

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2024
NAME OF PROVIDER OR SUPPLIER Skyview Care and Rehab at Bridgeport		STREET ADDRESS, CITY, STATE, ZIP CODE 505 O Street Bridgeport, NE 69336	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49766</p> <p>Licensure Reference Number 175 NAC 12-006.04C3a(6)</p> <p>Based on record review and interview; the facility failed to ensure to notify the physician of low blood pressures for 1 (Resident 2) of 5 residents who was on blood pressure medication. The facility census was 41 at the time of survey.</p> <p>Findings are:</p> <p>A record review of Resident 2's undated facility Admission Record revealed an admitted [DATE] to the facility with a primary diagnosis of Chronic Obstructive Pulmonary Disorder (COPD).</p> <p>A record review of Resident 2's Annual Minimum Data Set (MDS -a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) dated 10/10/23 revealed a Brief Interview for Mental Status (BIMS - a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function) score of 2 which indicated severe cognitive impairment.</p> <p>Record review of Resident 2's Comprehensive Careplan initiated on 11/21/19 revealed:</p> <ul style="list-style-type: none"> -problem Cardiovascular/Circulatory: I have an altered cardiovascular status r/t hypertension -goal to be free from cardiac complications -with an intervention to monitor vital signs and to notify provider of abnormalities. <p>Record review of Resident 2's physician orders revealed an order of:</p> <p>Metoprolol Tartrate Oral Tablet (Metoprolol Tartrate a medication used to treat high blood pressure) give 50 milliequivalent (mEq) by mouth two times a day for hypertension (high blood pressure). Hold for heart rate less than 60.</p> <p>Record review of Resident 2's blood pressures revealed:</p> <p>-4/22/2024 8:02 AM 91 / 59 mmHg Diastolic Low of 60 exceeded,</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-4/21/2024 9:27 AM 98 / 60 mmHg,</p> <p>-4/9/2024 11:28 AM 97 / 54 mmHg Diastolic Low of 60 exceeded,</p> <p>-3/29/2024 8:37 PM 115 / 41 mmHg Diastolic Low of 60 exceeded,</p> <p>-3/29/2024 9:54 AM 111 / 63 mmHg,</p> <p>-3/28/2024 4:17 PM 88 / 60 mmHg Systolic Low of 90 exceeded,</p> <p>-3/28/2024 10:32 AM 71 / 55 mmHg Systolic Low of 90 exceeded Diastolic Low of 60 exceeded,</p> <p>-3/28/2024 9:14 AM 77 / 55 mmHg Systolic Low of 90 exceeded Diastolic Low of 60 exceeded,</p> <p>-3/27/2024 8:18 PM 122 / 82 mmHg,</p> <p>-3/21/2024 1:09 PM 91 / 67 mmHg,</p> <p>-2/29/2024 8:01 AM 116 / 58 mmHg Diastolic Low of 60 exceeded.</p> <p>Record review of Resident 2's Medication Administration Record dated April, 2022 revealed Blood pressure and pulse was not monitored daily with metoprolol.</p> <p>Interview on 04/23/24 at 9:45 AM with Registered Nurse (RN)-A confirmed that metoprolol should not have been given if blood pressure was 71/55 and 77/55. The blood pressure was not rechecked and should have been and the MD should have been notified and was not.</p> <p>Record review Medication Regimen Review (MRR) from pharmacy consult with no recommendations each month from 6/2023 through 4/2024.</p> <p>Review of the facility's undated policy titled Medication Regimen Review (MRR) revealed the MRR involves a thorough review of the resident's medical record to prevent, identify, report and resolve medication related problems, medication errors and other irregularities that could potentially have adverse consequences.</p>		

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45613</p> <p>Licensure Reference Number 175 NAC 12-006.09B</p> <p>Based on record review and interview, the facility failed to ensure completion of the Admission Minimum Data Set (MDS - a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) within the required time for 1 (Resident 95) resident. This affected 1 of 6 residents reviewed for MDS accuracy. The facility census at the time of the survey was 41.</p> <p>Findings are:</p> <p>A record review of Resident 95's undated facility Admission Record revealed an admitted [DATE] to the facility with a primary diagnosis of unspecified dementia.</p> <p>A record review of Resident 95's Admission MDS revealed an admitted [DATE] and an Assessment Reference Date (ARD) of 4/5/24.</p> <p>A record review of Resident 95's Admission MDS revealed an ARD (marks the end of a 7 day period during which a resident is observed and assessed) of 4/5/24.</p> <p>A record review of Resident 95's Admission MDS revealed a completion date of 4/23/24.</p> <p>Record review of the Resident Assessment Instrument manual (RAI- instruction manual to ensure that the MDS is completed correctly) revealed that the Admission assessment must be completed with 14 days of the resident's admission to the facility.</p> <p>Interview on 04/23/24 at 5:06 PM with Regional MDS Nurse Coordinator confirmed Resident 95's admission MDS was not completed. The ARD was 4/5/24</p> <p>Interview on 04/23/24 at 05:30 PM with MDS coordinator confirmed the RAI manual guidelines is used to complete the MDS.</p> <p>Interview on 04/24/24 09:34 AM with the Regional MDS nurse coordinator confirmed that (gender) is in the building 2 days per week and in that time is responsible for MDS, Infection Prevention and Control and wound care. The rest of the time the works is done remotely.</p>

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45613</p> <p>Licensure Reference Number 175 NAC 12-006.09C1a</p> <p>Based on record review and interview; the facility failed to ensure that the written summary of the baseline care plan (written plan required to be developed within 48 hours of admission detailing the instructions needed to provide initial effective and person centered care of the resident that meet professional standards of quality care) for 1 (Resident 94) of 6 sampled residents. The facility census at the time of survey was 41.</p> <p>Findings are:</p> <p>Record review of Resident 94's undated Comprehensive Care Plan (CCP- written instructions needed to provide effective and person centered care of the resident that meet professional standards of quality care) revealed an admitted to the facility on [DATE] with a primary diagnosis of Osteomyelitis.</p> <p>Record review of Resident 94's Electronic Medical Records revealed no baseline careplan.</p> <p>Interview on 04/23/24 at 5:51 PM with the MDS coordinator confirmed there was not a baseline careplan completed for Resident 94 and there should have been, it was also confirmed that the resident was not offered a copy of the baseline careplan.</p> <p>Review of the facility's policy dated March 2022 titled Care plans - Baseline, revealed:</p> <ul style="list-style-type: none"> - Baseline plan of care to meet the resident's immediate health and safety needs is developed for each resident within 48 hours of admission. - The resident and/or representative are to be provided a written copy of the baseline careplan. - Provision of the summary to the resident and/or resident representative is documented in the medical record. 		

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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>49766</p> <p>Licensure Reference 175 NAC 12-006.09D7b</p> <p>Based on interviews and record reviews; the facility failed to identify causative factors and implement new interventions to prevent falls for 1 (Resident 13) of 2 sampled residents. The facility identified a census of 41.</p> <p>Findings are:</p> <p>A record review of an Admission Record indicated the facility admitted Resident 13 on 5/26/2015 with diagnoses of muscle weakness, edema, Obstructive Sleep Apnea, hypertension, and Major Depressive Disorder.</p> <p>A record review of a significant change Minimum Data Set with a date of 5/15/2023 revealed Resident 13 had a Brief Interview for Mental Status score of 12/15, which indicated Resident 13 had moderate cognitive impairment. Resident 13 also required moderate assistance with bathing, supervision with oral hygiene, and was dependent from toileting and dressing.</p> <p>A.</p> <p>A record review of Resident 13's Care Plan with a date initiated of 9/18/2019 revealed Resident 13 was at risk for falls. Interventions were as follows:</p> <ul style="list-style-type: none"> - Anticipate and meet my needs (initiated on 9/18/2019) - Be sure my call light is within reach and encourage me to use it for assistance as needed. I need prompt response to all requests for assistance (initiated on 9/18/2019) - Bed alarm to be used while in recliner (initiated on 7/18/2023) - Encourage me to be aware of my surroundings when I choose to transfer/toilet without staff assist (initiated on 4/13/2020) - Encourage me to call for staff assist with transfers/toileting/mobility if I am feeling short of breath or weakness during the day (initiated on 4/13/2020) - Encourage resident to report symptoms of hypoglycemia; cool clammy skin, confusion, tremors, sweat weakness (initiated on 4/27/2023) - Moved closer to the nurses' station (initiated on 9/5/2023) <p>A record review of the facility's fall record revealed Resident 13 had falls on the following dates: 5/4/2023, 6/3/2023, 6/20/2023, 6/29/2023, 7/16/2023, 7/18/2023, 8/14/2023, 8/21/2023, 8/28/2023, and 9/26/2023.</p> <p>(continued on next page)</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>A record review of the Resident 13's care plan revealed no new interventions placed after falls for the following dates: 5/4/2023, 6/3/2023, 6/20/2023, 6/29/2023, 7/16/2023, 8/14/2023, 8/21/2023, and 9/26/2023.</p> <p>An interview on 4/22/2024 at 3:16 PM with Registered Nurse (RN) - C confirmed new interventions were not implemented after each of Resident 13's falls.</p> <p>An interview on 4/24/2024 at 8:52 AM with the Director of Nursing revealed it is the responsibility of the charge nurse to place an intervention immediately after the fall.</p> <p>A record review of the facility policy Falls - Clinical Protocol with a last revised date of March 2018 revealed staff and physician will identify pertinent intervention to try to prevent subsequent falls. If underlying causes cannot be readily identified, staff will try various relevant interventions.</p> <p>B.</p> <p>A record review of an Incident Report with a date of 5/4/2023 revealed no causative factor was identified from the fall.</p> <p>A record review of an Incident Report with a date of 7/16/2023 revealed no causative factor was identified from the fall.</p> <p>A record review of an Incident Report with a date of 8/28/2023 revealed no causative factor was identified from the fall.</p> <p>A record review of an Incident Report with a date 9/26/2023 revealed no causative factor was identified from the fall.</p> <p>An interview on 4/24/2024 at 9:01 AM with RN-B confirmed no causative factors were identified for the falls.</p> <p>A record review of the facility policy Falls - Clinical Protocol with a last revised date of March 2018 revealed staff will begin to try to identify possible causes within 24 hours of the fall.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>49766</p> <p>Licensure Reference Number 175 NAC 12-006.10D</p> <p>Based on observations, interviews, and record reviews; the facility failed to maintain a medication error rate less than 5%, which affected 3 (Resident 8, Resident 16, and Resident 34) of 9 sampled residents. The medication error rate was 11.11%. The facility census was 41.</p> <p>A record review of facility policy Administering Medications with a last revised date of April 2019 revealed the following:</p> <ul style="list-style-type: none"> - Medications are administered within one hour of their prescribed time. - Verify the right resident, right medication, right dosage, right time and right route. - The charge nurse must accompany new nursing personnel on their medication rounds for minimum of 3 days to ensure established procedures are followed and proper resident identification methods are learned. <p>A.</p> <p>An observation on 4/22/2024 at 12:17 PM revealed Medication Aide (MA)-D had administered Resident 8's Sinemet at this time.</p> <p>A record review of Resident 8's Medication Administration Record revealed the medication was scheduled for 1100.</p> <p>B.</p> <p>An observation on 4/22/2024 at 12:35 PM revealed MA-D had not administered Resident 16's Albuterol.</p> <p>An observation on 4/22/2024 at 12:47 PM revealed MA-D was not able to administer Resident 16's albuterol as MA-D was not knowledgeable of how to setup the nebulizer machine. MA-D had asked Registered Nurse (RN)-C for assistance for setup. MA-D did not chart as given after the assistance.</p> <p>A record review of Resident 16's Medication Administration Record revealed no documentation as administered for the albuterol AM or Mid-Day.</p> <p>A record review of Resident 16's Medication Administration Record revealed the medication was scheduled for AM and Mid-Day.</p> <p>An interview on 4/22/2024 at 12:35 PM with MA-D revealed I'm running super behind, guess I missed it [AM dose.]</p> <p>C.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An observation on 4/22/2024 at 12:38 PM revealed MA-D had not administered Resident 34's budesonide.</p> <p>An interview on 4/22/2024 at 12:38 PM with MA-D revealed it was not given as it had to be reordered, stating it had no date we had to toss it.</p> <p>An interview on 4/22/2024 at 12:58 PM with MA-D revealed this was MA-D's second day of administering medications without assistance. MA-D revealed MA-D had received a couple days of training, but I felt like it was enough but I guess not.</p> <p>An interview on 4/22/2024 at 1:01 PM with RN-C confirmed MA-D needed additional training before administering additional medications.</p> <p>An interview on 4/22/2024 at 1:24 PM with the Director of Nursing (DON) revealed 2-3 days of training is done and a competency is completed. The DON follows up with them after training to see how comfortable they are. The DON was aware medications were behind, but not aware of the errors or RN-C feeling additional training was needed.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>49766</p> <p>Licensure Reference 175 NAC 12-006.11D</p> <p>Based on observations, interviews, and record reviews, the facility failed to prepare foods following the recipe to ensure nutritive value. This had the potential to affect all 41 facility residents that ate food prepared in the kitchen. The facility identified a census of 41.</p> <p>Findings are:</p> <p>A continuous observation of meal preparation of French Onion Pork Chop on 4/23/2024 from 7:09 AM to 8:00 AM revealed the following:</p> <ul style="list-style-type: none"> - The Dietary Supervisor (DS) had measured three boneless pork chops. The first porkchop was six ounces, the second was three ounces, the third was three ounces. - The DS did not measure the remaining prepared porkchops - The DS had grabbed four fresh onions from the pantry. Once the DM had began to cut the onions, threw away two of the onions, which were bad. - The DS had placed a bag of French onion soup mix on top of porkchops - No stock chicken and soup base had been used <p>An interview on 4/23/2024 at 7:15 AM with the DS revealed the porkchops were to be about four ounces.</p> <p>An interview on 4/23/2024 at 7:52 AM with the DS revealed the onions were bad and the facility did not have any onions or red wine vinegar so substituted it for the French onion soup mix.</p> <p>A record review of the facilities' Patient Menu Substitution Log revealed on 4/23/2024 onion soup was substituted for onions due to not enough onion and vinegar.</p> <p>A record review of French Onion Pork Chop recipe revealed the ingredients of pork chops 5 ounces bone in, 3 quarts of fresh onion, 3 cups of red wine vinegar, and 3 quarts of stock chicken and soup base.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49766</p> <p>Licensure Reference 12-006.11E</p> <p>Based on observations, interviews, and record review, the facility failed to ensure foods were labeled, dated, and served within best by dates, and prepare food under sanitary conditions, the facility failed to ensure potentially hazardous foods of meat and dairy products were held at 135 degrees or higher on the steam table. This had the potential to affect all 41 residents that ate food prepared in the kitchen. The facility identified a census of 41 residents.</p> <p>Findings are:</p> <p>A.</p> <p>An initial kitchen observation on 4/18/2024 at 7:02 AM revealed the following in the kitchen:</p> <ul style="list-style-type: none"> - Several saran wrapped pieces of cornbread, without preparation or use by dates on the kitchen counter - A bin of sugar with a label including a prepared date of 2-1-24 but no use by date - A bin of flour with a label including a prepared date of 2-1-24 but no use by date <p>An initial kitchen observation on 4/18/2024 at 7:02 AM revealed the following in the refrigerator in the kitchen:</p> <ul style="list-style-type: none"> - An opened Sysco chicken base without an opened date - An opened Sysco beef base without an opened date - An opened container of Kosher Dill pickles without an opened date - A half stick of used margarine without an opened date - A pureed salad in a bowl without a preparation date - Several single serving strawberry yogurts without preparation dates - A half of tomato in a plastic bag without a preparation date <p>An initial kitchen observation on 4/18/2024 at 7:02 AM revealed the following in the pantry:</p> <ul style="list-style-type: none"> - An opened with minimal remaining of Captain Crunch cereal with no open date - Two opened boxes with 1/4 remaining of Honey Nut Cheerios with no open date <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<ul style="list-style-type: none"> - An opened box with 1/2 remaining of Vanilla Wafers with no open date <p>An initial kitchen observation on 4/18/2024 at 7:02 AM revealed the following in the freezer on the left in the pantry:</p> <ul style="list-style-type: none"> - A bag of peaches with a preparation date of 2/16 without a use by date - A bag of pasta sauce with a preparation date of 3/23 without a use by date - A bag of beef tips with a preparation date of 4/12 without a use by date - A bag of nacho cheese with a preparation date of 4/12 without a use by date <p>An initial kitchen observation on 4/18/2024 at 7:02 AM revealed an opened bag of half used blueberries with no open or use by date in the freezer on the right in the pantry.</p> <p>An interview and walk through on 4/23/2024 at 7:25 AM with the Dietary Supervisor (DS) confirmed the foods should be labeled with the date the food was opened and a date the food should be used by.</p> <p>A follow-up kitchen observation on 4/23/2024 at 7:16 AM revealed a loaf of Choice Round Top Wheat Sliced Bread was being used to serve breakfast by Cook-B. The loaf of bread had a best by date of 4/15/2024. Another loaf of Brest Choice Round Top Wheat Slice bread was 1/4 used and was also being used to serve breakfast with. This loaf had a best by date of 4/22/2024. Another loave of [NAME] Texas Toast had a best by date of 4/22/2024.</p> <p>An interview on 4/23/2024 at 7:17 AM with the Dietary Supervisor (DS) confirmed the breads were past the best by date and were disposed of and replaced with bread within the best by dates. The DS stated the breads had just been purchased yesterday and the DS would need to be more watchful at ensuring the best by dates were current when purchasing.</p> <p>A record review of a facility policy Food Receiving and Storage last revised in October 2017, revealed dry foods that are stored in bins will be removed from original packaging, labeled, and dated use by date.</p> <p>A record review of Nebraska Food Code 2017, Section 3-501.17, revealed food held more than 24 hours must indicated the date or day by which the food shall be consumed or discarded.</p> <p>B.</p> <p>An observation on 4/23/2024 at 7:21 AM revealed the DS had weighed three raw porkchops then applied new gloves without performing hand hygiene prior to the application of the gloves. The DS then began to gather seasonings from the above shelf with the same gloves.</p> <p>An observation on 4/23/2024 at 7:33 AM revealed the DS had placed a baking sheet in the dishwasher. The DS then completed hand hygiene for 12 seconds before applying gloves to return to preparing porkchops for lunch.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Skyview Care and Rehab at Bridgeport		STREET ADDRESS, CITY, STATE, ZIP CODE 505 O Street Bridgeport, NE 69336	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An observation on 4/23/2024 at 7:45 AM revealed the DS had placed remaining raw porkchops on a baking sheet then completed hand hygiene for 10 seconds. The DS then flipped the cooking porkchops on the stovetop.</p> <p>An observation on 4/23/2024 at 7:52 AM revealed the DS had returned to the kitchen and did not perform hand hygiene upon return to the kitchen.</p> <p>An interview on 4/23/2024 at 12:07 AM with the DS revealed the DS was knowledgeable regarding the need to perform hand hygiene for at least 20 seconds upon changing gloves and returning to the kitchen.</p> <p>An observation on 4/23/2024 at 12:03 AM revealed Cook-B had gloves on then touched the refrigerator handles, then had touched a sandwich and chips and placed on a plate.</p> <p>An observation on 4/23/2024 at 12:18 PM revealed Cook-B had gloves on and had applied oven mitts over gloves to remove a tray from the steam table. Cook-B had removed the oven mitts then prepared another plate of chips with the same pair of gloves.</p> <p>An observation on 4/23/2024 PM revealed Cook-B had wiped down gloves, then opened the refrigerator with same pair of gloves. Cook-B then touched the inner rim of a plate while plating the meal onto the plate.</p> <p>A continuous observation on 4/23/2024 from 12:07 to 12:51 PM revealed Cook-B had used the same pair of gloves throughout the entire time of serving meals to residents.</p> <p>An interview on 4/23/2024 at 12:31 PM revealed Cook-B was aware of the need to wash hands when preparing food and when switching gloves. Cook-B stated Cook-B did not need to change out gloves as Cook-B had a sanitizer towel to wipe down my gloves.</p> <p>A record review of the facility policy Handwashing/Hand Hygiene with a last revised date of August 2019 revealed the policy only required employees to wash hands for 15 seconds.</p> <p>A record review of The Nebraska Food Code 2017 Section 2-301.12 revealed food employees must perform hand hygiene of hands and arms for at least 20 seconds.</p> <p>A record review of The Nebraska Food Code 2017 Section 3-304.15 revealed single-use gloves shall be used for only one task and then discarded when damaged, soiled, or when interruptions occur in the operation.</p> <p>C.</p> <p>An observation on 4/23/2024 at 11:51 AM revealed the following initial temperatures for the steam table:</p> <ul style="list-style-type: none"> - Pureed Pork Chop: 122.1 F - Potatoes with butter: 125.6 F <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Skyview Care and Rehab at Bridgeport		STREET ADDRESS, CITY, STATE, ZIP CODE 505 O Street Bridgeport, NE 69336	

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An observation on 4/23/2024 at 12:41 PM revealed the following ending temperatures for the steam table:</p> <ul style="list-style-type: none"> - Pureed Pork Chop: 130 F - Potatoes with butter: 119 F <p>An interview on 4/23/2024 at 11:52 AM with Cook-B revealed Cook-B had believed all food temperatures must be kept above 165 F degrees on the steam table.</p> <p>A record review of the facility policy Food and Nutrition Services with a last revised date of April 2019, revealed Potential Hazardous Foods, including meat and dairy products, must be maintained at a temperature below 41 F or above 135 F.</p>

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NAME OF PROVIDER OR SUPPLIER Skyview Care and Rehab at Bridgeport		STREET ADDRESS, CITY, STATE, ZIP CODE 505 O Street Bridgeport, NE 69336	
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(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>49766</p> <p>Licensure Reference 175 NAC 12-006.17</p> <p>Based on observations and record review, the facility failed to implement infection control practices during medication administration for 3 (Resident 16, Resident 31, and Resident 95) of 9 sampled residents. The facility identified a census of 41.</p> <p>An observation on 4/22/2024 at 12:02 PM revealed Registered Nurse (RN) -C had prepared a insulin syringe with 6 units of insulin. RN-C then applied gloves. RN-C then touched the inner rim of the trash to throw away an empty box of gloves and did not change gloves after touching the inner rim of the trash can. RN-C then injected the insulin into Resident 16.</p> <p>An observation on 4/22/2024 at 12:12 PM revealed RN-C had dialed a insulin pen with 10 units of insulin. RN-C then applied gloves. RN-C had knocked and attempted to enter the room by turning the doorknob with the gloved hand. RN-C was asked to wait one minute by nursing. While waiting, RN-C touched RN-C's hair. The nursing staff then stated they were ready. RN-C had again opened the door with RN-C's gloved hand. RN-C then injected Resident 31's insulin into the Resident 31's arm.</p> <p>An observation on 4/22/2024 at 12:26 PM revealed Medication Aide (MA) - D had attempted to administer Resident 95 medication. Resident 95 spit the medication out onto the table. MA-D scooped medication back into the medication cup, crushed the medication, then administered again to Resident 95.</p> <p>An interview on 4/24/2024 at 9:34 AM with the Director of Nursing confirmed these practices were deficient in infection control prevention.</p> <p>A record review of facility policy Handwashing/Hand hygiene with a last revised date of August 2019 revealed integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associate infection and should be used before aseptic procedures.</p> <p>A record review of the Center for Disease Control's Infection Prevention During Blood Glucose Monitoring and Insulin Administration revealed a procedure to change gloves when gloves have been contaminated before touching clean surfaces.</p>		