

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/27/2024
NAME OF PROVIDER OR SUPPLIER Blue Valley Lutheran Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 220 Park Avenue Hebron, NE 68370	

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>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** 50253</p> <p>Licensure Reference NUmber 175 NAC 12-006.09D3</p> <p>Based on Interview and record review the facility failed to ensure the facility bowel management program was followed for 1 (Resident 30) of 1 sampled residents. This affected 1 resident (Resident 30). The facility census was 31.</p> <p>Findings are:</p> <p>A record review of the facility Bowel Management Program which is not a dated document, revealed the following Bowel Movement (BM) protocol:</p> <ul style="list-style-type: none"> -If no BM, on second day: prune juice breakfast and PRN (as needed) lunch. -If no BM end of day 2: MOM (milk of magnesia - a medication to induce a BM). -May use judgement. May try two doses of MOM and then if no results. -If no BM by last night rounds (04:00 AM to 05:00 AM) of day 3: suppository. <p>A record review of the Minimum Data Set (MDS, a comprehensive assessment of each resident's functional capabilities to help nursing home staff identify health problems) dated 4/25/2024 for Resident 30 revealed a Brief Interview for Mental Status (BIMS, a brief screening tool that aides in the detection of cognitive impairment) score of 5 indicating severe cognitive impairment. Resident 30 takes antipsychotic (medications are generally used to treat the symptoms of schizophrenia and other psychotic disorders) and an antianxiety (medications used to treat symptoms of anxiety, such as feelings of fear, dread, uneasiness, and muscle tightness, that may occur as a reaction to stress) medication. The MDS also revealed a diagnosis for Non-Alzheimer's Dementia (several diseases such as Lewy body dementia, vascular or multi-infarct dementia; mixed dementia; frontotemporal dementia such as Pick's disease; and dementia related to stroke, Parkinson's or Creutzfeldt-[NAME] diseases.) There is no indication in the MDS that the resident has a diagnosis of constipation.</p> <p>A record review of the Care Plan dated and last revised on 1/24/2024 for Resident 30 revealed a diagnosis of Constipation had been added to Resident 30's Care Plan but had not been addressed in the care plan for interventions, treatments, and expected outcomes. The Care Plan revealed that Resident 30 is cognitively impaired.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of the Care Plan last revised on and dated 5/2/2024 for Resident 30 revealed no interventions in place for Resident 30's constipation.</p> <p>A record review of the Physician Orders for Resident 30 revealed an order for Senna-S 8.6/5 mg (milligrams) one tablet daily for constipation which had a start date of 11/16/2023. There is also an order for Milk of Magnesia (MOM, milk of magnesia - a medication to induce a BM) to be given PRN (as needed) for constipation and an order for Bisacolax Suppository (a medication that aides in the relief of constipation) 10 mg to be given PRN with a start date of 11/16/2023 for constipation.</p> <p>A record review of the Follow Up Question reports for April 2024 revealed Resident 30 did not have a BM through the following dates:</p> <ul style="list-style-type: none"> -On April 1 Resident 30 had a BM. No further BM was documented until April 4. -On April 6 Resident 30 had a BM. No further BM was documented until April 9. -On April 9 Resident 30 had a BM. No further BM was documented until April 12. -On April 12 Resident 30 had a BM. No further BM was documented until April 15. -On April 26 Resident 30 had a BM. No further BM was documented until April 30. <p>A record review of the Medication Administration Record for the month of April 2024 revealed Resident 30 received MOM on the following dates:</p> <ul style="list-style-type: none"> -April 29 on day two per the facility bowel protocol. -April 30 on day three per the facility bowel protocol. <p>A record review of the Follow Up Question reports for the month of May 2024 revealed Resident 30 did not have a BM through the following dates:</p> <ul style="list-style-type: none"> -On April 30 Resident 30 had a BM. No further BM was documented until May 5. -On May 12 Resident 30 had a BM. No further BM was documented until May 16. -On May 16 Resident 30 had a BM. No further BM was documented until May 20. <p>A record review of the Medication Administration Record for the month of May 2024 revealed Resident 30 received MOM, and Bisacolax suppositories on the following dates:</p> <ul style="list-style-type: none"> -May 2, day two, per the facility bowel protocol, Resident 30 should have received MOM and didn't. -May 3, day three, Resident 30 recieved MOM. -May 4, day four, Resident 30 recieved MOM. -May 5, day five, Resident 30 received a suppository at 5:00 AM. <p>(continued on next page)</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>-May 16, day four Resident 30 received MOM.</p> <p>-May 20, day four, Resident 30 received a suppository at 5:00 AM.</p> <p>-May 24, day two, Resident 30 received MOM.</p> <p>-May 29, day four, Resident 30 received MOM.</p> <p>A record review of Resident 30's Physician Orders dated 5/22/2024 revealed an order to increase the Senna-S 8.6/5 mg to two tablets every morning.</p> <p>A record review of the Follow Up Question reports for June 2024 revealed Resident 30 did not have a BM through the following dates:</p> <p>-On June 5 Resident 30 had a BM. No further BM was documented until June 8.</p> <p>A record review of the Medication Administration Record for the month of June 2024 revealed the resident had not received any PRN medications for constipation whereas according to policy Resident 30 should have received MOM on June 5 and June 6.</p> <p>A record review of the Health Status Notes during the months of April 2024, May 2024, and June 2024 in the Progress notes show that the issues of constipation were not addressed except on the date of 5/21/2024 when the staff had asked the Physician for an order to increase the Senna-S for constipation issues. This order was received and started on 5/22/2024.</p> <p>In an interview on 6/26/24 at 10:40 AM with Registered Nurse-D (RN-D) explains how the facility nurses use the BM Protocol. Night nurses fill out the form so the day shift nurses are able to start the protocol at breakfast as needed. Night nurses fill out who has not had a BM in the last 2 days and then we start the protocol and follow it until we have results. Sometimes the nurses will ask the Nurses' Aides that are working with the patients if they have forgotten to chart any BM's. If they have forgotten or not gotten a BM in the charts, the Nurses' Aides are to enter them right away. The example given was that if a resident had a BM on Sunday, and there was no BM on Monday, then on Tuesday the resident would receive prune juice with meals. Tuesday night if there was still no BM, the resident would receive an ordered dose of MOM. Finally on Wednesday if the resident remained constipated with no results staff are able to give another dose of MOM or give a suppository. Confirmed how to use the BOWEL program, how the staff documents, and that there was no MOM or SUPP done when should have been per the facility policy and procedure.</p> <p>In an interview on 6/26/2024 at 10:55 with Assistant Director of Nursing (ADON). The ADON stated that the BM's are reviewed by the night shift nurses who then fill out the paperwork for the Bowel Protocol. Confirmed that by looking through the MARS and then looking through the BM's that have been charted that this resident should have received multiple different doses of medications on days the facility Bowel program required medication. On these dates and times, no medications were charted. The ADON also confirmed that the Interdisciplinary team reviews the Bowel habits of the residents every week during the risk management assessment. After increasing the Senna in May, the resident has had fewer issues with constipation. Confirmed the facility staff were not following bowel program as the facility policy and procedure directs staff. Confirmed that the information is not contained on the comprehensive patient centered care plans.</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** 41938</p> <p>Licensure Reference Number 175NAC 1-005.06(A)</p> <p>Licensure Reference Number 175NAC 1-005.06(D)</p> <p>Licensure Reference Number 175NAC 1-005.06(F)</p> <p>Based on record review and interview the facility failed to ensure that the policy for infection control was reviewed and updated annually. This had the potential for the policy to not include current and up to date recommendations for infection control. This had the potential to affect all facility residents. The facility failed to complete catheter and wound cares cares for Resident 26 in a manner to prevent cross contamination. The facility census was 31.</p> <p>Findings are:</p> <p>A.</p> <p>Record review of the Facility assessment dated [DATE] revealed that the services and care offered included Infection Prevention and control. Identification and containment of infections, and prevention of infections. A facility must include as part of its infection prevention and control program mandatory training that includes the written standards, policies, and procedures for the program.</p> <p>Record review of the facility Infection Policy dated 7/2007 revealed that all staff engaged in direct patient care shall be instructed in correct techniques and be familiar with the facility's established infection control policies and procedures. The policy had no documentation of annual review.</p> <p>Interview on 6/26/24 at 4:55 PM with the facility Social Services Director (SSD) confirmed that the facility Infection Policy had not been reviewed and updated annually as required to ensure it was up to date with current infection control standards.</p> <p>49382</p> <p>B.</p> <p>Review of a facility policy titled Catheter Care Procedure dated 06/12/2023 revealed to cleanse area by the catheter (which is a tube inserted into the bladder to drain urine) insertion site with a clean wipe. Then, to clean the catheter tubing with alcohol wipes and wiping area closest to the resident body first then away from the body.</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>In an observation completed on 6/26/2024 at 8:21 AM Medication Aide-E (MA-E) was providing catheter cares to Resident 26 while [gender] was lying in the bed. MA-E had gloves on both of [gender] hands and removed a disposable wipe from the package. MA-E dispensed from a plastic pump bottle 2 pumps of a white foam onto the disposable wipe. MA-E then used the disposable wipe to wipe around the tip and down the shaft towards the abdomen of Resident 26's penis. MA-E then used the wipe starting at the tip of the penis to wipe down the catheter tubing away from the resident's body approximately 4 inches down the catheter tubing. MA-E repeated this action using the same section of the disposable cloth 3 times. MA-E then disposed of the cloth into a trash bag.</p> <p>In an interview on 6/26/2024 at 8:50 AM with MA-E, confirmed that a different section of the cloth should have been used for each wipe of the catheter tubing.</p> <p>In an interview on 6/27/2024 at 9:30 AM with the Assistant Director of Nursing (ADON), confirmed the facility policy was to cleanse the catheter tubing with an alcohol wipe not a disposable wipe.</p> <p>C.</p> <p>Review of a facility policy titled Wound Care dated 01/2002 revealed:</p> <ul style="list-style-type: none"> -Establish a clean field, place all items to be used during procedure on the clean field. -Wash and dry your hands thoroughly. -Loosen tape and remove old dressing, pull the glove over the dressing and discard into appropriate receptacle. Wash and dry your hands thoroughly. -Wash tissue around the wound with antiseptic or soap and water. -Be certain all clean items are on the clean field. <p>Review of a facility policy titled Hand Washing for all Healthcare Workers dated 08/01/2011 revealed under procedure using friction, wash entire surface of hands for 20 seconds.</p> <p>In an observation on 6/26/2024 at 11:21 AM the following was observed during wound care being completed by the facility Infection Control Coordinator (ICC):</p> <ul style="list-style-type: none"> -The ICC placed a clear plastic medication cup with a piece of white material in it, a pair of silver scissors, a roll of white tape, and an open package containing a dark gray foam material on Resident 12's bedside table. The bedside table was not sanitized or did not contain a barrier prior to ICC placing the wound supplies on the table. -The ICC removed the dressing from Resident 12's right foot. The ICC examined the dressing then placed the removed dressing on top of the scissors laying on the bedside table. -The ICC removed their gloves and performed hand hygiene with soap and water in the resident's bathroom for 5 seconds. <p>(continued on next page)</p>		

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