

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 09/26/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Grand Island Village		STREET ADDRESS, CITY, STATE, ZIP CODE 4061&4055 Timberline Street&2912 Good Samaritan Pl 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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50683</p> <p>Licensure Reference Number 175 NAC 12-006.09(I)</p> <p>Based on observation, interview, and record review; the facility failed to use the correct sling size to transfer a resident, and failed to asses and monitor a resident after a fall for 1 (Resident 6) of 3 sampled residents. The facility census was 41.</p> <p>Findings are:</p> <p>Record review of Resident 6's Census List revealed Resident 6 admitted to facility of 06/14/2024 with the following diagnoses: acquired Absence of left leg above knee (a surgical procedure that removed part of the leg), encephalopathy (a general term for brain disorders or diseases), sepsis (a serious condition when the body's immune system overreacts to an infection or injury), Type 2 Diabetes Mellitus (condition when the body develops insulin resistance and can result in high blood sugars) with diabetic polyneuropathy (occurs when there is damage to multiple nerves in the peripheral nervous system), chronic obstructive pulmonary disease (is a common lung disease that causes breathing problems and restricted airflow).</p> <p>Record review of Resident 6's Care Plan printed 09/25/2024 revealed a focus on ADLs (Activities of Daily Living) which stated that Resident 6 has an ADL self-care performance deficit related to left above the knee amputation, impaired physical mobility, congested heart failure, congestive heart failure (a chronic condition that occurs when the heart is unable to pump enough blood to meet the body's needs), chronic obstructive pulmonary disease, chronic pain, Diabetes Mellitus with polyneuropathy. The goal stated that the resident will maintain current level of function in bed mobility, transfers, eating, dressing, toilet use and personal hygiene. Interventions included: Ambulation: Non-ambulatory. Bed mobility: Resident requires substantial to dependent assistance by 1-2 staff for bed mobility and repositioning. Care plan also identified the potential for Falls with interventions that included to monitor resident for significant changes in mobility, positioning device, standing/sitting balance on right leg/foot and right lower extremity joint function.</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
---	-------	-----------

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 09/26/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Grand Island Village		STREET ADDRESS, CITY, STATE, ZIP CODE 4061&4055 Timberline Street&2912 Good Samaritan Pl 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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 6's Minimum Data Set (MDS, a federally mandated assessment that assists staff to develop/modify a resident's plan of care), Admission assessment dated [DATE] revealed Resident 6 needed substantial assistance with lower body dressing, toileting hygiene, and putting on and taking off footwear, was dependent (helper does all of the effort to complete the activity) on staff to come to help stand up, transfer to and from a bed to chair, and toilet transfers. A Brief Interview for Mental Status (BIMS), a simple screening that can aide in detecting the presence of cognitive impairment in older adults, revealed a score of 11 which indicated moderate cognitive impairment.</p> <p>Observation and Interview on 09/23/24 at 3:05 PM with Resident 6 was conducted. Resident 6 reported that they had a recent fall when the staff member didn't have the EZ stand (transfer device) sling in the right position, and I ended up in the chicken wing position (abnormal shoulder abduction or flexion with combined internal rotation) and then I fell on the floor. Resident 6 reported that their left shoulder was sore and that [gender] left stump (from amputation of leg above the knee) is swollen and sore. Resident 6 also reported that their left stump appliance did not fit today because their stump is swollen from the fall. Observation revealed that Resident 6 was able to move left shoulder joint but grimaces. Resident 6 reports that [gender] left shoulder hurts the most and rates pain as a 9 or 10 from pain scale of 0-10 with movement of left shoulder. Ten is the highest pain level. Resident 6 reported that they took a Tylenol and that it helped a little.</p> <p>A record review of Resident 6's September 2024 Medication Record, printed on 09/23/2024 at 2:37 PM revealed that the only documented administration entry for Tylenol 325 milligrams (MG) - give 2 tablets by mouth every 4 hours as needed for pain was administered one time on 09/12/2024 at 5:02 PM.</p> <p>An interview with the Director of Nursing (DON) on 09/24/204 at 11:47 AM revealed that the facility had no knowledge of and no documentation of any incident/accident reports for Resident 6 in the past 30 days.</p> <p>An interview on 09/24/2024 at 1:00 PM with Licensed Practical Nurse (LPN)-F revealed that [gender] did not have direct knowledge that Resident 6 fell out of the transfer sling but states that [gender] heard Medication Aide (MA)-I talking about this incident.</p> <p>An Interview with MA-I on 09/24/2024 at 1:10 PM confirmed that MA-I received a report that Resident 6 was lowered to the ground this weekend with no injury using the EZ Stand (Sit to stand transfer equipment) because Resident 6's knee buckled.</p> <p>A phone interview with Nurse Aide-K on 09/24/2024 at 1:40 PM revealed that on 09/22/2024 at approximately 10:00 PM, MA-J called NA-K via walkie talkie to come into Resident 6's room. NA-K stated that Resident 6 was sitting on the floor with the EZ stand sling was under Resident 6's arm pits. NA-K stated that the Resident was chicken winged. NA-K reported that they called for Nurse (LPN-H) to come and assess the resident. NA-K stated that LPN-H came to Resident 6's room and after the staff updated LPN-H that Resident 6 slipped out of the sling and was lowered to the floor and that Resident 6 did not hit [gender] head, LPN-H instructed NA-K and MA-J to use a Hoyer lift (equipment to move/transfer someone) to get Resident 6 off the floor and get them into bed.</p> <p>(continued on next page)</p>		

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 09/26/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Grand Island Village		STREET ADDRESS, CITY, STATE, ZIP CODE 4061&4055 Timberline Street&2912 Good Samaritan Pl 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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A phone interview with MA-J on 09/24/2024 at 2:16 PM revealed that on 09/22/2024 around 10:00 PM MA-J was assisting Resident 6 from the chair to the bed using the EZ stand. MA-J stated that [gender] did not have the appropriate size of the EZ sling for the resident, The jacket (EZ sling) was too small. MA-J reports that transferring Resident 6 using the EZ Stand and Resident 6 was standing up when they (Resident 6) began to complain of pain in their right leg and then Resident 6's right leg buckled, and [gender] started to slip down out of the sling. MA-J stated that Resident 6 chicken winged in the sling and began to help lower [gender] to the floor using the emergency release button on the EZ stand. MA-J reports that Resident 6 never hit [gender] head, called for staff assistance, and then assisted to remove the EZ Stand sling. MA-J reported that NA-K and LPN-H did come to help. MA-J reported that Resident 6 did have some redness and pain under their left arm which was reported to LPN-H.</p> <p>Record review of Safe Resident Handling dated 09/6/24 and 09/02/24 revealed that MA-J did receive competency training on how to use the lift equipment according to manufactures instructions.</p> <p>A record review on 09/24/2024 of Resident 6's medical record revealed a Progress Note nurse entry on 09/23/2024 at 1:46 PM Resident was out to see Innovative prosthetics this date. Unable to complete diagnostic fitting as leg is swollen. Will see again in 2 weeks.</p> <p>A record review on 09/24/2024 of Resident 6's medical record revealed no documentation of any falls in the last 30 days.</p> <p>A phone interview with LPN-H on 09/23/2024 at 8:45 PM was conducted. LPN-H reported that on 09/22/2024 at approximately 10:00 PM, Resident 6 was lowered to the floor by MA-J and that NA-K was called to assist. LPN-H reported that they went to Resident 6's room after being called on the walkie talkie and received a report from MA-J that Resident 6 slipped out of the EZ Stand sling and was lowered to the floor but did not hit head. LPN-H stated that they instructed staff to use the Hoyer Lift to get the resident off the floor and put back into bed. When questioned, LPN-H reported that because there was no injury to Resident 6, they did not document this fall in the medical record or follow the facilities fall protocol. LPN-H reported that they were very busy helping other residents at the time of the fall but later came back to assess Resident 6 while in bed and provided passive range of motion (gentle movement) of all of Resident 6's extremities and stated that there was no injury.</p> <p>An interview with the Director of Nursing (DON) on 09/26/2024 at 10:00 AM confirmed that all resident falls need to be reported to the DON, documented in the resident's medical record and investigated by the facility's Fall Prevention Team.</p>		

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 09/26/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Grand Island Village		STREET ADDRESS, CITY, STATE, ZIP CODE 4061&4055 Timberline Street&2912 Good Samaritan Pl 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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50683</p> <p>Licensure Reference Number 175 NAC 12.006.12(D)(i)</p> <p>Based on observation, interview, and record review; the facility failed to safely store medications by leaving unattended medications at resident's bedside for 1(Resident 3) of 1 sampled residents. The facility census was 41.</p> <p>A record review of Resident 3's Admission Record revealed Resident 3 admitted to the facility on [DATE] and was admitted to the hospital on 09/22/2024.</p> <p>An observation on 09/23/24 at 9:51 AM revealed an unattended medication cup containing 12 medications varying in size and color sitting on a bedside table in Resident 3's room.</p> <p>An interview with Licensed Practical Nurse (LPN)-G on 09/23/2024 at 9:52 AM was conducted. LPN-G revealed that These (the pills in the medication cup) look like Resident 3's morning pills. LPN-G further revealed [gender] did not leave those medications at Resident 3's bedside and that the medications must be from the weekend.</p> <p>A record review of Resident 3's September 2024's Medication Record revealed that on 9/22/24 the AM (morning) pass of medications of the following medications was documented as administered by Medication Aide (MA)-I:</p> <ul style="list-style-type: none"> -Aspirin Delayed Release 81 mg (for heart health), -Benzonatate 100 mg (for related cough), -Clopidogrel 75 mg (for Chronic Systolic (Congestive) Heart Failure), -Crestor 5 mg (for Hyperlipidemia), -Dapagliflozin 10 mg (for Type 2 Diabetes Mellitus with Hyperglycemia), -Losartan Potassium 50 mg (for Hypertension), -Metoprolol Succinate ER 50 (for Atherosclerotic Heart Disease), -Prednisone 1 mg - 2 tabs (for Rheumatoid Arthritis), -Prednisone 5 mg (for Rheumatoid Arthritis), -Augmentin 8.75/125 (for wound infection), -Prerevision- AREDS (for eye health). <p>(continued on next page)</p>		

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 09/26/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Grand Island Village		STREET ADDRESS, CITY, STATE, ZIP CODE 4061&4055 Timberline Street&2912 Good Samaritan Pl 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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of Resident's 3's Progress Notes from 09/22/2024 at 7:29 AM revealed that the Resident 3 was transferred to the hospital per medical order for complaints of right back pain with a pain rating of 10 out of 10 using the 0-10 pain scale where 10 is the highest pain level.</p> <p>Record review of facility policy Medications: Acquisition Receiving Dispensing and Storage- R/S, LTC dated 03.29.2024 revealed that Medications will be stored in a locked medication cart, drawer or cupboard.</p> <p>An interview with the Director of Nursing on 09/26/2024 at 10:00 AM confirmed that medications should not be left unattended, and that these 12 medications found in Resident 3's room should not have been left there.</p>		

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 09/26/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Grand Island Village		STREET ADDRESS, CITY, STATE, ZIP CODE 4061&4055 Timberline Street&2912 Good Samaritan Pl 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 - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>45641</p> <p>Licensure Reference Number 175 NAC 12.006.18</p> <p>Licensure Reference Number 175 NAC 12.006.18(B)</p> <p>Based on observation, interview, and record review; the facility failed to ensure the required isolation sign was posted and staff donned (put on) and doffed (took off) the required Personal Protective Equipment (PPE) for 1 (Resident 146) of 1 sampled residents that had been identified as positive for COVID-19, this had the potential to affect all residents in the facility. The facility failed to ensure 3 (Residents 10, 11, and 12) of 3 sampled resident's oxygen tubing was changed and dated weekly and was stored in a bag when not in use, and failed to clean and store 1 (Resident 40) of 1 sampled resident's nebulizer kit (neb)(a kit used to deliver liquid medication to the lungs) daily to prevent cross-contamination (transfer of bacteria from one surface to another). The facility census was 41.</p> <p>A.</p> <p>A record review of the facility's Surveillance and Mitigation Plan for SNFs (Skilled Nursing Facilities) dated 04/26/2024 revealed for all residents that have tested positive for COVID-19, staff are to wear gloves, gown, N-95 respirator (a tight-fitting mask that filters out very small bacteria) and eye protection when taking care of these residents. PPE should be doffed and discarded prior to leaving a room.</p> <p>A record review of the CDC's Infection Control Guidance: SARS-CoV-2 (COVID-19) with updates as of May 8, 2023, revealed healthcare providers who enter the room of a resident with suspected or confirmed COVID-19 should wear an N-95 or higher mask, gown, gloves, and eye protection. https://www.cdc.gov/covid/hcp/infection-control/index.html</p> <p>An observation on 09/23/2024 at 10:52 AM revealed Nursing Assistant (NA)-B was in Resident 146's room without any PPE on. The resident's door was open. There was a visitor in the room with a surgical mask on. Licensed Practical Nurse (LPN)-A was standing in the open doorway with no PPE on. The visitor, NA-B, and LPN-A were all within 6 feet of the resident. The sign on the resident's door revealed Stop, contact precautions everyone must: clean their hands including entering and when leaving the room. Providers must also: Put on gloves before room entry. Discard gloves before room exit. Put on gown before room entry. Discard gown before room exit. Do not wear the same gown and gloves for the care of more than one person. Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.</p> <p>An observation on 09/23/2024 at 1:51 PM revealed the facility's Social Worker (SW)-C was in Resident 146's room withing 6 feet of the resident without a mask, gown, gloves, or eye protection on. SW-C had placed a laptop computer and paperwork on the resident's bed. SW-C did not sanitize the laptop when SW-C came out of the room.</p> <p>(continued on next page)</p>		

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 09/26/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Grand Island Village		STREET ADDRESS, CITY, STATE, ZIP CODE 4061&4055 Timberline Street&2912 Good Samaritan Pl 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 - Many</p>	<p>An observation on 09/23/2024 at 2:10 PM revealed Physical Therapist (PT)-D was in Resident 146's room with a gown, gloves, and N-95 mask on, no eye protection. PT-D then exited the room into the hallway still wearing PPE, re-entered the room, came back out in the same PPE to get a face shield, then re-entered the resident's room with all the required PPE on.</p> <p>An observation on 09/23/2024 at 2:58 PM with the Director of Nursing (DON) revealed the DON observed the room sign was for contact isolation sign which did not include the recommended PPE to be used.</p> <p>An observation on 09/23/2024 at 3:35 PM did not reveal any of the doorways to the facility indicated there was a COVID-19 resident in the facility or what the expectations of visitors or staff are.</p> <p>An observation on 09/24/2024 at 7:28 AM revealed the sign now posted on Resident 146's door was a sign that said stop, in addition to routine practices: Droplet Precautions box was check, hand hygiene before entering and after leaving the room was checked, gloves box was checked, mask box was checked, but surgical mask was checked not N-95, and eye protection was not checked.</p> <p>An observation on 09/24/2024 at 12:18 PM revealed NA-E entered Resident 146's room with a lunch tray and no PPE on and assisted the resident to get all meal items ready. NA-E then exited the room and got another tray from the meal cart. The observation revealed the signs on the resident's door contained, gown, gloves, N-95 mask, and eye protection.</p> <p>In an interview on 09/23/2024 at 10:52 AM, LPN-A confirmed the resident was just admitted to the facility from the hospital on 9/21/24 and had COVID-19.</p> <p>In an interview on 09/23/2024 at 11:00 AM, the Director of Nursing (DON) confirmed the DON said there was no COVID-19 residents in the facility, but just found out Resident 146 did have COVID-19 and was admitted over the weekend.</p> <p>In an interview on 09/23/2024 at 1:54 PM, SW-C confirmed that when SW-C entered the room SW-C put on PPE but had removed it prior to getting the laptop and paperwork off the resident's bed while talking with the resident within 6 feet of the resident. SW-C confirmed [gender] did not sanitize the laptop after leaving the room, used a surgical mask when in the room not an N-95, and did not wear eye protection.</p> <p>In an interview on 09/24/2024 at 12:21 PM, NA-E confirmed NA-E did not put on PPE when NA-E entered Resident 146's room and NA-E was aware the resident was in isolation due to COVID-19.</p> <p>In an interview on 09/23/2024 at 2:58 PM, the DON confirmed the DON observed the room sign was a contact isolation sign and the DON confirmed it was the incorrect room sign for a resident with COVID-19.</p> <p>In an interview on 09/24/2024 at 7:28 AM, the DON confirmed the sign on Resident 146's door that did not have the N-95 mask or eye protection checked was still not the correct sign for a COVID-19 isolation room.</p> <p>In an interview on 09/25/2024 at 11:54 AM, the DON confirmed there was not signage posted at any of the entrance door to the facility and should have been, especially when they had a COVID-19 resident in isolation.</p> <p>(continued on next page)</p>		

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 09/26/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Grand Island Village		STREET ADDRESS, CITY, STATE, ZIP CODE 4061&4055 Timberline Street&2912 Good Samaritan Pl 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 - Many</p>	<p>In an interview on 09/23/2024 at 2:58 PM, the DON confirmed the signs on a resident's room that was in COVID-19 isolation should have been a gown, gloves, N-95 mask, and eye protection and the staff should be wearing all PPE when entering the room. The DON confirmed PT-D should not have exited Resident 146's room with PPE on.</p> <p>B.</p> <p>A record review of the facility's Oxygen Administration, Safety, Mask Types dated 07/08/2024 revealed the purpose of the policy was to administer and store oxygen in a safe manner and to keep oxygen equipment clean. Oxygen equipment will be clean, safe, and functional at all times. When oxygen is not in use, store cannula and tubing in zip-lock bag/plastic bag secured to oxygen cylinder (tank) or concentrator (machine that purifies air to oxygen). Disposable equipment should be changed weekly or according to manufacturer's instruction and marked with date and initials.</p> <p>A record review of Resident 10's Order Summary dated 09/24/2024 revealed an order to change and date the oxygen tubing every week on Saturday night shift for infection control.</p> <p>A record review of Resident 10's Treatment Administration Record (TAR) dated July, August, and September 2024 with the DON revealed the order to change and date the oxygen tubing every week on Saturday night shift for infection control was not showing up on the TAR to be completed.</p> <p>An observation on 09/23/2024 at 11:22 AM revealed Resident 10's oxygen tubing or nasal cannula (tubing that goes in a resident's nose to deliver oxygen) and humidifier was not dated or initialed.</p> <p>In an interview on 09/23/2024 at 11:22 AM, Resident 10 confirmed the staff did not change the resident's oxygen nasal cannula or humidifier unless the resident asked. The resident confirmed the resident knows it was time to be changed due to it starts to get hard and irritating to the nose.</p> <p>In an interview on 09/24/2024 at 12:49 PM, Resident 10 confirmed they just put stickers with the date on the tubing and humidifier, they did not change either one of them.</p> <p>In an interview on 09/24/2024 at 1:13 PM, LPN-A confirmed the oxygen tubing was now dated, but LPN-A confirmed LPN-A was not sure when the tubing was changed, LPN-A just made sure the tubing was dated.</p> <p>In an interview on 09/24/2024 at 2:05 PM, the DON confirmed the order to change and date the oxygen tubing every week on Saturday night shift for infection control was not entered in the Electronic Medical Record (EMR) correctly and was not showing up on the TAR so staff would know it needed to be completed.</p> <p>C.</p> <p>A record review of the facility's Oxygen Administration, Safety, Mask Types dated 07/08/2024 revealed the purpose of the policy was to administer and store oxygen in a safe manner and to keep oxygen equipment clean. Oxygen equipment will be clean, safe, and functional at all times. When oxygen is not in use, store cannula and tubing in zip-lock bag/plastic bag secured to oxygen cylinder or concentrator. Disposable equipment should be changed weekly or according to manufacturer's instruction and marked with date and initials.</p> <p>(continued on next page)</p>		

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 09/26/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Grand Island Village		STREET ADDRESS, CITY, STATE, ZIP CODE 4061&4055 Timberline Street&2912 Good Samaritan Pl 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 - Many</p>	<p>A record review of Resident 12's Order Summary dated 09/24/2024 revealed an order to change the oxygen tubing every Sunday night shift for infection control.</p> <p>A record review of Resident 12's TAR dated July, August, and September 2024 with the DON did not reveal the resident's oxygen tubing had been changed weekly on:</p> <p>-07/21/2024, -07/27/2024, -08/11/2024, -08/18/2024, -08/25/2024, -09/01/2024, -09/08/2024.</p> <p>An observation on 09/23/2024 at 11:37 AM revealed Resident 12's oxygen nasal cannula was laying on the floor and was not dated or initialed.</p> <p>An observation on 09/24/2024 at 12:35 PM revealed Resident 12's oxygen tubing or nasal cannula and humidifier was not dated and initialed and was kinked. The resident's oxygen tubing on the wheelchair was coiled around the tank and not in a bag. The nasal cannula was touching the wheelchair.</p> <p>In an interview on 09/23/2024 at 12:25 AM, Resident 12 confirmed the staff did not change the resident's oxygen nasal cannula or humidifier weekly and did not store the tubing in a bag when not in use.</p> <p>In an interview on 09/24/2024 at 1:13 PM, LPN-A confirmed Resident 12's oxygen tubing was not dated and initialed and the resident's nasal cannula on the portable tank was not in use and not in a bag, and was dated 6/6.</p> <p>In an interview on 09/24/2024 at 2:05 PM, the DON confirmed the Resident 12's oxygen tubing was not changed weekly and should have been.</p> <p>50683</p> <p>D.</p> <p>An observation on 09/23/24 at 10:30 AM in resident's room revealed that Resident 11 was receiving 2.5 liters of Oxygen through an undated nasal canula tubing (tubing that goes in a resident's nose to deliver oxygen) via oxygen concentrator (a machine that purifies air to oxygen). Resident 11's storage bag connected to the back of Resident 11's wheelchair contained a portable oxygen tank with an attached nasal cannula tubing dated 7.14.24. Tubing was touching surfaces and other contents in the wheelchair storage bag.</p> <p>(continued on next page)</p>		

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 09/26/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Grand Island Village		STREET ADDRESS, CITY, STATE, ZIP CODE 4061&4055 Timberline Street&2912 Good Samaritan Pl 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 - Many</p>	<p>An observation on 09/23/24 at 2:30 PM revealed Resident 11 continued to receive oxygen at 2.5 liters through an undated nasal canula tubing via oxygen concentrator.</p> <p>A record review on 09/23/24 of Resident 11's September 2024's Treatment Record revealed an entry to change and date oxygen tubing every week on Saturday night shift. Saturday, September 7, 2024 reveals a blank entry that indicated that this task was not documented as completed. Saturday, September 14, 2024 revealed staff initials that indicated that this task was completed. Saturday, September 21, 2024 revealed a blank entry that indicated that this task was not documented as completed.</p> <p>An observation on 09/24/24 at 10:30 AM in Resident 11's room revealed that Resident 11 was receiving 2.5 liters of Oxygen through a nasal canula tubing dated September 18, 2024. A nasal canula tubing dated September 18, 2024 was connected to a portable tank of oxygen stored in the back of the Resident 11's wheelchair.</p> <p>An observation on 09/26/24 at 07:45 AM revealed Resident 11's oxygen nasal canula tubing (connected to oxygen concentrator and to portable oxygen tank) both dated 09.18.24, indicating that oxygen tubing was not changed for 8 (eight) days.</p> <p>A record review of the facility's Oxygen Administration, Safety, Mask Types dated 07/08/2024 revealed the purpose of the policy was to administer and store oxygen in a safe manner and to keep oxygen equipment clean. Oxygen equipment will be clean, safe, and functional at all times. When oxygen is not is use, store cannula and tubing in zip-lock bag/plastic bag secured to oxygen cylinder or concentrator. Disposable equipment should be changed weekly or according to manufacture's instructions and marked with date and initials.</p> <p>An Interview with Director of Nursing on 09/26/2024 at 08:40 AM confirmed that oxygen tubing should be changed weekly, and tubing should be dated, initialed and documented in the Resident's Treatment Record.</p> <p>42861</p> <p>E.</p> <p>An observation on 9/23/24 at 3:25 PM revealed Resident 40 had a nebulizer kit, intact with a mask attached, undated, still connected to the nebulizer machine and resting on the tray table.</p> <p>An observation on 9/24/24 at 10:00 AM revealed Resident 40 had a nebulizer kit, intact with a mask attached, undated, still connected to the nebulizer machine and resting on the tray table.</p> <p>A record review of the Order Summary printed on 9/24/24 revealed Resident 40 had the following order in place; DuoNeb Solution 0.5-2.5 (3) MG/3ML (Ipratropium-Albuterol) 1 inhalation inhale orally via nebulizer three times a day for cough.</p> <p>An interview on 9/24/24 at 10:10 AM with LPN-F confirmed that the facility process was to rinse the nebulizer kit and mask after each use and allow to dry on a paper towel then the kit and mask was to be placed in a bag for storage until the next use. The interview confirmed that the kit, mask, and tubing was to be changed weekly and should be dated when changed.</p> <p>(continued on next page)</p>		

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 09/26/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Grand Island Village		STREET ADDRESS, CITY, STATE, ZIP CODE 4061&4055 Timberline Street&2912 Good Samaritan Pl 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 - Many</p>	<p>During the interview with LPN-F, after accompanying surveyor to bedside and visualizing the current placement and storage of the nebulizer kit and mask for Resident 40, confirmed that it had not been rinsed or stored properly to prevent the potential for cross contamination.</p> <p>A record review of the facility policy titled Nebulizer - R/S, LTC, AL, MCAL and dated 11/1/23 revealed it contained the following guidance related to nebulizer treatments:</p> <p>Following medication administration clean nebulizer after each use:</p> <ul style="list-style-type: none"> -Separate the nebulizer parts (mask/mouthpiece, cup) and wash in warm soapy water and rinse thoroughly. -Place mask or mouthpiece and cup on paper towel and air-dry until the next use. Cover with clean cloth or towel.