

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285285	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/03/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Grand Island Village		STREET ADDRESS, CITY, STATE, ZIP CODE 4061&4055 Timberline Street&2912 Good Samaritan PI Grand Island, NE 68803	

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>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42861</p> <p>Licensure Reference Number 175 NAC 12-006.17B</p> <p>Based on observation, interview, and record review, the facility failed to follow infection control guidelines to prevent cross contamination related to peri cares and catheter cares for 1 (Resident 4) of 3 sampled residents. The facility identified a census of 41.</p> <p>Findings are:</p> <p>A record review of the document titled Admission Record revealed Resident 4 had been accepted into the facility on [DATE] with a primary diagnosis of Alzheimer's disease (a type of dementia that affects memory, thinking, and behavior) and Cognitive/communication deficit.</p> <p>An observation on 9/3/24 at 3:37 PM of peri-cares for Resident 4, being accompanied by the DON and completed by MA-A and MA-B revealed that MA-A had gathered supplies to perform peri-cares (a bottle of spray skin cleanser, a hand towel and a container of wet wipes) and placed the supplies directly on Resident 4's bed with no barrier placed throughout the procedure. The observation revealed that Resident 4 had a catheter in place. MA-A then sprayed Resident 4's groin area with skin cleanser. MA-A had pulled down Resident 4's pants to the knees and had placed Resident 4's catheter bag on the bed during the cares which was not below the level of the bladder. MA-A then obtained a wet wipe and cleansed the catheter tubing towards Resident 4's urethra (the tube that empties urine from the bladder) instead of away from the urethra. During the observation of peri cares, it was revealed that Resident 4 had been incontinent of bowel. MA-A was observed using wet wipes to clean Resident 4's buttocks and rectal area. The observation of the peri cares revealed that MA-A had not changed gloves or perform hand hygiene during the peri and rectal cares. The observation also revealed that MA-A and MA-B had removed their gloves, did not perform hand hygiene, and placed a new incontinence brief on Resident 4 with ungloved hands.</p> <p>An interview on 9/3/24 at 4:12 PM with the Director of Nursing (DON) when questioned how (gender) felt the peri cares went, the DON confirmed that the observation of the peri cares for Resident 4 provided by MA-A did not follow infection control guidelines or facility policy. DON confirmed that MA-A should have cleansed the tubing away from the resident and MA-A and MA-B should have changed gloves and performed hand hygiene during peri cares. DON also confirmed both MAs should have wore gloves when applying a clean brief.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 9/3/24 at 11:40 AM with the IP revealed that the facility had 6 residents with a UTI in July 2024 and 8 residents with a UTI in August 2024 and no UTI's thus far in September 2024.</p> <p>The document titled Hand Hygiene Clinical Skill Checklist read as follows:</p> <p>Hand hygiene (i.e. alcohol-based hand sanitizer, soap and water) is performed at the Moments of Hand Hygiene which includes, but is not limited to: -Before entering a room;</p> <ul style="list-style-type: none"> -Before performing a clean task; -After bodily fluid/glove removal, and -After exiting a room <p>A record review of the facility policy titled Catheter: Care, Insertion & Removal, Drainage Bags, Irrigation, Specimen and dated 7/30/2024 read as follows: Procedure: -Cleanse away from the meatus (urethral opening) to remove secretions or encrustation to avoid contaminating the urinary tract.</p> <p>A record review of the facility policy titled Perineal Care and dated 7/29/2024 contained the following guidelines: Fold covers down and remove soiled pad. If BM (bowel movement) is present, use soiled pad to remove as much solid waste as possible. Apply gloves prior to assisting with incontinent pad placement and/or assisting with clean clothing if there may be contact with bodily fluids during the tasks.</p>		