STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285270	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bethany Home, Inc.	515 West First Street Minden, NE 68959

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 49380 Licensure reference 175 NAC 12-006.05 (21) Based on observation, interviews, and record review, the facility failed to treat for 1 (Resident 24) of 1 sampled residents with dignity by asking them regarding their personal bowel habits while seated at the table in the dining room with their table mates. The facility identified a census is 62. An observation on 04/30/2024 at 12:00 PM while in the dining area, Registered Nurse-A (RN-A) approached Resident 24 while they were seated at their assigned seat for meals. RN-A held a conversation with Resident 24 regarding their bowel habits. This conversation was loud enough for Resident 24 table mates to hear the conversation and this observer to hear across the room. An interview on 05/01/2024 at 1:24 PM with Resident 24, confirmed they would prefer personal bowel habits are kept private. An interview on 05/01/2024 at 3:48 PM with the DON confirmed private conversations regarding bowel habits, should not be occurring in a public space in front of Resident 24 peers. DON further revealed the facility did not have a policy for personal conversations while in public.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49383 Licensure Reference Number 175 NAC 12-006.10A1 Based on observation, record review and interview; the facility staff failed to evaluate 1 (Resident 42) of 3 sampled residents' ability to self-medicate. The facility census was 62. Findings are: A record review of Resident 42's undated Face Sheet revealed an admitted to the facility on [DATE] with diagnoses of congestive heart failure (the heart does not pump blood as well as it should), hypertension (force of the blood against the artery walls is too high), atrial fibrillation (an irregular, often rapid heart rate that causes poor blood flow), vitamin deficiency, and pain. An observation on 5/1/2024 at 8:00 AM during morning medication pass revealed Licensed Practical Nurse (LPN)-A placed the following medications in a medication cup for Resident 42: carvedilol (used to treat high blood pressure and heart failure), cetirizine (used to treat allergies), cholecalciferol (Vitamin D supplement), docusate sodium (used to treat constipation), tramadol (used to treat pain), torsemide (diuretic used for heart failure), probiotic (used for gut health), aspirin (anti-inflammatory used to treat pain and can also be used to thin blood), spironolactone (used to treat high blood pressure and heart failure), and Tylenol (used for pain). An observation on 5/1/2024 at 8:05 AM revealed LPN-A placed the prepared medication cup on the dining room table by Resident 42. Resident 42 pushed them aside towards [gender] drinks. LPN-A went back to the medication cart and continued preparing and passing medications to other residents in the dining room. An observation on 5/1/2024 at 8:10 AM revealed LPN-A left the dining room and Resident 42's medications were still sitting on the table. An interview on 5/1/2024 at 8:50 AM with LPN-A confirmed that [gender] did leave Resident 42's medication cup with the resident and did not visualize [gender] taking the medications. LPN-A stated the pills were still sitting on the table at this time. LPN-A stated [gender] often do this with the alert and oriented residents as there isn't enough time to wait but acknowledged this is not appropriate. LPN-A then took the medication cart and left the dining room again. This surveyor observed Resident 42 take [gender] medications at 9:00 AM. LPN-A was not in the dinning room at this time. An interview on 5/1/2024 at 10:35 AM with the DON (Director of Nursing) confirmed that medications should not be left in the dining room with the resident and should have been observed as taken. An interview on 5/1/2024 at 3:15 PM with the DON confirmed that Resident 42 did not have a Self-Administration of Medication (an assessment used to determine if a resident is safe to self-administer medications without nurse observation) completed. (continued on next page)

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F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of Resident 42's May 2024 Medication Administration Record (MAR-a document used to indicate what medications were given to the resident) revealed no order from the physician to self-administer medications. A record review of the facility policy Administering Medications revised April 2007 revealed: 12. The individual administering the medication must initial the residents MAR on the appropriate line after giving each medication and before administering the next ones. 18. Residents may self-administer their own medications only if the Attending Physician, in conjunction with the Interdisciplinary Care Planning Team, has determined that they have the decision-making capacity to do so safely. A record review of the facility policy Self-Administration of Drugs reviewed August 2006 revealed: Residents in our facility who wish to self-administer their medications may do so, if it is determined that they are capable of doing so. 3. If the staff determine that a resident cannot safely self-administer medications, the nursing staff will administer the resident's medications.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 47406 Licensure Reference Number 175 NAC 12-006.09D6 Based on interviews, observations, and record reviews, the facility failed to provide cleaning for 1 (Resident 55) of 1 sampleted residents CPAP equipment. The facility has census of 62. Findings are: Record review of Resident 55's Electronic Medical Administration Record (EMAR, a legal record of the medications administered to a patient at a facility by a health care professional) dated 5/2024 revealed admitted was 10/27/23. Record review of Resident 55's Physician Orders dated 10/27/23 revealed diagnosis of obstructive sleep apnea (adult) (Obstructive Sleep Apnea - a potentially serious sleep disorder in which breathing repeatedly stops and starts), CPAP (Continuous Positive Airway Pressure - a treatment that uses mild air pressure to keep your breathing airways open) CPAP on HS (hour of sleep), off in AM. Record review of MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 3/29/24 revealed in Section C Resident 55'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) was 4 indicating Resident 55 was severely congnitively impaired. Record review of Resident 55's Care Plan (a written interdisciplinary comprehensive plan detailing how to provide quality care for a resident) revealed diagnosis of OSA and use of CPAP at HS. An observation on 4/29/24 at 10:49 AM revealed CPAP mask was on the bedside table assembled. An observation on 4/29/24 at 3:15 PM revealed CPAP mask equipment was assembled and laying in bedside drawer. The mask had small white specks on the inside of the mask. An observation on 4/30/24 at 11:01 AM revealed CPAP mask was assembled and laying in bedside drawer. There were white specks on inside of the mask. An observation on 5/1/24 at 9:10 AM revealed the CPAP was assembled and laying in bedside drawer with white specks on inside of mask. In an interview on 4/30/24 at 11:10 AM with MA-A revealed that the mask is cleaned in am's and hung it to dry. In an interview on 5/1/24 at 1:35 PM with MA-C revealed that (gender) had not cleaned the CPAP mask and tubing yet today. MA-C said it is to be done at 9 am daily. In an interview on 5/1/24 at 3:25 PM with the DON revealed that the CPAP masks need to be cleaned. (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of CPAP manufacturer's cleaning instructions undated revealed: -Use Mask Wipes for daily wipe down of your mask, which can be purchased at Snore MD. -Use the MINI CPAP cleaner sold separately at Snore MD to ensure a perfectly clean mask. 3. Gently wash the mask in warm soapy water with a mild liquid detergent. 4. Rinse thoroughly with warm water until all the soap is removed. 5. Let air dry.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 49383 Licensure Reference Number 175 NAC 12-006.12E1 Licensure Reference Number 175 NAC 12-006.12E7 Based on observation, interview, and record review; the facility failed to keep a medication cart locked when out of eyesight of a nurse and failed to label and date an eye drops for 1 (Resident 1) of 3 sampled residents. The facility census was 62. Findings are: A. An observation on 5/1/2024 at 7:29 AM revealed an unlocked medication cart on hall 400 with view of a nurse walking into a resident's room further down the hall. An interview on 5/1/2024 at 7:31 AM with Licensed Practical Nurse (LPN)-A confirmed that the medication cart was unlocked and should not have been as it was not within eyesight of [gender]. An interview on 5/1/2024 at 10:35 AM with the Director of Nursing (DON) confirmed a medication cart should not be unlocked when it is out of eyesight of the staff responsible for the cart. A record review of the facility policy Administering Medications revised April 2007 revealed: 9. During administration of medications the medication cart is kept closed and locked when out of sight of the medication nurse or aide. It may be kept in the doorway of the resident's room, with open drawers facing inward and all other sides closed. No medications are kept on top of the cart. The cart must be clearly visible to the personnel administering medications, and all outward sides must be inaccessible to residents or others passing by. B. An observation on 5/1/2024 at 7:40 AM during medication pass for Resident 1 revealed a box of Regener-Eyes (an over-the-counter eye drop for dry eyes) with a single bottle in the box. Neither the box or the bottle has a label to indicate who the eye drop is for or directions on how to give the eye drop. The box nor bottle was dated to indicate when the eye drop bottle was opened. An interview on 5/1/2024 at 7:40 AM with the LPN-A revealed neither the box or bottle was dated and should be. An interview on 5/1/2024 at 10:35 AM with the DON revealed a statement that the pharmacy would not label a medication brought in by family but agreed that there should be a label for the eye drops and that it should have been dated to know when the bottle was opened. (continued on next page)

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of Resident 1's April 2024 Medication Administration Record revealed an order for Regener-Eyes, 1 drop to both eyes twice daily for dry eye syndrome initiated 9/28/2023. A record review of the facility policy Labeling of Medication Containers revised April 2007 revealed: All medications maintained in the facility shall be properly labeled in accordance with current state and federal regulations. 6. Labels for over-the-counter drugs shall include all necessary information, such as: a. The original label, b. The residents name, c. The expiration date when applicable, and d. Directions for use and appropriate accessory/cautionary statements.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 49380 Licensure refernce number 175 NAC 12-006.11E Based on observation, interviews and record review, the facility failed to ensure food safety requirements by not removing dented cans for resident consumption, maintaining correct placement of hairnets while prepping and plating food, preforming hand hygiene for 20 seconds prior to plating residents' food, failure to prevent contamination by improperly holding dining plates while serving the residents meals, and improper storage of the fountain dispenser line. This has the potential to affect 62 residents in the facility. The facility identifies a census of 62 residents. Findings are: A review of the facility policy titled Hand Hygiene undated, revealed .Rub hands together vigorously for at least 20 seconds with soap and water. An interview on 04/30/2024 at 3:26 PM The Dietary Manager (DM) stated the facility does not have a policy for dented or damaged cans. An observation on 4/29/2024 at 9:15 AM in the dry storage area, revealed 2 cans of apple pie filling 112 oz, both with large, dented sides, placed into the shelf for use. An observation on 04/30/2024 at 10:12 AM reveled the 2 cans of apple pie filling 112 oz, with large dented in sides, remain in the dry storage area, ready for use. An observation on 4/29/2024 at 9:15 AM and 4/30/2024 at 2:34 PM, When inspecting the fountain dispenser, the syrup fastener connector (a device that screws on and connects the bag-in-box (a box of liquid drink mix syrup) (BIB) to the syrup pump) was disconnected from the Bag in Box (BIB) juice and was found lying open side down flush with the floor. The opposite side of this line was connected to the syrup pump which pushes the BIB syrup and mixes the BIB syrup with water. After mixed the fluid is available to dispense for use. An observation on 04/30/2024 at 12:10 PM while passing the noon meal plates to residents Dietary Aides (DA)-B and DA-C placed their base of the thumb on to the top portion of the plate. An observation on 05/01/2024 at 11:30 AM DA-A performed hand hygiene. This hand hygiene was preformed for less than 20 seconds prior to plating food onto plates while on the Memory Care Unit (MCU). An observation on 05/01/2024 at 12:15 DA-A had a hair net placed on top of their head with hair out of the net along the side of their head next to their ears, the back of their neck and the front the scalp-bangs area were outside of the hairnet while prepping and plating the noon lunch plates while on the MCU. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	An Interview on 04/30/2024 at 3:26 PM with DM confirmed the dented cans remained in the dry storage area, shelved for use. The cans should be removed from this area. The cans should not be available for consumption. DM further confirmed that the syrup connector should not be touching the floor. DM also confirmed education has been provided to staff previously, they are aware of proper holding and delivering of resident's meal plates. DM confirmed when delivering meals, the top portion of the plate or cup should not be touched. An interview on 05/01/2024 at 12:43 PM with DA-A confirmed hand hygiene should be performed for 20 second. DA-A confirmed all hair should be placed into the hairnet when preparing and plating food for the residents.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 49383 Licensure Reference Number 175 NAC 12-006.17B Licensure Reference Number 175 NAC 12-006.17D Based on observation, record review, and interview; the facility failed to perform hand hygiene between residents during medication administration and used bare fingers to pick up a dropped medication on the medication cart and the facility failed to perform hand hygiene according to facility policy during resident care for 3 (Resident 1, 32, 42) of 3 sampled residents. The facility census was 62. Findings are: An observation on 5/1/2024 at 7:29 AM with Licensed Practical Nurse (LPN)-A revealed LPN-A prepareing medications for Resident 1 and entered Resident 1's room. LPN-A obtained warm water for the crushed medications and set up supplies and medications on the bedside table. LPN-A put gloves on and gave Resident 1 their medications per orders through Resident 1's J-tube (soft plastic tube placed through the abdomen into the small intestine). LPN-A then instilled nasal spray into resident's nares and then immediately placed an eye drop into each eye. LPN-A then removed gloves and washed hands at the sink with soap and water for 5 seconds before rinsing hands. LPN-A then went to the next resident's room and knocked on the door, entered the room and asked the resident if they were coming out to breakfast. The resident was not ready at this time. LPN-A continued to take the cart from the 400 hall to the dining room at 8:00 AM. LPN-A began removing medications from Resident 42's individual cassettes for medications. During this process, LPN-A dropped a medication on the cart and picked the pill up with bare fingers and put the medication in the cup with Resident 42's other medications. LPN-A gave Resident 42 the medication cup and returned to the cart and began preparing medications for Resident 32 and then gave Resident 32 their medications. At 8:10 AM LPN-A left the dining room. An interview on 5/1/2024 at 8:50 AM with LPN-A confirmed the facility policy for hand washing is to wash for 20 seconds with soap and water and the 5 seconds [gender] washed after completing Resident 1's medications was not long enough. LPN-A also confirmed that hand hygiene should have been completed with either soap and water or hand sanitizer between residents' administration of medications. LPN-A also confirmed [gender] should not have picked up resident's dropped pill with bare fingers. An interview on 5/1/2024 at 10:35 AM with the Director of Nursing (DON) confirmed that hand hygiene should be completed between residents during administration of medications, 5 seconds is not long enough to wash hands with soap and water and residents' medication should not be picked up with bare fingers. A record review of the facility policy Hand Hygiene dated 12/5/17 revealed: Staff involved in direct resident contact will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. 5. Hand hygiene technique when using soap and water: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	c. Rub hands together vigorously for at least 20 seconds, covering all surfaces of hands and fingers, and between fingers, including areas under and around fingernails. 6. Additional considerations: b. The use of gloves does not replace hand washing. Wash hands after removing gloves. A record review of the facility policy Administering Medications revised April 2007 revealed: 14. Staff shall follow established facility infection control procedures (e.gl handwashing, antiseptic technique, gloves, isolation precautions, etc.) when these apply to the administration of medications.