

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/13/2025
NAME OF PROVIDER OR SUPPLIER Butte Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 210 Broadway Butte, NE 68722	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 29638</p> <p>LICENSURE REFERENCE NUMBER 175 NAC 12.006.17D</p> <p>Based on observations, interviews, and record reviews; the facility failed to prevent potential cross contamination related to completion of hand hygiene and changing of gloves during the provision of wound cares and implementation of enhanced barrier precautions for Resident 1. The total sample size was 3 and the facility census was 27.</p> <p>Findings are:</p> <p>A. Review of the facility policy Standard Precautions updated on 9/6/24 revealed the following:</p> <p>1) Staff were to perform hand hygiene:</p> <ul style="list-style-type: none"> -after touching blood, body fluids, secretions, and contaminated items. -prior to putting on gloves and immediately after removing gloves. -before direct contact with patients. -when moving from a contaminated body site to a clean body site. <p>2) Staff were to wear gloves when touching blood, body fluids, secretions, excretions, and contaminated items. Staff were to remove gloves promptly and wash hands after use and before touching non-contaminated items and environmental surfaces and before going to another resident.</p> <p>B. Review of the facility policy Enhanced Barrier Precautions revised 9/6/24 revealed the following:</p> <ul style="list-style-type: none"> -Enhanced Barrier Precautions (EBP) refers to an infection control intervention designed to reduce transmission of Multi-Drug-Resistant Organisms (MDRO-germ that is resistant to many antibiotics) that utilizes gown and glove use during high contact resident care activities. -an order for EBP would be obtained for residents with wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO. <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/13/2025
NAME OF PROVIDER OR SUPPLIER Butte Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 210 Broadway Butte, NE 68722	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Personal Protective Equipment (PPE) for EBP was only necessary when performing high-contact care activities.</p> <p>-the infection preventionist would incorporate periodic monitoring and assessment of adherence to determine the need for additional training.</p> <p>-high-contact resident care activities included: dressing, transferring, providing hygiene, changing briefs or linens, toileting assistance, and wound care.</p> <p>-EBP should be used for the duration of the affected residents stay in the facility or until resolution of what puts the resident at higher risk.</p> <p>C. Review of facility Competency for Dressing Change (non-sterile) updated 5/11/21 revealed the following steps to be followed with a dressing change:</p> <ul style="list-style-type: none"> -check treatment order. -gather necessary equipment including a clean towel or paper towel for a clean field or barrier. -wash hands and put on gloves. -set-up a clean field/barrier and place supplies. -remove soiled dressing. -remove gloves and wash hands. -perform treatment. -remove gloves and wash hands. <p>D. Review of Resident 1's Minimum Data Set (MDS-a federally mandated comprehensive assessment tool used for care planning) dated 12/3/24 revealed the resident was admitted [DATE] with diagnoses of non-traumatic brain dysfunction, pneumonia, dementia, and malnutrition. The following was assessed regarding the resident:</p> <ul style="list-style-type: none"> -short- and long-term memory loss with severely impaired decision-making skills. -dependent with oral hygiene, toileting hygiene, showering/bathing, dressing, personal hygiene, bed mobility and transfers. -always incontinent of bladder and frequently involuntary of bowel. -three pressure ulcers which were identified as stage III (the staging system is a method of summarizing characteristics of pressure ulcers, including the extent of tissue damage. A stage III is a pressure ulcer with full thickness skin loss) which were all present at admission. <p>Review of the residents Nursing Progress Notes revealed the following:</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/13/2025
NAME OF PROVIDER OR SUPPLIER Butte Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 210 Broadway Butte, NE 68722	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-11/26/24 at 11:30 AM the resident was admitted to the facility with pressure ulcers to the left hip, thigh, and shoulder areas.</p> <p>-12/5/24 at 3:38 PM the resident had a strong odor with thick yellow drainage to the pressure ulcers to the resident's left thigh, hip, and shoulder areas. The skin surrounding the ulcers was red and warm to the touch. A new order was received for Azithromycin (medication used to treat infections) 500 milligrams (mg) daily for 10 days and for Bacitracin (medication used to treat infections) ointment to be applied topically to the wound beds.</p> <p>-12/9/24 at 4:24 PM a new order was received for the following treatment to the resident's pressure ulcers to the left thigh, hip and shoulder areas: fill the depth of the wound bed with Maxorb (dressing used for absorption of moderate to heavy drainage of wounds), cover with a non-adherent absorbent dressing followed by Medfix dressing retention tape (water resistant to help keep tape on in the presence of moisture) to secure the dressing. Staff were then to apply Cavilon no sting barrier film (protects skin and prevents damage) to the edges of the wounds.</p> <p>-12/18/24 at 5:26 PM a new order was received for the resident to be placed on EBP.</p> <p>-12/23/24 at 11:03 AM the resident had redness surrounding the pressure ulcers on the resident's left shoulder, left thigh and left hip with a low-grade fever. A new order was received for Azithromycin 500 mg daily for 10 days.</p> <p>-1/8/25 at 5:05 PM the resident had redness around the edges of the pressure ulcers on the left shoulder and left thigh areas with a foul odor. A new order was received for Levaquin (medication used to treat infections) 500 mg daily for 10 days.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/13/2025
NAME OF PROVIDER OR SUPPLIER Butte Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 210 Broadway Butte, NE 68722	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observations on 1/13/25 at 11:00 AM revealed Resident 1 was assisted to the resident's room. Nursing Assistant (NA)-E and Licensed Practical Nurse (LPN)-A washed hands in the resident's bathroom. NA-E placed on a disposable gown and gloves and positioned the full lift in front of the resident's wheelchair. LPN-A placed on a gown but failed to put on disposable gloves. Staff proceeded to transfer the resident with the full lift from the chair to the resident's bed. Staff then removed the lift sling and repositioned the resident onto the resident's right side. LPN-A without completing hand hygiene, placed on a pair of disposable gloves and opened a drawer of the resident's dresser, which contained wound care supplies. With gloved hands, LPN-A removed a pair of scissors from the LPN's uniform pocket and without cleaning the scissors, used the scissors to cut several strips of tape. LPN-A removed the strips of tape, three absorbent dressings, wound packing, additional disposable gloves, a stack of 4x4's and barrier film from the drawer and laid the items directly on the bed linens next to the resident. LPN-A proceeded to remove the dressing to the resident's left thigh and hip area. The dressing to the resident's left hip had a moderate amount of odorous bloody/brown drainage. The pressure ulcer was approximately 11 centimeters (cm) by 6 cm with white slough (dead tissue which can accumulate in a wound) to the wound bed. The pressure ulcer to the resident's left thigh was 4 cm by 2 cm with no odor and no drainage. The LPN removed gloves, and without using hand sanitizer or washing hands, placed on clean gloves. LPN-A sprayed saline wound wash to areas and patted dry with 4x4's. The LPN proceeded to pack the wound to the resident's left hip, applied the absorbent dressings to both areas and then secured with the tape. LPN-A applied the barrier film with a foam applicator to the edges of the dressings/tape. Without removing soiled gloves, LPN-A removed the dressing to the resident's left shoulder. The LPN sprayed saline wound wash to the wound bed and patted dry with 4x4's. The pressure ulcer to the resident's left shoulder was approximately 3.5 cm by 3 cm with a small amount of yellow drainage but no odor. The wound bed had black eschar (dead tissue which forms a scab over a wound) with redness to the borders of the wound bed. Still without changing soiled gloves, staff packed the wound, applied a dressing, secured with tape, and then applied barrier film to the edges of the dressing/tape. LPN did not remove soiled gloves and assisted NA-E to reposition the resident in bed, placed pillows under the resident's heels, between the resident's legs and behind the resident's back. LPN-A removed the remaining items from the resident's bed linens and while still wearing soiled gloves, opened the dresser drawer and placed items from the bed back into the drawer. LPN-A removed a marker from the staff's uniform pocket and labeled the dressings and without cleaning placed the scissors and the marker back into the uniform pocket. LPN-A assisted to adjust the resident's bed linens and finally removed gloves and washed hands before leaving the resident's room.</p> <p>An interview with LPN-A on 1/13/24 at 11:30 AM confirmed the following regarding Resident 1:</p> <ul style="list-style-type: none"> -admitted [DATE] with stage 3 pressure ulcers to left thigh, left hip and left shoulder which were not obtained at the facility. -12/5/24, 12/23/24, and 1/8/25 the resident was started on antibiotics due to signs of potential infection to the resident's pressure ulcers. -12/18/24 1726 new order for Enhanced Barrier Precautions due to the resident's pressure ulcers despite the resident having the pressure ulcers on admission. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/13/2025
NAME OF PROVIDER OR SUPPLIER Butte Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 210 Broadway Butte, NE 68722	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-confirmed the LPN had been trained to perform hand hygiene before placing on clean gloves and when removing soiled gloves. In addition, when performing a dressing change, gloves should be removed and hand hygiene completed after removing soiled dressings and then clean gloves applied before proceeding with applying clean dressing. If doing a dressing change to multiple sites, staff should use clean gloves and complete hand hygiene between each dressing. Resident is currently on EBP and so staff should be wearing gloves/gown when completing any personal cares for the resident. LPN confirmed she failed to wear gloves when assisting to transfer the resident into bed and to changes gloves when performing individual dressing changes. LPN also failed to complete hand hygiene when changing gloves.</p> <p>During an interview on 1/13/25 at 2:05 PM the Administrator confirmed the resident was admitted on [DATE] with three, stage III pressure ulcers and was not placed on EBP until 12/19/24.</p>