

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285246	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Christian Homes Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1923 West 4th Avenue Holdrege, NE 68949	

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 ensure the Skilled Nursing Facility Advance Beneficiary Notice (SNF ABN, a required notice of the cost of continuing to receive skilled services) and the Notice of Medicare Non-Coverage (NOMNC-a required notice allowing the resident to appeal the facility decision to end Medicare Part A coverage) were provided to Resident 3 and Resident 44 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 3 residents sampled for Advance Beneficiary Notification. The facility census was 61.</p> <p>Findings are:</p> <p>A. A record review of the SNF [Skilled Nursing Facility] Beneficiary Protection Notification Review form for Resident 3 revealed a Last Covered Day (LCD) for Medicare Part A services of 10/05/2024. A review of the SNF ABN for Resident 3 revealed a resident signature dated 10/07/2024.</p> <p>An interview on 12/03/2024 at 3:48 PM with the Social Services Director (SSD) confirmed that the SNF ABN and NOMNC were not signed within the required time frame prior to the LCD for Resident 3.</p> <p>B. A record review of the SNF Beneficiary Protection Notification Review form for Resident 44 revealed an LCD for Medicare Part A services of 11/03/2024. A review of the SNF ABN for Resident 44 revealed a resident signature dated 11/07/2024.</p> <p>An interview on 12/03/2024 at 3:09 PM with the SSD confirmed that the SNF ABN and NOMNC were not signed within the required time frame prior to the LCD for Resident 44.</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>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48271</p> <p>Licensure Reference Number 175 NAC 12-006.02(H)</p> <p>Based on record review and interview, the facility failed to report a suspected allegation of abuse to the state agency within the required time frame after a allegation was made and failed to report the follow-up investigation in the required 5 working days for 1 (Resident #53) out of 16 sampled residents. The facility census was 61.</p> <p>The findings are:</p> <p>A record review of the Christian Homes abuse policy and procedures revised January 2024 revealed the following:</p> <ul style="list-style-type: none"> -If the alleged abuser is a staff member: -If possible and reasonably safe to do so, ask for the employee's written statement -Allegations will be investigated and reported to the state. -The Administrator or the Director of Nursing will be responsible for ensuring the investigation and timely reporting to DHHS. Allegations will be investigated and reported to the Department of Health and Human Services. <p>A record review of Admission Record revealed Residents #53 was admitted on [DATE] with the diagnosis of Atrial Fibrillation(a heart condition that causes the upper chambers of the heart to beat irregularly and often very fast), Unspecified Psychosis not due to a substance or known physiological condition (a medical classification for psychosis symptoms that don't meet the criteria for a specific psychotic disorder), Depression (mental health condition that can impact a person's thoughts, feelings, behavior, and sense of well-being) , Hypothyroidism(thyroid gland doesn't produce enough thyroid hormone), Menieres disease (a chronic inner ear disorder that causes vertigo, tinnitus, hearing loss, and a feeling of fullness in the ear), Unspecified Convulsions (rapid involuntary muscle contractions), Chronic Kidney Disease(a condition where the kidneys are damaged and can't filter blood properly), hearing loss.</p> <p>A record review of the MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated Oct. 7th, 2024 revealed a BIMS (Brief Interview for Mental Status, a test used to get a quick snapshot of a resident's cognitive function, scored 0-15, the higher the score, the higher the cognitive function) score of 13 indicating cognitively intact.</p> <p>An interview on 12/3/24 at 10:12 AM with Family Member I revealed Resident # 53 had called Family Member I around the middle part of June 2024, and told the Family Member I that NA-H had been rubbing up against them in the bath house making Resident # 53 feel uncomfortable. Family Member I confirmed that they had called the facility to talk to the Assistant Director of Nursing (ADON) regarding what Resident # 53 had told Family Member I.</p> <p>(continued on next page)</p>

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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>A record review of the working schedule indicated that Nursing Assistant (NA)-H worked June 19, 2024 and worked June 22, 2024 a double shift 6:00 AM until 10:00 PM.</p> <p>An Interview on 12/03/24 at 11:30 AM was conducted with Licensed Practical Nurse (LPN)-F. During the interview LPN-F confirmed the facility staff were aware of the allegation of NA-H rubbing up against Resident #53 making Resident #53 uncomfortable.</p> <p>A record review of the facility reportable incidents revealed no report of the alleged abuse between Resident # 53 and NA-H in the last 6 months.</p> <p>A interview on 12/03/2024 at 11:45 AM was conducted with the Assistant Director of Nursing (ADON). During the interview the ADON confirmed Family Member I had reported Resident #53 had reported NA-H had rubbed up against Resident #53. The ADON confirmed a the allegation had not been reported to the required state agency and a investigation conducted and submitted to the state agency.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48271</p> <p>Licensure Reference Number 175 NAC 12-006.02(H)</p> <p>The facility staff failed to investigate an alleged incident of abuse for 1 (Resident 53) out of 16 sampled residents. The facility census was 61.</p> <p>The findings are:</p> <p>A record review of the Christian Homes abuse policy and procedures revised January 2024</p> <p>If the alleged abuser is a staff member:</p> <ul style="list-style-type: none"> -If possible and reasonably safe to do so, ask for the employee's written statement -Allegations will be investigated and reported to the state. -For allegations which do not involve a physical danger to the resident, the neighborhood charge nurse will consider the case and decide on one of the following options <ol style="list-style-type: none"> 1) to place the employee under the supervision of a supervisor or other staff member in the same or another section of the nursing home or to place in nonresident duties 2) to suspend and send the employee home ,pending further investigation. <p>The Administrator or the Director of Nursing will be responsible for ensuring the investigation and timely reporting to Department of Health and Human Services. Allegations will be investigated and reported to the Department of Health and human Services.</p> <p>A Record Review of Admission record revealed Residents# 53 was admitted on [DATE] with the diagnosis of Atrial Fibrillation (a heart condition that causes the upper chambers of the heart to beat irregularly and often very fast), Unspecified Psychosis not due to a substance or known physiological condition (a medical classification for psychosis symptoms that don't meet the criteria for a specific psychotic disorder), Depression (a mental health condition that can impact a person's thoughts, feelings, behavior, and sense of well-being), Hypothyroidism(thyroid gland doesn't produce enough thyroid hormone), Meniere's disease (a chronic inner ear disorder that causes vertigo, tinnitus, hearing loss, and a feeling of fullness in the ear), Unspecified Convulsions(rapid involuntary muscle contractions), Chronic Kidney Disease(a condition where the kidneys are damaged and can't filter blood properly), and Hearing loss.</p> <p>A record review of the MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated Oct. 7th, 2024 revealed a BIMS (Brief Interview for Mental Status, a test used to get a quick snapshot of a resident's cognitive function, scored 0-15, the higher the score, the higher the cognitive function) score of 13 indicating cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 12/3/24 at 10:12 AM with Family Member I confirmed Resident # 53 had called Family Member I around the middle part of June 2024, and told the Family Member I that NA-H had been rubbing up against them in the bath house making Resident # 53 feel uncomfortable. Family Member I confirmed that they had called the facility to talk to the Assistant Director of nursing (ADON) regarding what Resident # 53's allegation.</p> <p>An Interview on 12/3/24 at 09:30 AM with Medication aide (MA)-G confirmed Resident # 53 informed MA-G of what had taken place with NA-H and how Resident # 53 felt uncomfortable with NA-H. MA-G reported Resident # 53 concerns of alleged abuse to the Licensed Practical Nurse (LPN)-F.</p> <p>An Interview on 12/03/24 at 11:30 AM with LPN-F confirmed they did bring it up in risk management the following Monday. LPN-F confirmed that the facility was already aware of the alleged abuse.</p> <p>A record review of the facility reportable incidents revealed no report of the alleged abuse between Resident # 53 and NA-H in the last 6 months.</p> <p>An Interview on 12/03/24 at 11:45 AM with the ADON confirmed a investigation had not been conducted for the allegation NA-H had rubbed up against Resident #53 making Resident #53 uncomfortable.</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** 47312</p> <p>Licensure Reference Number 175 NAC 12-006.09B</p> <p>Based on record review and interview; the facility failed to ensure the Minimum Data Set (MDS-a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) reflected a Level II PASARR (Preadmission Screening and Resident Review -that is a federal requirement to help ensure that individuals are not inappropriately placed in nursing homes for long term care. Level 2 screening is triggered by evidence of a serious mental illness (SMI), Intellectual/Developmental Disabilities (ID/DD) or condition related to Intellectual or Developmental Disabilities (RC) as defined by Medicaid) for one (Resident 1) and failed to code the use of an antibiotic for one (Resident 35) of 16 sampled residents. The facility census was 61.</p> <p>Findings are:</p> <p>Review of the facility MDS and Comprehensive Care Plan policy, revised [DATE], revealed the following:</p> <p>-MDS: 3. All MDSs will be completed according to the CMS (Centers for Medicare and Medicaid Services) Resident Assessment Instrument (RAI) Manual.</p> <p>A. Review of Resident 1's PASARR Level 2 Outcome-Notification of NF (nursing facility), dated 1/5/17, revealed that Resident 1 met the PASARR criteria for a Level 2 evaluation for ID and SMI.</p> <p>Review of Resident 1's MDS, dated [DATE], revealed the following:</p> <p>-Is the resident currently considered by the state level II PASRR process to have serious mental illness and/or intellectual disability or a related condition, was marked No.</p> <p>Review of the MDS 3.0 RAI Manual v1.19.1, dated October 2024, revealed the following:</p> <p>-Code yes: if PASRR Level II screening determined that the resident has a serious mental illness and/or ID/DD or related condition</p> <p>An interview on 12/4/24 at 01:58 PM the MDS Consultant confirmed that Resident 1 did have a PASARR Level 2 evaluation for ID and SMI and that the MDS should have been marked yes.</p> <p>B. Review of Resident 35's October 2024 electronic Medication Administration Record (eMAR) revealed a new order received on 10/18/24 for Rifaximin (an antibiotic that works mainly in the digestive tract) 550 milligrams (mg) by mouth two times a day. Further review revealed that Resident 35 received the medication as ordered.</p> <p>Review of Resident 35's MDS, dated [DATE], revealed that that under the column Is taking, antibiotic was unchecked.</p> <p>Review of the MDS 3.0 RAI Manual v1.19.1, dated October 2024, revealed the following:</p> <p>(continued on next page)</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>-Antibiotic: Check if an antibiotic medication was taken by the resident at any time during the 7-day look-back period.</p> <p>An interview on 12/4/24 at 01:52 PM the MDS Consultant confirmed that antibiotic should have been checked as taken on Resident 35's MDS and was not checked.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 47312</p> <p>Licensure Reference Number 175 NAC 12-006.09(E)(i)</p> <p>Based on interview and record review, the facility failed to develop and implement a resident-centered comprehensive care plan (CCP-a written interdisciplinary comprehensive plan detailing how to provide quality care for a resident) that accurately reflected the care needs of the resident for 2 (Residents 3 and 35) of 16 sampled residents. The facility census was 61.</p> <p>Findings are:</p> <p>A. Review of Resident 35's admission Minimum Data Set (MDS- a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care), dated /21/23, revealed Resident 35 took the following classifications of medications: antidepressant (used to treat depression), antianxiety (used to treat anxiety) and anticoagulant (used to prevent/reduce blood clots).</p> <p>A review of Resident 35's CCP, dated 12/3/24, revealed no resident-centered care plan related to antidepressant, antianxiety and anticoagulant use.</p> <p>In an interview on 12/4/24 at 1:52 PM, the MDS Consultant confirmed that there was no care plan related to Resident 35's previously listed medication uses and that there should have been one.</p> <p>Review of the facility MDS and Comprehensive Care Plan policy, revised [DATE], revealed the following: MDS:</p> <p>-The comprehensive care plan may include the following areas/services as appropriate, but not limited to, to attain and maintain residents' highest level of functioning: e. Medication Management f. Mood and Behavior</p> <p>45484</p> <p>B.</p> <p>A record review of Resident 3's Admission Record printed 12/04/2024 revealed the resident was admitted on [DATE] and had diagnoses of heart failure, 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), chronic kidney disease, high blood pressure, neuromuscular dysfunction of the bladder (when a person lacks bladder control due to brain, spinal cord or nerve problems), and a history of infection with a multi-drug resistant organism (MDRO).</p> <p>A record review of Resident 3's Quarterly MDS dated [DATE] revealed the resident had 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 15, indicating they were cognitively intact.</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 - Few</p>	<p>During an interview on 12/03/2024 at 10:10 AM Resident 3 revealed they had had a fall, but did not remember the exact date. The resident stated they had dropped a piece of food, and fallen out of the recliner while reaching for it. Resident 3 stated they had not been hurt.</p> <p>A record review of the Incidents by Incident Type list dated 12/03/2024 revealed Resident 3 had an unwitnessed fall on 09/08/2024.</p> <p>A review of Resident 3's Progress Notes revealed a note from 09/08/2024 at 9:37 PM that stated the resident had been observed on the floor, complained of right hip, leg, arm and elbow pain, and went to the emergency room (ER). A follow-up note from 09/09/2024 at 1:56 AM stated the resident had returned and had no fractures.</p> <p>A record review of a Fall Risk Evaluation dated 07/31/2024 revealed that Resident 3 was at risk for falls.</p> <p>A review of Resident 3's CCP revealed a focus initiated 09/17/2024 that stated the resident was at risk for falls. The care plan did not address Resident 3's actual fall from 09/08/2024.</p> <p>In an interview on 12/05/2024 at 2:13 PM, the Assistant Director of Nursing (ADON) confirmed that Resident 3 had been identified as at risk for falls on 07/31/2024, but the care plan for falls had not been initiated until after the fall occurred.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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** 45484</p> <p>Licensure Reference Number 175 NAC 12-006.09(F)(iii)</p> <p>Based on observation, record review, and interview, the facility failed to revise the Comprehensive Care Plan to include the current use of a Positive Airway Pressure device for Resident 14 and Resident 62, and failed to revise the Comprehensive Care Plan for Resident 2 related to falls. This affected 3 of 16 residents reviewed for care plan revision. The facility census was 61.</p> <p>Findings are:</p> <p>A. A record review of Resident 14's Admission Record printed 12/04/2024 revealed Resident 14 was admitted to the facility on [DATE] and had diagnoses of dementia (a term for several diseases that affect memory, thinking, and the ability to perform daily activities), leukemia (a type of cancer involving the blood), type 2 diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), high blood pressure, irregular heartbeat, and obstructive sleep apnea (a common sleep disorder that occurs when the upper airway becomes blocked or narrows during sleep, interrupting breathing).</p> <p>A record review of Resident 14's Quarterly Minimum Data Set (MDS-a comprehensive assessment of each resident's functional capabilities) dated 10/30/2024 revealed that in Section O Special Treatments, Procedures, and Programs, question G1 Non-invasive Mechanical Ventilator, was marked under column b While a Resident. This category included both a BiPAP (Bilevel Positive Airway Pressure) and CPAP (Continuous Positive Airway Pressure), which are two kinds of breathing machines that keep the airway open by blowing pressurized air into it.</p> <p>A record review of Resident 14's Order Summary Report printed 12/04/2024 revealed Resident 14 had an order to wear a BiPAP at night and remove it in the morning with an order date of 09/07/2023.</p> <p>A record review of Resident 14's Comprehensive Care Plan (CCP- written instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care) with revealed the use of a BiPAP was not addressed.</p> <p>An interview on 12/05/2024 at 2:13 PM with the Assistant Director of Nursing (ADON) confirmed that Resident 14 did use a BiPAP, and that it was not addressed on Resident 14's CCP.</p> <p>48271</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 - Few</p>	<p>B). A record review of the Admission record for Resident # 2 printed on [DATE]rd 2024 revealed that Resident # 2 was admitted to the facility on [DATE] and had diagnoses of Major Depressive Disorder(a serious mental health condition that can significantly impact how a person feels, thinks, and functions in daily life), Generalized Anxiety Disorder(a mental health condition that causes people to experience excessive and persistent anxiety and worry about everyday things), Essential Hypertension(a type of high blood pressure that occurs without a clear cause), and Benign Prostatic Hyperplasia without lower Urinary Tract Symptoms(a non-cancerous condition that causes the prostate gland to enlarge).</p> <p>A record review of the Quarterly MDS dated [DATE] revealed in Section C , Resident # 2 had 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 cognitive intact.</p> <p>A record review of the Progress note dated 8/18/24 revealed Resident # 2 had fallen in their room with abrasions noted to the left temple.</p> <p>A record review of Resident #2's CCP dated 9/19/24 revealed the fall that had taken place on 8/18/24 had not been addressed on Resident #2's CCP.</p> <p>An interview on 12/3/24 at 10:00 AM with the Assisted Director of Nursing (ADON) confirmed Resident #2 fall occurred on 8/18/24. The ADON further confirmed Resident #2's CCP had not been updated related to the fall.</p> <p>C). A record review of Resident # 62 Admission Record with the printed date of 12/4/24 revealed Resident # 62 was admitted to the facility on [DATE] with the diagnosis of, Infection and Inflammatory reaction due to Cardiac Valve Prosthesis (infection that occurs on a surgically implanted heart valve, causing inflammation around the valve due to bacterial or fungal growth on the prosthetic material) , Obstructive Sleep Apnea(a common sleep disorder that occurs when the upper airway becomes blocked or narrows during sleep, interrupting breathing), Type 2 Diabetes Mellitus Without Complications (closely manages their type 2 diabetes, they can reduce their risk of developing any complications), Cervicalgia (neck pain), Acute Kidney Failure (a sudden decline in kidney function).</p> <p>Observation on 12/02/24 at 3:43 PM revealed the C-Pap(CPAP (Continuous Positive Airway Pressure, that keep the airway open by blowing pressurized air into it) tubing and nasal cannula were hanging off of Resident #62's tray table.</p> <p>Observation on 12/03/24 at 10:44 AM revealed the C-Pap machine remained on Resident #62's tray table.</p> <p>Observation on 12/04/24 at 9:19 AM revealed the C-Pap tubing and nasal cannula was hanging off Resident #62's tray table.</p> <p>A record review of the Clinical Physician Orders with the printed dated of 12/4/24 for Resident #62 revealed a order with a start date of 11/1/24 for the C-PAP per home settings.</p> <p>A record review of the CCP dated 9/19/24 revealed Resident #62's CCP did not address Resident # 62 usage of the C-PAP.</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 - Few</p>	<p>An interview on 12/4/24 at 12:59 PM with the ADON confirmed that Resident # 62 does use the C-PAP and the C-PAP was not on Resident #62's CCP.</p>		

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<p>F 0727</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>45484</p> <p>Licensure Reference Number 175 NAC 12-006.04(D)(i)</p> <p>Based on record reviews and interviews, the facility failed to designate a licensed Registered Nurse (RN) to work full time hours as the Director of Nursing. This had the potential to affect all residents in the facility. The facility census was 61.</p> <p>Findings are:</p> <p>A record review of the Archived Time Card Report forms for Registered Nurse (RN) E from 04/28/2024 to 08/03/2024 revealed RN E had clocked out at 4:40 PM on 05/01/2024, and had not clocked back in until 08/01/2024. The forms dated 05/12/2024 to 05/25/2024, 05/26/2024 to 06/08/2024, 06/09/2024 to 06/22/2024, 06/23/2024 to 07/06/2024, and 07/07/2024 to 07/20/2024 all had LOA hand written on them, meaning Leave of Absence.</p> <p>An interview on 12/03/2024 at 2:13 PM with the Director of Nursing (DON) confirmed that RN E had been the previous DON, and that RN E had gone on maternity leave in May 2024 for 12 weeks. The DON stated that while RN E was on leave, the Assistant Director of Nursing, who was a Licensed Practical Nurse (LPN) had been performing some of the responsibilities of the DON, the Administrator (ADM) had been performing some of the duties of the DON, and they had someone they could call.</p> <p>An interview on 12/03/2024 at 2:55 PM with the ADM confirmed that while the DON was on maternity leave, the ADON was the designee and RN E was available by phone.</p> <p>An interview on 12/03/2024 at 4:56 PM with the ADM confirmed that they were not a nurse.</p> <p>An interview on 12/04/2024 at 10:35 AM with the ADON confirmed the ADON was an LPN, and that the ADON was performing the responsibilities of the DON while RN E was on leave, such as meetings and managing staff. The ADON further confirmed that RN E was available by phone if the ADON needed to contact them.</p> <p>An interview on 12/05/2024 at 8:24 AM with the ADM confirmed the facility had not had an RN designated to perform the duties of the DON while the DON was on leave.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47312</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)</p> <p>Based on record review and interview, the facility failed to identify specific target behaviors for the use of an antidepressant (used to treat depression) medication for 5 (Residents 3, 35, 37, 44, 55), antianxiety (used to treat anxiety) medication for 2 (Residents 35 and 55) and an antipsychotic (used to treat psychosis) for 2 (Residents 44 and 55) of 5 residents reviewed for psychotropic (group of medications used to treat mental health disorders) medication use. The facility census was 61.</p> <p>Findings are:</p> <p>Review of the facility Psychotropic Medication Policy and Procedure, dated August 2018, revealed the following:</p> <p>-The facility supports the goal of determining the underlying cause of behavioral symptoms so the appropriate treatment of environmental, medical, and/or behavioral interventions, as well as psychopharmacological medications can be utilized to meet the needs of the individual resident.</p> <p>-Nursing: will monitor for the presence of target behaviors daily, charting by exception (i.e. charting only when the behaviors are present).</p> <p>A record review of the facility Psychotropic Medication Policy and Procedure dated August 2018 revealed the following:</p> <p>-Primary Care Physicians, PA or APN:</p> <ol style="list-style-type: none"> 1. Documents rationale and diagnosis for use and identifies target symptoms. 2. Orders for PRN psychotropic medications will be time limited (i.e., times 2 weeks) and only for specific clearly documented circumstances. <p>Nursing:</p> <ol style="list-style-type: none"> 1. Monitors psychotropic drug use daily noting any adverse effects such as increased somnolence or functional decline. 2. Will monitor for the presence of target behaviors on a daily basis charting by exception(i.e. charting only when the behaviors are present). <p>A. Review of Resident 35's current medication orders, dated 12/3/24, revealed the following orders:</p> <p>-Bupropion (antidepressant) 150 milligrams (mg) by mouth in the evening for depression</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Bupropion 300mg by mouth one time a day for depression</p> <p>-Cymbalta (antidepressant) Delayed Release 60 mg by mouth two times a day for depression</p> <p>-Buspirone (antianxiety) 30 mg by mouth two times a day for anxiety</p> <p>Review of Resident 35's Comprehensive Care Plan (CCP--a written interdisciplinary comprehensive plan detailing how to provide quality care for a resident) revealed no care plan related to Resident 35's psychotropic medication uses or any identification of targeted behaviors for the use of Resident 35's antidepressant and antianxiety medications.</p> <p>In an interview on 12/4/24 at 9:21 AM, Medication Aide (MA)-C revealed that targeted behaviors would be on the care plan.</p> <p>In an interview on 12/4/24 at 9:30 AM, Registered Nurse (RN)-D revealed they were unaware of the behaviors that were to be monitored related to Resident 35's psychotropic medication use.</p> <p>In an interview on 12/4/24 at 11:22 AM, the Assistant Director of Nursing (ADON) was unable to find any documentation in Resident 35's electronic health record (EHR) that identified the targeted behaviors for Resident 35's antidepressant and antianxiety medication use. The ADON confirmed that targeted behaviors needed to be identified for psychotropic medications so that they can be monitored for effectiveness of the medications.</p> <p>B. Review of Resident 37's current medication orders, dated 12/3/24, revealed the following order:</p> <p>-Sertraline (antidepressant) 100 mg by mouth in the evening related to depression</p> <p>Review of Resident 37's CCP revealed no identification of targeted behaviors for the use of Resident 37's antidepressant.</p> <p>In an interview on 12/4/24 at 9:21 AM MA-C revealed that targeted behaviors would be on the care plan.</p> <p>In an interview on 12/4/24 at 9:30 AM, RN-D revealed they were unaware of the behaviors that were to be monitored related to Resident 37's psychotropic medication use</p> <p>In an interview on 12/4/24 at 11:22 AM, the ADON was unable to find any documentation in Resident 37's EHR that identified the targeted behaviors for Resident 37's antidepressant medication use. The ADON confirmed that targeted behaviors needed to be identified for psychotropic medications so that they can be monitored for effectiveness of the medications.</p> <p>C. Review of Resident 44's current medication orders, dated 12/3/24, revealed the following:</p> <p>-Sertraline 75 mg by mouth in the evening related to depression</p> <p>-Quetiapine (antipsychotic) 25 mg by mouth at bedtime related to Alzheimer's disease</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 44's CCP revealed no identification of targeted behaviors for the use of Resident 44's antidepressant and antipsychotic medications.</p> <p>In an interview on 12/4/24 at 9:21 AM MA-C revealed that targeted behaviors would be on the care plan.</p> <p>In an interview on 12/4/24 at 9:30 AM, RN-D revealed they were unaware of the behaviors that were to be monitored related to Resident 44's psychotropic medication use</p> <p>In an interview on 12/4/24 at 11:22 AM, the ADON was unable to find any documentation in Resident 44's EHR that identified the targeted behaviors for Resident 44's antidepressant and antipsychotic medication use. The ADON confirmed that targeted behaviors needed to be identified for psychotropic medications so that they can be monitored for effectiveness of the medications.</p> <p>45484</p> <p>D. A record review of Resident 3's Admission Record printed 12/04/2024 revealed the resident was admitted on [DATE] and had diagnoses of heart failure, 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), chronic kidney disease, high blood pressure, depression, and Post-Traumatic Stress Disorder (PTSD, disorder that develops in some people who have experienced a shocking, scary, or dangerous event).</p> <p>A record review of Resident 3's Order Summary Report printed 12/04/2024 revealed the resident had an order for sertraline (an antidepressant) for depression.</p> <p>A record review of Resident 3's CCP revealed a care plan focus initiated 09/17/2024 that stated the resident uses psychotropic medications and is at risk for complications. There were no target behaviors listed in the care plan goal or interventions. Further review of the CCP revealed no mention of target behaviors.</p> <p>In an interview on 12/05/2024 at 12:02 PM the ADON confirmed there were no target behaviors identified in the CCP for Resident 3.</p> <p>48271</p> <p>E. A record Review of Admission record revealed Residents# 53 was admitted to the facility on [DATE] with the diagnosis of Atrial Fibrillation(a heart condition that causes the upper chambers of the heart to beat irregularly and often very fast), Unspecified Psychosis not due to a substance or known physiological condition (a medical classification for psychosis symptoms that don't meet the criteria for a specific psychotic disorder), Depression (mental health condition that can impact a person's thoughts, feelings, behavior, and sense of well-being) , Hypothyroidism(thyroid gland doesn't produce enough thyroid hormone), Menieres disease (a chronic inner ear disorder that causes vertigo, tinnitus, hearing loss, and a feeling of fullness in the ear), Unspecified Convulsions (rapid involuntary muscle contractions), Chronic Kidney Disease (a condition where the kidneys are damaged and can't filter blood properly), hearing loss.</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review of the Clinical Physician Orders printed 12/3/24 revealed an order with a start date of 10/26/24 for Ativan(slowing activity in the brain to allow for relaxation) 0.5 mg every 2 hours as need for Anxiety (a feeling of fear, dread, and uneasiness) by expressed by resident/seizure activity. There is no stop date noted in the order.</p> <p>An interview on 12/3/24 at 2:30 PM with the ADON confirmed the PRN (as needed) Ativan order should of had a stop date on it and it did not.</p> <p>F. A record review of the Admission record for Resident # 55 revealed Resident # 55 was admitted to the facility on [DATE] with the diagnosis of : Moderate Protein-Calorie Malnutrition (a condition that occurs when the body doesn't get enough calories or nutrients, such as vitamins and minerals, to be healthy), Anemia (a blood disorder that occurs when your body doesn't produce enough healthy red blood cells, or your red blood cells don't function properly), Dementia in other Disease classified elsewhere, mild with other Behavioral Disturbance (a person is presenting signs and symptoms of dementia and has a dementia diagnosis, but they lack any symptoms of behavioral disturbances) , Dementia in other Diseases Classified elsewhere Severe, with Anxiety (person is experiencing symptoms of dementia, which is not directly caused by a known primary dementia disease, but is likely a secondary symptom of another medical condition, and the severity of the dementia is not specified, while also showing significant symptoms of anxiety) , Depression(a persistent feeling of sadness and loss of interest and can interfere with your daily living), Unspecified Mental Disorder due to Known Physiological Condition(when various physical diseases or conditions create some form of mental health issue), Generalized Anxiety Disorder (a mental health condition that causes people to experience excessive and persistent anxiety and worry about everyday things), Alzheimer's Disease with Late Onset (the most common form of Alzheimer's disease, usually appearing after age 65) , Palliative Care (a medical specialty that helps people with serious illnesses manage their symptoms, cope with stress, and improve their quality of life).</p> <p>A record review of the clinical Physician orders with the printed date of 12/3/24 revealed an order for Buspirone HCL (used to treat anxiety disorders or in the short-term treatment of symptoms of anxiety) 10 mg every 24 hours as needed for Anxiety with the start date of 11/6/24 and no stop date for the Buspirone.</p> <p>An interview on 12/04/24 at 12:58 PM with the ADON confirmed that Buspirone should not be an PRN (as needed) order and that the Buspirone PRN should have a stop date and did not.</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>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), 175 NAC 12-006.18(D)</p> <p>Based on observations, record reviews and interviews, 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 personal hygiene, transferring, and care of indwelling medical devices such as catheters, 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]) and ensure hand hygiene was performed in a manner to prevent cross contamination during catheter cares for 1 Resident (Resident 3) of 2 residents sampled for catheter cares, and the facility failed to ensure the mask and water chamber for a Continuous Positive Airway Pressure (CPAP-a machine that keeps the airway open by blowing pressurized air into it) device were cleaned after use to prevent the potential for respiratory infections for 1 Resident (Resident 62) of 3 residents sampled for PAP device use. The facility census was 61.</p> <p>Findings are:</p> <p>A. A record review of Resident 3's Admission Record printed 12/04/2024 revealed the resident was admitted on [DATE] and had diagnoses of heart failure, 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), chronic kidney disease, high blood pressure, neuromuscular dysfunction of the bladder (when a person lacks bladder control due to brain, spinal cord or nerve problems), and a history of infection with a multi-drug resistant organism (MDRO).</p> <p>A record review of Resident 3's Order Summary Report printed 12/04/2024 revealed the resident had an order for a Foley catheter (a flexible tube that drains urine from the bladder into a collection bag outside the body) with an order date of 08/18/2024. Further review revealed the resident had an order dated 08/18/2024 for staff to wear a gown and gloves when changing the catheter due to the resident's history of an MDRO.</p> <p>A record review of Resident 3's Quarterly Minimum Data Set (MDS-a comprehensive assessment of each resident's functional capabilities) dated 11/25/2024 revealed in in Section H Bladder and Bowel question H0100A was marked for an indwelling catheter. Further review of the MDS revealed the resident had 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 15, indicating they were cognitively intact.</p> <p>An interview on 12/03/2024 at 10:21 AM with Resident 3 revealed the resident had had a catheter for at least five years. Resident 3 stated that staff wore gloves when changing and emptying the catheter and when performing catheter and peri cares (the process of washing the genital and anal regions), but they did not wear gowns during those procedures.</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>An observation on 12/03/2024 at 10:21 AM revealed Resident 3 had an indwelling catheter. There was no signage indicating the resident required EBP and no gowns available in the resident's room.</p> <p>An observation on 12/03/2024 at 3:40 PM revealed no signage for EBP and no gowns available in the resident's room.</p> <p>An observation on 12/04/2024 from 6:56 AM to 7:22 AM of peri cares and catheter cares revealed the following:</p> <p>-At 6:56 AM, Nursing Assistant (NA) A entered the room, did not perform hand hygiene, and put gloves on. The NA then turned off the call light, used their radio to call for further assistance, and assisted Resident 3 to put on makeup and jewelry while they waited for assistance. The NA did not put on a gown.</p> <p>-At 7:05 AM, Medication Aide (MA) B entered the room, did not perform hand hygiene, and put gloves on. The MA did not put on a gown.</p> <p>-At 7:09 AM, without performing hand hygiene, changing gloves, or putting on gowns, NA A and MA B raised Resident 3 up from the commode using the full lift. Resident 3 had had a bowel movement (BM), so NA A used peri wipes to wipe the resident's peri anal area. Resident 3 was transferred to bed using the full lift. NA A removed their gloves and, without performing hand hygiene, got a washcloth wet and put on new gloves. MA B changed their gloves without performing hand hygiene and used the wet washcloth to wipe the catheter tubing, then the labia (folds of skin around the vaginal opening), and then applied barrier cream to the labia.</p> <p>-At 7:16 AM both NA A and MA B washed their hands with soap and water.</p> <p>-At 7:20 AM NA A emptied the bedside commode of the BM.</p> <p>-At 7:22 AM Resident 3 was transferred to the wheelchair by NA A and MA B using the full lift. NA A did not perform hand hygiene between emptying the commode and assisting with the resident transfer. NA A and MA B did not wear gowns throughout the procedures of transferring the resident, performing peri-cares, or performing catheter cares.</p> <p>A record review of the facility's Hand Hygiene policy implemented 07/11/2023 revealed the following:</p> <p>2. Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table, and,</p> <p>6. Additional considerations:</p> <p>a. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves.</p> <p>(continued on next page)</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 - Few</p>	<p>A record review of the undated Hand Hygiene Table attached to the Hand Hygiene policy revealed conditions when hand hygiene should be performed included after handling contaminated objects; before applying and after removing personal protective equipment (PPE), including gloves; before performing resident care procedures; and when, during resident care, moving from a contaminated body site to a clean body site.</p> <p>A record review of the facility's Personal Protective Equipment policy implemented 07/11/2023 revealed that gloves should be changed, and hand hygiene should be performed between clean and dirty tasks and when moving from one body part to another.</p> <p>A record Review of the facility's Enhanced barrier Precautions policy implemented 07/11/2023 revealed the following statements:</p> <p>Enhanced Barrier Precautions refer to the use of gown and gloves for use during catheter changes or straight catheterization for residents known to be colonized or infected with a MDRO. and</p> <p>High contact resident care activities include catheter changes and straight catheterization.</p> <p>There was no mention in the policy of other high contact resident care activities, such as transferring, providing hygiene, assisting with toileting, wound care, or catheter cares.</p> <p>A record review of a note provided by the facility on 12/02/2024 revealed Christian Homes has no one on transmission based precautions at this time.</p> <p>A record review of Resident 3's 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 a focus initiated 11/06/2024 that stated the resident required EBP due to catheter use, and had an intervention dated 11/06/2024 to Maintain enhanced barrier precaution as indicated when providing care to catheter.</p> <p>In an interview on 12/05/2024 at 1:06 PM the Assistant Director of Nursing (ADON) confirmed their policy for EBP did not address emptying catheters, wound care, personal hygiene, or performing peri cares or catheter cares and that they had not implemented EBP with activities other than catheter changes or straight catheterization. The ADON further confirmed that PPE was not readily available in the resident's room, but was available in the storeroom. The ADON confirmed that Resident 3 should be in EBP due to the presence of the indwelling catheter. The ADON further confirmed that NA A should have performed hand hygiene prior to providing care, when changing gloves, and when going from the peri-anal cares to perineal cares.</p> <p>48271</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285246	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Christian Homes Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1923 West 4th Avenue Holdrege, NE 68949	
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>B. A record review of Resident # 62 Admission Record with the printed date of 12/4/24 revealed Resident # 62 was admitted to the facility on [DATE] with the diagnosis of, Infection and Inflammatory reaction due to Cardiac Valve Prosthesis (infection that occurs on a surgically implanted heart valve, causing inflammation around the valve due to bacterial or fungal growth on the prosthetic material) , Obstructive Sleep Apnea(a common sleep disorder that occurs when the upper airway becomes blocked or narrows during sleep, interrupting breathing), Type 2 Diabetes Mellitus Without Complications (closely manages their type 2 diabetes, they can reduce their risk of developing any complications), Cervicalgia (neck pain), Acute Kidney Failure (a sudden decline in kidney function).</p> <p>An observation on 12/02/24 at 3:43 PM of the C-Pap(CPAP (Continuous Positive Airway Pressure, that keep the airway open by blowing pressurized air into it tubing) tubing and nasal cannula hang off the tray table with water in the chamber.</p> <p>An observation on 12/03/24 at 10:44 AM of Resident #62's C-Pap machine revealed water in the water chambers.</p> <p>An observation on 12/04/24 at 9:19 AM of Resident #62's C-Pap machine revealed water was in the water chamber.</p> <p>A record review of the Clinical Physician orders with the printed date of 12/4/24 record revealed an order to Empty and was CPAP Humidity Reservoir every Am with Antibacterial Dish Soap and water. Rinse Thoroughly and air dry.</p> <p>An interview on 12/04/24 at 10:34 AM with the ADON confirmed that the C-Pap humidity reservoir had not been cleaned and it should of been cleaned daily.</p> <p>A record review of undated CPAP/BIPAP cleaning revealed the following:</p> <p>Policy:</p> <p>It is the policy of the facility to clean CPAP/BIPAP equipment in accordance with current CDC guidelines and manufacturer recommendations in order to prevent the occurrence or spread of infection:</p> <p>-1) CPAP/BIPAP equipment may vary from manufacturer. Common equipment includes the machine, tubing, masks, headgear/straps/disposable/non disposable filters and humidifier chamber.</p> <p>-2 If humidification if required, distilled or sterile water will be used to fill he humidifier chamber. Empty the chamber completely after each use and wipe dry.</p> <p>-3 Clean mask frame daily after use with CPAP cleaning wipes or soap and water. Dry well, Cover with plastic bag or completely enclosed in machine storage when not in use.</p>		