

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285288	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Tabitha at the Landing		STREET ADDRESS, CITY, STATE, ZIP CODE 6120 South 34th Street Lincoln, NE 68516	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49380</p> <p>Licensure Reference Number NAC 175 12-006.11c</p> <p>Based on observations, record review, and interviews, the facility failed to store food in a manner that would prevent food born illness to the residents, and failed to ensure hair was secured under a hairnet during meal service. This had the potential to affect all 30 residents. The facility identified a resident census of 30.</p> <p>Findings are:</p> <p>A.</p> <p>A review of the facility policy, Food storage, preparation, and handling, last reviewed on 12/23, revealed:</p> <p>The purpose of the policy is to protect the health of all individuals eating food prepared by the food and nutrition services department.</p> <p>To ensure that the period of food storage is consistent with the retention of food quality. Specific procedures are available for the storage, preparation, and service of food. Compliance with these procedures shall be included by reverence in all job descriptions developed after this date. Compliance with these procedures shall be a condition of employment for food service employees as per the related [NAME] policy.</p> <p>-All food which are removed from their original container are to be identified by their common name and the date on which the item was placed in storage.</p> <p>-Each employee shall review the storage area specific to their position on a daily basis and discard all foods which have reached the end of their storage period. Foods which have improperly stored will also be discarded.</p> <p>-Any prepared item will be discarded after three (3) days of refrigeration or three (3) months in the freezer.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A Review of the facility policy, Policy for food brought into facility, (no effective date) revealed:</p> <p>The purpose of the policy is food safety. The policy is intended for food provided to residents from outside of the facility must be handled with appropriate food safety procedures.</p> <p>-Staff that receive food for storage must label with patient name and date the food arrived as it is placed in the resident refrigerator. (40 degrees or less)</p> <p>- Food will be disposed of if it is three days old or in a deteriorating state.</p> <p>An observation in the Harbor House refrigerator on 11/18/24 at 7:25 A.M., one Pantry ridge meat and cheese tray dated 11/13/2024 without and expiration date and one saucer plate of mixed cheese dated 11/13/24 without an expiration date.</p> <p>An observation in the Cove house on 11/18/24 at 7:43 A.M., one opened bag of sandwich style sliced turkey 32 ounce, with and expiration date of 12/24, and open date of 11/11/24.</p> <p>An interview on 11/19/2024 at 9:02 A.M. with Chef Manager confirmed the food items are to be removed 3 days after opening as per the policy.</p> <p>B.</p> <p>Review of the Nebraska Food Code 2-402.11, dated 2017 revealed that hair restraints are to be worn to keep hair from coming in contact with food, equipment, or utensils.</p> <p>An observation on 11/20/24 at 10:14 AM LPN - B went into the kitchen and put a hairnet on the top of (gender) head leaving the ponytail exposed and hanging down.</p> <p>In an interview on 11/20/24 at 10:15 AM LPN - B confirmed that all hair should have been contained under the hairnet.</p> <p>In an interview on 11/20/24 at 10:16 AM the Director of Nursing (DON) confirmed that all hair should be contained under a hairnet.</p> <p>In an interview on 11/20/24 at 02:59 PM the Certified Dietician (CD) confirmed that a hairnet must contain all hair. It was further confirmed there was no hairnet policy, and they follow the Nebraska Food Code regarding hair being covered.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45613</p> <p>Licensure Reference Number 175 NAC 12-006.18</p> <p>Based on observation, interview, and record review, the facility failed to ensure hand hygiene was completed during catheter cares for Resident 18. The sample size was 1. The census was 30 at the time of survey.</p> <p>Findings are:</p> <p>Review of facility policy dated last reviewed 10/26/24, titled Hand Hygiene and Gloving, revealed alcohol based hand rub is recommended in all situations except when hands are visibly soiled.</p> <p>Review of the Centers for Disease Control and Preventions (CDC) website dated 2/27/2024 recommendation revealed that washing hands before and after using gloves helps prevent the spread of germs.</p> <p>Review of Resident 18's admission Minimum Data Set (MDS - a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) dated 10/27/24 revealed an admission to the facility on [DATE] and a Brief Interview for Mental Status (BIMS - 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) score of 11 which indicated moderate cognitive impairment.</p> <p>Review of Resident 18's Comprehensive Care Plan (CCP - written instructions needed to provide effective and person centered care of the resident that meet professional standards of quality care) revealed an indwelling foley catheter in place and catheter cares are to be performed per the physician orders initiated on 11/1/24.</p> <p>An observation during catheter cares on 11/20/24 at 10:57 AM for Resident 18, the Nursing Assistant (NA) - A changed gloves and did not perform any hand hygiene.</p> <p>In an interview on 11/20/24 at 11:01 AM NA - A confirmed that no hand hygiene was performed when changing gloves, and there was no hand sanitizer within reach.</p> <p>In an interview on 11/21/24 at 1:19 PM Licensed Practical Nurse (LPN) - B confirmed that hand hygiene is required when changing gloves.</p>		