

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 06/13/2024
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 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>50106</p> <p>Licensure Reference Number 175 NAC 12.006.17</p> <p>Based on record review, interviews, and observation, the facility failed to provide catheter care in a manner to prevent cross contamination and the potential for infections for 1 (Resident 6) of 2 residents reviewed. The facility census was 31.</p> <p>Findings are:</p> <p>Record review of Resident 6's census revealed an admitted into the facility of 11/1/23.</p> <p>Record review of Resident 6's Minimum Data Set (MDS, a federally mandated assessment tool used for care-planning) dated 5/14/24, revealed Resident 6 had a Brief Interview of Mental Status (BIMS, an interview used to determine cognition) with a score of 15. A score of 15 indicated Resident 6's cognition was intact. The MDS identified Resident 6 as having a suprapubic catheter (a suprapubic catheter is a surgically placed catheter through the abdomen into the bladder to drain urine) and was occasionally incontinent of bowel. The assessment revealed Resident 6 required dependent level of assistance with toileting and required suprapubic catheter care.</p> <p>Record review of Resident 6's diagnosis sheet dated 11/1/23 revealed a diagnosis of retention of urine.</p> <p>Record review of Resident 6's Physician Orders dated 11/6/23 revealed an order to change the suprapubic dressing twice daily with a split dressing and to cleanse area with soap/water and pat dry. Report any signs of infection to the Primary Care Provider (PCP).</p> <p>Observation on 6/10/24 at 8:10 AM on the outside of Resident 6's room was a sign for Enhanced Barrier Precautions (EBP). EBP is an infection control strategy that uses personal protective equipment (PPE) to reduce the spread of multidrug-resistant organisms (MDROs) in skilled nursing facilities (SNFs). MDROs are microorganisms, like bacteria, fungi, and viruses, that are resistant to many antibiotics and antifungals, making them difficult to treat. The spread of MDROs can lead to increased healthcare costs, as well as higher rates of illness and death among residents of a SNF. Residents with wounds or indwelling medical devices (suprapubic catheter) are at a particularly high risk.</p> <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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 6/12/24 at 8:20 AM revealed suprapubic catheter cares were performed by Nurse Aide (NA)-A. Resident 6 was lying in a supine position in their bed. NA-A was wearing a gown and gloves. Supplies to be used for suprapubic catheter cares were lying on the bedside table with a barrier underneath the supplies. Resident had towels over the abdomen and the peri-area for privacy as well as the privacy curtain pulled. NA-A moved the towels just enough to perform the procedure with minimal exposure of the resident. NA-A removed the dirty dressing from around the suprapubic catheter and without benefit of Hand Hygiene (HH) or changing gloves used 3 disposable cleansing wipes to clean around the suprapubic catheter. Used a new disposable cleansing wipe each time and each time went from the resident moving away from the resident with one wipe. The suprapubic catheter insertion site skin was intact, pink, and clean. NA-A picked up the barrier cream without benefit of HH or a glove change, squeezed the tube with the dirty glove onto her other dirty gloved hand and applied barrier cream around the suprapubic catheter site. NA-A picked up the split sponge (dressing) without benefit of HH or changing gloves, opened the package and applied the clean dressing with dirty gloves over the resident's suprapubic catheter site. NA-A removed gloves and covered resident up with the towels with no HH.</p> <p>Interview on 6/12/24 at 8:40 AM with NA-A revealed after [gender] removed the suprapubic catheter dressing, HH and a glove change should have been completed. NA-A confirmed HH and glove change should also have been done before placing hands on the barrier cream tube. NA-A confirmed new gloves and HH should have been done before touching the clean split sponge for application to the suprapubic catheter site.</p> <p>Interview on 6/12/24 at 8:45 AM with the Director of Nursing (DON) confirmed HH and glove change should have been done after the removal of the dirty split sponge. The DON confirmed HH and glove change should have been done before touching the barrier cream tube. The DON confirmed HH and glove change should have been done before touching the clean split sponge for application to the suprapubic catheter site.</p> <p>Record review of facility policy and procedure for suprapubic catheter care of an established catheter dated 2024 revealed the following checklist steps:</p> <p>If required, verify the practitioner's order.</p> <p>Gather and prepare the necessary equipment and supplies.</p> <p>Perform hand hygiene.</p> <p>Confirm the patient's identify using at least two patient identifiers.</p> <p>Provide privacy.</p> <p>Explain the procedure to the patient and family (if appropriate) according to their individual communication and learning needs.</p> <p>Raise the bed to waist level before providing care.</p> <p>Perform hand hygiene.</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 - Few</p>	<p>Put on gloves.</p> <p>Place the patient in the supine position.</p> <p>Stabilize the catheter with your nondominant hand. With your dominant hand, clean the skin around the catheter insertion site using a washcloth that contains mild soap and water, moving outward in concentric circles.</p> <p>Gently dry the area around the catheter insertion site with a towel or gauze pad.</p> <p>Assess the stoma for irritation, erosion, urine leakage; assess the surrounding skin for redness, swelling, warmth, and tenderness. Notify the practitioner if these signs are present.</p> <p>Using a catheter securement device, secure the urine drainage system tubing below the level of the bladder. Rotate the application site for the catheter securement device, as needed.</p> <p>Return the bed to the lowest position.</p> <p>Discard used supplies in appropriate receptacles.</p> <p>Remove and discard your gloves.</p> <p>Perform HH</p> <p>Monitor the patient's intake and output. Observe the urine for appearance, odor, color, and any unusual characteristics.</p> <p>Monitor for signs of infection, such as increasing suprapubic pain or tenderness, fever, and tachycardia.</p> <p>Perform HH.</p> <p>Document the procedure.</p>

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17285</p> <p>Licensure Reference Number 175 NAC 12-006.04B2a</p> <p>Based on record review and interview, the facility failed to ensure 5 [Nurse Aides (NA) B, C, D, E and F] of 9 sampled nurse aides had completed 12 hours of yearly in-service education and failed to complete dementia and abuse in-service training for 1[NA C] of 9 sampled nurse aides. The facility had a total census of 31 residents.</p> <p>Findings are:</p> <p>A. Record review of a facility Employee List revealed NA B was hired on 5/25/21. Record review of NA B's Inservice education revealed that NA B had completed a total of 4.40 hours of training.</p> <p>B. Record review of a facility Employee List revealed NA C was hired on 5/23/22. Record review of in-service education for NA C revealed that no in-service education had been completed and no abuse or dementia training had been completed.</p> <p>C. Record review of a facility Employee List revealed NA D was hired on 7/9/15. Record review of in-service education for NA D revealed a total of 2.84 hours of training.</p> <p>D. Record review of a facility Employee List revealed NA E was hired on 10/26/20. Record review of in-service education for NA E revealed a total of 9.27 hours of training.</p> <p>E. Record review of a facility Employee List revealed NA F was hired on 11/11/22. Record review of in-service education for NA F revealed a total of 10.32 hours of training.</p> <p>F. Interview on 06/11/24 at 11:18 AM with the Director of Nursing [DON] revealed that that NA's B and C were PRN [as needed] staff that work in the summer. The DON confirmed that NA's D and E were PRN employees and NA F was a part time employee. The DON confirmed that the 12-hour education training requirement had been missed for NA's B, C, D, E, and F. The DON confirmed that the facility did not have a current system to track the number of hours to ensure that the 12 hours of education training were met by all staff including PRN and part time staff. The DON stated they did not have a current system to track abuse and dementia training to ensure completion of the requirement by all staff.</p> <p>G. Record review of the Facility assessment dated [DATE] revealed that training and competencies are provided annually thru monthly team meetings, Net learning (online education requirements), annual competencies, health care conventions, departmental educational sessions / meetings, and Infection control training through the Center for Disease Control online. Medication aides and Nurse aides are required to have 12 hours of training annually.</p> <p>H. Record review of the facility policies entitled Abuse and Neglect Prevention Standard dated January 2023: Section 3 revealed the following:</p> <p>- Training:</p> <p>(continued on next page)</p>		

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A. All team members will be trained on the following topics during orientation and at least annually: 1. Facility Abuse and Neglect Prevention standard. 2. Appropriate interventions for Dementia management to prevent and/or manage aggressive and / or catastrophic reactions of residents using the Buddies forever program.		