STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285267	A. Building B. Wing	07/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Louisville Care Center	410 West 5th Street Louisville, NE 68037

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)
F 0689 Level of Harm - Actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17285 Licensure Reference Number 175 NAC 12-006.09(I) Based on observation, record review and interview; the facility failed to evaluate Resident 1's risk for hot liquid burns which resulted in a burn from a hot coffee spill. A total of 3 residents were reviewed for burn risk. The facility census was 38. Findings are: Record review of a facility policy entitled Hot Liquid Safety dated 6/2024 revealed the following: -Hot liquids are to be served at proper (safe and appetizing) temperatures using appropriate safety precautions. -Definitions: - Proper (safe and appetizing) temperature: means both appetizing to the resident and minimize the risk for scalding burns. - Scalding is a burn caused by spills, immersion, splashes, or contact with hot water, food and hot beverages, or steam. 1. Hot Liquids can cause scalding and burns. The degree of injury depends on the temperature, the amount of skin exposed and the duration of the exposure. Refer to the table attached to this policy for an illustration of the time required for a burn to occur at various temperatures. 2. The temperature of the hot liquids will be checked in the dietary department prior to serving. If the temperature is greater than 140 degrees Fahrenheit, hold the liquid in the dietary department until it reaches the appropriate temperature. 3. All residents are assessed for their ability to handle containers and consume hot liquids. Residents with difficulties will receive appropriate supervision and use of assistive devices in order to consume hot liquids. Interventions will be individualized and noted on the care plan. Interventions include but are not limited to: (continued on next page)

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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F 0689 Level of Harm - Actual harm Residents Affected - Few	a. wide based cups b. Cups with lids and handles c. Limit Styrofoam cups to residents with no difficulties. d. Aprons e. Disallow hot liquids while lying in bed. 4. Staff shall respond immediately to spills or other accidents with hot liquids to minimize the risk for burns. Follow procedures regarding incidents / accidents should anyone experience exposure to hot liquids. 5. Monitor residents for at least 24 hours following exposure to hot liquids, as redness or blisters may not appear initially. 6. General safety precautions when serving hot liquids include , but are not limited to: a. Make sure resident is alert and proper positioning to consume hot liquids. b. Use cups, mugs, or other containers that are appropriate for hot beverages. c. Do not overfill containers. d. Regulate temperature of hot liquids to which residents have direct access. e. Place filled containers directly on table. Do not hand them directly to the residents. f. Keep hot liquids away from the edges of the table. g. Do not refill containers while the resident is holding onto the container. -Time and Temperature relationship to Serious Burns 155 degrees 1 second 148 degrees 2 seconds 140 degrees 5 seconds 133 degrees 15 seconds 127 degrees 1 minute 124 degrees 3 minutes 120 degrees 5 minutes. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	The facility policy Hot Liquid Safety was updated in July of 2024 after Resident 1 experienced a hot coffee burn. The policy was revised to read: 3. All residents will be assessed for their ability to handle containers and consume hot liquids on admission, and per MDS schedule. B. Record review of Resident 1's Quarterly MDS (Minimum Data Set-a comprehensive assessment used to develop a resident's care plan) dated 4/9/24 revealed an admitted [DATE] with diagnoses that included progressive neurological conditions, Alzheimer's disease, anxiety disorder and depression. The MDS identified that Resident 1 had a BIMS (Brief Interview for Mental Status, a brief screener that aides in detecting cognitive impairment) score of 1 which indicated severe cognitive impairment. The MDS identified that Resident 1 required supervision with eating, had no impairment in range of motion of the upper extremities, exhibited no behaviors and had no problems with skin. Record review of an Incident Note for Resident 1 dated 7/18/2024 revealed the following: Note Text: Resident was in the dining room just before lunch and had reached for [gender] coffee and [gender] spilled cup in [gender] lap. Resident was wearing a Clothing protector and it covered [gender] trunk, chest, abdomen and peri area. Coffee soaked to [gender] pant legs and pull-up. One CNA (Certified Nursing Assistant) informed that [gender] held a table cloth for privacy and the other CNA removed [gender] Coffee soaked pants and pull-up, and was brought back to this nurse. Resident was taken to [gender] room and placed in bed, where ice waster soaked wash cloths placed on [gender] inner thighs that were approximately 5 centimeter [cm] x 5 cm rectangle area that is deeper pink. These wash cloths were changed frequently q [every] 10 to 15 minutes to remove any heat on the skin, resident tolerated well and was cooperative. Area on inner left thigh faded and is currently skin tone, area on right side slightly pink sporadic with a small raised area that is not fluid filled at this time, but appears to be a possible blister that may or may nor reabsorb. A TORB to [provider] to put Silver Sulfadiazine cream 1% [a topical cream used to treat and prevent infections in people with severe burns] on effected areas in inner thighs once per shift and PRN [as needed], until healed. Daughter called and verbalized understanding. Record review of Resident 1's Physician Orders dated 7/18/22 revealed an order for Silver Sulfadiazine cream 1% apply topically to inner thighs 3 times daily and as needed. Record review of Resident 1's Skin Evaluation dated 7/22/24 revealed a second (burn can be red, have developed a fluid filled blister and is painful) or third degree (destroy the epidermis and dermis. Third-degree burns may also damage the underlying bones, muscles, and tendons) burn to the right inner thigh that measured 4.0 cm in length, 1.25 cm in width and 0.0 cm in depth. The area had no exudate [fluids] and no odor. Record review of Resident 1's Comprehensive Care Plan (CCP, a written interdisciplinary comprehensive plan detailing how to provide quality care for a resident) dated revised on 6/25/24 revealed that Resident 1 had impaired cognitive function related to Dementia. An intervention was initiated on 7/22/24 that read: provide resident with a lidded cup at all meals. The CCP in Resident 1's Electronic Medical Record [EMR] did not include information related to burn risk or having had an actual burn on 7/18/22. (continued on next page)

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Record reviewed of Staff Communication provided on Friday 7/18/24 in the Nursing Communication Book revealed the following: [Resident 1] had a hot liquid spill and staff needed to ensure that [Resident 1] is getting a lidded no spill cup with [gender] meals and when offering [gender] coffee or hot drinks. The communication was signed by the DON on 7/18/24. Record review of Resident 1's EMR revealed that no hot liquid risk assessments had been completed prior to 7/22/24 related to the risk for hot liquid burns. A Hot Liquid Risk Screen was completed by facility staff on 7/22/24 for Resident 1 and identifed that Resident 1 had had a burn from a hot liquid spill on 7/18/24. The risk screen dated 7/22/24 revealed that Resident 1 scored a 9 on the risk screen. A score between 6 -9 indicated moderate risk. This score indicated that Resident 1 was at moderate risk for burns from hot liquids. Observation on 7/22/24 at 7:00 AM revealed 2 pots of coffee brewed in the facility kitchen. Dietary Aide [DA] A poured a cup of coffee into a cup and took the temperature of the coffee with the facility thermometer. The coffee temperature registered 166 degrees Fahrenheit. DA A wrote down the temperature of the coffee on a Coffee Temperature Log Sheet dated July 2024. DA A took the lids off of the coffee pots to let the coffee cool. Observation on 7/22/24 at 7:40 AM revealed DA A and DA B poured several cups of coffee for residents, including Resident 1. DA A and B let the coffee sit on the counter in the preparation area for approximately 3 minutes, did not obtain the temperature of the coffee and served the coffee to the residents. Observation on 7/22/24 at 11:30 AM revealed DA A poured coffee into a cup and took the temperature of the coffee with the facility thermometer. The coffee temperature registered 172 degrees Fahrenheit. DA A wrote down the temperature of the coffee on a Coffee Temperature Log Sheet dated July 2024. DA A took the lids off of the coffee pots to let the coffee cool. Observation on 7/22/24 between 10:30 and 10:45 AM with LPN D, the Director of Nursing [DON] and Resident 1's son revealed the following: Observed Resident 1 lying in bed with a brief in place. The inner thighs were exposed for the observation. Observation of the residents left inner thigh showed that areas of burn were resolved and skin was clear with a single pinpoint area of redness present. Observation of the right inner thigh revealed several reddened areas with a half fluid filled blister present in the center of the reddened area. LPN D described the inner right thigh blister area as a half fluid filled blister, approximately 1. 5 cm, that had partially reabsorbed with portions that were granulated in. No open areas were observed. The resident exhibited no pain and, when asked, the resident stated no pain. LPN D performed hand hygiene for 20 seconds, donned clean gloves and applied Silver Sulfadiazine cream 1% to the reddened surfaces of the inner right thigh area, to the blister area on the inner right thigh and to the pin point red area on the left inner thigh. LPN D removed the soiled gloves and performed hand hygiene. Interview on 7/22/24 at 7:05 AM with DA A revealed that the temperature of the coffee is taken before each meal and logged on the check sheet. We wait a bit to serve it to the residents to let it cool a bit. We also only pour the cup half full, give 2 residents a cup with a lid and can add ice to it if needed to cool it down. The only residents that I know of that need lidded cups are (Resident 1 and Resident 2). I don't know anything about who is at risk for burns except just that I was told that [Resident 1] needed a lidded cup after [Resident 1] got a burn from coffee so now we give [gender] a lidded cup for [gender] coffee. (continued on next page)

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F 0689

Level of Harm - Actual harm

Residents Affected - Few

Interview on 7/22/24 at 7:15 AM with Licensed Practical Nurse [LPN] D revealed that they did not do a formal hot liquid risk assessments on the residents to LPN D's knowledge. The kitchen tests the temperature of the coffee before each meal. LPN D stated there were 2 residents [Residents 1 and 2] that used cups with lids due to hot coffee spills that resulted in burns. The dietary staff only fill the coffee cups half full, let it sit awhile before giving to them and add ice if they feel it is too hot. They also ask the residents if it is too hot. If we see someone looks shaky, we will get them a cup with a lid and tell the Dietary Manager or the DON. LPN D confirmed that Resident 1 had gotten a burn from a hot coffee spill on 7/18/24.

Interview on 7/22/24 at 10:48 AM with LPN D confirmed that Resident 1's burn treatment was ordered 7/18/24 and provided three times per day and as needed until healed. LPN D stated that the areas were healing and appeared improved.

Interview with the facility Administrator on 7/22/24 at 11:55 AM confirmed the Policy entitled Hot Liquid Safety, with an effective date of June 2024, was done after a resident had received a burn on 4/30/24. The Administrator confirmed that the policy was revised July 2024 after Resident 1 had gotten a hot liquid burn on 7/18/24. The Administrator confirmed that the residents had not been assessed for their ability to handle containers and consume hot liquid prior to 7/22/24 and that no Hot Liquid Risk Screen had been completed until 7/22/24 for Resident 1.

Record review of staff education on Hot Liquid Safety provided on 5/16/24 for Nurse's and all Nurse Aides on 5/30/24 included the following interventions:

- Dietary will be checking the temperature of hot liquids started May 1st since had a burn 4/30/24.

- Be Observant! If you see a resident who may look like they are having difficulty with their coffee cup I.E. hands shaking, etc, get a different cup from dietary as dietary is ordering special cups to prevent spills.

- If you have a concern with a resident and their ability to use a cup, notify Dietary or management (if you are a nurse), or the nurse (for MA/NA) who will relay information to the appropriate department.

- Any incidents with liquid require an incident report and notification of appropriate departments, i.e. administration, PCP and POA.

Interview on 7/22/24 at 9:59 AM with the Regional Nurse Consultant [RNC] confirmed that no hot liquid risk assessments had been completed on the residents in the facility prior to 7/22/24. The RNC confirmed that the education provided to staff on 5/16/24 and 5/30/24 had not been specific and left the decision of who was at risk for hot liquid burns up to the dietary aides, nurse aides and nurses to decide. The RNC confirmed that no hot liquid assessments had been completed on any residents after a burn had occurred for a resident on 4/30/24. The RNC confirmed that the MDS Coordinator was doing a hot liquids risk assessment on all residents in the facility on 7/22/24 to get a baseline for each resident. The RNC stated that the facility had implemented a quality assurance plan of correction on 7/19/24 that included hot liquid assessments on admission, quarterly and as needed.

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F 0689 Level of Harm - Actual harm Residents Affected - Few	Record review of a list of residents that were evaluated by Hot Liquid Risk Screen on 7/22/24 revealed a total of 10 residents identified at risk for hot liquid burns. Five residents were identified at moderate risk and needed lidded cups. Four residents were identifed at high risk but did not consume any hot liquids. One resident was identified as high risk but took nothing by mouth [NPO].