

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285225	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Heritage of Webster County		STREET ADDRESS, CITY, STATE, ZIP CODE 636 North Locust Street Red Cloud, NE 68970	
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>45484</p> <p>Licensure Reference Number 175 NAC 12-006.05(B)</p> <p>Based on record review and interview, the facility failed to provide a Skilled Nursing Facility Advance Beneficiary Notice (SNF ABN-a notice given to Medicare beneficiaries to inform them that Medicare will most likely deny the care that they are about to receive. It must be delivered in advance to give the beneficiary time to consider the options and make an informed choice) to Resident 9 and Resident 21 or their representatives to notify them of charges for non-covered care items and services prior to a change in Medicare A coverage. This affected 2 of 2 residents sampled for Advance Beneficiary Notification. The facility census was 26.</p> <p>Findings are:</p> <p>A.</p> <p>A review of the Beneficiary Notice-Residents discharged Within the Last Six Months provided to the facility during the Entrance Conference revealed that Resident 9 was discharged from Medicare A services with days remaining on 04/22/2024 and remained in the facility.</p> <p>A review of the SNF Beneficiary Protection Notification Review form for Resident 9 revealed a Medicare A Skilled Services Episode Start Date of 01/25/2024 and a Last covered day of Part A Service of 04/22/2024. Further review of the form revealed the facility initiated the discharge when there were benefit days remaining. Question 1 Was an SNF ABN, Form CMS-10055 provided to the resident? was marked in the box for no.</p> <p>The facility was unable to provide a copy of a SNF ABN for Resident 9.</p> <p>During an interview on 06/26/2024 at 8:23 AM, the Director of Nursing (DON) confirmed that Resident 9 had not been provided with a SNF ABN upon discharge from Medicare A services, and that Resident 9 had remained in the facility after discharge from Medicare A services.</p> <p>2.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 285225
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<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the Beneficiary Notice-Residents discharged Within the Last Six Months provided to the facility during the Entrance Conference revealed that Resident 21 was discharged from Medicare A services with days remaining on 06/20/2024 and remained in the facility.</p> <p>A review of the SNF Beneficiary Protection Notification Review form for Resident 9 revealed a Medicare A Skilled Services Episode Start Date of 06/11/2024 and a Last covered day of Part A Service of 06/20/2024. Further review of the form revealed the facility initiated the discharge when there were benefit days remaining. Question 1 Was an SNF ABN, Form CMS-10055 provided to the resident? was marked in the box for no.</p> <p>The facility was unable to provide a copy of a SNF ABN for Resident 21.</p> <p>During an interview on 06/26/2024 at 8:23 AM, the DON confirmed that Resident 21 had not been provided with a SNF ABN upon discharge from Medicare A services, and that Resident 21 had remained in the facility after discharge from Medicare A services.</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45484</p> <p>Licensure Reference Number 175 NAC 12-006.05 (G)</p> <p>Based on observations, record review, and interviews, the facility failed to evaluate the need for physical restraints for 1 (Resident 2) of 1 residents. The facility census was 26.</p> <p>Findings are:</p> <p>A review of Resident 2's Admission Record dated 06/25/2024 revealed the resident was admitted on [DATE] and had diagnoses of hemiplegia (paralysis) and hemiparesis (weakness) on the left side of the body related to a past cerebral infarction (disruption of blood flow to part of the brain), unspecified kyphosis (excessive forward rounding of the back), and generalized muscle weakness.</p> <p>A review of Resident 2's Quarterly Minimum Data Set (MDS-a comprehensive assessment of each resident's functional capabilities) dated 03/26/2024 revealed the resident had a Brief Interview for Mental Status (BIMS-a screening tool used to assess cognition [relating to the mental process involved in knowing, learning, and understanding things]. The BIMS assessment uses a points system that ranges from 0 to 15 points: 0 to 7 points indicates severe cognitive impairment; 8 to 12 points indicates moderate cognitive impairment; and 13 to 15 points indicates that cognition is intact) score of 14, indicating the resident was cognitively intact.</p> <p>An observation on 06/24/2024 at 10:46 AM revealed Resident 2 was sitting up in a wheelchair with a strap that went under the left arm and over the left shoulder, and fastened to the top of the wheelchair back.</p> <p>An interview with Resident 2 on 06/24/2024 at 10:46 AM revealed that the resident was unable to unfasten the strap without assistance.</p> <p>An observation on 06/26/2024 at 9:35 AM revealed Resident 2 was sitting up in a wheelchair with a strap that went under the left arm and over the left shoulder, and fastened to the top of the wheelchair back.</p> <p>An interview with Resident 2 on 06/25/2024 at 3:25 PM revealed the strap over the resident's left arm is to help them sit up straight. Resident 2 revealed they would still be unable to get out of their wheelchair if the strap was not there. Resident 2 confirmed they were unable to unfasten or remove the strap without assistance.</p> <p>An interview with Medication Aide (MA) A on 06/26/2024 at 9:40 AM revealed that Resident 2 requested the straps on the wheelchair, and that Resident 2 was unable to sit up without the strap in place. MA A further confirmed that the resident was unable to unfasten or remove the wheelchair strap without assistance.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 2's Electronic Health Record (EHR) revealed no documentation of the wheelchair straps being evaluated for use prior to application of the device, or of risks and benefits being discussed with the resident and/or their representative prior to use.</p> <p>A review of the facility's Restrictive Device Determination Guidelines dated 1/2017 revealed:</p> <p>All devices which may impede the movement of residents will be evaluated prior to application, on a quarterly basis, and with any significant change in condition. These devices may involve but are not limited to: Assist bars, scoop mattresses, reclining wheelchairs, recliners, wedge cushions, lap buddy, alarms, bed against the wall, low bed, etc.</p> <p>1. Prior to the initiation of any potentially restraining device being implemented, a designated member of the nursing team, with Interdisciplinary Team involvement, will complete the Pre-Restraining Evaluation and request therapy screen and/or evaluation. Alternatives to these devices will be considered and the appropriate referrals will be made. If the resident can remove, release, or freely move about, the device is not restrictive and not determined to be a restraint.</p> <p>2. If the device is considered to be a restraint, the nurse will initially obtain and review the Informed Consent for Use of Restraints with the resident/responsible party, discussing the benefits and potential risks.</p> <p>An interview with the Director of Nursing (DON) on 06/27/2024 at 8:54 AM confirmed that if Resident 2 was unable to remove the shoulder strap on their own, it was a restraint. The DON further confirmed the facility had not done any evaluations for restraint use, and did not have a consent form for the shoulder strap.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48271</p> <p>Licensure Reference Number 175 NAC 12-006.09(E)(iii)</p> <p>Based on record reviews, observation and interviews, the facility failed to develop a Care Plan (CP- written instructions needed to provide effective and person centered care of the resident that meet professional standards of quality care) to address Resident #7 regarding ambulation, Resident #18 regarding falls, and Resident # 25 regarding falls of 13 sampled residents. The facility census was 26.</p> <p>Findings are:</p> <p>A.)</p> <p>A record review of the Admission Record dated 6/25/24 revealed Resident # 7 was admitted on [DATE] with the diagnosis of muscle weakness(decreased strength in muscles), difficulty in walking(walking off balance or impaired gait), Urinary tract infection(an infection in any part of the urinary system), Chronic obstructive Pulmonary disease(a group of lung conditions that make it hard to breathe and restricts airflow), Heart Failure(the heart doesn't pump blood as well as it should), Diabetes(to much sugar in the blood), Chronic Kidney Disease(progressive loss of kidney function), Depression (loss of pleasure or interest in activities) and Gout(severe pain, swelling,redness,and tenderness in joints).</p> <p>A. Record review of Resident #7's CP revealed the following focus area:</p> <p>-Restorative Program revised on 08/24/2023 revealed a goal to prevent decline. The intervention to meet this goal was staff were to ambulation Resident #7 in the hallways.</p> <p>An observation on 6/25/24 at 7:45 AM of Resident # 7 revealed during a transfer from the recliner to the wheelchair, Resident # 7 was able to stand and pivot with 2 staff assisting the resident.</p> <p>An observation on 6/26/24 at 1:30 PM of Resident #7 revealed during the transfer from the wheelchair to the recliner Resident # 7 required 2 staff to assist with stand and pivoting.</p> <p>An interview on 6/26/24 at 10:30 AM with Medication Assistant (MA)-A confirmed Resident # 7 stands and pivots with transfers and does not ambulate. MA-A reported Resident # 7 has not ambulated for over 6 months.</p> <p>An interview on 6/26/24 at 11:00 AM with the DON confirmed Resident #7's care plan had not been updated to reflecting Resident # 7 does not ambulate and Resident #7's care plan should of been updated.</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 - Some</p>	<p>B. A record review of the Admission Record sheet dated June 26, 24 revealed Resident # 18 was admitted on [DATE] with diagnosis of Dementia(impaired ability to remember, think, or make decisions that interferes with doing everyday activities), Depression(mood or loss of pleasure or interest in activities), Muscle weakness(decrease strength in the muscles), Hypertension(blood vessels have persistently raised pressure), and other symptoms and signs involving cognitive functions(perception, memory, learning, attention, decision making, and language abilities and awareness).</p> <p>A record review of Resident #18's Progress Notes (PN) dated 5/1/2024 revealed Resident # 18 had fallen in (genders) room with no injuries and Resident #18's walker was out of reach of the resident.</p> <p>A record review of the MDS(Minimum Data Set, A comprehensive assessment of each resident's functional capabilities) dated June 18, 2024 revealed a BIMS (Brief Mental Status, 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) of 4 indicating Resident #18 was severely cognitively impaired.</p> <p>A record review of Resident #18's CP revealed no new focus, goal or interventions for the fall on 5/1/24 was addressed on the CP.</p> <p>An interview on 6/26/24 at 11:00 AM with the DON confirmed Resident #18's CP did not have any new interventions from the fall on 5/1/24. The DON reported there should have been a new intervention place onto Resident #18's CP.</p> <p>C. A record review of the Admission Record sheet dated June 26th 2024 revealed Resident # 25 was admitted on [DATE] with diagnoses of Rheumatoid Arthritis(inflammatory that affects joints causing painful swelling., Parkinson's Disease(Affects the nervous system and the pars of the body it controls), atherosclerotic Heart Disease(damage or disease in the hearts major blood vessels usually plaque buildup).</p> <p>A record review of the MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 4/23/2024 revealed a BIMS (Brief Interview for Mental Status, 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 14, indicating Resident 14 was cognitively intact.</p> <p>A record review Resident #25's Progress Notes (PN) dated 4/20/24 revealed Resident # 25 had a fall in (genders) room having slide out of a recliner.</p> <p>A record review of Resident #25's CP dated 4/17/24 revealed there was no focus, goals, or interventions for the fall on 4/20/24.</p> <p>An interview on 6/26/24 at 11:00 AM with the DON confirmed Resident # 25 fallen. The DON further confirmed new interventions should have been placed onto Resident #25's CP.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48271</p> <p>Licensure Reference Number 175 NAC 12-006.09(F)(iii)</p> <p>Based on observations, record review and interviews, the facility failed to involve Resident #26 in the development of the Comprehensive Care Plan (CCP), failed to include Resident #26 was a high risk for elopement , failed to revise the care plan for Residents #11 and #17 regarding impaired skin integrity and failed to identify Resident #18 was on hospice, out of 13 sampled residents. The facility census was 26.</p> <p>Findings are:</p> <p>A). A record review of the Admission Record dated 6/25/24 revealed Resident # 26 was admitted to the facility on [DATE] with diagnoses of Schizoaffective disorder (characterized by abnormal thought processes and an unstable mood), Covid-19(characterized mainly by fever and cough and is capable of progressing to severe symptoms), Generalized Anxiety(A mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities), Chronic Obstructive Pulmonary Disease(a chronic lung disease that causes breathing problems and restricted airflow), and Chronic Kidney Disease(a gradual loss of kidney function over time).</p> <p>A record review of the MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated June 3rd 2024 revealed a BIMS (Brief Interview for Mental Status, 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 15 indicating cognitively intact.</p> <p>An interview on 6/24/24 at 1:25 PM with Resident #26 confirmed that (gender) was not aware of what a care plan was and had not been invited to care plan meeting.</p> <p>A record review of a letter dated May 21, 2024 revealed a letter was sent out to Resident # 26 POA notifying the POA of a care plan meeting scheduled for Thursday May 23, 2024 at 9:45 AM.</p> <p>A record review of the Progress Notes (PN) dated May 21, 2024 through May 25th 2024 revealed there was no progress notes related to the care plan meeting taking place for Resident #26.</p> <p>A record review of a undated Care Plan acknowledgement form revealed that after the care plan meeting takes place, resident and representative and facility staff sign the form that Resident/family attended or did not attend the care plan meeting. There was no Care Plan acknowledgement form signed for Resident #26.</p> <p>An interview on 6/26/24 at 11:00 AM with the Director of Nursing (DON). The DON confirmed that Resident #26 had not been invited to the care plan meeting.</p> <p>B. An observation on 6-24-2024 at 1:25 PM of Resident #26 revealed Resident #26 had a wanderguard bracelet (device to alert staff when a residents attempts to leave the facility. Commonly use with residents who are a elopement risk) on right wrist.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review of Elopement/ wandering review assessment dated [DATE] revealed Resident #26 was a high risk for elopement.</p> <p>A record review of Resident #26's CCP dated 5/23/24 reveals that there is no focus, goals or interventions in place regarding the wanderguard or high risk for elopement.</p> <p>An interview on 6/26/24 at 11:00 AM with the DON confirmed that Resident #26 does have a wander guard bracelet on Resident #26 right wrist and that Resident #26 assessment for elopement indicated Resident #26 was a high risk for elopement. The DON confirmed that Resident #26 CCP does not have any focus, goals, or interventions for the wanderguard or elopement risk and there should of been focus, goals and interventions for the elopement risk and wanderguard.</p> <p>C. A record review of the Admission Record dated 6/26/24 revealed that Resident #18 was admitted to the facility on [DATE] with diagnoses of Dementia without behavioral disturbance, psychotic disturbance, mood disturbance (the loss of cognitive functioning - thinking, remembering, and reasoning - to such an extent that it interferes with a person's daily life and activities) , Anxiety(A mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities), Depression(mood disorder that can affect how a person feels, thinks, and functions in their daily life), Muscle weakness(when the body can't contract muscles properly, resulting in reduced strength), and symptoms and signs involving cognitive functions and awareness(including learning, thinking, reasoning, remembering, problem solving, decision making, and attention).</p> <p>A record review of the MDS dated [DATE] revealed a BIMS score of 4 indicating Resident #18 was severely cognitively impaired.</p> <p>A record review of Resident #18's Progress Notes dated 6/19/24 revealed Resident # 18 was admitted to Ascera Care Hospice services.</p> <p>A record review of Resident #18's CCP dated 6/12/2024 revealed the CCP did not address Resident #18 being admitted to Hospice.</p> <p>An interview on 6/26/24 at 11:00 AM with the DON confirmed that residents care plan has not been updated to reflect Resident # 18 being admitted to hospice services.</p> <p>D. A record review of the Admission Record dated 6/27/24 revealed Resident # 11 was admitted to the facility on [DATE] with diagnoses of Age-related Cognitive decline (a gradual loss of thinking abilities, such as learning, remembering, paying attention, and reasoning),Muscle Weakness (when the body can't contract muscles properly, resulting in reduced strength), Bacterial Pneumonia (an infection of the lung), Squamous Cell Carcinoma of skin of the other parts of face,(type of skin cancer that can develop on the face and other areas of the body, including the ears, neck, lips, arms, and hands).</p> <p>A record review of the MDS dated [DATE]th 2024 revealed a BIMS score of 3 indicating Resident #11 was severely cognitively impaired.</p> <p>A record review of a skin assessment for Resident #11 dated 6/22/24 revealed a skin assessment for a bruise on the right hand middle digit.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review of Resident #11's CCP update on 3/22/24 did not address the bruising to Resident # 11 right hand middle digit from middle of finger.</p> <p>An interview on 6/26/24 at 11:00 AM with the DON confirmed Resident #11's care plan did not address the bruising to Resident #11 right hand middle digit.</p> <p>45484</p> <p>E. A review of Resident 17's Admission Record dated 06/25/2024 revealed the resident was admitted [DATE] and had diagnoses of chronic kidney disease, a kidney transplant, high blood pressure, and type 1 diabetes mellitus (a disease in which the body does not produce insulin, resulting in high blood sugars).</p> <p>A review of Resident 17's Modification of Quarterly MDS dated [DATE] revealed a BIMS of 15 indicating Resident 17 was cognitively intact.</p> <p>An interview with Resident 17 on 06/24/2024 at 1:09 PM revealed the resident had an open area on their right buttock. The resident revealed that the open area started as a blister and opened up.</p> <p>A review of a Non-Pressure Skin Condition Record dated 05/29/2024 for Resident 17 revealed a Date First Observed of 05/29/2024.</p> <p>A review of a form provided on 06/25/2024 by the Director of Nursing (DON) titled From our RISK report 6/20/2024 + [Resident 11] (6/22/24) revealed Resident 17 had one wound to the right buttock, noted 05/29/2024 with assessment date of 06/04/2024. This was described as Moisture damage, and had measurements of 2 centimeters (cm) by 2 cm several areas.</p> <p>A review of Resident 17's CCP printed 06/25/2024 revealed no mention of the open area on Resident 17's right buttock.</p> <p>A review of the facility's Skin and Wound Management Standard Rev 4/2019 revealed for Non-Pressure Skin Conditions:</p> <ol style="list-style-type: none"> 1. Monitoring/Documentation. Non-pressure skin conditions will be assessed and measured every 7 days or more frequently if indicated, until resolved. and 2. Care plan. All actions/interventions will be included in the care plan at the time of identification. <p>An interview with the DON on 06/27/2024 at 12:55 PM confirmed that Resident 17's CCP had not been updated to include the open area on the resident's right buttock</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45484</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)(iii)(3)</p> <p>Based on observation, record review, and interviews, the facility failed to complete and document weekly non-pressure wound assessments for Resident 15 and Resident 17. This affected 2 of 4 residents sampled for impaired skin integrity. The facility census was 26.</p> <p>Findings are:</p> <p>A. A review of the facility's Skin and Wound Management Standard Rev 4/2019 revealed for Non-Pressure Skin Conditions:</p> <ol style="list-style-type: none"> 1. Monitoring/Documentation. Non-pressure skin conditions will be assessed and measured every 7 days or more frequently if indicated, until resolved. and 2. Care plan. All actions/interventions will be included in the care plan at the time of identification. <p>B. A review of Resident 15's Admission Record dated 06/25/2024 revealed the resident was admitted [DATE] and had diagnoses of end stage renal disease, chronic obstructive pulmonary disease (COPD-group of lung diseases that block airflow and make it difficult to breathe), type 2 diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), and heart failure.</p> <p>A review of Resident 15's Modification of Admission Minimum Data Set (MDS-a comprehensive assessment of each resident's functional capabilities) dated 04/15/2024 revealed a Brief Interview for Mental Status (BIMS-a screening tool used to assess cognition [relating to the mental process involved in knowing, learning, and understanding things]. The BIMS assessment uses a points system that ranges from 0 to 15 points: 0 to 7 points indicates severe cognitive impairment; 8 to 12 points indicates moderate cognitive impairment; and 13 to 15 points indicates that cognition is intact) score of 13, indicating the resident was cognitively intact.</p> <p>An observation on 06/25/2024 at 07:56 AM revealed dressings to both lower legs.</p> <p>An interview with Resident 15 on 06/25/2024 at 7:56 AM revealed that the resident went to wound clinic once a week. The resident revealed there were open areas on the medial (inner) and lateral (outer) aspects of the left lower leg, and only on the medial aspect of the right lower leg.</p> <p>A review of a form provided on 06/25/2024 by the Director of Nursing (DON) titled From our RISK report 6/20/2024 + [Resident 11] (6/22/24) revealed Resident 15 had 4 wounds:</p> <p>-One to the left lateral lower leg, noted 04/08/2024, with assessment date 06/08/2024. No measurements listed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285225	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Heritage of Webster County		STREET ADDRESS, CITY, STATE, ZIP CODE 636 North Locust Street Red Cloud, NE 68970	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-One to the left medial lower leg, noted 05/07/2024, with assessment date 06/08/2024. No measurements listed.</p> <p>-One to the right medial lower leg, superior (upper) wound, noted 04/21/2024, with assessment date 06/08/2024. No measurements listed.</p> <p>-One to the right medial lower leg, inferior (lower) wound, noted 05/07/2024, with assessment date 06/08/2024. No measurements listed.</p> <p>C. A review of Resident 17's Admission Record dated 06/25/2024 revealed the resident was admitted [DATE] and had diagnoses of chronic kidney disease, a kidney transplant, high blood pressure, and type 1 diabetes mellitus (a disease in which the body does not produce insulin, resulting in high blood sugars).</p> <p>A review of Resident 17's Modification of Quarterly MDS dated [DATE] revealed a BIMS of 15, indicating the resident was cognitively intact.</p> <p>An interview with Resident 17 on 06/24/2024 at 1:09 PM revealed the resident had an open area on their right buttock. The resident revealed that the open area started as a blister and opened up.</p> <p>A review of a form provided on 06/25/2024 by the Director of Nursing (DON) titled From our RISK report 6/20/2024 + [Resident 11] (6/22/24) revealed Resident 17 had one wound to the right buttock, noted 05/29/2024 with assessment date of 06/04/2024. This was described as Moisture damage, and had measurements of 2 centimeters (cm) by 2 cm several areas.</p> <p>D. An interview with the DON on 06/25/2024 at 10:00 AM revealed that the DON had been monitoring wounds. The DON further revealed that wound documentation was not up to date.</p> <p>An interview with the DON on 06/27/2024 at 12:55 PM confirmed that non-pressure skin issues should be assessed and documented weekly and that was not being done.</p>		

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NAME OF PROVIDER OR SUPPLIER Heritage of Webster County		STREET ADDRESS, CITY, STATE, ZIP CODE 636 North Locust Street Red Cloud, NE 68970	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45484</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)(iii)(2)</p> <p>Based on record review and interviews, the facility failed to complete weekly pressure ulcer assessments for 1(Resident 3) of 1 sampled resident. The facility census was 26.</p> <p>Findings are:</p> <p>A review of Resident 3's Admission Record dated 06/25/2024 revealed the resident was admitted [DATE] and had diagnoses of respiratory failure, chronic obstructive pulmonary disease (COPD-group of lung diseases that block airflow and make it difficult to breathe), heart failure, and peripheral vascular disease (PVD-reduced circulation of blood to a body part, other than the brain or heart, due to a narrowed or blocked blood vessel).</p> <p>A review of Resident 3's Significant Change Minimum Data Set (MDS-a comprehensive assessment of each resident's functional capabilities) dated 06/11/2024 revealed a Brief Interview for Mental Status (BIMS-a screening tool used to assess cognition [relating to the mental process involved in knowing, learning, and understanding things]. The BIMS assessment uses a points system that ranges from 0 to 15 points: 0 to 7 points indicates severe cognitive impairment; 8 to 12 points indicates moderate cognitive impairment; and 13 to 15 points indicates that cognition is intact) score of 99, indicating the resident was unable to complete the interview. The Staff Assessment for Mental Status question C1000 Cognitive Skills for Daily Decision Making was answered as Moderately Impaired, meaning the resident's decisions were poor and they required cues/supervision.</p> <p>A review of a form provided on 06/25/2024 by the Director of Nursing (DON) titled From our RISK report 6/20/2024 + [Resident 11] (6/22/24) revealed Resident 3 had a wound to the left heel, noted 03/12/2024 with assessment date of 06/03/2024. This was described as a Stage 3 pressure area, and had measurements of 1.5 centimeters (cm) by 0.8 cm by 0.3 cm.</p> <p>A review of a Pressure Ulcer Record dated 06/11/2024 for Resident 3 revealed documentation of an open area 1.5 cm X 0.8 cm with approximately 0.3 depth. We will consider this a Stage 3 pressure wound at present.</p> <p>A review of Resident 3's Progress Notes from 06/29/2023 to 06/25/2024 revealed no documentation of wound assessment after 06/11/2024.</p> <p>A review of the facility's Skin and Wound Management Standard Rev 4/2019 revealed for Pressure Ulcer/ Injury Skin Conditions:</p> <p>1. Monitoring/Documentation Pressure ulcers/injuries will be formally assessed, staged, and measured every 7 days or more frequently if indicated (measure length, width, depth, odor, drainage, pain, wound bed and peri wound appearance). Tunneling and undermining - use the face of a clock and include depth (i.e., 2 cm undermining from 12:00 to 3:00 o'clock). and</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Heritage of Webster County		STREET ADDRESS, CITY, STATE, ZIP CODE 636 North Locust Street Red Cloud, NE 68970	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. All actions/interventions will be included in the care plan in PCC [PointClickCare-the Electronic Health Record (EHR) used by the facility].</p> <p>An interview with the DON on 06/25/2024 at 10:00 AM revealed that the DON had been monitoring wounds. The DON revealed that they were not documenting wounds in the medical record, but were using the Risk reports as a tracking tool for wound assessments and measurements. The DON further revealed that wound documentation was not up to date.</p>		

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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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45484</p> <p>Licensure Reference Number 175 NAC 12-006.18(B); 12-006.18(D)</p> <p>Based on observation, record review, and interviews, the facility failed to ensure hand hygiene and glove changes were performed according to standards to prevent the potential for cross-contamination during wound cares for 2 residents (Resident 3 and Resident 17) of 5 residents sampled for wounds, and the facility failed to implement enhanced barrier precautions (EBP- an infection control intervention designed to reduce transmission of multidrug-resistant organisms [MDROs] in nursing homes. EBP involves wearing a gown and gloves during high-contact resident care activities, such as wound care, for residents known to be colonized or infected with a MDRO as well as residents at increased risk of MDRO acquisition [for example, residents with wounds or indwelling medical devices]) for 3 residents (Resident 3, Resident 15, and Resident 17) of 5 sampled for wounds. The facility census was 26.</p> <p>Findings are:</p> <p>A. A review of the facility's Hand Hygiene Competency dated 2/2017 revealed the following:</p> <p>-Under the Procedure Step Hand Hygiene Using Antimicrobial Soap and Water:</p> <p>4. Lather and Rub hands together for full 20 seconds.</p> <p>-Under the procedure Step Hand Hygiene Using Hand Sanitizer:</p> <p>Examples: After removing gloves or between changing gloves.</p> <p>B. A review of Resident 3's Admission Record dated 06/25/2024 revealed the resident was admitted [DATE] and had diagnoses of respiratory failure, chronic obstructive pulmonary disease (COPD-group of lung diseases that block airflow and make it difficult to breathe), heart failure, and peripheral vascular disease (PVD-reduced circulation of blood to a body part, other than the brain or heart, due to a narrowed or blocked blood vessel).</p> <p>A review of Resident 3's Significant Change Minimum Data Set (MDS-a comprehensive assessment of each resident's functional capabilities) dated 06/11/2024 revealed a Brief Interview for Mental Status (BIMS-a screening tool used to assess cognition [relating to the mental process involved in knowing, learning, and understanding things]. The BIMS assessment uses a points system that ranges from 0 to 15 points: 0 to 7 points indicates severe cognitive impairment; 8 to 12 points indicates moderate cognitive impairment; and 13 to 15 points indicates that cognition is intact) score of 99, indicating the resident was unable to complete the interview. The Staff Assessment for Mental Status question C1000 Cognitive Skills for Daily Decision Making was answered as Moderately Impaired, meaning the resident's decisions were poor and they required cues/supervision.</p> <p>A review of a form provided on 06/25/2024 by the Director of Nursing (DON) titled From our RISK report 6/20/2024 + [Resident 11] (6/22/24) revealed Resident 3 had a Stage 3 pressure ulcer to the left heel.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Heritage of Webster County		STREET ADDRESS, CITY, STATE, ZIP CODE 636 North Locust Street Red Cloud, NE 68970	
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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>An observation on 06/24/2024 at 3:25 PM revealed Resident 3 resting in bed. There were no gowns noted inside or outside of the resident's room, and no signs indicating the need for EBP.</p> <p>An observation on 06/26/2024 at 9:30 AM of Licensed Practical Nurse (LPN) C performing wound care on Resident 3's right heel wound. The LPN gathered supplies and positioned the resident with their foot up. LPN C washed their hands with soap and water for eight seconds, then rinsed the soap off. LPN C then put on gloves, but no gown. The LPN then removed the old dressing, cleaned the wound with wound spray and gauze, reached back into the package of clean gauze with the soiled glove and got gauze to pat area dry, and applied a new dressing with the same gloves on. The LPN repositioned the resident's legs, and adjusted the bed, then removed their gloves and washed hands with soap and water for 20 seconds. There were no gowns noted inside or outside of the resident's room, and no signs indicating the need for EBP.</p> <p>An interview on 06/26/2024 at 9:35 AM with LPN C confirmed the LPN did not change their gloves and perform hand hygiene between removing the old dressing, cleaning the wound, and applying a new dressing, and should have. LPN C further confirmed they did reach into the package of clean gauze with a soiled glove and should not have, and that hand washing was supposed to be done for 20 seconds.</p> <p>C. A review of Resident 15's Admission Record dated 06/25/2024 revealed the resident was admitted [DATE] and had diagnoses of end stage renal disease, COPD, type 2 diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), and heart failure.</p> <p>A review of Resident 15's Modification of Admission MDS dated [DATE] revealed a BIMS score of 13, indicating the resident was cognitively intact.</p> <p>A review of a form provided on 06/25/2024 by the DON titled From our RISK report 6/20/2024 + [Resident 11] (6/22/24) revealed Resident 15 had two open areas to the right medial (inner) lower leg, one to the left medial lower leg, and one to the left lateral (outer) lower leg.</p> <p>An observation on 06/24/2024 at 2:47 PM revealed no gowns inside or outside of the resident's room, and no signs indicating the need for EBP.</p> <p>An observation on 06/25/2024 at 8:23 AM revealed no gowns inside or outside of the resident's room, and no signs indicating the need for EBP.</p> <p>An observation on 06/27/2024 at 8:42 AM of LPN C performing wound care on Resident 15's leg wounds revealed LPN C did not wear a gown during wound care.</p> <p>D. A review of Resident 17's Admission Record dated 06/25/2024 revealed the resident was admitted [DATE] and had diagnoses of chronic kidney disease, a kidney transplant, high blood pressure, and type 1 diabetes mellitus (a disease in which the body does not produce insulin, resulting in high blood sugars).</p> <p>A review of Resident 17's Modification of Quarterly MDS dated [DATE] revealed a BIMS of 15.</p> <p>A review of a form provided on 06/25/2024 by the DON titled From our RISK report 6/20/2024 + [Resident 11] (6/22/24) revealed Resident 17 had an open area to the right buttock.</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 - Some</p>	<p>An interview with Resident 17 on 06/24/2024 at 2:42 PM revealed the resident had open area to the right buttock. Resident 17 revealed that staff were wearing gloves, but not gowns during wound care.</p> <p>An observation on 06/24/2024 at 2:42 PM revealed no gowns noted inside or outside of the resident's room, and no signs indicating the need for EBP.</p> <p>An observation on 06/25/2024 at 3:51 PM revealed no gowns noted inside or outside of the resident's room, and no signs indicating the need for EBP.</p> <p>An observation on 06/26/2024 at 8:55 AM of LPN C performing wound care on Resident 17's right buttock open area. LPN C gathered supplies, washed their hands with soap and water for six seconds then rinsed the soap off. The LPN closed the door, put on gloves but no gown, and assisted the resident onto their right side. LPN C then touched the window curtain and the light switch light, pulled down Resident 17's pants and incontinence wear and placed an absorbent pad under the buttocks. LPN C changed their gloves without performing hand hygiene, and removed the old dressing. The LPN changed gloves and cleaned the wound with wound spray and gauze, reached back into the package of clean gauze with the soiled glove, cleaned the left buttock, and reached into package of clean gauze with the soiled glove again to get more gauze and patted the areas dry. LPN C removed the gloves, went into hall to the treatment cart by the door to get more supplies, then put on new gloves without performing hand hygiene. Resident 17 complained of nausea, so the LPN provided a towel. LPN C applied ointment to the open area on the right buttock using a cotton swab, and put on a new dressing, then pulled up the resident's incontinence wear and pants. Resident 17 did vomit, and without changing gloves the LPN picked up the towel and wiped the resident's face and arm with it, then adjusted the resident's position, and covered them with a light blanket. LPN C took their gloves off, moved the soiled towel using their bare hands, and washed their hands with soap and water for six seconds, then rinsed the soap off.</p> <p>An interview on 06/26/2024 at 9:10 AM with LPN C confirmed the LPN did not perform hand hygiene when changing gloves and should have, and that they should have changed gloves and performed hand hygiene between completing the dressing change and touching Resident 17's face. LPN C further confirmed they did reach into the package of clean gauze with a soiled glove and should not have, and that hand washing was supposed to be done for 20 seconds.</p> <p>E. An interview on 06/26/2024 at 1:49 PM with Medication Aide (MA) A revealed that MA A was unfamiliar with what EBP was.</p> <p>An interview on 06/26/2024 at 2:24 PM with Nurse Aide (NA) B revealed that NA B had not heard of EBP.</p> <p>An interview on 06/26/2024 at 3:52 PM with LPN C revealed that LPN C was unfamiliar with what EBP was.</p> <p>An interview on 06/27/2024 at 8:54 AM with the DON revealed the facility did not have a policy for EBP, and had not been implementing EBP for Resident 3, Resident 15, or Resident 17. The DON further confirmed that EBP should be in place for those residents due to them having open wounds.</p> <p>An interview on 06/27/2024 at 12:55 PM with the DON confirmed that hand washing should be done with soap and water for at least 20 seconds, and that sanitizer should be used between changing gloves.</p>		

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>48271</p> <p>Based on interview and record review the facility failed to employ a Infection Preventionist (IP) (a facility member that looks for patterns, observes, and educate staff on infection control and compiles infection data for the facility) at least part-time, that is not the Director of Nursing (DON). This had the potential to affect all 26 residents in the facility. The facility census was 26.</p> <p>Findings are:</p> <p>A record review of Licensed Personnel and Consultants sheet provided by the facility during survey revealed the Director of Nursing (DON) was listed as the DON and the Infection Control Coordinator.</p> <p>A record review of the Quality Assurance Performance Improvements (QAPI) Committee Members sheet provided during the survey revealed the DON was listed as the DON and the Infection Control Nurse.</p> <p>An interview on 6/26/24 at 1:30 PM with the DON confirmed they had not taken the course for the Infection Preventionist and was the full time DON at the facility. The DON further reported they were also doing the Infection Preventionist role full time in the facility. The DON reported a Licensed Practical Nurse (LPN) from the hospital has the training for Infection Control, however, has not overseen the infection control program at the facility.</p>