STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285303	A. Building B. Wing	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Joseph's Hillside Villa	540 E Washington Street West Point, NE 68788

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 45739 Licensure Reference Number NAC 175 12-006.18 Based on observation, interview and record review; the facility failed to implement Enhanced Barrier Precautions (EBP-an infection control intervention designed to reduce transmission of multi-drug resistant organisms [MDRO's]) during wound care for Resident 1. The total sample size was 3 and the facility census was 50. Findings are: Review of Resident 1's Minimum Data Set (MDS-a federally mandated assessment tool used in care planning) dated 7/25/24 revealed the resident had mild cognitive impairment; diagnoses of diabetes, anxiety, high blood pressure, and hardening of the arteries; was dependent with eating, toileting, dressing, and transfers; had pressure ulcers; and was on hospice. Review of Resident 1's Care Plan, last revised 8/27/24 revealed the resident required assistance with cares, and had pressure wounds to the left heel, right heel, right foot, and right great toe. There was no documentation on the care plan that the resident had EBP in place. Review of Resident 1's Physician Orders active as of 9/10/24 revealed no documentation that EBP had been implemented. Observation on 9/10/24 at 8:15 AM no evidence EBP had been implemented outside of the resident room, on the door, or inside of the resident room. Observation on 9/10/24 at 9:05 AM, Registered Nurse (RN)-H was in the resident room in the process of changing the resident's dressings on bilateral feet. RN-H was wearing gloves and no further personal protective equipment (PPE). RN-H did not apply any further PPE for the remainder of the treatment. RN-H removed their gloves and performed hand hygiene when finished with the treatment. Interview on 9/10/24 at 9:15 AM with RN-H revealed the Resident 1 did have chronic wounds. Further interview revealed EBP had not been implemented for the resident. Interview on 9/10/24 at 1:00 PM with the Director of Nursing (DON) confirmed Resident 1 had a chronic wound, the facility did not have an EBP Policy in place, and EBP had not been implemented for Resident 1.

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