STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285208	A. Building B. Wing	11/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Pride Care Center	901 South 4th Street Battle Creek, NE 68715

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51391 Licensure Reference Number 175 NAC ,d+[DATE].18(B) Based on observation, interview, and record review; the facility failed to implement the required Personal Protective Equipment (PPE-items such as gowns, gloves, face shield that are worn to protect care givers) during the provision of cares for Resident 12 for Enhanced Barrier Precautions (EBP-involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a multidrug-resistant organism (MDRO-bacteria that have become resistant to certain antibiotics) as well as those at increased risk for MDRO, residents with wounds or indwelling medical device/s). The sample sizes was 4 with a census of 42. Findings are: Review of the EBP sign posted on Resident 12's room door, from the U.S. Department of Health and Human Services Center for Disease Control and Prevention revealed the following: For EBP Everyone Must: -Clean their hands, including before entering and when leaving the room. Providers and Staff Must Also: -Wear gloves and a gown for the following High Contact Resident Care Activities: Dressing Bathing/Showering Transferring Changing Linens Providing Hygiene Changing briefs or assisting with toileting (continued on next page)

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Device care or use of the following: A central line, urinary catheter, feeding tube, or tracheostomy. Wound Care for any skin opening requiring a dressing. Review of Resident's 12 Minimum Data Set (MDS-federally mandated comprehensive assessment use to develop resident care plans) dated [DATE] revealed the resident had 2 ulcers and infection of the foot. The resident had medically complex condition, coronary artery disease (CAD- a disease in which there is a narrowing or blockage of the coronary arteries) and peripheral vascular disease (PVD-a chronic condition that occurs when the arteries that supply blood to the legs or arms narrow or become blocked). Review of Resident's 12 Care Plan with a revision date of [DATE] revealed the resident had a diagnosis of PVD and osteomyelitis (a bone infection that causes inflammation and swelling of the bone tissue) to both feet, left and right 5th toes were amputated on [DATE]. The resident had daily skin treatments to right and left 5th toes, and was seen by the wound clinic weekly or as ordered. The resident was on EBP, and staff were to wear gown and gloves with all resident direct contact. During an observation of the provision of care for Resident 12 on [DATE] at 9:50 AM, Nurse Aide (NA-0) and Med Aide (MA-N), entered Resident 12's room to get the resident out of bed, toileted and dressed for the day. Staff did not put on gown or gloves when entering the room. NA-O and MA-N washed their hands, put on disposable gloves, and attempted to wake resident up. The resident would not open eyes, staff removed gloves, washed hands, and stated that they would return later. During an observation of the provision of care for Resident 12 on [DATE] at 11:20 AM, NA-O and MA-N, entered Resident 12's room to get the resident up and dressed. Staff washed their hands and put on disposable gloves, and no gown, assisted the resident to dress and sit up on the edge of the bed then transferred resident with a sit-to-stand mechanical lift into a wheelchair. The resident was then assisted to the bathroom, a brief was removed that was heavily soiled with urine, staff then sat resident on the toilet. Staff removed their disposable gloves, washed their hands, made the bed, and tidied the room. MA-N and NA-O then washed their hands, put on disposable gloves, and stood resident up with use of mechanical standing lift and sat the resident in a recliner per the resident request. The episode of care was provided without wearing the required gown. During an observation of the provision of care for Resident 12 on [DATE] at 2:25 PM, Registered Nurse, (RN-P), entered Resident 12's room to complete cares to resident's right and left 5th toes. RN-P applied hand sanitizer and disposable gloves, no gown, then set out the dressing supplies on a barrier. RN-P removed resident's shoes, sock, and old dressing from the right foot, then removed the disposable gloves, applied hand sanitizer and reapplied clean disposable gloves. There was some clear drainage on the dressing. The wound was then treated as ordered and covered with a dressing. RN-P removed disposable gloves, washed hands, put on disposable gloves, and then removed the dressing from the left foot 5th digit. RN-P then treated the area as ordered. RN-P completed the entire treatment while not wearing the required gown. During an interview on [DATE] at 1:20 PM, MA-N verified that the Resident 12 was on EBP, gown and gloves should have been worn during high contact resident care and confirmed that no gown was worn when completing cares with resident. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on [DATE] at 1:30 PM, NA-0 verified that Resident 12 was on EBP, gown and gloves should have been worn with high contact resident cares and confirmed that no gown was worn when completing cares with resident. During an interview on [DATE] at 2:45 PM, RN-P verified that Resident 12 was on EBP, confirmed that gown and gloves should have been worn when the treatment to feet was completed and confirmed that no gown was worn when treatment was completed. During an interview on [DATE] at 2:15 PM, the Director Of Nursing (DON), verified that Resident 12 was on EBP, a gown and gloves should have been worn when completing high contact resident cares that required staff to touch the resident.