirin, Carvedilol, Omeprazole, Prevagen, and Senna on 4/1/2025, 4/2/2025, 4/4/2025, 4/5/2025, 4/6/2025, 4/7/2025, 4/11/2025, 4/14/2025, 4/15/2025, 4/18/2025, 4/19/2025, 4/20/2025, 4/23/2025, 4/24/2025, 4/25/2025, 4/27/2025, and 4/28/2025.</p> <p>-Acetamin was refused on 4/1/2025 AM, 4/2/2025 AM, 4/3/2025 PM, 4/4/2025, 4/5/2025, 4/6/2025 both AM/PM, 4/7/2025 AM, 4/11/2025 AM/PM, 4/14/2025 AM, 4/15/2025 AM/PM, 4/16/2025, 4/17/2025 PM, 4/18/2025 AM/PM, 4/19/2025 AM/PM, 4/20/2025 AM, 4/21/2025, 4/22/2025 PM, 4/23/2025 AM, 4/24/2025 AM, 4/25/2025 AM/PM, 4/26/2025 PM, 4/27/2025 AM, 4/28/2025 AM/PM</p> <p>-Fluoxetine and Senna were refused on 4/2/2025, 4/4/2025, 4/5/2025, 4/6/2025, 4/7/2025, 4/11/2025, 4/14/2025, 4/15/2025, 4/18/2025, 4/19/2025, 4/20/2025, 4/23/2025, 4/24/2025, 4/25/2025, 4/27/2025, and 4/28/2025.</p> <p>Record review of Resident 52's progress notes did not indicate the primary medical provider was notified of Resident 52's refusals to take medications on 4/1/2025, 4/2/2025, 4/4/2025, 4/5/2025, 4/6/2025, 4/7/2025, 4/11/2025, 4/14/2025, 4/15/2025, 4/18/2025, 4/19/2025, 4/20/2025, 4/23/2025, 4/24/2025, 4/25/2025, 4/27/2025, and 4/28/2025.</p> <p>An interview on 5/1/2025 at 8:06 AM was conducted with the Director of Nursing (DON). During the interview the DON confirmed Resident 52's practitioner was not notified Resident 52 was refusing medications and should have been.</p> <p>A Record review of facility Policy Requesting, Refusing and/or Discontinuing Care or Treatment revised February 2021 stated the following:</p> <p>Policy Interpretation and Implementation</p> <p>7. Documentation pertaining to a resident's request, discontinuation or refusal of treatment includes at least the following:</p> <p>a. date and time the care or treatment was attempted</p> <p>b. the type of care or treatment</p> <p>c. the resident's response and stated reason(s) for request, discontinuation or refusal</p> <p>d. the name of the person who attempted to administer the care or treatment</p> <p>e. that the resident was informed (to the extent of their ability to understand) of the purpose of the treatment and the potential outcome of not receiving the medication and/or treatment</p> <p>f. the resident's condition and any adverse effects due to the request</p> <p>(continued on next page)</p>		

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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>52170</p> <p>Licensure Reference Number 175 NAC 12-006.05(G)</p> <p>Based on record reviews and interview; the facility failed to ensure a rationale was documented for the continued use of PRN (as needed) antianxiety medication for 1 (Resident 42) of 5 sampled residents. The facility staff identified a census of 66.</p> <p>The findings are:</p> <p>A record review of a facility policy entitled Documentation and Communication of Consultant Pharmacist Recommendations dated revised August 2024 revealed:</p> <ul style="list-style-type: none"> -D. Psychotropic PRN (as-needed) medication order (excluding antipsychotics): Order for PRN psychotropic medication will be time limited (i.e., 14 days) and only for specific clearly documented circumstances. -a. Order may be extended beyond 14 days if the attending physician or prescribing practitioner: <ul style="list-style-type: none"> -b. Believes it is appropriate to extend the order -and -c. Documents clinical rationale for the extension -and -d. Provides a specific duration of use. -e. Rationale should include effectiveness, ongoing specific diagnosed conditions, indication, and duration. <p>A record review of Resident 42's Admission Record identified the facility admitted the resident on 01/18/2024 and identified diagnoses of delirium due to known physiological condition, major depressive disorder, psychosis, unspecified mood disorder, senile degeneration of brain, and Alzheimer's disease with late onset.</p> <p>A record review of Resident 42's Quarterly Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and help nursing home staff identify health problems) dated 03/31/2025 identified the resident's Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score was 5/10. According to the MDS Manual, a score of 0-7 indicated the resident had severe cognitive impairment. The MDS further identified the resident did not display behaviors and received antipsychotic and antidepressant medications.</p> <p>A record review of Resident 42's Order Summary Report printed 04/30/2025 revealed an order for lorazepam (antianxiety medication) 2 milligram (mg)/milliliter (mL) give 1mg by mouth every 1 hour as needed for anxiety/restlessness.</p> <p>(continued on next page)</p>		

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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of a Pharmacist's Recommendation to Prescriber dated 03/31/2025 revealed that Resident 42 was prescribed lorazepam and states CMS requires a 14 day stop on all PRN psychotropic medications unless the prescriber documents clinical rationale for continued use and provides a new duration for use on the continued order. Further review revealed that the pharmacist's recommendation was to continue the PRN lorazepam for 6 months. The document was signed by the provider and the agree check box was marked. The provider did not document a rationale for the continued use of the PRN lorazepam.</p> <p>An interview on 05/01/2025 at 9:42 AM with the Director of Nursing (DON) confirmed that there was no rationale documented for the continued use of the PRN lorazepam.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17285</p> <p>Licensure Reference Number 175 NAC 12.006.02(8)</p> <p>Based on record review and interview; the facility failed to report an allegation of resident-to-resident abuse within the required timeframe to Adult Protective Services (APS) for 1 (Resident 119) of 4 facility self-report investigations reviewed. The facility census was 66.</p> <p>Findings are:</p> <p>Record review of an undated facility policy entitled Abuse and Neglect Reporting revealed the following information:</p> <p>All staff members, residents, visitors are required to immediately report any incidents or suspected incidents of resident mistreatment, abuse, or neglect, exploitation, including injuries of unknown source and misappropriation of properties.</p> <p>Procedure:</p> <ol style="list-style-type: none"> 1. Any alleged violations involving abuse or negligence neglect including injuries of an unknown source and misappropriation of resident property must be reported. 3. Staff members aware of an incident or suspected incident of abuse or neglect must immediately report knowledge of such incidents to the charge nurse, department head or administration. 5. The staff person receiving the initial allegation of abuse or neglect must immediately contact the facility manager and administrator 6. When an alleged or suspected case of mistreatment, exploitation, misappropriation of resident property, abuse or neglect is reported, the facility administrator or designee will notify the following persons of such incident: <p>Within 24 hours:</p> <ol style="list-style-type: none"> a. Adult Protective Services (APS) 24 hour hotline: <ol style="list-style-type: none"> 1. Report allegations of abuse, neglect, exploitation results not later than 24 hours if a suspicion of abuse, neglect or exploitation does not result in bodily harm. <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 119's quarterly Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 1/29/25 revealed an admitted [DATE] with diagnoses that included chronic obstructive pulmonary disease, coronary artery disease and heart failure. The MDS identified that Resident 119 had a BIMS (Brief interview Mental Status, a brief screener that aids in detecting cognitive impairment) score of 6. The MDS manual identified that a score of 0-7 indicated severe cognitive impairment. The MDS identified that Resident 119 used a wheelchair and was dependent on staff for all activities of daily living needs such as toileting, dressing and personal hygiene.</p> <p>Record review of a facility investigation dated 1/9/25, related to an allegation of resident to resident abuse that involved Resident 119 as the victim, revealed an investigation was initiated on 1/6/25 at 9:10 AM by the facility administrator. Record review of a description of the incident revealed that the incident between Resident 119 and another resident had occurred on 1/4/25 at 3:30 PM. The facility investigation revealed no injury had resulted to Resident 119. The facility investigation revealed that the administration was not notified of the incident until 1/9/25 at 9:10 AM. Adult Protective Services was not notified until 1/9/25 at 9:40 AM which was not within the required 24 hour timeframe for an allegation of abuse with no injury.</p> <p>Interview on 04/30/25 at 6:53 AM with the Director of Nursing (DON) confirmed staff did not immediately notify administration of the incident on 1/4/25 at the time of the incident and they should have. The DON confirmed that staff had been educated in the past to notify the administration as soon as an incident occurred so the investigation and reporting could be done. The DON confirmed that the allegation of abuse had not been reported to APS within the required 24 hour timeframe.</p>		

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>52170</p> <p>Licensure Reference Number 175 NAC 12-006.05</p> <p>Based on record review and interview; the facility failed to notify the resident and resident representative in writing of the reason for hospital transfer for 1 (Resident 20) of 1 sampled resident. The facility staff identified a census of 66.</p> <p>The findings are:</p> <p>A record review of a facility policy entitled Bed-hold Agreement dated Revised 05/2023 revealed:</p> <p>-2. When an emergency transfer is necessary (e.g. ER transfer), the facility will provide the resident or his/her representative with a copy of the bed-hold agreement at the time of transfer.</p> <p>-3. A copy of the bed-hold agreement will be provided to the resident and the resident's representative in a language and manner in which they can understand. The notice will include all of the following:</p> <p>-a. The specific reason and basis for the transfer or discharge.</p> <p>A record review of Resident 20's Admission Record revealed the facility admitted the resident on 09/29/2023. Further review of Resident 20's Admission Record identified diagnoses of Influenza A, chronic obstructive pulmonary disease (COPD, pulmonary disease that is characterized by chronic typically irreversible airway obstruction resulting in a slowed rate of exhalation), chronic respiratory failure, cognitive communication deficit, fracture of neck of left femur, iron deficiency anemia (a condition where the body doesn't have enough iron, leading to a reduction in red blood cells and a decreased ability to carry oxygen to the body's tissues), schizophrenia (a mental illness that is characterized by disturbances in thought, perception, and behavior, by a loss of emotional responsiveness and extreme apathy, and by noticeable deterioration in the level of functioning in everyday life), bipolar disorder (a condition characterized by dramatic shifts in mood, energy, and activity levels that affect a person's ability to carry out day-to-day tasks. These shifts in mood and energy levels are more severe than the normal ups and downs that are experienced by everyone), hypertension, and dementia.</p> <p>A record review of Resident 20's Significant Change Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 12/21/2024 identified Resident 20 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 13/15. According to the MDS Manual, a score of 13-15 indicated that the resident was cognitively intact.</p> <p>A record review of a Bed-Hold Agreement signed by the Social Services Designee (SSD) on 11/11/2024 revealed the resident was transferred to an acute care hospital on 11/09/2024. The Bed-Hold Agreement did not show the reason for the transfer.</p> <p>(continued on next page)</p>		

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of a Bed-Hold Agreement signed by the SSD on 12/2/2024 revealed that Resident 20 was transferred to an acute care hospital on 11/27/2024. The Bed-Hold Agreement did not show the reason for the transfer.</p> <p>In an interview on 04/29/2025 at 3:17 PM the SSD confirmed that the reason for the transfer to an acute care hospital was not put in writing to the resident or the resident's representative.</p> <p>In an interview on 04/30/2025 at 12:57 PM the SSD further confirmed the bed hold agreement should have been sent at the time of the transfer and was not.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>52170</p> <p>Licensure Reference Number 175 NAC 12-006.09(F)(ii)</p> <p>Based on record review and interview; the facility failed to develop a comprehensive care plan within 7 days of the completion of the Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) for 1 (Resident 219) of 21 sampled residents. The facility staff identified a census of 66.</p> <p>The findings are:</p> <p>A record review of a facility policy entitled Care Plans, Comprehensive Person-Centered dated 2001 revealed:</p> <p>-The comprehensive, person-centered care plan is developed within seven days of the completion of the required MDS assessment (Admission, annual or sig change) and no more than 21 days after admission.</p> <p>A record review of Resident 219's Admission Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 06/05/2024 identified the facility admitted the resident on 05/29/2024 with diagnoses of hypertension, thyroid disorder, cerebral infarction (stroke), and neuropathy. Further review of the MDS identified that Resident 219 was dependent upon staff for assistance with toileting hygiene, bathing, transfers, and manual wheelchair mobility; substantial assistance with upper and lower body dressing, footwear, and bed mobility; and supervision or touching assistance for personal hygiene tasks.</p> <p>A record review of Resident 219's Care Area Assessments (CAAs, areas for further assessment of resident conditions based on information entered into the MDS that are utilized to develop a person-centered plan of care) revealed the following areas required further assessment and were marked by facility staff as requiring care planning: cognition/dementia, communication, functional abilities, urinary incontinence, psychosocial, behavior, falls, dental, and pressure ulcers.</p> <p>A record review of Resident 219's Comprehensive Care Plan (CCP, a document that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment) revealed functional abilities interventions addressed only transfers. Further review revealed the following areas did not have interventions for cognition/dementia, communication, urinary incontinence, psychosocial, and dental.</p> <p>In an interview on 05/01/2025 at 1:04 PM, the MDS Coordinator (MDSC)-W confirmed that interventions for cognition/dementia, communication, urinary incontinence, psychosocial, and dental were not listed on the CCP and should have been. The MDSC-W further confirmed that additional interventions should have been listed for Resident 219's functional abilities.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>52170</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 less than 5%. Observation of 25 medications administered revealed two errors resulting in a medication error rate of 8%. The medication errors affected 2 (Resident 39 and Resident 42) of 4 sampled residents. The facility staff identified a census of 66.</p> <p>The findings are:</p> <p>A. Record review of Resident 39's Medication Administration Record (MAR) printed on 04/30/2025 revealed the following medications to be administered at 7:00 AM:</p> <ul style="list-style-type: none"> -insulin lispro (a rapid-acting insulin) inject 5 units -insulin lispro inject per sliding scale -Omeprazole 40 milligrams (mg) <p>An observation on 04/30/2025 at 6:55 AM of Registered Nurse (RN)-Y administering medication for Resident 39 revealed the RN-Y obtained Resident 39's blood sugar reading of 107 from a continuous glucose monitor and determined that sliding scale insulin was not required. RN-Y administered the oral medication with water. At 7:01 AM RN-Y injected 5 units of insulin lispro subcutaneously without providing Resident 39 a snack.</p> <p>An observation on 04/30/2025 at 8:20 AM in the main dining room where Resident 39 ate revealed the first breakfast tray being served from the kitchen.</p> <p>An interview on 04/30/2025 at 8:50 AM with RN-Y confirmed Resident 39 received medications with water and was not provided a snack. RN-Y further confirmed that rapid-acting insulin should be administered within 30 minutes of meals.</p> <p>A record review of a facility policy entitled Medication Administration-Insulin dated 06/22/2014 revealed:</p> <ul style="list-style-type: none"> -Rapid-acting insulin (e.g., Novolog, Humalog) Onset 10-15 minutes, Peak 0.5-3 hours, Duration 3-6 hrs. <p>-Important Points:</p> <ul style="list-style-type: none"> -RAPID-ACTING insulin (or a rapid-acting insulin mixed with either an intermediate or long-acting insulin) would be injected immediately prior to a meal, or administered concurrent with food such as graham crackers. <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>B. Record review of Resident 42's MAR printed on 04/30/2025 revealed the following medications to be administered at 8:00 AM:</p> <ul style="list-style-type: none"> -acetaminophen 1000 mg -Eliquis (a blood thinner) 2.5 mg -Esomeprazole (acid reducer) 20 mg -polyethylene glycol (laxative) 17 grams -quetiapine (an antipsychotic medication) 25 mg <p>An observation on 04/30/2025 at 7:29 AM of Licensed Practical Nurse (LPN)-U administering medications for Resident 42 revealed LPN-U administered polyethylene glycol that displayed a pharmacy label for another resident.</p> <p>An interview on 04/30/2025 at 7:50 AM with LPN-U confirmed the polyethylene glycol administered was labeled for another resident and should not have been administered to Resident 42.</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>52170</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 residents were free of significant medication errors. This affected 1 (Resident 45) of 4 sampled residents.</p> <p>The findings are:</p> <p>A record review of a facility policy entitled Medication Administration - Insulin dated 06/22/2014 revealed:</p> <ul style="list-style-type: none"> -Rapid-acting insulin (e.g., Novolog, Humalog) Onset 10-15 minutes, Peak 0.5-3 hours, Duration 3-6 hours. -Important Points: -RAPID-ACTING insulin (or a rapid-acting insulin mixed with either an intermediate or long-acting insulin) would be injected immediately prior to a meal, or administered concurrent with food such as graham crackers. <p>A record review of Resident 39's Medication Administration Record (MAR) printed 04/30/2025 revealed the resident was to receive 5 units insulin lispro (a rapid-acting insulin used to aid blood sugar control) before meals.</p> <p>An observation on 04/30/2025 at 7:01 AM revealed that Registered Nurse (RN)-Y injected 5 units of insulin lispro into the right upper arm after oral medications were administered with water.</p> <p>An observation on 04/30/2025 at 8:20 AM in the main dining room where Resident 39 received meals revealed the first breakfast tray being served from the kitchen.</p> <p>An interview on 04/30/2025 at 8:50 AM with RN-Y confirmed Resident 39 received medications with water and was not provided a snack. RN-Y further confirmed that rapid-acting insulin should be administered within 30 minutes of meals.</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>The facility failed to ensure hand hygiene and gloving were performed in a manner to prevent the potential for food borne illness and failed to maintain the cleanliness and condition of shelving units, serving windows, equipment, floors, ventilation systems, and storage carts in the facility kitchen. This had the potential to affect 66 residents in the facility that ate foods prepared in the facility kitchen. The facility census was 66.</p> <p>Findings are:</p> <p>A. Record review of a facility policy entitled Hand Washing dated 3/19/2020 revealed the following:</p> <p>Hand hygiene will be performed for a minimum of 20 seconds.</p> <p>Procedures:</p> <p>Guidelines on when to perform hand hygiene may include</p> <ul style="list-style-type: none"> - before preparing or handling food. - - after removing personal protective equipment (gloves) <p>Perform hand hygiene as follows:</p> <ol style="list-style-type: none"> a. If using soap and water, turn on faucet, holding fingertips downward to prevent water from running down the arm. Apply soap and work into a lather. b. Rub all surfaces of the hands for at least 20 seconds. c. i. Rinse hands under running water with fingers pointing downward holding hands lower then the wrists and elbows. ii. Dry hands thoroughly using a paper towel, using care not to touch the towel dispenser or sink. Use paper towel to turn off sink. <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>B. Observation on 04/29/25 between 9:20 AM and 10:15 AM in the facility kitchen revealed [NAME] K prepared country style tomatoes. With no hand hygiene performed, [NAME] K donned gloves and poured 3 cans of tomatoes into a large pot. [NAME] K added garlic and sugar and mixed them together. [NAME] K doffed [removed] the soiled gloves and placed the tomatoes into the convection oven to cook. [NAME] K performed a 7 second hand wash, donned [put on] gloves and got out the recipe for the chicken thighs. [NAME] K rinsed out a large, clear container with water at the 3 compartment sink, doffed the soiled gloves and performed 7 second hand wash. [NAME] K donned new gloves and proceeded to wash the chicken thighs with water, then placed them into the clear plastic container until it was half full. [NAME] K took off the soiled gloves, performed a 7 second hand wash, then rinsed another large plastic container with water. [NAME] K doffed the soiled gloves and performed a 10 second hand wash. [NAME] K donned new gloves and continued to wash chicken thighs and place them into the large plastic container. [NAME] K doffed the soiled gloves and performed a 10 second hand wash. [NAME] K left the food preparation area, went to the reach in cooler, touched the door handle with a bare hand and got out buttermilk and mayonnaise. [NAME] K went into storage area and got out ranch dressing mix. [NAME] K returned to the food preparation area and, with no hand hygiene performed, donned new gloves and added those ingredients to the 2 containers of chicken thighs. [NAME] K then mixed the ingredients into the chicken thighs with gloved hands. [NAME] K doffed the soiled gloves and performed a 6 second hand wash. [NAME] K donned new gloves and placed the chicken thighs onto sheet pans. [NAME] K doffed the soiled gloves and put the pan into the oven. With no hand hygiene performed, [NAME] K repeated the same process until 4 pans were full of chicken thighs and were in the oven. After all the pans were in the oven, [NAME] K performed a 7 second hand wash, donned new gloves, threw away the soiled, wet cardboard chicken box, and with the same soiled gloves, touched the door handle of the reach in cooler to put the mayonnaise back into the reach in cooler. [NAME] K doffed the soiled gloves and performed a 10 second hand wash.</p> <p>Interview on 4/29/25 at 10:20 AM with the Dietary Manager [DM] confirmed that hands should be washed for 20 seconds before working with foods, upon return to the food preparation area, after removal of soiled gloves and before new gloves are donned. The DM confirmed that all residents in the facility ate foods prepared in the facility kitchen</p> <p>C. Observation on 04/28/25 between 1:30 PM and 2:30 PM in the facility kitchen revealed the following sanitation concerns:</p> <ul style="list-style-type: none"> - A wire dish rack next to the steam table had areas of red colored discoloration that resembled rust. - Foam weather stripping had been torn loose from the underside of the serving window. - Food and grease spatters were present on the front and sides of the stove with 2 ovens. - Burned, dried food spatters were present on the backsplash behind the stove top and the exterior of the stove and ovens. - Grease and food particles were present on the shelf above the stove top. - Grease and liquid spatters were present on the side and front of the deep fryer, dripped onto the floor in front of the deep fryer. <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>	<ul style="list-style-type: none"> - Baked on, burned food particles were present inside the working oven. - Grease and a sticky substance were present on the handle and the front of the working oven. - Two of 3 ovens were not operational in the facility kitchen. - Grease spatters and food spatters were present on the front and sides of the convection oven. - Food particles and a dark sticky substance were present in the corners and the floors under the shelves in the reach in cooler. - The floors were sticky in the walk in cooler. - The floors under the food preparation sink surrounding a grease trap were corroded with a dark, sticky substance and food particles and dirt. - Food particles and a build up of dirt and dark colored substance were present on the floors in the dry storage area. - Food particles were present on each shelf of a 3 tier rolling cart that held spices. - Two air conditioner ventilation covers were heavily coated with a gray fuzzy substance. The ventilation covers were directly over the 3 compartment sink and the food preparation area. - Two wire oven racks were heavily coated with grease and a burned on substance. <p>Observations on 04/29/25 between 2:00 PM - 2:25 PM with the DM confirmed the following sanitation concerns:</p> <ul style="list-style-type: none"> - A wire dish rack next to the steam table had areas of red colored discoloration that resembled rust. - Foam weather stripping had been torn loose from the underside of the serving window. - Food and grease spatters were present on the front and sides of the stove with 2 ovens. - Burned, dried food spatters were present on the backsplash behind the stove top and the exterior of the stove and ovens. - Grease and food particles were present on the shelf above the stove top. - Grease and liquid spatters were present on the side and front of the deep fryer, dripped onto the floor in front of the deep fryer. - Baked on, burned food particles were present inside the working oven. - Grease and a sticky substance were present on the handle and the front of the working oven. <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>	<ul style="list-style-type: none"> - Two of 3 ovens were not operational in the facility kitchen. - Grease spatters and food spatters were present on the front and sides of the convection oven. - Food particles and a dark sticky substance were present in the corners and the floors under the shelves in the reach in cooler. - The floors were sticky in the walk in cooler. - The floors under the food preparation sink surrounding a grease trap were corroded with a dark, sticky substance and food particles and dirt. - Food particles and a build up of dirt and dark colored substance were present on the floors in the dry storage area. - Food particles were present on each shelf of a 3 tier rolling cart that held spices. - Two air conditioner ventilation covers were heavily coated with a gray fuzzy substance. The ventilation covers were directly over the 3 compartment sink and the food preparation area. - Two wire oven racks were heavily coated with grease and a burned on substance. <p>Interview on 04/29/25 at 2:25 PM with the DM confirmed that the observed areas of concern needed to be cleaned. The DM agreed that the issues needed to be corrected and addressed. The DM was unsure of how long 2 of 3 ovens in the facility kitchen had been not operational. The DM confirmed that all residents in the facility ate foods prepared in the facility kitchen</p> <p>Record review of the weekly cleaning schedules in the facility kitchen revealed that the logs for cleaning were filled out weekly or daily as directed. The cleaning schedules did not specifically identify the concerns identified through observation on 04/28/25 or 04/29/25.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47733</p> <p>Licensure Reference Number 175 NAC 12.006.18(B)</p> <p>Based on record review observation, and interview, the facility staff failed to implement measures to prevent the potential contamination of resident supplies that affect all residents in the facility, the facility staff failed to change oxygen tubing per practitioner's order for Resident 26, and the facility failed to follow enhanced barrier precautions for Resident 50. The facility identified a census of 66.</p> <p>Findings are:</p> <p>A. A record review of a facility provided policy titled Storage Areas, Maintenance, dated December 2009 revealed, all storage areas must be kept free from accumulation of trash, rubbish, oily rags, paper, etc., at all times.</p> <p>Record review of a receipt of payment to dated 5/8/2024 to a roofing company for the amount of \$4000.00 related to work that applied a patch to the roof.</p> <p>A record review on 4/30/2025 revealed a facility provided email dated May 10, 2024, indicating the management company was aware of the functional damage the campus sustained.</p> <p>An observation on 4/30/2025 8:13 AM with (Maintenance Supervisor) MS-G revealed the second floor is unoccupied and is not used by any residents, and:</p> <ul style="list-style-type: none"> -A room located in the southwest corner of the second floor had 65 boxes of incontinent products of varying sizes. -There were jugs of a disinfectant cleaner with the label identifying Cleanslate among the boxes of briefs. -There were also black spots on the ceiling where the ceiling tiles were missing. -The room located next to the above stated room revealed boxes of PPE, Covid tests, Lancets, medication cups, multiple types of dressings, drinking straws, drinking cups, Insulin syringes, mouthwash, piston syringes and irrigation solution. <p>An observation on 4/30/25 8:45 AM with the Administrator (ADM) revealed the office in the therapy gym had discolored ceiling tiles that are brown with black in the center, and the therapy gym above a TV that has portions of plaster substance missing with brick exposed behind the plaster substance. In addition the area in the therapy office on the 1st floor had a plaster substance missing with brick exposed.</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 - Many</p>	<p>An observation on 4/30/2025 12:00 PM with Physical Therapy Assistant (PTA) revealed black spots on the ceiling tiles above the desks. The PTA reported the black spots were mold. The east window of the office has plaster substance missing from the wall and is exposing the brick. The PTA reported their belief was that it was from the leaking ceiling.</p> <p>An interview with the ADM on 4/30/2025 at 8:30 AM revealed the second floor and the therapy gym on the main floor had water damage. The ADM confirmed the management company has been advised and has advised the owner of the water damage. The ADM confirmed no repairs have been completed since May 2024.</p> <p>An interview with ADM on 4/30/24 11:06 AM revealed the roof has been leaking since the email to the management company in 2024. The ADM confirmed there is no current plan to fix the leaking roof or the mold like spots that were on the ceiling tiles in the gym and in the supply room on the second floor.</p> <p>B. Record review of Resident 26's Treatment Administration Record (TAR) dated 4/30/2025 revealed the following orders:</p> <p>-Change O2 tubing weekly.</p> <p>- [NAME] residents' initials, date, staff initials on tubing. Wipe down concentrator with warm wash cloth. One time a day every Sunday.</p> <p>An observation on 4/28/2025 at 8:46 AM Resident 26 was out of the room. The oxygen concentrator (A machine that delivers oxygen) was running. The Nasal cannula tubing was attached to the concentrator with tape around the nasal cannula dated 4/20/2025 at 10:00 PM.</p> <p>An observation on 4/28/2025 8:48 AM of Resident 26's oxygen concentrator was on in the resident's room. The tape around the tubing attached to the concentrator is dated 4/22/2025 at 10:00 PM and initialed by a nurse. Resident 26 was not in the room.</p> <p>An observation on 4/28/2025 8:52 AM The oxygen concentrator remained on in the resident's room and the tape around the tubing attached to the concentrator is dated 4/22/2025 at 10:00 PM, initialed by a nurse.</p> <p>An observation 4/28/2025 1:28 PM of Resident 26's oxygen tubing has the tubing dated 4/20/2025 @ 10:00 PM.</p> <p>An observation 4/28/2025 2:00 PM Resident 26 asleep in the recliner with the oxygen turned on and the nasal cannula was in the resident's nostrils. The tubing continued to be dated 4/20/2025.</p> <p>05/01/2025 9:14 AM Interview with the Director of Nursing (DON) confirmed the oxygen tubing was dated 4/20/2025 and had not been changed. DON confirmed the documentation the charting is invalid.</p> <p>Record review of the facility provided Medication Administration -Oxygen Policy Interpretation and Implementation, dated 6.22.14 revealed, 13. Infection control measures include:</p> <p>a. Change oxygen tubing and mask/cannula weekly and as needed.</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 - Many</p>	<p>52351</p> <p>C. Record review of Resident 50' so Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) dated 2/15/2025 scored a 3. According to the Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) [NAME] a score of 0 to 7 indicates a person has severe cognitive impairment.</p> <p>Record review of Resident 50's order summary dated April 2025 revealed Resident 50 was in Enhanced Barrier Precautions (EBP, an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices)) for an indwelling medical device.</p> <p>Resident 50's order summary dated April 2025 revealed an order for contact precautions for methicillin-resistant Staphylococcus aureus (MRSA) (a serious bacterial infection that is resistant to many common antibiotics) of a sebaceous cyst.</p> <p>An observation on 4/30/25 at 7:22 AM revealed NA-Z and RN-A-A transferred Resident 50 from the recliner in the common area to the wheelchair. Neither staff member was wearing Personal Protective Equipment (PPE, includes clothing, gloves, face shields, goggles, facemask's, respirators, and other equipment to protect front-line workers from injury, infection, or illness). NA-Z hooked the Foley catheter bag to the scrub pant leg pocket. Staff then transferred resident to the wheelchair then transported to resident's room. Staff transferred resident from the wheelchair to bed with no PPE. Once resident in bed, both staff applied hand sanitizer and donned PPE.</p> <p>An interview was conducted on 5/01/25 at 7:22 AM with IPC-BB (Infection Preventionist/LPN) regarding how nurse aides know which residents are in EHB. IPB-BB stated, there is a sign on the door. IPB-BB reported staff should be expected to don (put on) gown and gloves for transfers and aware that staff were not using appropriate PPE when transferring Resident 50 from the recliner to wheelchair when Resident is in the common area.</p> <p>An interview was conducted on 5/01/25 at 12:31 PM with NA-CC regarding how staff is made aware of which residents are on EBP. NA-CC stated there are pocket care plans to determine which residents are on EBP and there are signs on the door for EBP. The pocket care plan has information whether they have a Foley/supra pubic catheter/wounds to determine EBP.</p> <p>A record review of Enhanced Barrier Precautions dated August 2022 stated</p> <p>Policy Interpretation and Implementation</p> <p>3. Examples of high-contact resident care activities requiring the use of gown and gloves for EBPs include:</p> <p>a. dressing</p> <p>b. bathing/showering</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 - Many</p>	<p>c. transferring</p> <p>d. providing hygiene</p> <p>e. changing linens</p> <p>f. changing briefs or assisting with toileting</p> <p>g. device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator, etc.) and</p> <p>h. wound care (any skin opening requiring a dressing</p> <p>5. EBPs are indicated (when contact precautions do not otherwise apply) for residents with wounds and/or indwelling medical devices regardless of MDRO colonization</p> <p>6. EBPs remain in place for the duration of the resident's stay or until resolution of the wound or discontinuation of the indwelling medical device that places them at increased risk.</p> <p>9. staff are trained prior to caring for residents on EBPs</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>47733</p> <p>Licensure Reference Number 175 NAC 12-006.19A</p> <p>Based on record review, observation and interview, the facility failed to repair leaks in the facility's roof. This had the potential to affect all residents that resided in the facility. The Facility identified a census of 66.</p> <p>Findings are:</p> <p>A record review of a facility policy titled Storage Areas, Maintenance, dated December 2009 revealed, all storage areas must be kept free from accumulation of trash, rubbish, oily rags, paper, etc., at all times.</p> <p>A record review on 4/30/2025 of an email dated May 10, 2024 revealed the management company was aware of the functional damage the campus sustained.</p> <p>Record review of a receipt of payment to dated 5/8/2024 to a roofing company for the amount of \$4000.00 related to work that applied a patch to the roof.</p> <p>An observation on 4/30/25 8:45 AM with the Administrator (ADM) revealed the office in the therapy gym had discolored water like stained ceiling tiles that are brown with black in the center, and the therapy gym above a TV that has portions of plaster substance missing with brick exposed behind the plaster substance. In addition the area in the therapy office on the 1st floor had a plaster substance missing with brick exposed.</p> <p>An observation on 4/30/2025 12:00 PM with Physical Therapy Assistant (PTA) revealed black spots on the ceiling tiles above the desks. The PTA reported the black spots were mold. The east window of the office has plaster substance missing from the wall and is exposing the brick. The PTA reported their belief was that it was from the leaking ceiling.</p> <p>An interview with the ADM on 4/30/2025 at 8:30 AM revealed the second floor and the therapy gym on the main floor had water damage. The ADM confirmed the management company has been advised and has advised the owner of the water damage. The ADM confirmed no repairs have been completed since May 2024.</p> <p>An interview with ADM on 4/30/24 11:06 AM revealed the roof has been leaking since the email to the management company in 2024. The ADM confirmed there is no current plan to fix the leaking roof or the mold like spots that were on the ceiling tiles in the gym and in the supply room on the second floor.</p>

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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 0923</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have enough outside ventilation via a window or mechanical ventilation, or both.</p> <p>17285</p> <p>Licensure Reference Number 175 NAC 12-007.04 D</p> <p>Based on observation, record review and interview; the facility failed to ensure a working ventilation system in 20 (302, 303, 304, 305, 306, 307, 308, 310, 311, 400, 401, 402, 404, 405, 406, 407, 408, 409, 410, 411) of 28 occupied resident rooms on the 300 and 400 halls in the facility. The total number of occupied resident rooms in the facility was 52. The facility census was 66.</p> <p>Findings are:</p> <p>Observations of the facility environment on 05/01/25 between 8:30 AM and 9:15 AM with the facility Maintenance Director [MD] revealed that the ventilation system in resident bathrooms in rooms 302, 303, 304, 305, 306, 307, 308, 310, 311, 400, 401, 402, 404, 405, 406, 407, 408, 409, 410, 411 did not draw a 1 ply square of tissue to the surface of the ventilation covers in resident bathrooms. The fact that the tissue square was not drawn to the cover indicated that the system was non-operational at the time of the observation.</p> <p>Interview on 05/01/25 at 09:15 AM with the MD confirmed the ventilation system did not draw in bathrooms on the 300 and 400 halls. The MD was unsure if documentation had been completed of the last time the ventilation systems had been checked for operation.</p> <p>Interview on 05/01/25 at 09:20 AM with the Environmental Services Account Manager confirmed there was no documentation of the last time the ventilation systems in resident bathrooms were checked for draw and operation.</p>