

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2024
NAME OF PROVIDER OR SUPPLIER St. Joseph's Villa, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 927 Seventh Street David City, NE 68632	

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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48271</p> <p>Licensure Reference Number 175 NAC 12-006.09B</p> <p>Based on record review, observation, and interview, the MDS (Minimum Data Set, a federally mandated assessment used for care planning) did not reflect the use of a C-PAP (continuous positive airway pressure, a machine that treats sleep-related breathing disorders by keeping airways open during sleep) for 1 (Resident 28) of 12 sampled residents. The facility census was 47.</p> <p>Findings are:</p> <p>A record review of the Admission Record with a list of diagnosis of a printed date of 8/29/24 revealed diagnosis of Paranoid Schizophrenia (is characterized by paranoia, delusions, and hallucinations), Chronic Respiratory Failure with Hypercapnia(a condition that occurs when the body has too much carbon dioxide (CO2) in the blood and can't get rid of it.), Morbid (severe) obesity with Alveolar Hyperventilation(A decrease in the body's ability to ventilate), obesity (an excessive accumulation of body fat that can negatively impact health), obstructive sleep apnea (a sleep condition that occurs when the upper airway becomes blocked during sleep, interrupting breathing), and Parkinsonism (a general term for a group of conditions that cause similar symptoms).</p> <p>An observation on 08/28/24 11:08 AM revealed in Resident 28 room there was a C-pap mask and tubing connected to machine and hanging from built in dresser in a basket.</p> <p>An observation on 08/29/24 10:40 AM revealed in Resident 28 room there was a C-pap mask and tubing connected to machine and hanging from built in dresser in a basket laying on top of unopened potato chip bag.</p> <p>A record review of the Medication Administration record for the month of August 2024 revealed an order for the C-PAP at bedtime for sleep apnea, with signatures indicating that Resident 28 wore the C-PAP nightly.</p> <p>A record review of the MDS dated [DATE] in Section O Special Treatments, Procedures and Programs was marked as None of the Above for the C-PAP.</p> <p>An interview on 8/29/24 at 3:30 PM with the MDS-C confirmed that the C-PAP should have been marked on the MDS and it wasn't marked on the MDS.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2024
NAME OF PROVIDER OR SUPPLIER St. Joseph's Villa, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 927 Seventh Street David City, NE 68632	
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>48271</p> <p>Based on record reviews and interview, the facility failed to ensure that PASARR (Readmission Screening Resident Reviews) for individuals with a mental disorder or intellectual disability were accurately completed to determine if a Level 11 PASARR review was warranted for 1 (Resident #28) of 12 sampled residents. The facility census was 47.</p> <p>Findings are:</p> <p>A record review of Resident 28 Admission MDS (Minimum Data Set, a federally mandated comprehensive assessment tool used for care planning), dated 7/17/24, revealed that Resident 28 had diagnoses including Schizophrenia (a serious mental illness that affects a person's thoughts, feelings, and behaviors). Further review revealed that Resident 28 had not been evaluated by Level 11 as indicated with a serious mental illness(health conditions involving changes in emotion, thinking or behavior (or a combination of these) diagnosis.</p> <p>A record review of the current PASRR evaluation dated 7/1/24 revealed that Section 111 PASRR Conditions:1. Mental Illness or suspected Mental Illness (all that apply) was answered No mental health diagnosis is known or suspected.</p> <p>An interview on 8/29/24 at 10:00 AM with the MDS-C confirmed that Resident 28 was admitted with the mental illness diagnosis and was not referred for a Level 11 PASARR to ensure that the facility could meet Resident 28 needs.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2024
NAME OF PROVIDER OR SUPPLIER St. Joseph's Villa, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 927 Seventh Street David City, NE 68632	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47406</p> <p>Licensure Reference Number 175 NAC 12-006.09D6(7)</p> <p>Based on interviews, record reviews, and observations, the facility failed to obtain a physician order for 1 (Resident 25) of 1 sampled resident continuous positive airway pressure (CPAP, is a machine that uses mild air pressure to keep breathing airways open while you sleep). The facility census is 47.</p> <p>Record review of Resident 25's Admission Record revealed Resident 25 admitted on [DATE].</p> <p>Record review of MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 6/6/24 revealed in Section C: Resident 25's 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) scored 14. Section O revealed using a non-invasive ventilator.</p> <p>Record review on 8/28/24 revealed there was no order for a CPAP.</p> <p>Record review of a Physician referral form dated 8/31/24 revealed diagnosis for CPAP is Obstructive Sleep Apnea.</p> <p>An interview on 8/28/24 at 9:45 AM with Resident 25 revealed Resident 25 wears a CPAP with oxygen all the time due to shortness of breath.</p> <p>An interview on 8/29/24 at 1:00 PM with Resident 25's family member revealed Resident 25 was sitting in wheelchair with CPAP and O2 on. The family member further revealed the resident has used a CPAP before they were admitted .</p> <p>An observation on 9/3/24 at 8:41 AM revealed Resident 25 was lying in bed with CPAP and O2 on.</p> <p>An observation on 9/4/24 at 8:20 AM Resident 25 was lying in bed with CPAP and O2 on.</p> <p>An interview with the Director of Nursing (DON) on 8/29/24 at 1:38 PM confirmed that the facility did not have an order for Resident 25's CPAP.</p> <p>An interview on 9/4/24 at 8:56 AM with DON revealed Resident 25 has used the CPAP since admission.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2024
NAME OF PROVIDER OR SUPPLIER St. Joseph's Villa, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 927 Seventh Street David City, NE 68632	
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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48271</p> <p>Licensure Reference Number 175 NAC 12-006.18(B)</p> <p>Licensure Reference Number 175 NAC 12-006.18 (D)</p> <p>Based on record review, observations and interview, the facility failed to provide Enhanced Barrier Precautions(EBP, involves wearing specific personal protective equipment (PPE), such as gowns and gloves, during high-contact care activities) to Residents 13, 14, 21, 25, 41 and 50, and the facility failed to provide storage/cleaning to the respiratory equipment to prevent cross contamination for Residents 41 and 28 and the facility failed to perform hand hygiene cares for wound care and catheter cares for Resident 14 and Resident 25 to prevent cross contamination for 4 sampled residents out of 24 sampled residents. The facility census was 47.</p> <p>Findings are:</p> <p>A.</p> <p>A record review of Resident's on Enhanced Barrier Precautions with no dated noted provided by the facility upon entry revealed that Resident 13, 50, 14, 41, 25 ,21 were on the list for Enhanced Barrier Precautions.</p> <p>An observation on 08/28/24 at 09:22 AM revealed that Resident 41, 25, 21 with catheter bag hanging from bed frame with urine in catheter bag touching the floor. There was no cover over the catheter bag. There was no Enhanced Barrier Precautions in Resident 41, 25 and 21 rooms for the catheter cares.</p> <p>An observation on 8/28/24 at 10 AM revealed that in Resident 13, 50 and 14 rooms there was no Enhanced Barrier Precautions for wound cares.</p> <p>A record review of in-service for Enhanced Barrier Precaution at the facility revealed a due date of June 1, 2024.</p> <p>An interview on 08/29/24 at 10:18 AM with the Director of Nursing (DON) confirmed that there are no enhanced barrier precautions in rooms with catheters, or wound care. DON confirmed that the facility just finished a policy and procedure on enhanced barrier precautions, got it signed for approval and will have an in-service on the enhanced barrier precautions and get the supplies to the rooms needed.</p> <p>B.</p> <p>An observation on 08/28/24 at 11:08 AM in Resident 28's room revealed a C-PAP(continuous positive airway pressure, a machine that treats sleep-related breathing disorders by keeping airways open during sleep) machine that the mask and tubing connected to machine was hanging from built in dresser in a basket.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2024
NAME OF PROVIDER OR SUPPLIER St. Joseph's Villa, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 927 Seventh Street David City, NE 68632	
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 - Some</p>	<p>An Observation on 08/29/24 at 9:30 AM in Resident 28's room revealed a C-PAP machine with the mask and tubing connected to machine was hanging from built in dresser in a basket laying on top of unopened potato chip bag .</p> <p>Record review of the Policies and Procedures dated 19/2020 revealed:</p> <p>CPAP/BIPAP cleaning: Cover with plastic bag or completely enclosed in machine storage when not in use.</p> <p>C.</p> <p>A record review of the Admission Record with the printed date of 9/3/24 for Resident 41 revealed the diagnoses of pressure ulcer of buttocks(injuries to the skin and underlying tissue that occurs when the area of skin is under pressure for a prolonged period of time), chronic obstructive pulmonary disease (a lung disease that causes breathing difficulties by damaging the lungs and airways)and candidiasis of skin and nails(yeast infection that can affect the skin and nails).</p> <p>An observation on 08/29/24 at 9:30 AM in Resident 41's room revealed a nebulizer machine(a nebulizer or nebuliser is a drug delivery device used to administer medication in the form of a mist inhaled into the lungs) sitting on recliner with no barrier and the nebulizer mouthpiece and tubing was sitting on the side of nebulizer machine with no barrier.</p> <p>An observation on 09/03/24 at 1:35 PM in Resident 41's room revealed a nebulizer machine was sitting on the recliner with no barrier and nebulizer mouthpiece and tubing with no barrier was lying on recliner seat.</p> <p>An interview on 09/03/24 at 1:46 PM with the DON confirms that the DON's expectations are the nebulizer equipment is to be cleaned and stored after use and the C-PAP/BiPAP are to be cleaned and stored to prevent contamination and they are not being cleaned after each use and stored to prevent contamination.</p> <p>A record review of the Policies and Procedures for the Nebulizer Therapy dated 1/11 revealed:</p> <p>It is the policy of this facility for nebulizer treatments, once ordered to be administered by nursing staff as directed using proper technique and standard precautions.</p> <p>Under the section Care of the equipment revealed to store the nebulizer cup and the mouthpiece in a zip lock bag.</p> <p>D.</p> <p>A record review of the Admission Record dated 9/3/24 for Resident 14 revealed the diagnoses of acquired absence of left leg below the knee amputation (removing the knee joint and part of the upper and lower leg), Amputation of the right toes (removing the toes), and Peripheral Vascular Disease.</p> <p>A record review of the Medication Administration Record for the month of August 2024 for Resident 14 revealed a Physician's Order for the right-foot, wash with soap and water, apply tap water moistened TheraBand(a dressing to promote healing) to wound bed and cover with dry dressing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2024
NAME OF PROVIDER OR SUPPLIER St. Joseph's Villa, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 927 Seventh Street David City, NE 68632	
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 - Some</p>	<p>An observation on 9/3/24 at 3:30 PM revealed that the Licensed Practical Nurse (LPN)-B was preparing to do the wound care dressing change to the right foot for Resident 14. LPN-B did not perform hand hygiene when entering the resident's room or before gathering the supplies. LPN-B gathered a 4x4 gauze, wound cleanser bottle, and 3 x 3 gauze and the kerlix wraps and laid the supplies on the bed with no barrier down. LPN-B then took out gloves from [genders] scrub shirt pocket. LPN-B applied the gloves and removed the old dressing from Resident 14's right foot. LPN-B then removed [gender] gloves and applied a new pair of gloves from [gender] scrub pocket without performing hand hygiene. LPN-B then took the 4x4 gauze and wound cleanser and cleaned the wound. LPN-B then removed the gloves and did not perform hand hygiene and took another set of gloves out of [gender] scrub shirt pockets and applied the gloves to [gender] hands and with the 3 x 3 gauze covered the wound. The LPN-B did not perform hand hygiene after completion of the wound care dressing change.</p> <p>An interview on 9/3/24 at 3:45 PM with LPN-B confirmed that [gender] should have performed hand hygiene before and after the wound care. The LPN-B confirmed that [gender] should have gotten the gloves out of the glove box and not [genders] scrub shirt pocket to prevent infection. The LPN-B confirmed that [gender] should have put a barrier down for the clean dressings and did not.</p> <p>An interview on 09/04/24 at 9:55 AM with the DON confirmed that the DON expectations of wound care is to wash hands prior to the start of wound cares and after wound cares, and to place a barrier down for the dressings and to wash hands in between changing of gloves and that that had not been done.</p> <p>47406</p> <p>E.</p> <p>Record review of Resident 25's Admission Record revealed Resident 25 admitted on [DATE].</p> <p>Record review of MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 6/6/24 revealed in Section C: Resident 25's 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) scored 14. In Section H revealed having an indwelling catheter (is a flexible tube used to empty the bladder and collect urine in a drainage bag).</p> <p>Record review of Resident 25's Physician Order dated 6/29/24 revealed diagnosis for catheter is neuromuscular dysfunction of bladder.</p> <p>Record review of Resident 25's Care Plan revealed Resident 25 has an indwelling catheter per resident/family request. Resident 25 has a 16fr (French is the size of a catheter) indwelling catheter. Position catheter bag and tubing below the level of the bladder and away from entrance room door.</p> <p>Observations on 8/28/24 at 9:45 AM revealed Resident 25 has a catheter drainage bag hanging on the bed frame with urine side facing the door of the room. There were no EBP in or by the resident's room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285249	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/04/2024
NAME OF PROVIDER OR SUPPLIER St. Joseph's Villa, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 927 Seventh Street David City, NE 68632	
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 - Some</p>	<p>Observation of Resident 25's catheter cares on 9/3/24 at 11:43 AM with Medication Aide (MA)-A. EBP was hanging on back of door. MA-A did not put on any personal protective equipment in the EBP. MA-A washed hands with soap and water then donned (put on) gloves. MA-A then removed the brief tabs to bare the resident's peri (genital) area. Next MA-A cleansed the right groin with a cleansing wipe and then with the same wipe went directly to the resident's urinary meatus (urethral opening) and wiped the meatus. MA-A then got a new wipe, folded the wipe and wiped the left groin, then folded the wipe and cleansed the right groin. MA-A took a new wipe and cleansed the left groin again then with the same wipe went directly to the urinary meatus and wiped the [NAME] and continued wiping down the catheter tubing. MA-A then changed gloves and did not complete hand hygiene between the glove change. Next MA-A went to the bathroom to get a graduate container and alcohol wipes. MA-A cleansed the drainage bag valve with an alcohol wipe and drained urine into the graduate container. MA-A then used a new alcohol wipe and cleansed the valve again and attached it to the bag. MA-A emptied the container of urine in the toilet. MA-A changed gloves and did not complete hand hygiene between the glove change, and applied a clean brief to the resident. MA-A then removed gloves and performed hand hygiene with hand sanitizer gel and took trash to the hopper room.</p> <p>Interview with MA-A on 9/3/24 at 11:54 AM revealed that MA-A should have cleansed hands between glove changes, cleaned the catheter tubing with a new wipe each time and to use the EBP. MA-A said [gender] didn't know the EBP was there or was supposed to use it.</p> <p>Interview with DON on 9/3/24 at 11:56 AM revealed MA-A should have cleansed hands in between the glove changes, use a clean wipe for the catheter tubing, and used EBP with doing catheter cares.</p> <p>Record review of Catheter Care Policy dated/signed 11/12/2019 revealed:</p> <p>Policy Statement-It is the policy of this facility to provide catheter care to all residents that have an indwelling catheter in an effort to reduce bladder and kidney infections.</p> <p>Procedure as follows:</p> <ul style="list-style-type: none"> -Gently expose the urinary meatus. -Wipe from front to back with a clean cloth moistened with water and perineal cleaner (soap). -Use a new part of the cloth or different cloth for each side. -With a new moistened cloth, starting at the urinary meatus moving out, wipe the catheter making sure to hold the catheter in place so as to not pull on the catheter. 		