

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  05/05/2025
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45484</b></p> <p>Licensure Reference Number 175 NAC 12-006.04(F)(i)</p> <p>Based on record reviews and interview, the facility failed to ensure the licensed nurse had the knowledge and training to provide care for a Pleurex catheter for Resident 9. This affected 1 of 3 residents reviewed for use of a Pleurex catheter. The facility's census was 55.</p> <p>Findings are:</p> <p>A review of Resident 9's Clinical Census printed 05/05/2025 revealed the resident was admitted to the facility on [DATE] and was hospitalized on [DATE].</p> <p>A review of Resident 9's Admission Record printed 05/05/2025 revealed the resident had diagnoses of an infection to the left arm, kidney failure, heart disease, irregular heart rate, chronic obstructive pulmonary disease (COPD-group of lung diseases that block airflow and make it difficult to breathe), type 2 diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), and a pleural effusion (a buildup of extra fluid in the space around your lungs).</p> <p>A review of Resident 9's Post-Discharge Non-Medication Orders contained in the Summary of Care Document from the hospital printed 12/17/2024 revealed an order for Drain Pleurex catheter Monday, Wednesday and Friday with a date and time ordered of 12/17/2024 at 9:48 AM.</p> <p>A review of Resident 9's Order Summary printed 05/05/2025 revealed an order to drain the Pleurex catheter (a thin, flexible tube surgically placed in the chest to drain fluid from your pleural space [the space between the lungs and the chest wall]) every Monday, Wednesday, and Friday. This order had an order date of 12/19/2024 and a start date of 12/20/2024.</p> <p>A review of Resident 9's Medication Administration Record (MAR) for December 2024 revealed the order to drain the Pleurex catheter on Monday, Wednesday, and Friday was blank in the space to sign for 12/20/2024, indicating it had not been done.</p> <p>A record review of the Pleurex Drainage System Nursing Education documentation provided by the facility revealed it was performed on 01/21/2025.</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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NAME OF PROVIDER OR SUPPLIER  Good Samaritan Society - Grand Island Village		STREET ADDRESS, CITY, STATE, ZIP CODE  4061&4055 Timberline Street&2912 Good Samaritan Pl Grand Island, NE 68803	
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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 05/05/2025 at 3:27 PM with the Director of Nursing (DON) confirmed that Resident 9 was admitted [DATE] with the order to drain the Pleurex catheter, and the order to drain the Pleurex catheter was not entered until 12/19/2024. The DON further confirmed that it was not drained on Wednesday 12/18/2024 or Friday 12/20/2024. The DON confirmed that the nurse who worked on Friday 12/20/2024 had stated they did not do the treatment because they did not know how. The DON further stated they had printed out the policy and procedure for draining a Pleurex catheter for the station Resident 9 was being admitted to, but did not do any other education or training on the device prior to the resident's admission.</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>47406</p> <p>Licensure Reference Number 175 NAC 12.006.17</p> <p>The facility failed to ensure that staff perform hand washing between glove changes and to wear EBP for Resident #5 while performing wound cares to prevent the potential for cross contamination. The facility census was 55.</p> <p>Record review of Resident 5's Admission record dated 5/5/25 revealed admission to the facility was 3/31/22.</p> <p>Record Review of MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 4/2/25 revealed:</p> <p>Section C - 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 15 indicating the resident was cognitively intact.</p> <p>-Section GG - dependent assist with footwear and maximum assist with repositioning.</p> <p>Physicians Orders dated 5/5/25 revealed:</p> <p>-Wound care to left heel: cleanse with saline/wound cleanser, apply betadine moistened gauze, cover with ABD pad and secure with kerlix and tape. Change daily and as needed for drainage every day shift for wound treatment -Start Date- 3/8/2025.</p> <p>-Tubi-grip to bilateral lower extremities; on in AM &amp; off at HS two times a day for edema -Start Date- 3/13/2025.</p> <p>-foam booties on at all times every shift for pressure reduction -Start Date-1/3/2025</p> <p>Observation on 5/5/25 at 9:45 AM for wound cares of left heel for Resident #5 by RN-A with NA-B assisting with holding the foot off the bed. RN-A and NA-B performed hand hygiene x 20 seconds and donned (put on) gloves. RN-A cut the old kerlex dressing off, then sprayed some saline cleansing spray to help remove the telfa old dressing that was on the wound. RN-A removed the gloves and donned new ones without performing hand hygiene. RN-A cleansed the wound with saline spray while spraying it onto wound. RN-A removed gloves and donned new ones without hand hygiene. RN-A placed the telfa dressing that was soaked in betadine onto the wound, covered with ABD dressing, wrapped with kerlix, taped it, and then dated the tape. The NA-B placed the new Tubi-grip and foam boot back onto the left lower extremity. RN-A removed gloves and washed hands with soap and water for 22 seconds. NA-B removed the gloves and washed hands with soap and water for 20 seconds.</p> <p>Interview on 5/5/25 at 10:00 AM with RN-A revealed [gender] should have worn a gown when working with a wound and perform hand hygiene when changing gloves.</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>Interview on 5/5/25 at 10:05 AM with NA-B revealed [gender] should have worn a gown when working with a nurse during a dressing change.</p> <p>Interview on 5/5/25 at 10:08 AM with DON confirmed the staff are to wear a gown, gloves and face shield with doing a wound dressing and perform hand hygiene when changing gloves.</p> <p>Record review of Hand Hygiene policy dated 3/29/22 revealed:</p> <ul style="list-style-type: none"> <li>-All employees in patient care areas (unless otherwise noted in their policy) will adhere to the 4 Moments of Hand Hygiene and 2 Zones of Hand Hygiene.</li> <li>-Before clean task</li> <li>-After Bodily Fluid/Glove Removal</li> </ul> <p>Record review of Standard and Transmission Based Precautions policy dated 4/2/24 revealed:</p> <ul style="list-style-type: none"> <li>-Enhanced Barrier Precautions (EBP) (rehab/skilled only).</li> <li>- Enhanced barrier precautions expand the use of PPE (personal protective equipment) beyond situations in which exposure to blood and body fluids is anticipated and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDRO's (multidrug resistant organism) to staff hands and clothing.</li> <li>-High-Contact Resident Care Activities include: wound care.</li> </ul>