

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Good Samaritan Society - St Luke's Village		STREET ADDRESS, CITY, STATE, ZIP CODE 2201 East 32nd Street Kearney, NE 68847	

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

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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>49382</p> <p>Based on record review, observation, and interview the facility failed to report an accident with major injury within the required time frames for 1 (Resident 31) of 2 sampled residents. The facility states census of 41.</p> <p>Record review of a facility policy titled Fall Prevention and Management dated 07/29/24 revealed to report to the state and regulatory agency when appropriate.</p> <p>A review of an Admission Record indicated the facility admitted Resident 31 on 08/30/23 with diagnoses of dementia (which is a usually progressive condition marked by the development of multiple cognitive deficits (such as memory impairment, aphasia, and the inability to plan and initiate complex behavior), history of falls, and atrial fibrillation (which is when the heart has an irregular rhythm).</p> <p>Record review of the 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), with an Assessment Reference Date (ARD) of 10/29/2024 revealed Resident 31 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment), score of 10 indicating the resident was moderately cognitively impaired. The resident required substantial/maximal assistance with toilet use, transfers, and bed mobility. The resident used a wheelchair for propulsion throughout the facility.</p> <p>Record review of Resident 31's Progress Notes revealed that on 01/05/25 the resident suffered a fall and was taken to the hospital for care. Documentation further revealed the resident returned to the facility on the same day with sutures to the right hand.</p> <p>In an interview with the Director of Nursing Services (DNS), the DNS confirmed that the facility did not report Resident 31's fall with injury to the state or regulatory agency per facility policy and regulatory guidelines.</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>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42861</p> <p>Licensure Reference Number 175 NAC 12.006.09B</p> <p>Based on record review and interview the facility failed to ensure 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) accuracy related to psychotropic medication use for one (Resident 13) of one sampled resident. The facility identified a census of 41.</p> <p>Findings are:</p> <p>A record review of Resident 13's Admission Record, reviewed on 1/22/25, revealed that Resident 13 had been admitted into the facility on [DATE] with a primary diagnosis of hemiplegia (paralysis or weakness on one side of the body).</p> <p>A record review of the Quarterly MDS dated [DATE] revealed Resident 13 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) (score: 13-15: indicating cognitively intact, 8-12: indicating moderately impaired and 0-7: indicating severe impairment) score of 15 which indicated no cognitive impairment.</p> <p>A record review of the Medication Administration Record (MAR) dated January 2025 revealed Resident 13 was receiving the following medications which affected mood and behavior,</p> <p>*Clonazepam Oral Tablet 0.5 milligrams (mg) Give 0.5 mg by mouth at bedtime for anxiety. Start date: 02/19/2024.</p> <p>*Escitalopram Oxalate Oral Tablet 20 mg Give 1 tablet by mouth one time a day related to Major Depressive Disorder, recurrent. Start date: 02/10/2024.</p> <p>*Mirtazapine Oral Tablet 15 mg Give 1 tablet by mouth at bedtime related to Major Depressive Disorder, recurrent. Start date: 02/09/2024.</p> <p>*Olanzapine Oral Tablet 2.5 mg Give 2.5 mg by mouth at bedtime related to Major Depressive Disorder, recurrent. Start date: 09/22/2024.</p> <p>A record review of the Quarterly MDS dated [DATE] for Resident 13, Section N, question N0450 reads A. did the resident receive antipsychotic medications since admission/entry or reentry or the prior OBRA assessment, whichever is more recent? With an answer of 0 indicating antipsychotics were not received.</p> <p>An interview on 1/27/25 at 11:02 AM with the Director of Nursing (DON) after review of the MDS dated [DATE] for Resident 13, confirmed that Section N, question N0450 was coded incorrectly and did not reflect the antipsychotic medication that Resident 13 was taking and should have. The DON also confirmed that the facility did not have a MDS policy but followed the Resident Assessment Instrument (RAI) manual.</p> <p>(continued on next page)</p>		

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F 0641  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	A record review of the RAI manual (Version 3.0) revealed that it contained the following guidance related to completion of the MDS. The RAI process has multiple regulatory requirements. Federal regulations at 42 CFR 483.20 (b)(1)(xviii), (g), and (h) require that (1) the assessment accurately reflects the resident's status.		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>49382</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)(vi)</p> <p>Based on record review and interview, the facility failed to develop a care plan with measurable goals and interventions to address the care and treatment for residents with dementia for 2 (Residents 31 and 35) of 2 sampled residents. The facility census was 41.</p> <p>Findings are:</p> <p>Review of a facility policy titled Psychotropic Medications dated 12/30/2024 revealed behavioral interventions are individualized, non-pharmacological approaches that are provided as part of a supportive physical and psychosocial environment and are directed toward understanding, preventing, relieving and or accommodating a resident's distress or loss of abilities as well as maintaining or improving a residents mental physician or psychosocial wellbeing.</p> <p>A.</p> <p>A review of an Admission Record indicated the facility admitted Resident 31 on 08/30/2023 with diagnoses of dementia (which is a usually progressive condition marked by the development of multiple cognitive deficits (such as memory impairment, aphasia, and the inability to plan and initiate complex behavior.</p> <p>The 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), with an Assessment Reference Date (ARD) of 10/29/2024 revealed Resident 31 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment), score of 10 indicating the resident was moderately cognitively impaired. The MDS was coded to reflect the resident received routine antidepressant (a medication used to treat depression) and antianxiety (a medication used to decrease anxiety symptoms) medications.</p> <p>Review of Resident 31's Physician Orders on 01/22/2025 revealed Resident 31 had routine orders to receive antipsychotic and antidepressant medications.</p> <p>Review of Resident 31's Care Plan revealed no measurable goal or intervention related to the resident receiving antipsychotic medication. There were no specific target behaviors or interventions to prevent or manage behaviors listed on Resident 31's Care Plan.</p> <p>In an interview completed on 01/23/2025 at 9:30 AM with Nurse Aide C (NA-C), NA-C stated that Resident 31 had the behavior or repeating the same statements or requesting the same thing over and over again.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview completed on 01/23/2025 at 10:30 AM with Licensed Practical Nurse E (LPN-E), LPN-E stated resident specific target behaviors are documented in progress notes and on each resident's treatment administration record. The LPN confirmed that Resident 31 had no specific target behaviors listed on their treatment administration record.</p> <p>In an interview completed on 01/27/2025 at 11:14 AM with the facility Director of Nursing Services (DNS) the DNS confirmed Resident 31 did not have any specific target behaviors listed on the resident's treatment administration record or on the residents Care Plan.</p> <p>B.</p> <p>A review of an Admission Record indicated the facility admitted Resident 35 on 06/20/2024 with diagnoses of type 2 diabetes (a common form of diabetes mellitus that develops especially in adults and most often in obese individuals and that is characterized by hyperglycemia resulting from impaired insulin utilization coupled with the body's inability to compensate with increased insulin production), hypertension (which is high blood pressure), and retention of urine (a condition where a person is unable to completely empty their bladder).</p> <p>The quarterly MDS, with an ARD of 12/31/2024 revealed Resident 35 had a BIMS score of 13 indicating the resident was cognitively intact. The MDS was coded to reflect the resident received routine antipsychotic and antidepressant medications.</p> <p>Review of Resident 35 Physician Orders on 01/22/2025 revealed Resident 35 had routine orders to receive antipsychotic and antidepressant medications.</p> <p>Review of Resident 35 Care Plan revealed no measurable goal or intervention related to the resident receiving antipsychotic or antidepressant medication. There were no specific target behaviors or interventions to prevent or manage behaviors listed on Resident 35's care plan.</p> <p>In an interview completed on 01/23/2025 at 9:30 AM with Nurse Aide C (NA-C), NA-C stated that Resident 35 would become inpatient when waiting for staff to come and assist them so when staff would enter the room the resident would be short tempered with them.</p> <p>In an interview completed on 01/27/2025 at 11:14 AM with the facility Director of Nursing Services (DNS) the DNS confirmed Resident 35 Care Plan did not address the residents use of antipsychotic or antidepressant medications.</p>		

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<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50105</p> <p>Based on record review and interviews, the facility failed to provide life saving measures to a resident who desired cardiopulmonary resuscitation (CPR, a lifesaving attempt combination of rescue breathing and chest compressions when someone's heart has stopped ) for 1 (Resident 39) of 42 residents sampled. The facility census was 41.</p> <p>Findings are:</p> <p>Initiation of Cardiopulmonary resuscitation (CPR)</p> <p>-If cardiac arrests occur, CPR must be initiated unless the resident has:</p> <p>-A valid DNR order on file that includes the medical order issued by a physician or other authorized non-physician practitioner.</p> <p>-A valid Advance Direction on file that includes written instructions such as a living will or durable power of attorney (DPOA) for healthcare, recognized under state law (weather statutory or a recognized by the courts of the state), and relating to the provision of healthcare when the individual is incapacitated.</p> <p>-The resident has obvious signs of clinical death (e.g., rigor mortis (the stiffening of muscles that occurs after death), dependent lividity (a discoloration of the skin that occurs after death), decapitation (separation of the head from the body), transection (the [NAME] of a part of the body) or decomposition (the state or process of decay).</p> <p>-The initiation of CPR could cause injury or peril to the rescuer.</p> <p>A record review of Resident 39's Admission Record revealed a admitted [DATE].</p> <p>A record review of Resident 39's Progress Notes dated [DATE] revealed Resident 39 was admitted with diagnosis of acute on chronic diastolic heart failure (Which is a condition in which the heart muscle is unable to pump enough blood to meet the bodies needs for blood and oxygen). The Progress Note further revealed that Resident 39's wishes were reviewed with the resident and family and Resident 39 was documented as wanting to have CPR performed.</p> <p>A record review of Resident 39's Progress Notes dated [DATE] revealed that 2 Nursing Assistants (NA) reported to the Nurse on duty at the time, that the resident in room [ROOM NUMBER] is dead. The nurse further wrote, intention to try CPR, but resident had total back repaired wearing a brace to support chest/upper back, resident has pacemaker (an implanted device that regulates heart's rhythm and rate by sending electrical pulses) and the resident was cold and discolored at extremities.</p> <p>(continued on next page)</p>		

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<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on [DATE] at 3:10 PM with the Director of Nursing Services (DNS) revealed that (gender) received a phone call from the nurse on duty at the time of the incident and was alerted that the resident was found absence of vitals, cool to the touch and blue on the mouth. DNS further reveals, the nurse also stated that the call light was within reach and CPR was not initiated because the resident was cool to the touch, blue on the mouth and oxygen would not register. The DNS was then asked about the timeline and revealed (gender) was notified that the resident was found at 3:30 AM and the DNS states (gender) was called at 3:49 AM. The DNS revealed not knowing why (gender) was not notified sooner and did not interview the nurse on duty at the time as to the reason why (gender) was not notified immediately. DNS further confirmed that all staff were not re-educated on the this incident and or the facility policy regarding CPR.</p> <p>An interview on [DATE] at 4:57 PM with Registered Nurse-F (RN-F) revealed RN-F was on duty at the time of the incident. RN-F stated (gender) saw Resident 39 around 1:00 AM and the 2 NA's on duty that evening assisted Resident 39 to the bathroom and nothing seemed different with Resident 39. RN-F further revealed that another resident at the facility had deceased , the mortician and family were present at the facility talking with the nurse and completing paperwork when the same 2 NA's stated they heard a beeping noise and checked on Resident 39, then notifying RN-F the resident was unresponsive. RN-F revealed that after assisting the mortician and family of the recently deceased resident, RN-F went to Resident 39's room [ROOM NUMBER] at 3:30 AM, hearing a beeping noise while finding the resident unresponsive. The blankets were thrown on the floor, RN-F could not recall if the oxygen tubing was on, off, or if they themselves took the tubing from Resident 39. RN-F revealed the beeping was from the continuous glucose monitor alerting a low blood sugar. RN-F revealed that (gender) checked Resident 39's code status, grabbed the automated external defibrillator (AED) machine (a medical device designed to analyze the heart rhythm and deliver an electric shock to victims of ventricular fibrillation to restore the heart rhythm to normal), checked pulse and provided a sternum rub (a painful stimulus applied to the sternum to assess a person's level of consciousness). RN-F revealed there was no pulse, (gender) did not initiate CPR, however (gender) called the DNS at 3:49 AM and they made the decision to not perform CPR. RN-F was interviewed on the policy for providing CPR and stated (gender) was aware of what the policy states on when and who is to receive CPR and that for this incident involving Resident 39, CPR was not initiated.</p> <p>Record review of a policy titled, Advance Directive including Cardiopulmonary Resuscitation (CPR) and Automated External Defibrillator (AED) dated [DATE]. The purpose is to provide each resident the opportunity to make decisions related to medical care and select a proxy. To define a process to make resident decisions known. And to provide early defibrillation due to cardiac arrest to residents, staff and visitors.</p> <p>Initiation of Cardiopulmonary resuscitation (CPR)</p> <p>-If cardiac arrests occur, CPR must be initiated unless the resident has:</p> <p>-A valid DNR order on file that includes the medical order issued by a physician or other authorized non-physician practitioner.</p> <p>-A valid Advance Direction on file that includes written instructions such as a living will or durable power of attorney (DPOA) for healthcare, recognized under state law (weather statutory or a recognized by the courts of the state), and relating to the provision of healthcare when the individual is incapacitated.</p> <p>(continued on next page)</p>		

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<p>F 0678</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident has obvious signs of clinical death (e.g., rigor mortis (the stiffening of muscles that occurs after death), dependent lividity (a discoloration of the skin that occurs after death), decapitation (separation of the head from the body), transection (the [NAME] of a part of the body) or decomposition (the state or process of decay).</p> <p>-The initiation of CPR could cause injury or peril to the rescuer.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42861</p> <p>Licensure Reference Number 175 NAC 12.006.09D3(5)</p> <p>Based on record review and interview, the facility failed to ensure bowel care management was provided to prevent constipation for one (Resident 30) of two sampled residents. The facility identified a census of 41.</p> <p>Findings are:</p> <p>A record review of Resident 30's Admission Record, revealed that the resident had been admitted into the facility on [DATE] with a primary diagnosis of chronic respiratory failure with hypoxia (a condition where the body is unable to effectively exchange oxygen and carbon dioxide in the lungs over a prolonged period of time).</p> <p>A record review of the 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 12/16/24, Section C, revealed Resident 30 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment score: 13-15: indicating cognitively intact, 8-12: indicating moderately impaired and 0-7: indicating severe impairment) score of 06 which indicated severe cognitive impairment. Section H, question H0400 revealed it was coded as a 3 indicating that Resident 30 was always incontinent of bowel.</p> <p>A record review of the undated 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) for Resident 30 revealed that it contained the following problem statement, goal and interventions related to constipation, Observe/monitor/document/report to health care provider PRN (when needed) s/s (signs and symptoms) of complications related to constipation: change in mental status, new onset: confusion, sleepiness, inability to maintain posture, agitation, bradycardia (slow, low pulse), swollen abdomen, vomiting, small loose stools, fecal smearing, bowel sounds, sweating, abdomen tenderness, guarding, rigidity. The resident is at risk of constipation R/T (related to) Decreased mobility, Medications side effects. The resident will have a normal bowel movement at least every 3 days through the review date.</p> <p>A record review of bowel documentation for the last 30 days for Resident 30 revealed no Bowel Movement (BM) had been documented 12/31/24 through 1/5/25 for a total of 5 days.</p> <p>A record review of the Medication Administration Record (MAR) dated December 2024 and January 2025 revealed no as needed (PRN) medications had been documented for bowel care management during the timeframe of 12/31/24 through 1/27/25.</p> <p>An interview with the Director of Nursing (DON) on 1/23/25 at 10:38 AM revealed that the facility did not have any standing orders or bowel protocol policy to prevent constipation.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During the interview on 1/23/25 at 10:38 AM with the DON revealed that the facility expectations and process was that the evening nurse would look at the bowel report pulled from the Electronic Medical Record (EMR) and if no BM in 3 days, PRN bowel medications were given on evening shift. If the resident had no PRN bowel medications available a call would be placed to the physician and orders would be obtained. If PRN bowel medications were already in place, those medications would be given that evening. If those PRN medications did not result in the resident having a BM then staff would be instructed to give the next available PRN, as example, give PRN Milk of Magnesia an over-the-counter (OTC) laxative used for the treatment for constipation and if no results then the resident would be given a PRN Dulcolax suppository (a rectal medication used to treat constipation or to empty the bowels) and if no results from that, the resident would be given a PRN Fleets enema (works by increasing water in the intestine to hydrate and soften the stool to help produce a bowel movement) and if still no bowel movement, the nurse would notify the physician. After review of the BM documentation and the MAR dated December 2024 and January 2025 the DON confirmed that staff did not follow facility expectations related to bowel management for Resident 30.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>49382</p> <p>Licensure Reference Number 175 NAC 12-006.09(I)</p> <p>Based on record review, observation, and interview the facility failed to use cause analysis to place intervention to prevent accidents for 1 (Resident 35) of 2 sampled residents to prevent accidents. Facility states census of 41.</p> <p>Findings are:</p> <p>Record review of a facility policy titled Fall Prevention and Management dated 07/29/24 revealed to complete Fall Scene Huddle Worksheet and that the care plan is to be reviewed and updated with any changes or new interventions.</p> <p>Record review of the Admission Record revealed the facility admitted Resident 35 on 06/20/24 with diagnoses of type 2 diabetes (a common form of diabetes mellitus that develops especially in adults and most often in obese individuals and that is characterized by hyperglycemia resulting from impaired insulin utilization coupled with the body's inability to compensate with increased insulin production), hypertension (which is high blood pressure), and retention of urine (a condition where a person is unable to completely empty their bladder).</p> <p>Record review of the 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), with an Assessment Reference Date (ARD) of 12/31/2024 revealed Resident 35 had a Brief Interview for Mental Status (BIMS: a brief screener that aids in detecting cognitive impairment), score of 13 indicating the resident was cognitively intact. The resident required supervision or touching assistance with toilet use and transfers and was independent with bed mobility. The resident used assistive devices of wheelchair and walker for mobility throughout the facility. The resident was coded to be occasionally incontinent of bladder and always continent of bowel and did not have a toileting program.</p> <p>Record review of Resident 35's electronic medical health record revealed:</p> <p>-On 12/12/24 Resident 35 was found on the floor of their room the resident indicated they fell while trying to get to the bathroom.</p> <p>-On 12/22/24 Resident 35 was found on the floor of their room the resident was attempting to self-transfer due to having to go to the bathroom.</p> <p>-On 12/29/24 Resident 35 was found on the floor of their room the resident was attempting to ambulate independently to the bathroom.</p> <p>Record review of Resident 35's Care Plan revealed no focuses or interventions involving the resident's urinary incontinence, urinary retention, or falls due to need to toilet.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Good Samaritan Society - St Luke's Village		STREET ADDRESS, CITY, STATE, ZIP CODE 2201 East 32nd Street Kearney, NE 68847	

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with Resident 35 on 01/22/24 at 9:30 AM revealed that [gender] had suffered from frequent falls due to having to go to the bathroom and not being able to wait for staff assistance.</p> <p>In an interview completed on 01/23/2025 at 9:30 AM with Nurse Aide C (NA-C), NA-C revealed that Resident 35 had suffered from falls. The NA-C revealed the resident often would not wait for staff assistance for help going to the bathroom and would fall. The NA denied the resident being on scheduled or other toileting plan.</p> <p>In an interview completed on 01/23/2024 at 2:45 PM with the DNS, the DNS confirmed that documentation for Resident 35 revealed the falls were associated with the residents need to toilet. The DNS confirmed that the residents care plan had no focuses or interventions placed to assist the resident with his falls due to toileting needs.</p>

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50105</p> <p>Based on record reviews and interviews, the facility failed to ensure the frequency of physician visits were completed within federal guidelines. This affected 2 residents, Resident 31 and Resident 35. The facility census was 41.</p> <p>Findings Are:</p> <p>A facility policy titled, Physicians Visits-Rehab/Skilled, dated 03/04/2024, was reviewed. The policy revealed the procedure:</p> <ul style="list-style-type: none"> <li>-Timing of physician's visits is based on the admitted the resident.</li> <li>-Visits are required every 30 days for the first 90 days.</li> <li>-After 90 days, physician visits are required every 60 days.</li> <li>-Physician visits are considered timely if the visit occurs no later than 10 days after the due date.</li> <li>-The date these time periods are calculated from does not change due to a late visit. The dates continue to be calculated from the admission and thus, would be due in a shorter period if visits were made late.</li> <li>-If a physician is continually late completing required visits:</li> <li>-The director of nursing services, administrator, and/or medical director should communicate with the physician to attempt to correct this problem.</li> </ul> <p>A.</p> <p>A record review of Resident 35's Admission Record revealed Resident 35 was admitted to the facility on [DATE].</p> <p>A record review of Resident 35's physician's visits revealed the resident was seen by their physician on 06/25/2024, 07/25/2024, 09/10/2024, 9/19/2024, 10/24/2024, and 12/17/2024.</p> <p>B.</p> <p>A record review of Resident 31's Admission Record revealed Resident 31 was admitted to the facility on [DATE].</p> <p>A record review of Resident 31's physician's visits revealed the resident was seen by their physician on 01/29/2024, 05/28/2024, 8/26/2024, 11/22/2024, 12/19/2024, and 01/02/2025.</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER  Good Samaritan Society - St Luke's Village		STREET ADDRESS, CITY, STATE, ZIP CODE  2201 East 32nd Street Kearney, NE 68847	
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F 0712  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	An interview on 1/28/25 at 3:00 PM with the Director of Nursing Services (DNS) and Administrator confirmed that Resident 35 was not seen by their provider every 30 days for the first 90 days after admission as required. The DNS and Administrator also confirmed that Resident 31 was not seen by their provider every 60 days as required.		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42861</p> <p>Licensure Reference Number 175 NAC 12.006.12(B)(3)</p> <p>Based on observation, interview and record review; the facility failed to ensure that medications were administered per facility policy for 1 (Resident 28) of 3 sampled residents. The facility identified a census of 41.</p> <p>Findings are:</p> <p>A record review of the facility policy titled Medication Administration Including Scheduling and Medication Aides with a reviewed/revised date of 3/29/23 contained the following guidance related to medication administration:</p> <p>Medications are administered to the resident according to the Six Rights. All employees passing medications are familiar with action and adverse reactions of medications.</p> <p>Procedure:</p> <p>4. Follow the Six Rights: Right medication, right dose, right resident, right route, right time, and right documentation.</p> <p>5. Perform three checks: Read the label on the medication container and compare with the MAR when removing the container from the supply drawer, when placing the medication in an administration cup/syringe and just before administering the medication.</p> <p>A record review of Resident 28's Admission Record revealed that Resident 28 had been admitted into the facility on [DATE] with a primary diagnosis of rheumatoid arthritis (a chronic autoimmune disease that primarily affects the joints, causing inflammation, pain, and stiffness) and a secondary diagnosis of age-related osteoporosis (a condition that weakens bones and increases the risk of fractures) without current pathological fracture (a bone fracture that occurs in a weakened bone due to an underlying disease or condition).</p> <p>An observation on 1/23/25 at 7:15 AM revealed medications were prepared and provided by Medication Aide (MA)-B to Resident 28. The cassette for one of the medications for Resident 28 revealed a label which read Calcium Carbonate (Ca+) with Vitamin D (Vit D) once daily.</p> <p>A record review of an Electronic Prescription-Surescripts for Resident 28, with a Date Written of 12/16/2024 revealed the provider had written an order for Resident 28 to receive calcium carbonate 600mg- vitamin D3 5 micrograms (mcg) tablet, 1 tablet by mouth daily.</p> <p>A record review of Resident 28's January 2025 MAR revealed an order for Calcium Carbonate 600 mg tablet, give 2 tablets by mouth one time daily, with a start date of 10/5/2024. There was no order on the MAR for the combination medication calcium carbonate/vitamin D3.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 1/23/25 at 10:38 AM with the facility Director of Nursing Services (DNS) confirmed that the medication cassette and MAR for Resident 28 did not match and that the Ca+ with Vit D order for Resident 28 had been faxed directly to the pharmacy by the provider and had not been relayed to the facility, resulting in the cassette and MAR not matching.</p> <p>An interview conducted via telephone on 1/23/25 at 12:17 PM with Pharmacist-C revealed that the process for receiving orders for the facility was not always consistent. Pharmacist-C voiced that some of the physicians would send new orders or changes in orders for residents directly to the pharmacy instead of to the facility, resulting in the medication orders being changed on the cassette labels and the medications within those dispensing cassettes, but the facility may not have been informed to ensure that the Order Summaries and the MARs were correct and matched the new medication cassettes.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42861</p> <p>Licensure Reference Number 175 NAC 12.006.09B(8)(b)</p> <p>Based on interview and record review the facility failed to ensure behavior monitoring and documentation supported the use of psychotropic medications and that there was clinical rationale when a gradual dose reduction was not done for a psychotropic medication for 1 (Resident 13) of 5 sampled residents. The facility identified a census of 41.</p> <p>Findings Are:</p> <p>A.</p> <p>A record review of Resident 13's Admission Record, reviewed on 1/22/25, revealed that Resident 13 had been admitted into the facility on [DATE] with a primary diagnosis of hemiplegia (paralysis or weakness on one side of the body).</p> <p>A record review of the 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 10/29/24 revealed Resident 13 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) (score: 13-15: indicating cognitively intact, 8-12: indicating moderately impaired and 0-7: indicating severe impairment) score of 15 which indicated no cognitive impairment.</p> <p>A record review of the Medication Administration Record (MAR) dated January 2025 revealed Resident 13 was receiving the following medications which required behavior monitoring:</p> <ul style="list-style-type: none"> <li>-Clonazepam (an antianxiety medication) oral tablet 0.5 milligrams (mg), Give 0.5 mg by mouth at bedtime for anxiety,</li> <li>-Escitalopram Oxalate (an antidepressant medication) oral tablet 20 mg. Give 1 tablet by mouth one time a day related to Major Depressive Disorder, recurrent,</li> <li>-Mirtazapine (an antidepressant medication) oral tablet 15 mg. Give 1 tablet by mouth at bedtime related to Major Depressive Disorder, recurrent, and</li> <li>-Olanzapine (an antipsychotic medication) oral tablet 2.5 mg. Give 2.5 mg by mouth at bedtime related to Major Depressive Disorder, recurrent.</li> </ul> <p>A record review of the Treatment Administration Record (TAR) dated January 2025 for Resident 13 revealed the following order related to monitoring for target behaviors:</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Resident 13 is on antipsychotic medication therapy, Zyprexa (olanzapine) related to Major Depressive Disorder (MDD) and anxiety. Target behavior: 1) sad statements about spouse's death and 2) self-isolation, encourage resident to come out of room for activities and dining room, monitor and document verbal or nonverbal signs that resident is becoming anxious. This order was to be documented on every 12 hours for antipsychotic monitoring.</p> <p>Further review of the January 2025 TAR documentation for the above order revealed that there were 15 opportunities to document that were left blank, 26 opportunities documented as not applicable (NA), and 10 opportunities documented as 0. There was also one shift with a 1 documented, which was on 1/15/25 and indicated Resident 13 had made sad statements, there was no correlating Progress Note documenting the behavior or any interventions provided.</p> <p>A record review of the TAR dated December 2024 for Resident 13 revealed the following order related to monitoring for target behaviors:</p> <p>-Resident 13 is on antipsychotic medication therapy Zyprexa related to MDD and anxiety. Target behavior: 1) sad statements about spouse's death and 2) self-isolation, encourage resident to come out of room for activities and dining room, monitor and document verbal or nonverbal signs that resident is becoming anxious. This order was to be documented on every 12 hours for antipsychotic monitoring.</p> <p>Further review of the December 2024 TAR documentation for the above order revealed that there were 14 opportunities to document that were left blank, 17 opportunities documented as NA, and 24 opportunities documented as 0. There were also 7 opportunities to document that had target behaviors documented: 12/2/24, 12/4/24, 12/6/24, 12/7/24, 12/8/24, 12/9/24, and 12/14/24 with no correlating Progress Note documenting the behavior or interventions provided.</p> <p>A record review of the TAR dated November 2024 for Resident 13 revealed the following order related to monitoring for target behaviors:</p> <p>-Resident 13 is on antipsychotic medication therapy Zyprexa related to MDD and anxiety. Target behavior: 1) sad statements about spouse's death and 2) self-isolation, encourage resident to come out of room for activities and dining room, monitor and document verbal or nonverbal signs that resident is becoming anxious. This order was to be documented on every 12 hours for antipsychotic monitoring.</p> <p>Further review of the November 2024 TAR documentation for the above order revealed that there were 12 opportunities that were left blank, 9 opportunities documented as NA, and 18 opportunities documented as 0.</p> <p>A record review of the facility policy titled Behavior Management with a review/revised date of 12/30/24, revealed the following guidance related to behaviors and read as follows: If a behavior is ongoing and repetitive during the shift, have the CNA (Certified Nursing Assistant) document the behavior, Social Services or Nursing also should document on the Progress Note regarding the repetitiveness and pervasiveness of the behavior.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Good Samaritan Society - St Luke's Village		STREET ADDRESS, CITY, STATE, ZIP CODE  2201 East 32nd Street Kearney, NE 68847	
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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 1/27/25 at 11:40 AM with Nurse Aide (NA)-O revealed that Resident 13's behaviors were self-isolation and making sad statements, especially regarding the death of (gender) spouse. NA-O revealed that Resident 13 had been attending more activities and attended meals in the dining room instead of in (gender)'s room.</p> <p>An interview on 1/27/25 at 11:42 AM with Medication Aide (MA)-B revealed that Resident 13's target behaviors were self-isolation and making sad statements, especially regarding the death of (gender) spouse. MA-B revealed that Resident 13 had been attending more activities and attended meals in the dining room instead of in (gender)'s room.</p> <p>A record review of the Gradual Dose Reductions (GDR) signed by the physician on 12/19/24 revealed that the physician had declined to attempt a dose reduction for the antipsychotic medications that Resident 13 was taking. There was no evidence of clinical rationale for declining the dose reduction.</p> <p>An interview on 1/27/25 at 1:02 PM with the facility's Director of Nursing Services (DNS) confirmed that the staff had been seeing an improvement in Resident 13's spirit and socialization as evidenced by attending more activities and meals outside of (gender)'s room. The DNS further confirmed that staff had not been documenting behaviors to support the use of the psychotropic medications for Resident 13 and that the GDR form signed by the physician did not provide a clinical rationale for not trialing a dose reduction.</p>		

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<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>49382</p> <p>Based on observation, record review, and interview the facility failed to ensure they had either a full time Registered Dietitian (RD) or that the Director of food and nutritional services met the regulatory requirements. This had the potential to affect all 41 residents who consumed foods prepared in the facility kitchen. The facility census was 41.</p> <p>Findings are:</p> <p>A record review of an untitled document provided by the facility revealed the Dietary Manager (DM)'s legal name and that the DM had completed 270 contact hours in the nutrition and food service professional training program on 12/12/2023. There was no evidence that the DM had received a certification from this training.</p> <p>An interview on 01/22/2025 at 11:00 AM with the DM confirmed the DM was the facility's director of food and nutritional services and that the DM did not have an educational degree or certification to meet the regulatory requirements.</p> <p>An interview on 01/22/2025 at 11:12 AM with the RD confirmed that the RD did not work full time within the facility. The RD also confirmed that the DM did not have an educational degree or certification to meet the regulatory requirements.</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50105</p> <p>Licensure Reference Number 175 NAC 12-006.18(B)</p> <p>Based on observation, interview, and record review; the facility failed to ensure that staff performed hand hygiene as required and did not place potentially soiled hangers in the clean linen cart during laundry delivery service to prevent the potential for cross-contamination for 21 (Residents 9, 37, 25, 20, 192, 15, 24, 29, 18, 26, 32, 33, 7, 13, 10, 1, 14, 16, 91, 30, 21) of 21 residents observed. The facility census was 41.</p> <p>Findings are:</p> <p>A record review of a facility policy titled Laundry, Resource Packet, dated 08/30/2024 revealed:</p> <ul style="list-style-type: none"> <li>-Transporting Clean Laundry/Laundry Passes</li> <li>-Package, transport and store clean clothes and linens to ensure their cleanliness and to reasonably protect them from dust and soil.</li> <li>-Clean linen carts are to be covered at all times including during storage and distribution.</li> <li>-Appropriate PPE shall be worn during laundry/linen passes when entering an isolation room.</li> <li>-Follow infection prevention procedures to reduce the possibility of contamination.</li> <li>-Perform hand hygiene between laundry/linen passes.</li> </ul> <p>An observation on 01/22/2025 at 12:25 PM revealed Laundry Aide-L (LA-L) was pushing a covered cart down 300 hall. LA-L stopped in front of room [ROOM NUMBER] (Residents 9 &amp; 37), opened the cart through a zipper to retrieve the clothing items, then walked into the room to deliver the items. Upon walking out of the room, LA-L was observed holding several clothing hangers from the room and placed them back into the covered cart. LA-L then pushed the covered cart to room [ROOM NUMBER], retrieved clothing from the covered cart, and delivered it to the resident in room [ROOM NUMBER] (Resident 25). LA-L was then observed pushing the cart towards room [ROOM NUMBER] (Residents 20 &amp; 192), then retrieving the clothing for that room from the covered cart and entering room [ROOM NUMBER] and coming out with empty hangers, placing them into the covered cart. LA-L was then observed pushing the cart to room [ROOM NUMBER] (Resident 15), retrieving the clothing from the covered cart and entering room [ROOM NUMBER] with clothing in hand and coming out with empty hangers, placing them into the covered cart. LA-L then pushed the cart towards room [ROOM NUMBER] (Residents 24 &amp; 29), retrieving the clothing from the covered cart for that room and going into room [ROOM NUMBER] and coming out with empty hangers, placing them into the covered cart. LA-L did not perform hand hygiene as required while delivering laundry into each of these residents' rooms.</p> <p>On 01/22/2025 at 1:07 PM LA-L was observed carrying clothing through 300 hall and entering room [ROOM NUMBER] (Resident 18) carrying out empty hangers, not performing hand hygiene before or after leaving the room.</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>On 01/27/2025 at 12:08 PM LA-L was observed pushing a covered clean laundry cart down 100 hall. LA-L stopped in front of room [ROOM NUMBER] (Resident 26), opened the covered cart through a zipper to retrieve the clothing items, then walked into room [ROOM NUMBER] to deliver the items. Upon walking out of the room, LA-L was observed holding several clothing hangers from the room and placed them back into the covered cart. LA-L pushed the covered cart to room [ROOM NUMBER] (Residents 32 &amp; 33), retrieved clothing from the covered cart and delivered it to the residents in room [ROOM NUMBER]. LA-L was then observed pushing the cart towards 103 (Resident 7). LA-L was observed retrieving the clothing through the covered cart then entering room [ROOM NUMBER] and coming out with empty hangers, placing them into the covered cart. LA-L then pushed the cart towards room [ROOM NUMBER] (Resident 13), retrieving the clothing for that room and going into the room and coming out with empty hangers, placing them into the covered cart. LA-L then pushed the cart towards room [ROOM NUMBER] (Resident 10), retrieving the clothing for that room, entering the room and coming out with empty hangers, placing them into the covered cart. LA-L then pushed the cart towards room [ROOM NUMBER] (Resident 1), retrieving the clothing for that room, entering and coming out with empty hangers, placing them into the covered cart. LA-L then pushed the cart towards room [ROOM NUMBER] (Resident 14), retrieving the clothing, entering the room and coming out with empty hangers, placing them into the covered cart. LA-L then pushed the cart towards room [ROOM NUMBER] (Residents 16 &amp; 91), retrieving the clothing for that room and going into the room and coming out with empty hangers, placing them into the covered cart. LA-L then pushed the cart towards room [ROOM NUMBER] (Resident 30), retrieving the clothing, entering the room and coming out with empty hangers, placing them into the covered cart. LA-L then pushed the cart towards room [ROOM NUMBER] (Resident 21), retrieving the clothing for that room, entering the room and coming out with empty hangers, placing them into the covered cart. LA-L did not perform hand hygiene as required while delivering laundry into each of these residents' rooms.</p> <p>An interview with the facility Administrator (Admin) on 01/27/2025 at 1:03 PM confirmed that staff were expected to perform hand hygiene between rooms while delivering resident laundry.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285192	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Good Samaritan Society - St Luke's Village		STREET ADDRESS, CITY, STATE, ZIP CODE 2201 East 32nd Street Kearney, NE 68847	
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 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>49382</p> <p>Licensure Reference Number 175 NAC 12-006.04(B)(i)</p> <p>Based on record review, and interview the facility failed to ensure staff completed initial orientation per facility policy for 1 of 5 sampled staff members. This had the potential to affect all residents who resided within the facility. The facility census was 41.</p> <p>Findings Are:</p> <p>A record review of a facility policy titled Orientation and dated 07/21/2023 revealed orientation must be completed with in 30 days of the employee's start date.</p> <p>A record review of an untitled document supplied by the facility on 01/28/2025 revealed Registered Nurse (RN)-F's date of hire was listed as 06/25/2024.</p> <p>A record review of a document supplied by the facility on 1/28/2025 titled General Staff Nurse Pathway revealed RN-F's name and a start date of 05/31/2025. In the section titled Competency Validation, the competency or skills for Residents Rights and Special Care Population: Dementia were initialed and dated 12/23.</p> <p>A record review of an untitled, facility-supplied document that was dated 12/31/24 revealed RN-F had completed the facility orientation pathway and submitted it to their manager. The document revealed that RN-F had completed training on emergency procedures and abuse and neglect on 09/18/2024.</p> <p>In an interview on 01/28/2025 at 1:10 PM with the facility Director of Nursing Services (DNS), the DNS confirmed that RN-F did not complete their initial orientation within 30 days of hire per facility policy.</p> <p>In an interview on 01/28/2025 at 1:10 PM with the facility Administrator (Admin), the Admin confirmed that RN-F did not complete their initial orientation within 30 days of hire per facility policy.</p>		