

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2025
NAME OF PROVIDER OR SUPPLIER Heritage of Emerson		STREET ADDRESS, CITY, STATE, ZIP CODE 607 Nebraska Street Emerson, NE 68733	

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 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>Licensure Reference Number 175 NAC 12-006.02(H)</p> <p>Based on record review and interview; the facility failed to report, complete, and submit a thorough investigation of a resident-to-resident altercation involving Residents 19 and 235. The sample size was 2 and the facility census was 34.</p> <p>Findings are:</p> <p>Record review of the facility standard Abuse and Neglect Prevention with a revision date of 1/2023 revealed the following:</p> <ul style="list-style-type: none"> -The residents had the right to be free from abuse, neglect, misappropriation resident property, and exploitation. -Physical abuse included slapping, hitting, punching, biting, and kicking. -All team members immediately reported acts of witnessed, suspected or reported abuse the facility Administrator or supervisor. -The facility followed the seven components of Abuse and Neglect Prevention Standards including, screening, training, prevention, identification, investigation, protection, and reporting. -Facility team members identified, corrected, and intervened in situations in which abuse, neglect, and/or misappropriation of resident property likely occurred. -Team members had knowledge of assessment, care planning, and monitoring of residents with needs and behaviors that could lead to conflict. -All abuse and/or neglect was investigated and reported in accordance with State and Federal laws. -Residents were separated or moved to a place of safety away from a harmful or abuse situation to prevent reoccurrence and for their own protection. -After conducting an investigation, the facility reported the results to the State Agency within 5 working days. <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 235's Minimum Data Set (MDS, federally mandated comprehensive assessment used in care plan development) dated 10/24/24 revealed the resident had cognitive impairment, had displayed verbal behaviors 1-3 days out of the past 7 directed toward others, received assistance with transfers, dressing, and toileting, and had a diagnosis of dementia.</p> <p>Record review of Resident 235's Care Plan with a revision date of 7/23/24 revealed the resident had dementia and also had a history of slapping staff and cursing staff during care provision.</p> <p>Record review of Resident 235's Progress Notes dated 11/26/2024 at 11:38 AM revealed Resident 235 was sitting at the dining room table when staff overheard the resident arguing with another resident. Staff approached the table and witnessed Resident 235 slap the other resident's (Resident 13) hand away. Resident 13 was attempting to cut up Resident 235's chicken and Resident 235 was requesting Resident 13 not to do that. Resident 13 denied any discomfort and reported being fine. A few moments later staff noticed the residents were arguing once again. Resident 13 was attempting to help assist Resident 235 with cutting up food and Resident 235 was yelling. Resident 235 then slapped Resident 13's hand again, and Resident 13 then left the table. The Assistant Director of Nursing, RN-E, and the Administrator were notified. The table was to be rearranged, and Residents 13 and 235 would sit across from each other.</p> <p>During an interview with the facility Administrator on 6/6/25 at 9:55 AM the facility Administrator confirmed the facility investigated the resident to resident altercation on 11/26/24 in which Resident 235 slapped the hand of Resident 13 and determined no abuse occurred with both residents agreeing they were friends and this was a playful interaction, however this was not indicated in the charting of the altercation and the facility did not report the altercation as required prior to the investigation.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.18</p> <p>Based on observations, record review, and interviews; the facility failed to follow a policy related to cleaning of Continuous Positive Air Pressure (CPAP) equipment (machine used to keep the airway open using mild air pressure through a mask resident wore while sleeping) for Residents 2 and 30; and failed to implement Enhanced Barrier Precautions (EBP, an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices)) for Resident 8 during the provision of cares. The sample size was 17. The facility census was 34.</p> <p>Findings are:</p> <p>A.</p> <p>Record review of the facility policy Cleaning your CPAP Equipment with no date revealed staff were to do the following:</p> <p>Daily cleaning of the CPAP equipment:</p> <ul style="list-style-type: none"> -wash hands, -wipe the portion of the mask that comes in contact with your skin with a damp cloth, -empty the remaining water from the water chamber, -fill the water chamber with soapy water and shake, -rinse the chamber with clean water, -air dry. <p>Weekly Mask and Tubing Cleaning:</p> <ul style="list-style-type: none"> -remove headgear and chin strap (if used) from mask and handwash the headgear in standard laundry detergent, -air dry the headgear, -wash the mask and tubing in a mixture of warm water and liquid dishwashing detergent, -rinse thoroughly, and -air dry. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-On 6/4/25 at 7:50 AM CPAP had a heavy layer of dried white coating to the inside of the mask, the water chamber was half full of water and connected to the CPAP machine.</p> <p>An interview on 6/4/25 at 9:25 AM with the DON confirmed that there was no documentation on the MAR or TAR showing documentation that Resident 2 and 30's CPAP headgear and CPAP machines were being cleaned per facility policy.</p> <p>D.</p> <p>Record review of the facility Policy EBP dated 4/12/24 revealed the following:</p> <p>-EBP referred to an infection control intervention designed to reduce transmission of multidrug resistant organisms (MDRO, germ that is resistant to medications) that required the use of gowns and gloves use during high contact resident cares,</p> <p>-EBP would be initiated on residents with any of the following:</p> <p>chronic wounds and urinary catheters,</p> <p>-infection with a targeted MDRO,</p> <p>-gown and gloves for EBP is only necessary when performing high-contact care activities in the residents room,</p> <p>-high-contact resident care activities included: dressing, transferring, care of catheters and wound care and</p> <p>-MDRO: Methicillin-resistant Staphylococcus aureus (MRSA)</p> <p>E.</p> <p>Record review of Resident 8's MDS dated [DATE] revealed that resident had a diagnosis of MRSA and Peripheral Vascular Disease with 3 venous ulcers. The resident had a catheter. The resident required substantial assistance with transfers.</p> <p>Record review of Resident 8's care plan revealed the resident:</p> <p>-had a suprapubic catheter date initiated 7/20/24,</p> <p>-had Enhanced Barrier Precautions for high contact activities date initiated 7/20/24,</p> <p>-had a hematoma to the right lower leg on 10/22/24 with a culture of pseudomonas aeruginosa on 11/25/24 which developed into a venous stasis ulcer on 1/2/25 and 3/12/25,</p> <p>-had a catheter,</p> <p>-urine analysis on 3/12/25 had a MRSA positive culture and</p> <p>(continued on next page)</p>		

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