STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285177	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Atkinson	409 Neely Street Atkinson, NE 68713

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42360 Licensure Reference Number 175 NAC 12-006.09(4) Based on observation, record review, and interview; the facility failed to ensure 1 (Resident 3) of 6 sampled residents call light was accessible. The facility census was 33. A. Review of the facility policy Call Light with a revision date of 7/29/24 revealed the facility ensured residents always had a method for calling for assistance and prompt answering of call lights. Review of Resident 3's Minimum Data Set (MDS-federally mandated comprehensive assessment used to develop resident care plans) dated 9/16/24 revealed the resident was admitted to the facility on [DATE], was dependent for dressing, all hygiene, bathing, and transfers. The resident's urinary continence was not rated due to the presence of a catheter. Review of Resident 3's Care Plan with a revision date of 9/17/24 revealed the resident received Hospice services for a terminal diagnosis, was dependent for toileting and had an indwelling urinary catheter in place. During an observation on 9/25/24 at 10:00 AM Resident 3 was sitting in the recliner in resident room covered with a blanket. The resident's call light was attached to the resident's bedrail on the other side of the room, and not within reach. During an observation on 9/25/24 at 11:40 AM Resident 3 was sitting in a recliner in the resident room, and the call light remained attached to the bedrail of the resident's bed on the other side of the room and was not within reach. During an observation on 9/25/24 at 12:05 PM Resident 3 was sitting in a recliner in the resident room, and the call light remained attached to the bedrail of the resident's bed on the other side of the room and was not within reach. During an interview on 9/25/24 at 2:30 PM Registered Nurse (RN)-A confirmed that call lights were to be accessible to the resident when they were in their rooms.

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 45739 Licensure Reference Number 175 NAC 12-006.04(F)(i) Based on record review and interview; the facility failed to ensure the resident's family or responsible party were notified of orders, appointments, and/or procedures for 1 (Resident 1) of 5 sampled residents. The facility census was 33. Findings are: Review of Resident 1's Minimum Data Set (MDS- a federally mandated assessment tool used in care planning) dated 8/1/24 revealed the resident was cognitively intact; had diagnoses of diabetes, heart failure, anxiety, depression, and respiratory failure; and needed assistance with toileting, dressing, hygiene, bathing, and transfers. Review of Resident 1's Care Plan, last revised 7/31/24 revealed the resident required assistance with toileting, dressing, hygiene, bathing, and transfers. Review of Resident 1's Progress Notes revealed the following: -on 8/8/24 at 10:44 AM an entry revealed a fax was received with a new order to decrease the gabapentin (a medication used to treat nerve pain) to 300 milligrams (mg) 4 times per day. The facility was unable to reach the responsible party, on 8/9/24 at 9:58 AM and entry revealed the facility was unable to reach the responsible party and a message was left to call the facility, and on 8/12/24 at 10:50 AM an entry revealed the facility was unable to reach the responsible party related to the decrease of the gabapentin with no further documentation to show the responsible party had been notified, -an entry on 8/13/24 at 1:40 PM revealed the resident was seen by their provider and received new medication orders for Dimethicone (a moisturizer), a clean catch urinalysis, and to increase insulin glargine (a long-acting insulin). There was no documentation to show the responsible party had been notified., -an entry on 8/21/24 at 4:31 PM revealed the resident had a dentist appointment, needed teeth extractions, and had a follow up appointmet. There was no documentation that the responsible party had been notified, -an entry on 9/12/24 at 11:06 AM revealed the resident went for a Computed Tomography Angio (CTA- a medical imaging technique used to obtain detailed images of the heart and blood vessels used to diagnose heart conditions) scan and no documentation that the responsible party had been notified, and -an entry on 9/18/24 at 4:53 PM an entry revealed the resident went to a dental appointment where the resident received 1 filling and had 2 teeth extracted. There was no documentation that the responsible party had been notified. (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview on 9/25/24 at 9:10 AM with Resident 1's responsible party revealed that they had not been getting notified of changes with the resident. Further interview revealed the resident had 2 teeth extracted and the responsible party was not notified by the facility. An interview on 9/25/24 at 3:00 PM with Registered Nurse (RN)-E revealed responsible party notification were to be attempted by the end of the shift and should be completed within 24 hours of the change occurring. An interview on 9/25/24 at 3:17 PM with RN-A confirmed there was no documentation to show the responsible party had been notified of the resident's appointments, medication changes and the procedures. Further interview confirmed the facility did not have a policy related to notifications of responsible parties.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29638 Licensure Reference Number 175 NAC 12-006.19 Based on observation, record review and interview; the facility failed to maintain the cleanliness of the resident's rooms and bathrooms and to maintain a safe and odor free environment. This affected 12 (rooms 98, 99, 103, 104, 105, 106, 205, 300, 301, 305, 306 and 309) out of 33 resident rooms. The facility census was 33. Findings are: Review of the facility policy Housekeeping Resource Packet with a revision date of 8/30/24 revealed the following regarding cleaning of resident rooms and common areas: -clean surfaces as often as necessary to keep furniture and equipment free from dust, dirt, debris, or food particles. -develop a daily schedule for cleaning floors that includes more thorough cleaning on a routine basis. -damp wipe with neutral cleaner or mild disinfectant high touch areas such as handrails, and/or door handles on a frequent basis. -empty waste baskets daily or as needed and then clean and disinfect the inside of the containers as needed to prevent odors and infestations. -clean and disinfect bathrooms at least daily and as needed and visually inspect the room to identify additional cleaning requirements. -the primary method of controlling odors is to have a thorough and systematic cleaning program that addresses the material that causes malodors. -when possible, clean up any organic material that might be causing malodor as soon as possible. Observations of the resident's rooms and common areas on 9/25/24 from 8:00 AM to 8:23 AM revealed the following: -the floor of resident room [ROOM NUMBER] with black scuffed marks and gouges. The resident's bathroom with a graduated cylinder on the back of the resident's toilet which contained a residue of urine and had a strong urine odor. -the bathroom in resident room [ROOM NUMBER] with a graduated cylinder on the back of the resident's toilet which contained a residue of urine and had a strong urine odor. A bath basin was stored directly on the bathroom floor underneath of the handwashing sink. (continued on next page)

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(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	-3 packages of disposable urinary incontinence briefs were stored directly on the bathroom floor of room [ROOM NUMBER]. -2 packages of disposable incontinence briefs were stored directly on the bathroom floor underneath of the handwashing sink in room [ROOM NUMBER]. -bed A in room [ROOM NUMBER] was cluttered with stacks of books and magazines, 2 large boxes filled with assorted items, 2 wheelchair foot pedals, and various newspaper and pieces of mail. A stool riser was positioned on top of the toilet in the bathroom and had a brown discoloration and staining. A soiled, disposable, urinary incontinence brief was inside of an uncovered trash receptacle in the bathroom with a strong odor of urine and feces. An assist bar located on the wall directly across from the toilet had a square approximately 4 centimeters (cm) by 8 cm of nonskid gripper material attached to the bar with 1 piece of tape which made the bar an uncleanable surface. In addition, a pair of socks and a pair of soiled underwear had also been placed on the assist bar. -the bathroom of room [ROOM NUMBER] had a bedpan with urine residue stored on the top of the toilet and a strong urine odor in the room. -a heavy layer of dust/debris was observed on the dressers, bedside tables, and corner shelving units in resident rooms 300, 301 and 305. -packages of disposable urinary incontinence briefs were stored directly on the floor of the bathrooms of resident rooms 301, 306 and 309. An interview on 9/25/24 at 8:25 AM with Environmental Services Technician/Housekeeping (EST/H)-F revealed the following: -some days of the week the housekeeper's primary job was changing bed linens and at times the housekeeping staff was also responsible for doing all the laundry. -there was no system or schedule for scrubbing floors, however, staff tried to make sure floors were swept and scrubbed at least weekly. -no housekeeping staff were scheduled to work on the weekends. -no cleaning schedule for dusting of furniture in the resident rooms. An interview with the Registered Nurse Consultant on 9/25/24 at 1:00 PM confirmed the following: -resident care items should not be stored directly on the floor of the resident's rooms and bathrooms. -bedpans, urinals, graduated cylinders and stool risers should be clean and odor free when stored in the resident's rooms and bathrooms. -resident's soiled clothing should be taken to the laundry and not stored in the resident's room and bathrooms. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-soiled incontinence products should never be left in open trash receptacles in the resident's rooms and bathrooms. -the resident's flooring and furniture should be kept clean and free of dust and debris.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29638 Licensure Reference Number 175 NAC 12-006.09(H) (i)(1) Based on interview and record review, the facility failed to provide bathing assistance for 4 (Residents 1, 2, 4, and 5) of 6 sampled residents who were dependent with bathing. The facility census was 33. Findings are: A. Review of the facility policy Bathing with a revision date of 9/3/24 revealed the facility promoted cleanliness and general hygiene to stimulate skin circulation, promote comfort, relaxation, and well-being, to observe the resident's condition, to assist the resident with personal care, and to promote safety for the resident in the bath. B. Review of Resident 4's Minimum Data Set (MDS-a federally mandated comprehensive assessment tool used for care planning) dated 9/4/24 revealed diagnoses of cerebral palsy, depression, and schizophrenia. The assessment further indicated the resident had severe cognitive impairment, functional limitation of range of motion to both sides of the resident's upper and lower extremities and was dependent for assist with bathing. Review of Resident 4's current Care Plan with revision date of 8/31/23 revealed the resident had a self-care deficit related to cerebral palsy and the resident was dependent for assistance with most of the resident's cares. An intervention was identified to provide the resident with one bath per week. Review of a Bathing Report from 8/1/24 to 9/24/24 revealed the resident received a bath on 9/15/24 (the resident received only one bath in the last 55 days). Observations of incontinence cares for Resident 4 with Registered Nurse (RN)-B and Licensed Practical Nurse (LPN)-C on 9/25/24 at 9:50 AM revealed the skin to the resident's bilateral groin and upper thighs was red and irritated and had a yeast like odor. An interview on 9/25/24 at 9:45 AM with RN-B revealed no bath aide was scheduled and/or working today. The facility was supposed to have a person providing baths 5 days a week but due to concerns with staffing some weeks the facility was only able to have a bath aide 2 days a week. During an interview on 9/25/24 at 1:00 PM RN Consultant-A confirmed the resident was only provided one bath from 8/1/24 to 9/24/25 (55 days). Review of a Skin Observation Form dated 9/25/24 at 2:45 PM revealed the resident's groin had redness, irritation, yeasty smell and some white, cottage cheese like discharge/drainage. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	C. Review of Resident 5's MDS dated [DATE] revealed diagnoses of a traumatic spinal cord dysfunction, cancer, diabetes, quadriplegia, anxiety, and depression. The assessment further indicated the resident had functional limitation of range of motion to one side of both the resident's upper and lower extremities and was dependent for assist with bathing. Review of the Resident's current Care Plan with revision date of 3/14/24 revealed the resident had an activities of daily living deficit related to a central spinal cord injury with dependence on staff for assist with bathing. Further review revealed the resident had requested to have 2 baths each week. Review of Resident 5's Bathing Report revealed from 8/1/24 to 8/31/24 the resident received a bath on 8/7/24, 8/8/24, 8/20/24 and on 8/29/24 (4 out of the 8 times the resident was to receive a bath). Review of the Point of Care Audit Report from 9/1/24 to 9/24/24 revealed the resident received a bath on 9/3/24, 9/7/24 and on 9/15/24 (3 out of the 6 times the resident was to receive a bath). During an interview on 9/25/24 at 2:00 PM the resident confirmed a preference to receive 2 baths a week but was only receiving one bath a week. The resident indicated it had been about 9-10 days since the resident's last bath. 42360 D. Review of Resident 2's MDS dated [DATE] revealed the resident had diagnosed fractures of the pelvis, dementia, malnutrition, anxiety, and depression. In addition, the resident was moderately cognitively impaired, received partial assistance with bathing, substantial assistance with toileting hygiene, and dressing and was frequently incontinent of bowel, and occasionally incontinent of bladder. Review of Resident 2's Care Plan with a revision date of 8/2/24 revealed the resident had deficits in self-care related to weakness and a recent pelvic fracture. The resident was able to participate in bathing. During an interview on 9/25/24 at 9:40 AM Resident 2 reported having only received one bath in 3 weeks. Review of Resident 2's bathing records from 8/1/24 through 9/25/24 revealed the resident was bathed on 8/5/24, 8/19/24, 9/2/24 and 9/16/24 (4 bathes in 56 days). During an interview with RN-A on 9/25/24 at 11:05 AM confirmed that residents should be bathed at least weekly and confirmed that Resident 2's bathing records revealed the resident was bathed only once every 2 weeks in August and September of 2024. 45739 (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	E. Review of Resident 1's MDS dated [DATE] revealed the resident was cognitively intact; had diagnoses of diabetes, heart failure, anxiety, depression, and respiratory failure; and needed assistance with toileting, dressing, hygiene, bathing, and transfers. Review of Resident 1's Care Plan, last revised 7/31/24 revealed the resident required assistance with toileting, dressing, hygiene, bathing, and transfers. Review of Resident 1's Bathing Documentation for August and September 2024 revealed the resident received a bath on 8/5/24, 8/8/24, and 8/29/24 (21 days between baths on 8/8 and 8/29), and 9/2/24, 9/12/24 (10 days between baths), and 9/20/24 (8 days between baths). Interview on 9/25/24 at 8:40 AM with Resident 1 revealed the resident was not receiving a bath on a regular schedule and had gone 3 weeks without receiving a bath. Resident 1 stated they enjoyed the baths, would like to have at least 1 per week and they had not refused any baths. Interview on 9/25/24 at 9:10 AM with Resident 1's responsible party revealed the resident only received 3 baths in the month of August and is supposed to be receiving 2 baths per week. Interview on 9/25/24 at 11:05 AM with RN-A confirmed the resident should be receiving at least 1 bath per week. Further interview confirmed Resident 1 went 21 days in August 2024 without a bath and went 10 days and 8 days between baths in September 2024.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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** 42360 Licensure Reference Number 175 NAC 12-006.09(H)(iv)(1) Based on observation, record review and interview; the facility failed to ensure potential infection/complication with Resident 3's urinary catheter (tube used to drain urine from the bladder and collected in a sterile closed system drainage bag). The sample size was 3 and the facility census was 33. Findings are: Review of the facility policy Catheter: Care, Insertion and Removal, Drainage Bags, Irrigation, Specimen dated 7/30/24 revealed the following: -Catheter tubing and drainage bags were kept covered and out of sight, catheters were always properly secured, connected and maintained using a sterile closed drainage system. -Catheter tubing was secured to the resident's leg, coiled on the bed with no kinks or obstructions and kept in straight line to the urinary drainage bag. In addition, the tubing should never be allowed to touch the floor. Review of Resident 3's Minimum Data Set (MDS-federally mandated comprehensive assessment used to develop resident care plans) dated 9/16/24 revealed the resident was admitted to the facility on [DATE], was dependent for dressing, all hygiene, bathing, and transfers. The resident's urinary continence was not rated due to the presence of a catheter. Review of Resident 3's Care Plan with a revision date of 9/17/24 revealed the resident received Hospice services for a terminal diagnosis, was dependent for toileting and had an indwelling urinary catheter in place. During an observation of Resident 3 on 9/25/24 at 8:45 AM the resident was lying in bed on the right side and the resident's urinary catheter drainage bag was noted to be lying directly on the floor beside the bed and a catheter strap used to secure catheter tubing was around the residents left ankle. During an interview on 9/25/24 at 2:15 PM with Nurse Aide (NA)-D confirmed the NA assisted the resident to get up this morning and the Residents catheter bag was lying directly on the floor of the resident room uncovered. During an interview on 9/25/24 at 2:25 PM RN-A confirmed that leaving a urinary catheter bag on the directly on the floor and uncovered was not an acceptable practice in the care of indwelling urinary catheters.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 42360 Licensure Reference Number 175 NAC 12-006.04 Based on observation, record review, and interview; the facility failed to have staff adequate to meet the bathing needs of residents, respond in a timely fashion to call lights and to meet the housekeeping needs of residents. The sample size was 6 and the facility census was 33. Findings are: A. Review of the facility bathing records from 8/1/24 through 9/24/24 for Residents 1,2,4, and 5 revealed the following: -Resident 4 was bathed on 9/15/25 (1 bath in 55 days) -Resident 2 was bathed on 8/5/24, 8/19/24, 9/2/24 and 9/16/24 (4 bathes in 55 days). -Resident 1 was bathed on 8/5/24, 8/8/24, 8/29/24, 9/2/24, 9/12/24, and 9/20/24 (6 baths in 55 days). -Resident 5 was bathed on 8/1/24, 8/7/24, 8/8/24, 8/20/24, 8/29/24, 9/3/24, 9/7/24, and 9/15/24 (8 baths in 55 days and resident desired 2 baths weekly per the resident's care plan). B. Review of the facility Staff Posting dated 9/25/24 revealed the facility had 2 Registered Nurses, 2 Nurse Aides, and 1 Bath Aide scheduled from 6:00 AM until 2:30 PM. During an interview on 9/25/24 at 1:30 PM RN-B confirmed the facility normally staffed 2 licensed nurses, 2 nurse aides and one bath aide from 6:00 AM until 2:30 PM. In addition, RN-B confirmed that's what the Staff Posted reflected for 9/25/24 however, there was not a bath aide working. Further interview revealed this was common most days and the RN was unsure how often bathing was getting done. During an interview on 9/25/24 at 1:45 PM RN-A confirmed that all residents were to be bathed at least weekly and/or in accordance with their care plan. Further interview confirmed that Resident's 1, 2, 4, and 5 had not received bathing in accordance with their care plans. C. Review of the facility Device Activity Report (record of call light activations and responses) from 9/4/24 through 9/25/24 revealed the following call light response times greater than 15 minutes. -9/4/24 at 8:12 PM a call light was answered that was activated for 16 minutes and 41 seconds. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-9/4/24 at 9:48 PM a call light was answered that was activated for 26 minutes and 8 seconds. -9/5/24 at 10:23 AM a call light was answered that was activated for 16 minutes and 55 seconds. -9/5/24 at 4:57 PM a call light was answered that was activated for 17 minutes and 24 seconds. -9/6/24 at 11:52 AM a call light was answered that was activated for 15 minutes and 14 seconds. -9/6/24 at 1:37 PM a call light was answered that was activated for 21 minutes and 46 seconds. -9/6/24 at 8:34 PM a call light was answered that was activated for 16 minutes and 19 seconds. -9/7/24 at 2:20 PM a call light was answered that was activated for 21 minutes and 36 seconds. -9/7/24 at 6:33 PM a call light was answered that was activated for 15 minutes and 58 seconds. -9/7/24 at 11:07 PM a call light was answered that was activated for 41 minutes and 4 seconds. -9/8/24 at 8:52 AM a call light was answered that was activated for 36 minutes and 31 seconds. -9/8/24 at 11:59 AM a call light was answered that was activated for 18 minutes and 17 seconds. -9/8/24 at 2:45 PM a call light was answered that was activated for 25 minutes and 59 seconds. -9/8/24 at 4:44 PM a call light was answered that was activated for 21 minutes and 24 seconds. -9/9/24 at 3:59 AM a call light was answered that was activated for 40 minutes and 9 seconds. -9/9/24 at 8:21 AM a call light was answered that was activated for 26 minutes and 19 seconds. -9/9/24 at 8:35 PM a call light was answered that was activated for 16 minutes and 10 seconds. -9/10/24 at 6:48 AM a call light was answered that was activated for 28 minutes and 5 seconds. -9/10/24 at 8:31 PM a call light was answered that was activated for 21 minutes and 11 seconds. -9/11/24 at 1:44 PM a call light was answered that was activated for 16 minutes and 40 seconds. -9/11/24 at 4:14 PM a call light was answered that was activated for 19 minutes and 6 seconds. -9/12/24 at 6:48 AM a call light was answered that was activated for 20 minutes and 20 seconds. -9/14/24 at 8:26 AM a call light was answered that was activated for 38 minutes and 5 seconds. -9/14/24 at 7:25 PM a call light was answered that was activated for 18 minutes and 9 seconds. -9/14/24 at 10:36 PM a call light was answered that was activated for 19 minutes and 5 seconds. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285177	A. Building B. Wing	09/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Samaritan Society - Atkinson	409 Neely Street Atkinson, NE 68713

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-9/16/24 at 7:59 AM a call light was answered that was activated for 16 minutes and 26 seconds. -9/16/24 at 1:44 AM a call light was answered that was activated for 24 minutes and 58 seconds. -9/16/24 at 8:10 PM a call light was answered that was activated for 15 minutes and 25 seconds. -9/17/24 at 1:52 PM a call light was answered that was activated for 23 minutes and 43 seconds. -9/17/24 at 4:09 PM a call light was answered that was activated for 37 minutes and 36 seconds. -9/17/24 at 6:48 AM a call light was answered that was activated for 23 minutes and 44 seconds. -9/17/24 at 7:07 PM a call light was answered that was activated for 30 minutes and 54 seconds. -9/17/24 at 9:16 PM a call light was answered that was activated for 18 minutes and 28 seconds. -9/17/24 at 11:46 PM a call light was answered that was activated for 47 minutes and 20 seconds. -9/18/24 at 5:10 PM a call light was answered that was activated for 37 minutes and 56 seconds. -9/18/24 at 5:11 PM a call light was answered that was activated for 29 minutes and 59 seconds. -9/18/24 at 8:09 PM a call light was answered that was activated for 21 minutes and 40 seconds. -9/19/24 at 8:04 AM a call light was answered that was activated for 19 minutes and 59 seconds. -9/20/24 at 4:37 PM a call light was answered that was activated for 24 minutes and 51 seconds. -9/20/24 at 7:43 PM a call light was answered that was activated for 30 minutes and 12 seconds. -9/21/24 at 7:52 PM a call light was answered that was activated for 16 minutes and 49 seconds. -9/22/24 at 8:25 AM a call light was answered that was activated for 40 minutes and 33 seconds. -9/22/24 at 8:16 PM a call light was answered that was activated for 33 minutes and 1 second. -9/23/24 at 8:23 AM a call light was answered that was activated for 51 minutes and 41 seconds. -9/23/24 at 9:03AM a call light was answered that was activated for 25 minutes and 55 seconds. During an interview on 9/25/24 at 2:00 PM RN-A confirmed the facility was aware of call light response times which were reviewed through the facility QAPI (Quality Assurance Performance Improvement) program however she was not aware of any corrective action that had been taken to address call lights in excess of 15 minutes. Additional interview revealed RN-A reported 10 to 15 minutes as an acceptable response time to call lights. D. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During the initial tour of the building on 9/25/24 at 8:10 AM resident rooms during the initial tour of the facility environment revealed a heavy layer of dust on the resident's dressers, nightstands, and corner shelves in the following rooms: (Rm's 300, 301, and 305). Packages of incontinence products were found on the floor of the following bathrooms (Rm's 301, 306, and 309). During an interview 9/25/24 at 8:15 PM Resident 6 revealed the resident's room was not regularly cleaned, the resident was unsure of when the floor was last scrubbed and reported the bathroom floor was rarely scrubbed. In addition, the resident reported the bed was not made daily, and most days the resident made the bed. Further interview revealed the resident had reportedly complained about these concerns on multiple occasions however, the concerns had not been resolved. Review of the facility Environmental Services schedule from 7/28/23 through 8/31/24 revealed the facility staffed One Environmental Services Technician (housekeepers) on Tuesdays, Thursdays, and Fridays, and 2 Technicians on Mondays and Wednesdays. There were no Technicians scheduled on Saturdays or Sundays. During an Interview on 9/25/24 at 8:25 AM with Environmental Services Technician/Housekeeping (EST/H)-F revealed the following: -some days of the week the housekeeper's primary job was changing bed linens, some days staff also did laundry, and some days housekeeping. -there was no system or schedule for scrubbing floors, however, staff tried to make sure floors were swept. EST/H-F felt floors were scrubbed under most circumstances weekly. - toilets were cleaned most days but bathroom floors were not always mopped daily. Mopping was based on how the floors looked. -EST/H-F was unaware of any schedule for deep cleaning rooms and moving the beds and or furniture except for when rooms were empty. -The facility did not have housekeepers working on the weekends and ES/H-F was unsure who was making sure rooms were cleaned on those days. -EST/H-F was unaware of any cleaning schedule for dusting of furniture in the resident rooms.

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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. 45739 Licensure Reference Number 175 NAC 12-006.18 Based on record review and interview; the facility failed to implement an ongoing system for tracking antibiotic use to identify trends in infections for 1 (Resident 1) of 4 sampled residents. The facility census was 33. Findings are: Review of the facility policy Infection Prevention and Control Program, last revised 10/30/23 revealed the following: -the infection prevention and control program prevented, identified, reported, investigated, and controlled infections for all resident's, staff, and visitors, -the components of the infection prevention and control program included: program oversight, policies and procedures, surveillance, data analysis, antibiotic stewardship, outbreak management, prevention of infections, immunizations, and employee heath and safety, -the facility would establish a system for surveillance based on standards of practice, -the facilities surveillance system included a data collection tool and the use of a nationally recognized surveillance criteria to define infections, -resident infection surveillance would be completed in the infection and antimicrobial tracking tool, -process surveillance (hand hygiene compliance) and outcome surveillance (monthly infection rates) were used as measures of the infection prevention and control program effectiveness, -the infection preventionist utilized data gathered during surveillance to identify unusual or unexpected outcomes, infection trends and pattens and reported the data to the Quality Assurance and Process Improvement (QAPI) Committee, and -the facility surveillance would be completed manually. Review of the facility policy Surveillance, last revised 9/3/24 revealed the following: -components of surveillance included: data collection, reporting, analysis, and results, -surveillance was designed to identify and report incidence of infection, and -the procedure was to collect data, establish trends, report the results, and present and discuss monthly reports of surveillance data with the QAPI committee. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident 1's Minimum Data Set (MDS- a federally mandated assessment tool used in care planning) dated 8/1/24 revealed the resident was cognitively intact; had diagnoses of diabetes, heart failure, anxiety, depression, and respiratory failure; and needed assistance with toileting, dressing, hygiene, bathing, and transfers; and the resident was frequently incontinent of urine and always continent of bowels. Review of Resident 1's Care Plan, last revised 7/31/24 revealed the resident required assistance with toileting, dressing, hygiene, bathing, and transfers. Review of Resident 1's Medication Administration Record for July 2024 revealed the resident had the following orders for antibiotics: -Ceftriaxone injection 1gram x1 dose dated 7/16/24, -Cefdinir 300 milligrams (mg) 1 capsule twice daily x7 days administered 7/2/24-7/10/24, and -Cefdinir 300mg 1 capsule twice daily administered 7/16/24-7/19/24. Review of the facility form Monthly Infection Summary for July 2024 (a form used to track infections) revealed no documentation that Resident 1's antibiotics were included on the facility tracking log. Interview on 9/25/24 at 3:17 PM with Registered Nurse (RN)-A confirmed Resident 1 received 3 antibiotics in July 2024 for urinary tract infections, the medications were not listed on the facility Monthly Infection Summary tracking form and the medications should have been listed and tracked.