

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285172	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/22/2025
NAME OF PROVIDER OR SUPPLIER  Wilber Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  611 North Main Wilber, NE 68465	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45484</p> <p>Licensure Reference Number 175 NAC 12-006.09(B)</p> <p>Based on record reviews and interview, the facility failed to ensure the accuracy of the Minimum Data Set (MDS-a comprehensive assessment of each resident's functional capabilities) regarding use of an anti-anxiety medication for Resident 8 and for use of a Bilevel Positive Airway (BiPAP-a machine used to deliver positive airway to a person's airway to prevent it from closing during sleep) for Resident 18. This affected 2 (Resident 8 and Resident 18) of 16 residents sampled for MDS accuracy. The facility census was 37.</p> <p>Findings are:</p> <p>A.</p> <p>A review of Resident 8's Continuity of Care Document (CCD) created 01/16/2025 revealed an admitted [DATE] and a diagnosis of anxiety.</p> <p>A review of Resident 8's Physician Order Report from 12/16/2024 to 01/16/2025 revealed an order for lorazepam (an anti-anxiety medication) 0.5 milligrams once a day by mouth for anxiety.</p> <p>A review of Resident 8's Quarterly MDS dated [DATE] revealed that Section N-Medications was not marked to show that Resident 8 was on an anti-anxiety medication.</p> <p>A review of Resident 8's Medication Administration Record (MAR) for November 2024 revealed the lorazepam had been signed as administered during the look-back period (the time frame during which the resident's condition is evaluated for the MDS) of 11/15/2024 to 11/21/2024.</p> <p>An interview on 01/22/2025 11:41 AM with the MDS Coordinator confirmed that the anti-anxiety medication was not coded on the MDS dated [DATE] and should have been.</p> <p>B.</p> <p>A review of Resident 18's CCD created 01/16/2025 revealed an admitted [DATE] and a diagnosis of obstructive sleep apnea (OSA-a condition where the throat muscles relax and narrow during sleep, interrupting breathing).</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 18's Physician Order Report from 12/16/2024 to 01/16/2025 revealed an order for a BiPAP every evening, to be worn through the night.</p> <p>A review of Resident 18's Admission MDS dated [DATE] revealed that Section O-Special treatments, Procedures, and Programs was not marked to indicate the resident used a Non-invasive Mechanical Ventilator, which is the BiPAP, either on admission or while a resident.</p> <p>A review of Resident 18's MAR for November of 2024 revealed the BiPAP had been signed as administered during the look-back period of 11/22/2024 to 11/28/2024.</p> <p>An interview on 01/22/2025 11:41 AM with the MDS Coordinator confirmed that the BiPAP was not coded on the MDS dated [DATE] and should have been.</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45613</p> <p>Licensure Reference Number 175 NAC 12-006.09</p> <p>Based on interview and record review, the facility failed to complete a trauma based assessment for 1 (Resident 7) of 5 sampled residents. The facility census was 37.</p> <p>Findings are:</p> <p>A record review of Resident 7's Significant change Minimum Data Set (MDS -a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) dated 9/20/2024 revealed an admitted [DATE], a Brief Interview for Mental Status (BIMS - a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function) score of 1 which suggests severe cognitive impairment, and diagnosis of Anxiety, Depression and frequent pain.</p> <p>A record review of Resident 7's Comprehensive Care Plan (CCP- written instructions needed to provide effective and person centered care of the resident that meet professional standards of quality care) dated 12/16/2024 revealed no history of trauma.</p> <p>In an interview on 1/15/2025 at 2:59 PM with Resident 7's representative revealed that the resident was attacked by a cow about [AGE] years ago and it messed (gender) up pretty bad.</p> <p>In an interview on 1/21/2025 at 9:14 AM the Director of Nursing (DON) confirmed there is not a Trauma informed care assessment completed on any resident and trauma was not identified on Resident 7's CCP. It was further confirmed there was no Social Worker at this time.</p> <p>Record review of the facility policy titled Comprehensive Care Plans, dated 3/2024 revealed the definition of trauma-informed care is an approach to delivering care that involves understanding, recognizing, and responding to the effects of all types of trauma. A trauma-informed care delivery recognizes the widespread impact, and signs and symptoms of trauma in residents, and incorporates knowledge about trauma into care plans, policies, procedures and practices to avoid re-traumatization.</p> <p>In an interview on 1/22/2025 at 3:40 PM the DON confirmed there was no facility policy regarding Trauma Informed Care or facility trauma based assessment.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>45484</p> <p>Based on record reviews and interviews, the facility failed to complete annual performance evaluations for 4 of 5 Nurse Aides sampled. This had the potential to affect all residents in the facility. The facility census was 37.</p> <p>Findings are:</p> <p>A record review of the employee file for Medication Aide (MA) D with a hire date of 09/19/2009 revealed a Staff Evaluation Report (SER) dated 09/19/2023 and signed by both the evaluator and the employee.</p> <p>A record review of the employee file for MA E with a hire date of 04/16/2022 revealed there was no SER available.</p> <p>A record review of the employee file for MA F with a hire date of 09/10/1998 revealed an SER dated 09/19/2023 and signed by both the evaluator and the employee.</p> <p>A record review of the employee file for MA J with a hire date of 05/18/2021 revealed an SER dated 08/17/2023 and signed by both the evaluator and the employee.</p> <p>A record review of the employee file for MA K with a hire date of 01/26/2022 revealed an SER dated 01/23/2024. This was signed by the evaluator only, and there was no documentation of discussion of review with the employee.</p> <p>An interview on 01/22/2025 at 2:12 PM with the Director of Nursing (DON) confirmed the facility had not been doing annual performance evaluations for the Nurse Aides or MAs.</p> <p>An interview on 01/22/2025 at 2:51 PM with the Business Office Manager (BOM) G confirmed that the facility did not have records of any SERs for MA E, and that these were the most recent SERs for MA D, MA F, MA J, and MA K.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45484</p> <p>Licensure Reference Number 175 NAC 12-006.(18)(D)</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure hand hygiene (using an alcohol-based hand rub (ABHR) or washing hands with soap and water) was completed in a manner to prevent cross-contamination during peri-care (washing the genitals and anal area) for Resident 8 and Resident 25 and during wound care for Resident 12. This affected 3 of 4 residents observed for peri-care and wound care. The facility census was 37.</p> <p>A record review of the facility's Handwashing/Hand Hygiene policy dated 12/05/2023 revealed that hand hygiene should be completed in the following situations:</p> <p>Before and after direct contact with residents;</p> <p>Before handling clean or soiled dressings;</p> <p>Before moving from a contaminated body site to a clean body site during resident care;</p> <p>After contact with blood or body fluids;</p> <p>After handling used dressings; and</p> <p>After removing gloves.</p> <p>The policy further revealed that glove use did not replace hand hygiene and that the procedure for washing hands with soap and water included rubbing hands together vigorously for at least 15 seconds.</p> <p>A record review of the facility's Standard Precautions policy dated 05/10/2024 revealed that gloves should be changed and hand hygiene performed before moving from a contaminated body site to a clean body site during resident care.</p> <p>A record review of the facility's Peri Cares policy dated 2/2024 revealed that the anus is considered one of the dirtiest parts of the body and care should be taken to keep germs in the anal area away from the urethra. Peri-cares done on women should be done by separating the labia and washing around the urinary meatus (the place where urine comes out) by wiping downward from front to back. Cares should not be done by wiping upward from the anal area.</p> <p>A.</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 - Some</p>	<p>An observation of peri-cares done on 01/21/2025 at 10:56 AM for Resident 8 revealed that the resident was transferred into the bathroom using a sit-to-stand lift. Medication Aide (MA) I and Nurse Aide (NA) L had gloves on and stated they had washed their hands prior to surveyor entering the room. MA I and NA L assisted the resident to stand in the sit-to-stand lift, then pushed the resident in the lift over to the bathroom. They stopped briefly between the wheelchair and the bathroom and MA I removed and discarded Resident 8's soiled brief, then continued to the bathroom where they lowered the resident onto the toilet. Without changing gloves or performing hand hygiene, MA I went to the closet and got a clean brief out of the package. The MA returned to the bathroom and without changing gloves or performing hand hygiene, got wipes out of the package. MA I and NA L then assisted Resident 8 to stand with the sit-to-stand lift. Without changing gloves or performing hand hygiene, MA I used the wipes to wipe down each groin fold from front to back, then between the labia from front to back. Used a different area of the wipes with each area. With the same soiled gloves, MA I put the new brief on Resident 8. MA I and NA L then pushed the resident back to the wheelchair and assisted the resident to sit.</p> <p>An interview on 01/21/2025 at 11:10 AM with MA I confirmed that the MA had not changed gloves or performed hand hygiene between removing the old brief and getting a new one, or between performing cares on the resident and putting on the new brief and confirmed that they should have.</p> <p>B.</p> <p>An observation of peri-cares done on 01/22/25 at 1:55 PM for Resident 25 revealed that MA E and MA M assisted Resident 25 assisted the resident to transfer from the recliner to the bed and get into position for cares to be done. MA E washed their hands with soap and water for 6 seconds, then put on gloves. MA M used ABHR and put on gloves. MA E opened Resident 25's incontinence pull-up, then used wipes to wipe under the resident's abdominal folds. MA E then changed gloves and did not perform hand hygiene. MA E and MA M assisted Resident 25 to roll to their left side, and MA E pulled the pull-up out from under the resident. MA E then got wipes and wiped the back part of the resident's peri-area and the buttocks, wiping front to back. MA E then changed their gloves without performing hand hygiene. Resident 25 then rolled back onto their back. MA E got wipes and first wiped Resident 25's groin folds back to front, and then wiped between the resident's labia from back to front. MA E then changed gloves without performing hand hygiene, put a clean pull-up on over the resident's legs, then applied a medicated cream to the resident's abdominal folds using a gloved finger. MA E then changed gloves without performing hand hygiene, and MA E and MA M assisted Resident 25 to roll back onto their left side. MA E applied barrier cream to the resident's buttocks and peri-anal area using a gloved finger, then changed gloves with no hand hygiene and started to pull up the resident's pull-up. MA E then removed their gloves, and MA E and MA M assisted the resident to stand. MA E and MA M finished pulling up the pull-up, then assisted the resident back into the recliner. MA M then removed their gloves and washed their hands with soap and water for 11 seconds. MA E then washed their hands with soap and water for 8 seconds.</p> <p>An interview on 01/22/2025 at 2:05 PM with MA M confirmed that they should have washed their hands for 20 seconds.</p> <p>An interview on 01/22/25 at 2:06 PM with MA E revealed they did not know how long hand washing should be done. MA E confirmed they should have sanitized their hands when changing gloves. The MA further confirmed that peri-cares should be done from front to back, and that they should not have wiped Resident 25's peri-area from back to front.</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 - Some</p>	<p>C.</p> <p>An observation of wound care done on 01/21/2025 at 11:06 AM for Resident 12 revealed the Director of Nursing (DON) already had gloves on when surveyor entered room. The DON stated they had washed her hands and gathered supplies prior to putting on gloves. The DON used a wet soapy washcloth to wash Resident 12's wound on their abdomen, then used a wet washcloth to wipe the soap off. The DON then changed their gloves without performing hand hygiene, applied the ordered cream and covered the area with a 2x2 gauze dressing.</p> <p>An interview on 01/21/2025 at 11:06 AM with the DON confirmed they had not performed hand hygiene when changing their gloves between washing the wound and applying a new dressing. The DON confirmed they had not done hand hygiene at that time because their hands were not visibly soiled.</p> <p>D.</p> <p>An interview on 01/22/2025 at 11:24 AM with Licensed Practical Nurse (LPN) A, who is the Infection Preventionist for the facility, confirmed that handwashing would be expected when changing gloves between washing a wound and putting a clean dressing on, and that the expectation would be for gloves to be removed and hand hygiene to be performed between removing the soiled/wet brief and getting a new clean one, and between performing peri-cares and putting on a clean brief.</p> <p>An interview on 01/22/2025 at 2:12 PM with the DON confirmed that peri cares should be done front to back.</p>		

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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>45484</p> <p>Licensure Reference Number 175 NAC 12-006.04(B)(ii)(1)</p> <p>Based on record reviews and interviews, the facility failed to provide the required annual in-service training for 3 of 5 Nurse Aides sampled. This had the potential to affect all residents in the facility. The facility census was 37.</p> <p>Findings are:</p> <p>A review of the undated User Learning document provided for Medication Aide (MA) D revealed no documentation of any training completed after 10/08/2022.</p> <p>A review of the undated User Learning document provided for MA E revealed some training done in 2024. The Administrator (ADM) had written how many hours the individual courses were, and the total hours provided added up to 6.25 hours.</p> <p>A review of the undated User Learning document provided for MA F revealed no documentation of any training completed after 05/04/2023.</p> <p>An interview on 01/21/2025 at 3:08 PM with the ADM confirmed that MA D had no documentation of training more recent than 2022 and MA F had no documentation of training more recent than 2023. The ADM further confirmed that the hours written on MA E's User Learning record added up to less than 12 for 2024.</p>