

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/31/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 45739 Licensure Reference Number 175 NAC 12-006.02(H) Based on record review and interview; the facility failed to submit a completed investigation report to the State Agency for a fall for Resident 8. The sample size was 3 and the facility census was 25. Findings are: Review of the facility policy Abuse Neglect and Exploitation last approved 9/23 revealed the following: -when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occurred, an investigation would immediately be warranted, -when abuse, neglect, or exploitation was suspected the nurse would respond to the resident needs and protect them from further incidents; notify the Director of Nursing (DON) and the Administrator; initiate an investigation immediately; notify the physician, the resident's representative and contact the State Agency to report the alleged abuse, -in response to alleged allegations the facility must ensure all alleged violations were reported immediately to the Abuse and Neglect Hotline no later than 2 hours after the allegation was made or no later than 24 hours if the events do not involve abuse or serious bodily injury, and have evidence that all alleged violations were investigated, -the facility must prevent further potential abuse, and -report the results of all investigations to the Administrator and to the State Agency within 5 working days of the incident. Review of Resident 8's Minimum Data Set (MDS- a federally mandated assessment tool used in care planning) dated 10/10/23 revealed the following: -the resident had severe cognitive impairment, (continued on next page)		

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

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/31/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-diagnoses of Alzheimer's Disease, hypertension, and depression, -had impairments in range of motion of the upper extremities on one side, and impairments on both sides of the lower extremities, -required substantial assistance with toileting, dressing, transfers, and personal hygiene, and -had two or more falls with no injuries since the prior assessment. Review of Resident 8's Progress Notes for 10/6/23 timed at at 4:51 PM revealed the resident was up and walking unattended in the resident room and fell in the doorway of the room. According to Residents 8's Progress Note dated 10-06-2023 with w timed entry at 6:28 PM revealed staff palced a call to report the fall to the State Agency. An interview on 8/20/24 at 8:20 AM with the DON confirmed no report was sent into the State Agency.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 42360 Licensure Reference Number 175 NAC 12-006.09(F)(iii) Based on observation, record review and interview; the facility failed to review and revise Resident 10's Care Plan addressing pressure ulcer risk prior to the resident developing a pressure injury/s (injury to skin and or underlying tissue caused by prolonged pressure to skin). The sample size was 18 and the facility census was 27. Findings are: Review of the facility policy Pressure Injury Prevention and Management with a review date of 7/2023 revealed the following: -The facility was committed to the prevention of avoidable pressure injuries and the promotion of healing of existing pressure ulcers. -A Pressure Ulcer/Injury referred to localized damage to skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. -Avoidable meant the resident developed a pressure ulcer/injury and the facility did not do one or more of the following: evaluate the resident's clinical condition and risk factors, define, and implement interventions that were consistent with the resident's needs, resident goals, and professional standards of practice, monitor and evaluate the impact of the interventions or revise the interventions as appropriate. -The facility established and utilized a systemic approach for pressure injury prevention and management, including prompt assessment and treatment, intervention to stabilize, reduce or remove underlying risk factors, monitored the impact of the interventions, and modified the interventions as appropriate. -Licensed nurses conducted pressure injury risk assessments for all residents upon admission/readmission, quarterly and/or with a significant change in the resident's condition and/or with an identified pressure injury. -The risk tool would be used in conjunction with other risk factors such as decreased mobility, co-morbid (simultaneously occurring and putting a person at increased risk for poor outcomes) conditions, drugs that could affect healing, impaired blood flow, skin exposure to incontinence, nutrition and/or hydration deficits, and the presence of a previously healed pressure ulcer. -After completing a thorough assessment, the interdisciplinary team developed a relevant plan of care that included measurable goals and appropriate interventions. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Evidenced based interventions for the prevention of pressure injury were implemented for all residents assessed at risk or who had present pressure injury/s, including but not limited to pressure redistribution such as positioning, protecting, and/or offloading (keeping the risk areas off of surfaces such as the bed) heels, minimizing moisture exposure, providing appropriate support surfaces (specialized devices/surfaces that help redistribute pressure to help prevent and treat pressure injury), and maintaining or improving nutrition/hydration. -Interventions were documented in the Care Plan and communicated to all relevant staff, and compliance with those interventions was documented. B. Review of the facility policy Comprehensive Care Plans dated 11/2023 revealed the following: -The purpose was to develop comprehensive care plans for each resident that included measurable objectives and timetables to meet the resident's medical, nursing, dietary, activity, and psychological needs. -The interdisciplinary team in coordination with the resident, family or representative, developed and maintained a comprehensive care plan for each resident. -The care plan was designed to incorporate identified problems, incorporate risk factors associated with identified problems, build on resident strengths, reflect treatment goals and outcomes, prevent decline, and enhance optimal functioning. -Care plans were revised as changes in the resident's condition dictated. C. Review of Resident 10's Minimum Data Set (MDS-federally mandated comprehensive assessment used to develop resident care plans) dated 5/28/24 revealed the following: -The resident's cognitive assessment indicated severe cognitive impairment. -The resident received substantial assistance with transfers (moving from one surface to another), bed mobility, dressing, and toileting hygiene. -The resident had anemia, diabetes, heart failure, kidney disease, a thyroid disorder, high blood pressure, and dementia. -The resident had 2 Stage 2 (partial thickness loss of skin presenting as a shallow open ulcer with a red or pink wound bed) pressure ulcers. -The resident participated in Restorative Nursing (type of nursing care designed to assist residents of nursing homes maintain or improve their functional abilities) for ambulation (walking), transfers, and active range of motion. Review of Resident 10's Nursing Admission Screening History dated 5/16/24 revealed the resident was readmitted from the hospital following a fall, was alert and oriented, had edema (fluid retention) in feet, was able to bear weight with both legs, required staff assistance with moving in bed, transferring, dressing, walking, toilet use, and personal hygiene. In addition, the assessment indicated the Nurses Notes/Progress Notes contained information about the resident's skin condition. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident 10's Braden Scales for Predicting Pressure Sore Risk (assessment completed to identify risk of developing pressure sores) revealed the following: -On 2/26/24 the resident's score was 22 which did not indicate risk. -On 5/16/24 the resident's score was 18 which indicated the resident was at risk. Review of Resident 10's Progress Notes revealed the following: -On 5/11/24 at 12:00 PM the resident was observed on the floor of the resident's room, complained of pain in the left hip, was found to have a skin tear to the left wrist, and hematoma's (collection of blood beneath the skin/tissues) on the left hip and head. The resident was taken to the emergency room (ER) later (3:50 PM) after passing out while being examined/assessed, and the hematoma had doubled in size. -On 5/15/24 at 9:58 AM the resident returned to the facility from the hospital and the left forearm had steri-strips (adhesive strips used to close open skin), the left hip had bruising and an intact dressing, and the resident had a bump to the back of the head. There was no documentation that the resident had any indication of pressure injury to the coccyx (tail bone) or the left heel. -On 5/19/24 at 6:32 PM the resident had a skin tear to the left forearm, bruising to the left thigh/hip, and a bump on the back of the head. There was no documentation that the resident had any indication of pressure injury to the coccyx or left heel. -On 5/22/24 at 8:10 PM the resident's left heel had a large blister with dark purple coloring beneath the skin. The blister area was 6cm (centimeters) by 4.5cm with a 2cm reddened area surrounding the blister. A heel boot was applied to keep pressure off the area and a sheep skin pad was placed under the right heel to prevent pressure. The resident was scheduled to see the doctor the following day. -On 5/23/24 at 3:06 PM the heel blister remained and measured 6cm by 4.5 cm and 3cm by 2cm of the blister was open. In addition, the resident had a 1cm wound on the coccyx. -On 5/25/24 a gel overlay (pad that lays over a mattress to reduce pressure) was placed on the resident's bed due to the concern of skin breakdown. Review of Resident 10's Care Plan with a revision date of 5/30/24 (8 days after the heel blister had been identified and 7 days after the coccyx wound was identified) revealed the care plan was revised to include the resident having a pressure ulcer on the heel. Interventions included educating the resident/family/and caregivers, treating infection and pain, observing and documenting healing of the wound, obtaining blood work as order, using a wound vacuum (device used to seal and create an environment to promote wound healing) to the heel, and completing weekly documentation of the skin/wound. There was no evidence the interventions included pressure reductions interventions such as the use of the gel overlay mattress, the heel boot, or the sheep skin padding which had been implemented. There was also no evidence the Care Plan address the open coccyx wound. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/19/24 at 4:00 PM during observation of the provision of care Resident 10 was transferred from bath chair to wheelchair using the stand-up mechanical lift (used to assist a resident into a standing position to facilitate movement from one surface to another) with 2 staff in attendance NA-G and RN-E. While standing in the stand-up lift resident treatment of coccyx pressure ulcer was completed. The wound was open to the air due to having just completed bathing. RN-E observed and measured the ulcer on the resident's coccyx. The coccyx ulcer presented as a red area with a layer of yellow slough (dead skin cells which are the byproduct of the inflammatory phase of wound healing) tissue in the center of the wound irregularly shaped. The resident's coccyx bone was very prominent, and the resident's overall appearance was thin. After securing the resident in the wheelchair RN-E removed a dressing from Resident 10's heel revealing a golf ball sized open wound noted on the left heel. The area was moist in appearance with some pink tissue and yellow slough was noted throughout the wound. The RN placed a clean dressing on the wound. During an interview on 8/20/24 at 11:22 AM the Director of Nursing (DON) confirmed the facility assessed the resident's pressure ulcer risk on the day of re-admission from the hospital, and the assessment indicated the resident was at risk for pressure sores which was an increased risk from the previous assessment on 2/26/24, however there was no evidence the resident's Care Plan reflected the increase risk for pressure sores at the time of readmission, and no evidence the facility implemented additional measures to prevent pressure sores until after pressure injury/s were identified.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42360 Licensure Reference Number 175 NAC 12-006.09(H)(iii)(1) Based on observation, interview, and record review; the facility failed to implement measures to prevent the development of pressure ulcers (injury to skin and underlying tissue caused by prolonged pressure to skin) for Resident 10 prior to the development of pressure ulcers. The sample size was 3 and the facility census was 27. Findings are: Review of the facility policy Pressure Injury Prevention and Management with a review date of 7/2023 revealed the following: -The facility was committed to the prevention of avoidable pressure injuries and the promotion of healing of existing pressure ulcers. -A Pressure Ulcer/Injury referred to localized damage to skin and/or underlying soft tissue usually over a bony prominence or related to a medical or other device. -Avoidable meant the resident developed a pressure ulcer/injury and the facility did not do one or more of the following: evaluate the resident's clinical condition and risk factors, define, and implement interventions that were consistent with the residents needs, resident goals, and professional standards of practice, monitor and evaluate the impact of the interventions or revise the interventions as appropriate. -The facility established and utilized a systemic approach for pressure injury prevention and management, including prompt assessment and treatment, intervention to stabilize, reduce or remove underlying risk factors, monitored the impact of the interventions, and modified the interventions as appropriate. -Licensed nurses conducted pressure injury risk assessments for all residents upon admission/readmission, quarterly and/or with a significant change in the resident's condition and/or with an identified pressure injury. -The risk tool would be used in conjunction with other risk factors such as decreased mobility, co-morbid (simultaneously occurring and putting a person at increased risk for poor outcomes) conditions, drugs that could affect healing, impaired blood flow, skin exposure to incontinence, nutrition and/or hydration deficits, and the presence of a previously healed pressure ulcer. -After completing a thorough assessment, the interdisciplinary team developed a relevant plan of care that included measurable goals and appropriate interventions. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0686 Level of Harm - Actual harm Residents Affected - Few	-Evidenced based interventions for the prevention of pressure injury were implemented for all residents assessed at risk or who had present pressure injury/s, including but not limited to pressure redistribution such as positioning, protecting, and/or offloading (keeping the risk areas off of surfaces such as the bed) heels, minimizing moisture exposure, providing appropriate support surfaces (specialized devices/surfaces that help redistribute pressure to help prevent and treat pressure injury), and maintaining or improving nutrition/hydration. -Interventions were documented in the Care Plan and communicated to all relevant staff, and compliance with those interventions was documented. Review of Resident 10's Minimum Data Set (MDS-federally mandated comprehensive assessment used to develop resident care plans) dated 5/28/24 revealed the following: -The resident's cognitive assessment indicated severe cognitive impairment. -The resident received substantial assistance with transfers (moving from one surface to another), bed mobility, dressing, and toileting hygiene. -The resident had anemia, diabetes, heart failure, kidney disease, a thyroid disorder, high blood pressure, and dementia. -The resident had 2 Stage 2 (partial thickness loss of skin presenting as a shallow open ulcer with a red or pink wound bed) pressure ulcers. -The resident participated in Restorative Nursing (type of nursing care designed to assist residents of nursing homes maintain or improve their functional abilities) for ambulation (walking), transfers, and active range of motion. Review of Resident 10's Braden Scales for Predicting Pressure Sore Risk (assessment completed to identify risk of developing pressure sores) revealed the following: -On 2/26/24 the resident's score was 22 which did not indicate risk. -On 5/16/24 the resident's score was 18 which indicated the resident was at risk. Review of Resident 10's Nursing Admission Screening History dated 5/16/24 revealed the resident was readmitted from the hospital following a fall, was alert and oriented, had edema (fluid retention) in feet, was able to bear weight with both legs, required staff assistance with moving in bed, transferring, dressing, walking, toilet use, and personal hygiene. Review of Resident 10's Progress Notes revealed the following: -On 5/11/24 at 12:00 PM the resident was observed on the floor of the resident's room, complained of pain in the left hip, was found to have a skin tear to the left wrist, and hematoma's (collection of blood beneath the skin/tissues) on the left hip and head. The resident was taken to the emergency room (ER) later (3:50 PM) after passing out while being examined/assessed, and the hematoma had doubled in size. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0686 Level of Harm - Actual harm Residents Affected - Few	-On 5/15/24 at 9:58 AM the resident returned to the facility from the hospital and the left forearm had steri-strips (adhesive strips used to close open skin), the left hip had bruising with an intact wound dressing, and the resident had a bump to the back of the head. There was no documentation that the resident had any indication of pressure injury to the coccyx (tail bone) or the left heel. -On 5/19/24 at 6:32 PM Resident 10 had a skin tear to the left forearm, bruising to the left thigh/hip, and a bump on the back of the head. There was no documentation that the resident had any indication of pressure injury to the coccyx or left heel. -On 5/22/24 at 8:10 PM revealed the resident's left heel had a large blister with dark purple coloring beneath the skin. The blister area was 6 cm (centimeters) by 4.5 cm with a 2 cm reddened area surrounding the blister. A heel boot was applied to the left foot to keep pressure off the pressure area and a sheep skin pad was placed under the right heel to prevent pressure. The resident was scheduled to see the doctor the following day. -On 5/23/24 at 3:06 PM the heel blister remained and measured 6 cm by 4.5 cm and 3 cm by 2 cm of the blister was open. In addition, the resident had a 1 cm wound on the coccyx. On 8/19/24 at 4:00 PM during observation of the provision of care Resident 10 was transferred from bath chair to wheelchair using the stand-up mechanical lift (used to assist a resident into a standing position to facilitate movement from one surface to another) with 2 staff in attendance Nursing Assistant (NA)-G and RN-E. While standing in the stand-up lift resident treatment of coccyx pressure ulcer was completed. The wound was open to the air due to having just completed bathing. Registered nurse (RN)-E observed and measured the ulcer on the resident's coccyx. The coccyx ulcer presented as a red area with a layer of yellow slough (dead skin cells which are the byproduct of the inflammatory phase of wound healing) tissue in the center of the wound irregularly shaped. The resident's coccyx bone was prominent, and the resident's overall appearance was thin. After securing the resident in the wheelchair RN-E removed a dressing from Resident 10's heel revealing a golf ball sized open wound noted on the left heel. The area was moist in appearance with some pink tissue and yellow slough (dead tissue) was noted throughout the wound. The RN placed a clean dressing on the wound. During an interview on 8/19/24 at 4:58 PM the Director of Nursing (DON) revealed the following: -The resident fell on [DATE] and received a large hematoma to the left hip. The facility felt the hematoma was complicated as the resident was on a medication that could cause bleeding. The family had reported a similar situation in which the resident developed a hematoma after falling. Initially the facility observed the area for complications and when the area enlarged significantly the resident was sent to the ER (emergency room) and subsequently admitted to the hospital. -The resident returned from the hospital to the facility on [DATE]. The hematoma remained and the resident's left leg was swollen. -On 5/22/24 the facility noted a blister to the resident's left heel and a heel boot was applied. -On 5/23/24 the facility noted a 1 cm open area to the resident's coccyx; this area had been previously opened and resolved with treatment in the past. The resident was seen by a Primary Care Physician (PCP). (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0686 Level of Harm - Actual harm Residents Affected - Few	-On 5/25/24 a gel overlay/support surface was placed on the resident's bed due to the skin breakdown. -On 5/30/24 the facility initiated a dietary supplement Prostat to improve the resident's nutrition and the resident was also started on an antibiotic due to an odor from the heel wound. -On 6/3/24 the resident was seen by a wound care provider. -On 6/5/24 the resident was again seen by their PCP. -On 6/21/24 the resident was seen by Podiatry (foot doctor) and a wound vacuum (device used to seal and create a gentle suction to promote wound healing) was ordered for the heel ulcer. During further interview on 8/20/24 at 10:43 AM the Director of Nursing (DON) confirmed the facility identified a pressure sore for Resident 10 on 5/22/24 (4 days after readmission from the hospital) and a pressure ulcer on the resident's coccyx on 5/23/24 (5 days after returning from a hospitalization). The facility believed the development of the heel ulcer and coccyx ulcer was a direct result of the resident's acute change which started while hospitalized . The resident was compromised in movement and had multiple co-morbid conditions which contributed to the resident's skin breakdown, including a history of skin breakdown and nutritional concerns. The resident was still walking at intervals at the time the breakdown was identified. The DON confirmed the facility reassessed the resident's risk for pressure sores at the time of readmission but did not document or care plan additional pressure sore prevention measures prior to identifying the skin breakdown on the resident's heel 4 days later.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45739 Licensure Reference Number 175 NAC 12-006.09(l)(i)(3)(4) Based on record review and interview; the facility failed to put interventions in place and/or revise interventions to prevent ongoing falls for Residents 8 and 24. The sample size was 4 and the facility census was 25. Findings are: A. Review of the facility policy Fall Prevention and Treatment last approved 1/2024 revealed the following: -upon admission a fall assessment would be completed to determine the resident's level of fall risk, -the nurse would indicate in the resident's care plan what the fall risk was then implement interventions in accordance with the fall risk level, -if the resident was at a high risk for falls, they would be placed on the facilities fall prevention program and additional interventions would be provided as directed by the resident assessment, and -when a resident experienced a fall the facility would assess the resident, notify the physician, family, and Director of Nursing (DON), review the resident's care plan and update as indicated, document all assessments and actions, obtain witness statements, neuro checks would be performed if there was suspicion of a head injury, Adult and Child Abuse and Neglect would be contacted if indicated, the facility would monitor the resident for 24 hours post fall and document any changes, and communication to all shifts that the resident had fallen and was at risk to fall again would be provided. B. Review of Resident 8's Minimum Data Set (MDS-a federally mandated assessment tool used in care planning) dated 7/30/24 revealed the following: -diagnoses of high blood pressure, Alzheimer's Disease, and depression, -severe cognitive impaired with a memory problem, -required assistance with toileting, transfers, dressing and personal hygiene, -had one fall with no injury, -received antipsychotic (a type of psychoactive medication which alters chemicals in the brain to effect changes in behavior, mood and emotion), antianxiety, and opioid (a class of drugs that can be used to treat moderate to severe pain) medications, and (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-used bed and chair alarms daily. Review of Resident 8's Care Plan last revised 8/1/24 revealed the following: -the resident had short- and long-term memory loss and made poor decisions, -required extensive assistance with bed mobility and was dependent with dressing, toileting, and transfers, -the resident was high risk for falls, and -fall interventions included: toilet every 1-2 hours, make sure the resident's call light was within reach, make sure the room was free of clutter, make sure frequently used items were within reach, work with Hospice on falls, tab, and chair alarms, fall mat at bedside, make sure the bed is in the normal lowest natural position, when the resident is restless, try to figure out why-rule out pain or need to use the bathroom, offer to take the resident for a wheelchair ride outside (weather permitting), and offer diversional activities. Review of the facility form Fall Scale for Resident 8 dated 7/30/24 revealed the resident was at a high risk for falling. Review of the facility forms Un-witnessed Fall regarding Resident 8 revealed the following: -2/11/24 at 12:15 PM the resident rolled out of bed and was kneeling beside the bed in a praying position with no new intervention implemented, -2/23/24 at 10:25 PM the resident crawled out of bed, was on the floor on the resident's back with feet on the wheelchair with no new intervention implemented, -2/26/24 at 7:43 AM the resident was found crawling on the floor in the resident room with no new intervention implemented, -3/7/24 at 12:08 AM the resident was observed on laying on the floor in the resident room with wet pats and the bed alarm did not sound with no new intervention implemented, -3/11/24 at 8:15 AM the resident was found on the fall mat in the praying position at bedside with no new intervention implemented, and -4/10/24 at 6:50 AM the resident had crawled out of bed and was sitting on their buttock leaning on the bed and no new intervention implemented. C. Review of Resident 24's MDS dated [DATE] revealed the following: -diagnoses of hypertension and dementia, -severe cognitive impairment, -required substantial assistance with toileting, dressing, transfers and personal hygiene, (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-had 2 or more falls with no injury, -received antipsychotic medications routine and as needed, and -used bed and chair alarms daily. Review of Resident 24's Care Plan last revised 8/14/24 revealed the following: -the resident had short and long-term memory loss and made poor decisions, -required set up assistance or supervision with bed mobility, dressing, toileting, and transfers, -the resident was high risk for falls, and -fall interventions included: be sure the call light was within reach, check environment for safety issues, make sure the room is free of clutter, the bedspread is not touching the floor and the foot rest is down, encourage the resident to be at the nurse's station or activity when their spouse was taking a bath, ensure proper footwear, motivate the resident to make safe decisions, observe for changes in balance and gait, and make sure all items were in reach when the resident was in the resident room. Review of the facility form Fall Scale for Resident 24 dated 8/6/24 revealed the resident was at a high risk for falling. Review of the facility forms Un-witnessed Fall regarding Resident 24 revealed the following: -2/16/24 at 9:35 PM the resident was found on the floor next to their bed. The resident stated that they slid off the bed, no new intervention implemented, -4/3/24 at 11:25 AM the resident was in the recliner and the recliner tipped forward, no new intervention implemented, -6/5/24 at 4:00 PM the resident fell in the hallway, landed on their right side, no new intervention implemented, -6/13/24 at 8:50 PM the resident was found lying on the floor on their right side, no new intervention implemented, and -8/6/24 at 8:04 PM resident was found sitting on the floor in front of the recliner, no new intervention implemented. D. Interview with the DON on 8/20/24 at 1:35 PM confirmed new interventions were not implemented to prevent future falls for Residents 8 and 24.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42360 Licensure Reference Number 175 NAC 12-006.12(A)(vi) Based on record review and interview; the facility Pharmacist failed to identify medication irregularities related to a diagnosis for an antipsychotic medication for Resident 15, failed to ensure Resident 22's antibiotic medication had a clinical rationale to support ongoing daily use, failed to ensure a gradual dose reduction was attempted or there was a clinical rationale for continued use of Resident 11's antidepressant medication, and failed to ensure Resident's 8, 24, and 25's as needed antipsychotic medication orders did not exceed 14 days without a providers reassessment of the resident's conditions. The sample size was 7 and the facility census was 27. Findings are: A. Review of the facility policy Use of Psychotropic Drugs with a review date of 8/2023 revealed the following: -Resident were not given psychotropic (mind altering substance that changes brain function and can alter perception) drugs unless the medication was necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication was beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication. -Psychotropic drug use included the use of antipsychotic, antidepressant, anti-anxiety, and hypnotic medication. -The indication for use of any psychotropic drug was documented in the medical record. -Residents who received psychotropic medications received gradual dose reductions, unless clinically contraindicated, and received non-pharmacological interventions to facilitate reduction and or discontinuation of the drugs. -PRN orders to psychotropic drugs were used only when the medication was necessary to treat a specific documented condition and limited in duration to 14 days. -PRN orders for antipsychotic drugs could not be renewed unless the attending physician or prescribing practitioner evaluated the resident for the appropriateness of that medication. B. Review of Resident 15's Minimum Data Set (MDS-federally mandated comprehensive assessment used to develop resident care plans) dated 7/16/24 revealed diagnoses of heart disease, depression, anxiety, and dementia. There was not evidence the resident had psychosis. In addition, the resident displayed no adverse behaviors, but took antipsychotic medication. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident 15's Care Plan with a revision date of 7/20/24 revealed the resident attended some facility activities but preferred to read books. The resident had trouble sleeping at night and took psychotropic medications for anxiety and depression. In addition, the resident was at risk for adverse medication reactions, adverse drug reaction symptoms were monitored, and the resident would receive the lowest possible doses for the shortest possible durations for treating clinical conditions. Review of Resident 15's Physician's Orders dated 8/15/24 revealed an order for the antipsychotic medication Risperidone 0.25mg (milligram) one tablet daily for anxiety/depression with an order date of 10/26/23. During an interview on 8/19/24 at 1:34 PM the Director of Nursing (DON) confirmed the facility did not have a diagnosis in place to support the use of the antipsychotic medication Risperidone for Resident 15. C. Review of Resident 11's MDS dated [DATE] revealed the resident was dependent on the staff for dressing, transfers, toileting hygiene, received substantial assistance with bed mobility, oral hygiene, and bed mobility, and eating. In addition, the resident had loss of physical functioning of extremities, had a history of stroke, depression, and dementia. The resident displayed physical and verbal behavior and rejected care. Medications taken included antipsychotic, and antidepressant medication. Review of Resident 11's Care Plan with a revision date of 6/5/25 revealed the following: -The resident displayed physical and threatening behaviors, and abusive language toward staff, resisted care, and displayed inappropriate sexual behavior. The resident was encouraged to express self in a calm manner. -The resident took psychotropic medications with a goal to be on the lowest possible doses to control signs and symptoms of depression and behaviors. -The Pharmacy Consultant reviewed medications monthly and made recommendations to the provider to reduce the dosage of psychotropic medication to ensure the lowest possible effective dose needed. Review of Resident 11's Physician's Orders dated 8/20/24 revealed the resident was taking the antidepressant medication Mirtazapine 15 mg daily for appetite. Review of Resident 11's Medication Administration Records revealed the Mirtazapine had remained at the 15mg dose since 12/30/22 when ordered for mood. Review of Resident 11's Pharmacy Review recommendations revealed no evidence the facility reviewed the resident's Mirtazapine for dose reduction and no evidence the provider documented a clinical contraindication. During an interview on 8/19/24 at 10:18 AM the Director of Nursing (DON) confirmed the facility pharmacist had not identified the need to review resident 11's antidepressant medication Mirtazapine for a gradual dose reduction or confirmed that Resident 11's provider had not documented a clinical rationale for continuing the medication at the current dose. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	45739 D. Review of Resident 8's MDS dated [DATE] revealed the following: -diagnoses of high blood pressure, Alzheimer's Disease, and depression, -severe cognitive impaired with a memory problem, -the resident displayed physical and verbal behaviors directed towards others, other behaviors not towards others, rejection of care, and wandering, -required assistance with toileting, transfers, dressing and personal hygiene, and -received antipsychotic (a type of psychoactive medication which alters chemicals in the brain to effect changes in behavior, mood and emotion), antianxiety, and opioid (a class of drugs that can be used to treat moderate to severe pain) medications. Review of Resident 8's Care Plan last revised 8/1/24 revealed the following: -the resident had short and long-term memory loss and made poor decisions, -required extensive assistance with bed mobility and was dependent with dressing, toileting, and transfers, -the resident was high risk for falls, and -the resident received an antidepressant for depression and psychotropic medications for restlessness and anxiety, the Pharmacy Consultant reviewed psychotropic medications monthly, and would make recommendations to be sure the resident received the lowest effective dosage. Review of the facsimile (fax) dated 2/23/24 revealed the Resident 8 had an order for ABH (Ativan/Benadryl/Haloperidol [Haloperidol is an antipsychotic medication]) Cream-apply to skin every 6 hours as needed for restlessness or anxiety originally ordered 2/12/24 renewed for 364 days (stop date 2/21/25). Review of Resident 8's Order Summary with active orders as of 8/15/24 revealed an order for ABH Cream apply to skin topically every 6 hours as needed for restlessness or anxiety ordered 2/23/24 with a stop date of 2/21/25. An interview with the DON on 8/15/24 at 1:05 PM confirmed the as needed ABH Cream had an antipsychotic medication in it, and it did not have a 14-day limit. E. Review of Resident 24's MDS dated [DATE] revealed the following: -diagnoses of hypertension and dementia, -severe cognitive impairment, (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-displayed physical and verbal behaviors towards others, other behaviors not towards others, rejection of care, and wandering, -required substantial assistance with toileting, dressing, transfers, and personal hygiene, and -received antipsychotic medications routine and as needed. Review of Resident 24's Care Plan last revised 8/14/24 revealed the following: -the resident had short and long-term memory loss and made poor decisions, -required set up assistance or supervision with bed mobility, dressing, toileting, and transfers, -the resident was high risk for falls, and -the resident received an antipsychotic medication for agitation and dementia, the Pharmacy Consultant reviewed psychotropic medications monthly and would make recommendations to be sure the resident received the lowest effective dosage. Review of the fax dated 7/19/24 revealed the Resident 24 had an order for ABH gel topically to inner wrists every 6 hours as needed for agitation originally ordered 7/8/24 was continued for 90 days. Review of Resident 24's Order Summary with active orders as of 8/15/24 revealed an order for ABH Cream apply to inner wrists topically every 6 hours as needed for agitation ordered 7/19/24 until 10/17/24. An interview with the DON on 8/15/24 at 1:05 PM confirmed the as needed ABH Cream had an antipsychotic medication in it and it did not have a 14 days limit. F. Review of Resident 25's MDS dated [DATE] revealed the following: -diagnoses of dementia, hypertension, non-Alzheimer's dementia, -severe cognitive impairment with a memory problem, -the resident displayed physical and verbal behaviors directed towards others, other behaviors not directed towards others and rejection of care, -required assistance with toileting, transfers, dressing, and personal hygiene, and -received an antipsychotic and opioid (a class of drugs that can be used to treat moderate to severe pain). Review of Resident 25's Care Plan last revised 8/8/24 revealed the following: -the resident had short and long-term memory loss and made poor decisions, (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-required extensive assist with dressing, toileting, and transfers and supervision with bed mobility, -the resident was a high fall risk, and -the resident received psychotropic medications for agitation the Pharmacy Consultant reviewed psychotropic medications monthly and would make recommendations to be sure the resident received the lowest effective dosage. Review of the fax dated 6/17/24 revealed Resident 25 had an order for Haloperidol 2mg/milliliter (ml) give 0.5 ml (1mg) every 6 hours as needed, originally ordered 6/4/24 was continued for 180 days. Review of Resident 25's Order Summary with active orders as of 8/15/24 revealed an order for Haloperidol give 0.5 ml every 6 hours as needed ordered 6/18/24 until 12/4/24. An interview with the DON on 8/15/24 at 1:05 PM confirmed the Haloperidol was an antipsychotic and the stop date of the medication was longer than the 14-day limit.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident's drug regimen must be free from unnecessary drugs. 42360 Licensure Reference Number 12-006.09(H) Based on record review and interview; the facility failed to ensure antibiotic medication orders for Resident 22 had the required duration of use or a documented rationale for continued daily use in accordance with facility policies and clinical standards. The sample size was 7 and the facility census was 27. Findings are: Review of the facility policy Antibiotic Stewardship-LTC with a revision date of 11/2018 revealed the following: -The facility followed an antibiotic stewardship policy -The purpose of the program was to reduce inappropriate use of antibiotics, improve resident outcomes and lessen adverse events. -The facility tracked antibiotic use daily. -The facility communicated with physician with the use of a quarterly report card. Review of the facility policy Antibiotic Stewardship with a revision date of 3/2024 revealed the following: -The facility had a coordinated program that promoted the appropriate use of antimicrobial agents, improved outcomes, minimized adverse effects, reduced antimicrobial resistance, and decreased the spread of infections caused by Multi-Drug Resistant Organism (MRDO-organisms that are resistant to one or more classes of antimicrobial agents, such as antibiotics and antifungals). -The facility supported efforts to improve and monitor antibiotic use within the facility. -All antibiotics required a diagnosis and duration of therapy, were reviewed after initiation, and were reviewed by the stewardship team to determine recommended treatment guidelines, and to provide recommendations. Review of Resident 22's Care Plan with a revision date of 7/20/24 revealed the resident bladder incontinence, a history of urinary tract infections and had self-care deficits, activity intolerance and dementia. The resident was given antibiotics as ordered. The staff monitored for signs and symptoms of infection and were taught good hygiene practice. Review of Resident 22's Diagnosis Report dated 8/15/24 revealed diagnoses of Urinary Tract Infections with onset dates of 3/15/24, and 4/1/24. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident 22's Physicians Order Review Report date 8/15/24 revealed the resident had an order for Nitrofurantoin Monohyd Macro (antibiotic) oral capsule 100mg daily with an order date of 5/10/24. There was no evidence the order contained an end date. During an interview on 8/15/24 at 8:07 AM the Director of Nursing confirmed the Provider had been contacted about the long-term use of the antibiotic medication Macrochantin (Nitrofurantoin Monohyd Macro) for the treatment of chronic UTI's on 7/25/24, however the provider did not document a rationale for the continued use of this antibiotic, despite break through infections and lack of evidence that the prophylactic or preventative antibiotic was preventing the resident from getting infections.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42360 Licensure Reference Number 175 NAC 12-006.09(H) Based on interview and record review; the facility failed to have a diagnosis for the use of an antipsychotic (medication typically used to manage psychotic disorders) medication for Resident 15, failed to attempt a gradual dose reduction or have a documented contraindication for reducing an antidepressant (medication typically used to treat depression) medication for Resident 11, and failed to ensure PRN (as needed) antipsychotic medications orders were limited to 14 days for Residents 8, 24, and 25. The sample size was 7 and the facility census was 27. A. Review of the facility policy Use of Psychotropic Drugs with a review date of 8/2023 revealed the following: -Residents were not given psychotropic (mind altering substance that changes brain function and can alter perception) drugs unless the medication was necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication was beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication. -Psychotropic drug use included the use of antipsychotic, antidepressant, anti-anxiety, and hypnotic (sleep inducing) medication. -The indication for use of any psychotropic drug was documented in the medical record. -Residents who received psychotropic medications received gradual dose reductions, unless clinically contraindicated, and received non-pharmacological interventions to facilitate reduction and or discontinuation of the drugs. -PRN orders to psychotropic drugs were used only when the medication was necessary to treat a specific documented condition and limited in duration to 14 days. -PRN orders for antipsychotic drugs could not be renewed unless the attending physician or prescribing practitioner evaluated the resident for the appropriateness of that medication. B. Review of Resident 15's Minimum Data Set (MDS-federally mandated comprehensive assessment used to develop resident care plans) dated 7/16/24 revealed diagnoses of heart disease, depression, anxiety, and dementia. There was no evidence the resident had psychosis. In addition, the resident displayed no adverse behaviors, but took antipsychotic medication. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Review of Resident 15's Care Plan with a revision date of 7/20/24 revealed the resident attended some facility activities but preferred to read books. The resident had trouble sleeping at night and took psychotropic medications for anxiety and depression. In addition, the resident was at risk for adverse medication reactions, adverse drug reaction symptoms were monitored, and the resident would receive the lowest possible doses for the shortest possible durations for treating clinical conditions. Review of Resident 15's Physician's Orders dated 8/15/24 revealed an order for the antipsychotic medication Risperidone 0.25mg one tablet daily for anxiety/depression with an order date of 10/26/23. During an interview on 8/19/24 at 1:34 PM the Director of Nursing (DON) confirmed the facility did not have a diagnosis in place to support the use of the antipsychotic medication Risperidone for Resident 15. C. Review of Resident 11's MDS dated [DATE] revealed the resident was dependent on the staff for dressing, transfers, toileting hygiene, received substantial assistance with bed mobility, oral hygiene, and bed mobility, and eating. In addition, the resident had loss of physical functioning of extremities, had a history of stroke, depression, and dementia. The resident displayed physical and verbal behavior and rejected care. Medications taken included antipsychotic, and antidepressant medication. Review of Resident 11's Care Plan with a revision date of 6/5/25 revealed the following: -The resident displayed physical and threatening behaviors, and abusive language toward staff, resisted care, and displayed inappropriate sexual behavior. The resident was encouraged to express self in a calm manner. -The resident took psychotropic medications with a goal to be on the lowest possible doses to control signs and symptoms of depression and behaviors. -The Pharmacy Consultant reviewed medications monthly and made recommendations to the provider to reduce the dosage of psychotropic medication to ensure the lowest possible effective dose needed. Review of Resident 11's Physician's Orders dated 8/20/24 revealed the resident was taking the antidepressant medication Mirtazapine 15 mg daily for appetite. Review of Resident 11's Medication Administration Records revealed the Mirtazapine had remained at the 15mg dose since 12/30/22 when ordered for mood. Review of Resident 11's Pharmacy Review recommendations revealed no evidence the facility reviewed the resident's Mirtazapine for dose reduction and no evidence the provider documented a clinical contraindication. During an interview on 8/19/24 at 10:18 AM the DON confirmed the facility Pharmacist had not identified the need to review resident 11's antidepressant medication Mirtazapine for a gradual dose reduction or confirmed that Resident 11's provider had not documented a clinical rationale for continuing the medication at the current dose. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	45739 D. Review of Resident 8's MDS dated [DATE] revealed the following: -diagnoses of high blood pressure, Alzheimer's Disease, and depression, -severe cognitive impaired with a memory problem, -the resident displayed physical and verbal behaviors directed towards others, other behaviors not towards others, rejection of care, and wandering, -required assistance with toileting, transfers, dressing and personal hygiene, and -received antipsychotic (a type of psychoactive medication which alters chemicals in the brain to effect changes in behavior, mood and emotion), antianxiety, and opioid (a class of drugs that can be used to treat moderate to severe pain) medications. Review of Resident 8's Care Plan last revised 8/1/24 revealed the following: -the resident had short and long-term memory loss and made poor decisions, -required extensive assistance with bed mobility and was dependent with dressing, toileting, and transfers, -the resident was high risk for falls, and -the resident received an antidepressant for depression and psychotropic medications for restlessness and anxiety, the Pharmacy Consultant reviewed psychotropic medications monthly, and would make recommendations to be sure the resident received the lowest effective dosage. Review of the facsimile (fax) dated 2/23/24 revealed the Resident 8 had an order for ABH (Ativan/Benadryl/Haloperidol [Haloperidol is an antipsychotic medication]) Cream-apply to skin every 6 hours as needed for restlessness or anxiety originally ordered 2/12/24 renewed for 364 days (stop date 2/21/25). Review of Resident 8's Order Summary with active orders as of 8/15/24 revealed an order for ABH Cream apply to skin topically every 6 hours as needed for restlessness or anxiety ordered 2/23/24 with a stop date of 2/21/25. Review of Resident 8's Medication Administration records (MARs) for 2024 revealed in June the resident received the PRN ABH cream 14 doses, in July the resident received 15 doses and in August the resident received 15 doses. An interview with the DON on 8/15/24 at 1:05 PM confirmed the as needed ABH Cream had an antipsychotic medication in it, was not limited to 14 days and the resident had received the medication longer than the 14-day limit. E. Review of Resident 24's MDS dated [DATE] revealed the following: (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-diagnoses of hypertension and dementia, -severe cognitive impairment, -displayed physical and verbal behaviors towards others, other behaviors not towards others, rejection of care, and wandering, -required substantial assistance with toileting, dressing, transfers, and personal hygiene, and -received antipsychotic medications routine and as needed. Review of Resident 24's Care Plan last revised 8/14/24 revealed the following: -the resident had short and long-term memory loss and made poor decisions, -required set up assistance or supervision with bed mobility, dressing, toileting, and transfers, -the resident was high risk for falls, and -the resident received an antipsychotic medication for agitation and dementia, the Pharmacy Consultant reviewed psychotropic medications monthly and would make recommendations to be sure the resident received the lowest effective dosage. Review of the fax dated 7/19/24 revealed the Resident 24 had an order for ABH gel topically to inner wrists every 6 hours as needed for agitation originally ordered 7/8/24 was continued for 90 days. Review of Resident 24's Order Summary with active orders as of 8/15/24 revealed an order for ABH Cream apply to inner wrists topically every 6 hours as needed for agitation ordered 7/19/24 until 10/17/24. Review of Resident 24's August 2024 MAR revealed the resident received the PRN ABH Cream 5 times with the last time being 8/10/24 (8 days past the 14-day limit). An interview with the DON on 8/15/24 at 1:05 PM confirmed the as needed ABH Cream had an antipsychotic medication in it, was not limited to 14 days and the resident had received the medication longer than the 14-day limit. F. Review of Resident 25's MDS dated [DATE] revealed the following: -diagnoses of dementia, hypertension, non-Alzheimer's dementia, -severe cognitive impairment with a memory problem, -the resident displayed physical and verbal behaviors directed towards others, other behaviors not directed towards others and rejection of care, -required assistance with toileting, transfers, dressing, and personal hygiene, and (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-received an antipsychotic and opioid (a class of drugs that can be used to treat moderate to severe pain). Review of Resident 25's Care Plan last revised 8/8/24 revealed the following: -the resident had short and long-term memory loss and made poor decisions, -required extensive assist with dressing, toileting, and transfers and supervision with bed mobility, -the resident was a high fall risk, and -the resident received psychotropic medications for agitation the Pharmacy Consultant reviewed psychotropic medications monthly and would make recommendations to be sure the resident received the lowest effective dosage. Review of the fax dated 6/17/24 revealed Resident 25 had an order for Haloperidol 2mg/milliliter (ml) give 0.5 ml (1mg) every 6 hours as needed, originally ordered 6/4/24 was continued for 180 days. Review of Resident 25's Order Summary with active orders as of 8/15/24 revealed an order for Haloperidol give 0.5 ml every 6 hours as needed ordered 6/18/24 until 12/4/24. An interview with the DON on 8/15/24 at 1:05 PM confirmed the Haloperidol was an antipsychotic and the stop date of the medication was longer than the 14-day limit.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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. 42360 Licensure Reference Number 175 NAC 12-006.18 Based on observation, interview, and record review; the facility failed to complete gloving and hand sanitation at intervals during the provision of wound care for Resident's 10 and 20, failed to dispose of potentially infected dressings in a manner to prevent potential contamination for Resident 10, and failed to prevent potential cross contamination from improper handling of Resident 20's topical medication. A. Review of the facility policy Infection Control Isolation Precautions with a revision date of 4/2024 revealed the following: -A variety of infection control measures were used to decrease the risk of transmission of microorganisms (tiny living organisms that can only be seen under a microscope and referred to as pathogens when they have the potential to cause disease). -Precautions designed for the care of all residents Standard Precautions (measures implemented during all medical care provision to prevent contact with body fluids- for example the use of gloves, good hygiene habits, and clean technique), were the primary strategy for successful infection control. -Transmission Based Precautions-(TBP-a second level of infection control used in addition to Standard Precautions for those who were or may have been infected with infectious agents) were used for the care of specific patients for known or suspected infection with epidemiologically important pathogens (infectious agents with one or more of the following characteristics (readily transmissible, proclivity toward causing outbreaks, possibly associated with severe outcomes, and/or difficult to treat)). -All direct care staff were aware of the facility policy and responsible for the procedures contained within the policy. -Staff received initial and annual orientation to the policy. -Hand Washing was frequently called the single most important measure for preventing the spread of infection. -Wearing gloves did not replace the need for handwashing. -Gowns and protective apparel were worn to provide protection and to reduce contamination of clothing and to protect the skin of personnel from blood and body fluid exposures. (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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	-Enhanced Barrier Precautions (EBP-precautions implemented in addition to Standard Precautions during high contact resident care activities when caring for residents with increased risk for acquiring a Multi-Drug Resistant Organism (MRDO-organisms that are resistant to one or more classes of antimicrobial agents, such as antibiotics and antifungals) were implemented for resident's with certain wounds, indwelling medical devices, or residents infected or colonized-(person is carrying but is not experiencing illness or symptoms) with an MRDO. B. Review of the facility policy Hand Washing with a revision date of 4/2023 revealed the following: -Staff were required to wash their hands after each direct resident contact for which handwashing was indicated by practice standards. -Alcohol-bases hand rubs were used. -Staff were required to wash hands before putting on gloves, after removing gloves, and after handling dirty items. C. Review of Resident 10's Care Plan with a revision date of 5/1/24 revealed the resident was on EBP due to having a urinary catheter (device that dwells in the bladder to promote urine drainage into a receptacle outside of the body). In addition, the resident had a pressure ulcer (injury to skin and underlying tissue caused by prolonged pressure to the skin), and a colostomy (opening in the large intestine that is surgically created and opens to the outside of the body for elimination of bowel contents). Observation of the provision of care for Resident 10 on 8/19/24 at 4:00 PM revealed the following: -The resident transferred from a bath chair to a wheelchair using the stand-up mechanical lift (used to assist resident to stand to move safely from one surface to another) with 2 staff in attendance (NA-G and RN-E). Both staff were wearing gowns, and gloves and NA-G was also wearing a mask. While the resident was standing in the stand-up lift, treatment of the coccyx (bone located in the triangular area at the base of the spine also known as the tail bone) pressure ulcer was completed. The wound was open to the air due to having just completed bathing. RN-E observed and measured the ulcer on the resident's coccyx. The coccyx ulcer presented as a red area with a layer of yellow irregularly shaped slough (dead skin cells which are the byproduct of the inflammatory phase of wound healing) tissue in the center of the wound. The resident's coccyx area was very prominent, and the resident's overall appearance was thin. RN-E then noticed BM (Bowel Movement) on the resident's buttocks, and using a disposable wipe cleaned the BM and disposed of the wipe. While using the same gloves used to clean up the BM, RN-E then applied a clean dressing to the resident's ulcer. RN-E then removed and disposed of the gloves, washed hands, and put on clean gloves. After securing the resident in a wheelchair RN-E sat down on the floor, removed a soiled dressing from the resident's left heel, laid the soiled dressing directly on the floor, and removed the gloves and set them on top of the soiled dressing that was on the floor. There was a golf ball sized open wound noted on the resident's left heel. The area was moist in appearance with some pink tissue and yellow slough noted throughout the wound. RN-E then put on clean gloves without performing hand hygiene and placed a clean dressing on the wound. D. Review of Resident 20's Care Plan with a revision date of 5/1/24 revealed the following: (continued on next page)		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285304	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/20/2024
NAME OF PROVIDER OR SUPPLIER Rock County Hospital Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE 100 East South Street Bassett, NE 68714	
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	-The resident had a sacral (below the lower spine and above the tail bone) wound. -The resident had an indwelling urinary catheter. -The resident had a colostomy -The resident was on EBP due to the presence of a chronic wound and a urinary catheter. During an observation of care on 8/15/24 at 11:40 AM, RN-E donned (put on) a gown, gloves and a mask and entered the room. RN-E first changed the residents colostomy bag. There was liquid BM in bag and the bag did have some leakage. RN-E then changed gloves (did not perform hand hygiene) and retrieved a clean dressing for the resident's sacral pressure sore from a dresser drawer and reapplied the dressing. After completing the dressing change RN-E changed gloves but did not perform hand hygiene and cleaned the resident's genital area and catheter insertion site with disposable wipes. E. During an interview on 8/20/24 at 10:43 AM the Director of Nursing confirmed that RN-E failed to complete gloving changes and/or hand sanitation at proper intervals during the provision of wound care for Resident's 10 and 20 and failed to properly dispose of potentially infected dressings for Resident 10. 45739 F. Observation on 8/19/24 at 9:10 AM RN-E obtained Resident 20's medications from the medication cart. RN-E placed the oral medications into a medication cup and obtained a topical medication in a tube and went to the resident room. RN-E donned a gown, gloves, and mask and entered the resident room. Resident 20 was still in bed and RN-E placed the medication cup and the topical medication on the resident's bedside table without a barrier. RN-E administered the resident's oral medications and gave the resident a sip of water. The resident started to spit out the medications and RN-E caught the medications in RN-E's gloved hand. RN-E removed their gloves and discarded, then put on a new pair without performing hand hygiene. RN-E obtained the topical medication from the resident's bedside table and applied the medication. RN-E placed the medication tube back onto the resident's bedside table and removed their gloves and did not perform hand hygiene. RN-E picked up the medication and removed their gown before exiting the resident room. RN-E went back to the medication cart and placed the topical medication on the top of the cart without cleaning the tube or placing a barrier, opened the medication cart, and placed the medication back into the cart and locked the cart. No observation was made of RN-E cleansing the top of the medication cart. Interview on 8/19/24 at 5:20 PM with the Director of Nursing confirmed hand hygiene was not completed at appropriate intervals and RN-E should have placed a barrier to lay the medication tube on instead of placing the tube directly on the resident's bedside table, should have cleansed the medication tube, and the cleaned top of the medication cart after the potentially contaminated medication tube was removed.		