

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28E180	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2024
NAME OF PROVIDER OR SUPPLIER Garden County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 West 2nd Oshkosh, NE 69154	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>49766</p> <p>Licensure Reference 175 NAC 12- 006.05(S)</p> <p>Based on observations, interviews, and record review; the facility failed to provide meal service that enhanced dignity by ensuring all residents were served at a table before serving the next table for 1 (Resident 5) of 1 sampled resident. The facility census was 26.</p> <p>Findings are:</p> <p>An observation on 7/22/2024 at 12:09 PM revealed Resident 5's four other table mates were served lunch meals. Resident 5 had been watching their other table mates eat.</p> <p>An observation on 7/22/2024 at 12:14 PM revealed a table of three seated behind Resident 5 were served lunch meals. Resident 5 had begun to look around and continue to watch other residents eat.</p> <p>An observation on 7/22/2024 at 12:17 PM revealed Resident 5 was served their lunch meal.</p> <p>An interview on 7/22/2024 at 12:22 PM with Cook-B confirmed all residents should be served at one table at the same time.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49766</p> <p>Licensure Reference 175 NAC 12-006.04(F)(i)(5)</p> <p>Based on interviews and record review; the facility failed to notify the physician of significant weight loss for 2 (Residents 8 and Resident 11) of 2 sampled residents. The facility census was 26.</p> <p>Findings are:</p> <p>A.</p> <p>A record review of a facility policy Notification of Change in Resident Condition with a last revised date of 1/2019 revealed all licensed personnel will notify the attending physician of any significant change in condition.</p> <p>A record review of Resident 8's Vitals record revealed Resident 8 weighed 120.8 pounds on 1/12/2024 and on 7/8/2024 Resident 8 weight was 104.5 pounds, a loss of 16.3 pounds or 13.5% since the weight on 1/12/2024.</p> <p>A record review of Resident 8's medical record did not reveal any evidence that Resident 8's physician was aware of the severe weight loss.</p> <p>An interview on 7/23/2024 at 10:25 AM with the Minimum Data Set (MDS, a federally mandated assessment tool used for care planning)) Coordinator confirmed there was no information Resident 8's physician had been notified of Resident 8's severe weight loss. The MDS Coordinator further confirmed the physician should have been notified of Resident 8's severe weight loss.</p> <p>49263</p> <p>B.</p> <p>A record review of Resident 11's MDS, dated [DATE] revealed Resident 11 had had a weight loss of 5% or more in the last month or of 10% or more in the last six months and was not on a prescribed weight loss plan.</p> <p>A record review of Resident 11's weights documented in their electronic health record revealed the resident weighed 120 pounds on 4/1/24 and 110 pounds on 5/7/24, which was an 8.3% weight loss in one month. The resident also had a weight of 101 pounds on 6/4/24, which indicated the resident had lost an additional 8.2% during the month of May 2024.</p> <p>A record review of Resident 11's Electronic Health Records and of their paper health records revealed no evidence of Resident 11's primary care provider (PCP) being notified of the resident's severe weight loss.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 7/23/24 at 12:15 PM with the Director of Nursing (DON) confirmed Resident 11's weight loss and there was no evidence of their PCP being notified of the weight loss.</p> <p>A record review of the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual dated October 2023 revealed that weight changes of 5% in 1 month, 7.5% in 3 months, or 10% in 6 months should prompt a thorough assessment of the resident's nutritional status and that if significant weight loss is noted, the interdisciplinary team should review for possible causes of changed intake, changed caloric need, change in medication, or changed fluid volume status.</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>49263</p> <p>Licensure Reference Number 175 NAC 12-006.05(G)</p> <p>Based on observation, record review, and interviews; the facility failed to evaluate 1 (Resident 13) of 2 sampled residents of a potential use of a physical restraints. The facility census was 26.</p> <p>The Findings Are:</p> <p>A record review of facility policy Restraints with revised date of 9-99 revealed that restraints would only be used as a last resort to prevent a patient from injuring self or others and only when alternatives to restraints are not effective. The policy also stated that restraints were to have a physician's order except in the case of an emergency.</p> <p>A record review of the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual revealed a physical restraint was defined as Any manual method or physical or mechanical device, material or equipment attached or adjacent to the resident's body that the individual cannot remove easily, which restricts freedom of movement or normal access to one's body.</p> <p>A record review of Resident 13's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used for care planning), dated 5/7/24 revealed documentation that there were no restraints in use for Resident 13.</p> <p>A record review of Resident 13's Care Plan revealed an intervention dated 3/3/23 that stated: May use a gait belt (a safety device used by a caregiver to help transfer a person from one surface to another) on the legs for positioning. Resident 13 is able to remove.</p> <p>A record review of Resident 13's electronic health records and paper health records revealed no evidence of Resident 13 being assessed for their ability to remove the gait belt from [gender] legs on [gender] own.</p> <p>An observation on 7/17/24 at 9:24 AM revealed Resident 13 sitting upright in their wheelchair in [gender] room. There was a gait belt secured around Resident 13's thighs, holding the legs together.</p> <p>An observation on 7/17/24 at 12:30 PM revealed Resident 13 sitting in their wheelchair near the nurse's station. There continued to be a gait belt secured around Resident 13's thighs, holding the legs together.</p> <p>An interview on 7/22/24 at 1:42 PM with Medication Aide (MA)-D confirmed that the facility utilized a gait belt around Resident 13's legs for positioning.</p> <p>(continued on next page)</p>		

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<p>F 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 7/23/24 at 9:20 AM with the Director of Nursing (DON) confirmed that Resident 13 was never assessed for their ability to remove the gait belt from their legs independently prior to or during the use of the gait belt around their legs as a positioning device. The DON revealed the DON had applied the gait belt to Resident 13's legs that morning and Resident 13 was not able to remove it from their own legs.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>49766</p> <p>Licensure Reference 175 NAC 12-006.09(E)</p> <p>Based on record reviews and interview; the facility failed to develop a comprehensive care plan regarding Activities of Daily Living (ADL) for 2 (Resident 1 and Resident 8) of 13 sampled residents. The facility census was 26.</p> <p>Findings are:</p> <p>A record review of the facility's policy Activities of Daily Living Policy with a last review date of 12/2023 revealed an individual care plan is completed by the interdisciplinary team which specifies the direction and/or assistance needed for the activities of daily living for each resident.</p> <p>A.</p> <p>A record review of a Resident Face Sheet indicated the facility admitted Resident 1 on 1/04/2018 with diagnoses of: Multiple Sclerosis, Dementia, a contractures, and abnormal involuntary movements.</p> <p>A record review of Resident 1's quarterly Minimum Data Set (MDS, a comprehensive assessment that includes medical, psychosocial, cognitive, and functional status to assist with developing care plans for individual residents) with an Assessment Reference Date (ARD) of 4/16/2024 revealed Resident 1 had severe cognitive impairment. The MDS also revealed Resident 1 required total assistance for eating, oral hygiene, toileting, bathing, dressing, and personal hygiene.</p> <p>A record review of Resident 1's Care Plan under ADLs Functional, with a last edited date of 4/25/2024 revealed staff were to document assistance with bed mobility, dressing, eating, personal hygiene, and toileting. The care plan did not include specific information regarding the level of assistance needed for eating, dressing, bathing, or personal hygiene.</p> <p>B.</p> <p>A record review of a Resident Face Sheet indicated the facility admitted Resident 8 on 3/2/2020 with diagnoses of: Congestive Heart Failure, adjustment disorder with depressed mood, anxiety, and Celiac Disease.</p> <p>A record review of Resident 8's Significant Change MDS with an ARD of 5/14/2024 revealed Resident 8 had a Brief Interview for Mental Status score of 9/15, which indicated Resident 8 had moderate cognitive impairment. The MDS also revealed Resident 8 required substantial assistance with eating and oral hygiene and required total assistance for toileting, bathing, dressing, and personal hygiene.</p> <p>A record review of Resident 8's Care Plan under ADLs Functional, with a last edited date of 3/6/2024 revealed staff were to document assistance with bed mobility, dressing, eating, personal hygiene, and toileting. The care plan did not include specific information regarding the level of assistance needed for eating, dressing, bathing, or personal hygiene.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 7/22/2024 at 3:33 PM with the MDS Coordinator confirmed the care plans were not comprehensive or person-centered for Resident 1 and 8.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>49766</p> <p>Licensure Reference Number 175 NAC 12-006.09(F)(iii)</p> <p>Based on record reviews and interview; the facility failed to revise a care plan when the current interventions were ineffective for preventing significant weight loss for 1 (Resident 8) of 13 sampled residents.</p> <p>Findings are:</p> <p>A record review of a Resident Face Sheet indicated the facility admitted Resident 8 on 3/2/2020 with diagnoses of Congestive Heart Failure, adjustment disorder with depressed mood, anxiety, and Celiac Disease.</p> <p>A record review of Resident 8's Significant Change Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) with an Assessment Reference Date of 5/14/2024 revealed Resident 8 had a Brief Interview for Mental Status score of 9/15, which indicated Resident 8 had moderate cognitive impairment.</p> <p>A record review of Resident 8's Vitals revealed Resident 8 weighed 120.8 pounds on 1/12/2024.</p> <p>A record review of Resident 8's Vitals revealed Resident 8 weighed 103 pounds on 7/08/2024, which is a 13.5% significant weight loss in six months.</p> <p>A record review of a Care Conference Report with a date of 5/20/2024 revealed dietician's recommendation to start Ensure Clear supplements.</p> <p>A record review of Resident 8's Care Plan revealed no evidence of the intervention regarding starting a supplement drink.</p> <p>An interview on 7/23/2024 at 10:50 AM with the MDS Coordinator confirmed the care plan was not revised to reflect the dietician's recommendation of starting a supplement drink.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>49263</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)</p> <p>Based on observations, record review, and interviews; the facility failed to implement a physician ordered treatment for 1 (Resident 25) of 1 sampled resident's edema and failed to ensure a hypertension medication was administered in accordance with the Prescribers' orders for 1 (Resident 6) of 5 sampled residents. The facility census was 26.</p> <p>The Findings Are:</p> <p>A. A record review of Resident 25's progress note dated 7/8/2024 revealed that Resident 25's left arm was swollen, and that the resident had been seen by a provider two days prior.</p> <p>A record review of Resident 25's progress note dated 7/16/24 revealed that Resident 25's provider had seen the resident that day for a follow up appointment related to their left arm swelling. The progress note stated there had been new order put into place for blood work, Tylenol, x-rays of the resident's left arm, and for an ACE wrap to the left arm.</p> <p>A record review of Resident 25's paper chart revealed an order from their provider dated 7/16/24 for OT (Occupational Therapy) evaluate and treat. Diagnosis (Dx): Left arm pain. Ace Wrap on during day and off at night & PRN (as needed). Dx: Left arm swelling. The paper chart also revealed orders dated 7/16/24 for an x-ray of the resident's left hand, wrist, and forearm, blood work, and routine Tylenol.</p> <p>An observation on 7/17/24 at 11:54 AM revealed Resident 25's left arm had swelling from the resident's shoulder to their hand. Resident 25's left arm was elevated on a pillow and there was no ACE wrap on their left arm.</p> <p>An observation on 7/18/24 at 8:57 AM revealed Resident 25 sitting in their recliner in their room. Resident 25's left arm continued to be swollen and was elevated on a pillow. There was no ACE wrap on Resident 25's left arm.</p> <p>An observation on 7/18/24 at 12:16 PM revealed Resident 25 sitting upright in their wheelchair in the dining room eating lunch. Resident 25's left arm continued to be swollen and was elevated on a pillow with no ACE wrap on the arm.</p> <p>An observation on 7/22/24 at 9:47 AM revealed Resident 25 sitting upright in their recliner with their left arm elevated slightly on a pillow. There was no ACE wrap on Resident 25's left arm.</p> <p>A record review conducted on 7/22/24 of Resident 25's current physician's orders in their electronic health record revealed no evidence of an order for Resident 25 to wear an ACE wrap around their left arm.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 7/23/24 at 9:21 AM with the Director of Nursing (DON) confirmed the order for Resident 25's ACE wrap to their left arm was never implemented as the staff who entered the other orders written by the provider from that day did not enter this order in Resident 25's electronic health records.</p> <p>49766</p> <p>B. A record review of a Resident Face Sheet indicated the facility admitted Resident 6 on 4/9/2021 with diagnoses of stroke, Congestive Heart Failure, Dementia, and high blood pressure.</p> <p>A record review of Resident 6's Orders revealed an order for Coreg, a high blood pressure medication, to be given twice a day. The order included special Prescribers instruction to hold the medication if Resident 6's systolic (the first number in a blood pressure reading) blood pressure was under 110.</p> <p>A record review of Resident 6's Medication Administration Record with a date of 4/23/2024 to 5/23/2024 revealed Resident 6 had been administered Coreg at the following blood pressures:</p> <p>-4/24/2024 AM - 106/69</p> <p>-5/6/2024 PM - 106/72</p> <p>-5/14/2024 AM - 89/50</p> <p>-5/14/2024 PM - 99/62</p> <p>-5/17/2024 PM - 109/64</p> <p>A record review of Resident 6's Medication Administration Record with a date of 5/24/2024 to 6/23/2024 revealed Resident 6 had been administered Coreg at the following blood pressures:</p> <p>-5/24/2024 PM - 101/60</p> <p>-5/26/2024 AM - 103/74</p> <p>-6/3/2024 PM - 109/61</p> <p>-6/10/2024 PM - 109/62</p> <p>-6/11/2024 PM - 108/72</p> <p>-6/12/2024 AM - 95/55</p> <p>-6/17/2024 PM - 106/63</p> <p>-6/22/2024 AM - 109/76</p> <p>-6/23/2024 PM - 106/70</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of Resident 6's Medication Administration Record with a date of 6/23/2024 to 7/23/2024 revealed Resident 6 had been administered Coreg at the following blood pressures:</p> <ul style="list-style-type: none"> -6/23/2024 PM - 106/70 -6/30/2024 PM - 107/65 -7/1/2024 PM - 98/60 -7/2/2024 PM - 105/63 -7/20/2024 PM - 107/66 <p>An interview on 7/23/2024 at 1:40 PM with the DON confirmed Resident 6's Coreg was administered in error and not according to the Prescribers' order on 4/24/2024, 5/6/2024, 5/14/2024, 5/17/2024, 5/24/2024, 5/26/2024, 6/3/2024, 6/10/2024, 6/11/2024, 6/12/2024, 6/17/2024, 6/22/2024, 6/23/2024, 6/30/2024, 7/1/2024, 7/2/2024, and 7/20/2024.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>49263</p> <p>Licensure Reference Number 175 NAC 12-006.09(I)</p> <p>Based on observation, record review, and interview; the facility failed to ensure 1 (Resident 12) of 2 sampled residents' oxygen concentrator was not left on when unattended. The facility census was 26.</p> <p>The Findings Are:</p> <p>A record review of website www.inogen.com revealed that oxygen itself is not a flammable gas, but it does support combustion. This means that fires ignite and burn more easily, and hotter, in an oxygen-rich environment. In order to maintain a safe environment while using supplemental oxygen, it is important to adhere to safe practices. The website also listed a safe oxygen storage guideline of Turn off your oxygen when you're not using it. Don't set the cannula or mask on the bed or a chair if the oxygen is turned on.</p> <p>A record review of facility policy Oxygen Administration with review date of 11/23/13 revealed no guidance related to turning off the oxygen administration devices when not in use.</p> <p>A record review of Resident 12's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used for care planning), dated 4/16/24 revealed Resident 12 had a diagnosis of chronic respiratory failure with hypoxia, an absence of enough oxygen in the tissues to sustain bodily functions, and that the resident was receiving oxygen therapy.</p> <p>A record review of Resident 12's physician's orders revealed an order with a start date of 2/16/23 that stated oxygen 1-3 liters per minute (LPM) per nasal cannula to keep oxygen saturation at 88%-92%. Oxygen must be turned off when not in use and cannula and tubing stored in IP (infection prevention) bag.</p> <p>An observation on 7/17/24 at 10:23 AM revealed Resident 12 was not in their room. Resident 12's oxygen concentrator was turned on and running at 3 LPM.</p> <p>An interview on 7/17/24 at 10:26 AM with the MDS Coordinator confirmed that there was no one in Resident 12's room at that time and that Resident 12's oxygen concentrator had been left on.</p>		

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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>49263</p> <p>Licensure Reference Number 175 NAC 12-006.09(J)</p> <p>Based on observations, record reviews, and interviews; the facility failed to evaluate and implement interventions for 2 (Residents 11 and 8) of 13 sampled residents to prevent significant weight loss. The facility census was 26.</p> <p>The Findings Are:</p> <p>A. A record review of Resident 11's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used in care planning), dated 5/14/24, revealed in Section C a Brief Interview for Mental Status (BIMS) score of 6/15, which indicated the resident had severe cognitive impairment. The MDS also revealed in Section K revealed Resident 11 had a weight loss of 5% or more in the last month or of 10% or more in the last six months and was not on a prescribed weight loss plan.</p> <p>A record review of the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual dated October 2023 revealed that weight changes of 5% in 1 month, 7.5% in 3 months, or 10% in 6 months should prompt a thorough assessment of the resident's nutritional status and that if significant weight loss is noted, the interdisciplinary team should review for possible causes of changed intake, changed caloric need, change in medication, or changed fluid volume status.</p> <p>Record review of Resident 11's weights documented in their Electronic Health Record (EHR) revealed Resident 11 weighted 120 pound on 4-1-2024 and weighed 110 pounds on 5-07-2024, a loss of 10 pounds or 8.3%.</p> <p>Record review of an annual chart review conducted by the Dietitian on 4/17/2024 revealed Resident 11 was on a regular diet with increased protein. The review also identified Resident 11 was receiving Pro-stat daily and the House supplement TID. The Dietitian wrote a recommendation to increase Resident 11's Pro-stat to twice a day (BID) as each ounce of the Pro-stat provided 100 calories and 15 grams of protein.</p> <p>Record review of Resident 11's EHR and Paper health Record, that included Medication Administration Record, Progress Notes, Dietary Notes, Practitioners Orders and Care Plan revealed there was no indications the facility staff had followed up on the facility RD recommendation dated 4-17-2024.</p> <p>Record review of Resident 11's weights documents in Resident 11 HER revealed Resident 11 weight on 6-04-2024 was 101 pounds a loss of an additional 9 pound or 8.18% from Residents 11's weight on 5-07-2024. According to Resident 11's record, Resident 11 lost 19 pound or 15.83% of their weight from 4-01-2024 to 6-04-2024.</p> <p>A record review of Resident 11's undated care plan revealed the resident was at risk for nutritional decline and had the following interventions:</p> <p>-2/29/2024: 4 ounces of the house supplement three times a day (TID).</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Garden County Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 West 2nd Oshkosh, NE 69154	
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<p>F 0692</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-4/9/2021: Meals and fluids to be charted after each meal.</p> <p>-4/9/2021: Offer the resident assistance as needed for better meal and fluid intake.</p> <p>-4/9/2021: Regular diet as ordered.</p> <p>-4/9/2021: Snacks or fluids to be offered to the resident at AM (morning) and PM (evening) snack time.</p> <p>-4/9/2021: Weekly weights checked for gain or loss.</p> <p>A record review of Resident 11's meal intakes from 6/1/24 through the morning of 7/23/24 revealed Resident 11 consumed 50% or less of their meal for 90 out of 157 meals. There were also 26 mealtimes that had no documentation of intake.</p> <p>A record review of Resident 11's physician's orders revealed an order with a start date of 3/23/23 that stated Increase protein at meals. 4 ounces of the house supplement TID.</p> <p>A record review of Resident 11's supplement intakes from 6/1/24 through the morning of 7/23/24 revealed there was no documentation for 55 doses of the supplement. Resident 11 consumed 50% or less of 19 of the remaining 102 doses.</p> <p>A record review of Resident 11's snack documentation from 6/1/24 through the morning of 7/23/24 revealed the resident was offered a snack 13 times and consumed 3 of the 13 snacks offered.</p> <p>A record review of an annual chart review conducted by the dietitian on 4/17/2024 revealed Resident 11 was on a regular diet with increased protein. The review also stated that the resident was receiving Pro-stat daily and the House supplement TID. The dietitian wrote a recommendation to increase Resident 11's Pro-stat to twice a day (BID) as each ounce of the Pro-stat provided 100 calories and 15 grams of protein.</p> <p>A record review of Resident 11's physician's orders revealed an order dated 9/26/23 that stated Pro-stat 30 milliliters (ML) once a day. There was no evidence that the facility had implemented the dietitian's recommendation to increase the Pro-stat to twice a day.</p> <p>An interview on 7/23/24 at 10:25 AM with the MDS Coordinator confirmed Resident 11 had not been assessed by the dietitian since 4/17/24.</p> <p>A record review of Resident 11's electronic health records and of their paper health records revealed no evidence of Resident 11's primary care provider (PCP) being notified of the resident's significant weight loss.</p> <p>An interview on 7/23/24 at 12:15 PM with the Director of Nursing (DON) confirmed Resident 11's weight loss and that there was no evidence of their PCP being notified of the weight loss.</p> <p>49766</p> <p>(continued on next page)</p>		

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F 0692 Level of Harm - Actual harm Residents Affected - Few	<p>B. A record review of a facility policy Resident Assessments with a review date of 11/2017 revealed Dietary assessments of a Nutrition Risk Assessment would be completed annually and with significant change and a Quarterly Nutrition Assessment would be completed quarterly within 14 days of the MDS Assessment Reference Date.</p> <p>An interview on 7/23/2024 at 10:50 AM with the MDS Coordinator revealed the facility did not have a nutrition or weight loss policy that could be located.</p> <p>A record review of a Resident Face Sheet indicated the facility admitted Resident 8 on 3/2/2020 with diagnoses of Congestive Heart Failure, adjustment disorder with depressed mood, anxiety, and Celiac Disease.</p> <p>A record review of Resident 8's Significant Change MDS with an Assessment Reference Date of 5/14/2024 revealed Resident 8 had a BIMs score of 9/15, which indicated Resident 8 had moderate cognitive impairment. It also indicated Resident 8 required substantial assistance with eating.</p> <p>A record review of Resident 8's Vitals revealed Resident 8 weighed 120.8 pounds on 1/12/2024.</p> <p>A record review of Resident 8's Vitals revealed Resident 8 weighed 104.5 pounds on 7/8/2024, which is a 13.5% severe weight loss in six months.</p> <p>A record review of Resident 8's Care Plan with a last edited date of 7/11/2024 revealed Resident 8 was at risk for impaired nutrition.</p> <p>A record review of Resident 8's Observations revealed the Dietician had not completed a Nutrition Risk Assessment or a quarterly nutrition assessment with the Significant Change MDS or with the most recent quarterly MDS.</p> <p>A record review of Resident 8's Progress Notes revealed the last Dietician quarterly review was completed on 10/11/2023.</p> <p>A record review of Resident 8's medical record did not reveal any evidence that Resident 8's physician was aware of their severe weight loss.</p> <p>An interview on 7/23/2024 at 10:25 AM with the MDS Coordinator confirmed there was no evidence that the Dietician had assessed Resident 8 since October 2023 or that the physician had been notified of Resident 8's severe weight loss.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>49263</p> <p>Based on record review and interview, the facility failed to ensure an antibiotic had a stop date for 1 (Resident 13) of 1 sampled residents. The facility census was 26.</p> <p>The Findings Are:</p> <p>A record review of facility policy Antimicrobial Stewardship Program Committee with revised date of 7/24, revealed the goal of the Antimicrobial Stewardship Program was to ensure proper use and duration of antimicrobials within the entire facility. The policy stated that this would help reduce antimicrobial resistance and adverse reactions to antimicrobials.</p> <p>A record review of Center for Disease Control's (CDC) document The Core Elements of Antibiotic Stewardship for Nursing Homes APPENDIX A: Policy and Practice Actions to Improve Antibiotic Use revealed Surveys of antibiotic use have shown that (Urinary Tract Infection) UTI prophylaxis accounts for a significant proportion of antibiotic prescriptions. Very few studies support antibiotic use for UTI prophylaxis, especially in older adults, and many studies have shown this antibiotic exposure increases risk of side effects and resistant organisms. Therefore, efforts to educate providers on the potential harm of antibiotics for UTI prophylaxis could reduce unnecessary antibiotic exposure and improve resident outcomes.'</p> <p>A record review of Resident 13's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used for care planning), dated 5/7/24 revealed Resident 13 had a personal history of urinary tract infections (UTI), had an indwelling urinary catheter and was taking an antibiotic.</p> <p>A record review of Resident 13's care plan revealed an evaluation note dated 2/15/2024 revealing the resident was received an antibiotic(Cephalexin) prophylactically.</p> <p>A record review of Resident 13's physician's orders revealed the resident had been taking Cephalexin (an antibiotic medication used to treat infections) daily since 11/10/2021 for a diagnosis of personal history of urinary tract infections and that the order did not have a stop date.</p> <p>An interview on 7/23/24 at 1:05 PM with Registered Nurse (RN)-C confirmed that they were aware of Resident 13's long term use of Cephalexin and that the facility had not attempted to have Resident 13's medical provider discontinue the Cephalexin. RN-C stated that the pharmacist reviews each resident's medications monthly, and each resident's primary care provider (PCP) reviews the resident's medications every 60 days, so if either the pharmacist or the PCP felt the medication was unnecessary they would have taken action to discontinue it.</p>		

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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>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** 49766</p> <p>Licensure Reference 175 NAC 12- 006.11(E)</p> <p>Based on observations, interviews, and record reviews; the facility failed to a) ensure foods were disposed of prior to the expiration date and to label open food items, b) ensure beard restraints were in use, c) implement hand hygiene as required during meal preparation and meal service and d) ensure sanitation of the kitchen environment. This had the potential to affect all 26 residents who resided within the facility.</p> <p>A.</p> <p>A record review of a facility policy Food Handling - Storage with a last revised date of [DATE] revealed foods which have been opened or prepared will be enclosed container, dated and labeled. Expiration dates will be checked on a regular basis and foods which have expired will be discarded.</p> <p>A record review of a facility policy Food - Handling - Leftovers with a last revised date of [DATE] revealed refrigerated leftovers will be utilized within 72 hours. Items which do not have a planned use within 72 hours should be dated, labeled and placed within the freezer within 24 hours.</p> <p>A record review of 2017 Nebraska Food Code, under section ,d+[DATE].17 revealed food should be clearly marked to indicate the date or day by which food should be consumed or discarded.</p> <p>An observation during an initial kitchen tour on [DATE] at 8:50 AM revealed the outside freezers contained cream cheese cookies with a use by date of ,d+[DATE], Traditional Cinnamon Roll dough with a use by date of [DATE], a bag of meat that was ,d+[DATE] used without a date or being sealed, and beef pot roast in a plastic bag that was opened and not sealed off. In the reach-in refrigerator, a box of Danimals cups with a best by date of [DATE]. In another reach-in refrigerator, a container of beets with a preparation date of [DATE], cream cheese with a best by date of [DATE], and a container of baked beans with a use by date of [DATE]. In a reach-in freezer, a bag of butterscotch chips that were ,d+[DATE] used with a date of [DATE]. In the dry storage refrigerator, a bottle of Italian dressing with a use by date of [DATE], bottles of barbecue sauce, [NAME] Lynch, and ranch without preparation dates or use by dates, and a container of pickle spears with a preparation date of [DATE] and no use by date. In the dry storage freezer, 2 loaves of Soft Wheat Bread with best by [DATE], and 2 loaves of [NAME] Texas Toast with best by dates of [DATE]. In the kitchen, under the food preparation table, flour and sugar were in bins without preparation or use by dates.</p> <p>An interview on [DATE] at 9:19 AM with the Dietary Manager (DM) confirmed items should be disposed of after preparation or opening within 7 days, on expiration dates, and stored in an enclosed container once prepared or opened.</p> <p>B.</p> <p>(continued on next page)</p>

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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 record review of a facility policy Dietary Dress Code / Hygiene with a last revised date of [DATE] revealed hair and beard must be covered with a hair/beard restraint but did not provide information of when the hair and beard restraints are required to be worn.</p> <p>A record review of 2017 Nebraska Food Code, under section ,d+[DATE].11 revealed food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food; clean equipment, utensils, and linens; and unwrapped single-use articles.</p> <p>An observation on [DATE] at 9:20 AM revealed the DM had a beard and had entered the kitchen without a beard restraint.</p> <p>An observation on [DATE] at 10:50 AM revealed Dietary Aide (DA) - F was preparing fruit in a bowl for residents. DA-F had a goatee and was not wearing a beard restraint.</p> <p>An interview on [DATE] at 11:03 AM with the DM revealed the DM believed beard covers were only required when serving or preparing foods.</p> <p>C.</p> <p>A record review of facility policy Hand Washing and the Use of Gloves with a last revised date of ,d+[DATE] revealed hand hygiene should be completed before and after glove use and between contacts with different residents. It also revealed gloves should never be reused.</p> <p>An observation on [DATE] at 12:14 PM revealed Medication Aide (MA) - D was wearing a glove on their right hand while assisting a resident with eating. MA-D then sanitized their glove and continued to wear it while assisting another resident.</p> <p>An observation on [DATE] at 12:28 PM revealed MA-D was wearing a glove on their right hand while assisting a resident with eating. MA-D then sanitized their glove and continued to wear it.</p> <p>An observation on [DATE] at 12:29 PM revealed MA-D was wearing a glove on their right hand while assisting a resident with eating. MA-D then sanitized their glove and continued to wear it.</p> <p>An observation on [DATE] at 12:30 PM revealed MA-D was wearing a glove on their right hand while assisting a resident with eating. MA-D then sanitized their glove and continued to wear it.</p> <p>An observation on [DATE] at 12:36 revealed MA-D was wearing a glove on their right hand while assisting a resident with eating. MA-D then sanitized their glove and continued to wear it.</p> <p>An interview on [DATE] at 1:45 with MA-D revealed they had been wearing a glove on their right hand while assisting a resident with eating due to having a band aid on their thumb and was unaware of whether they should be sanitizing their gloves or changing the glove.</p> <p>An observation on [DATE] at 9:53 AM revealed Cook-B removed a glove from their right hand, then opened a bag of raw Chicken Cordon Bleu, then applied a new glove to their right hand without the benefit of hand hygiene prior to application of the new glove.</p> <p>(continued on next page)</p>		

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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>An interview of [DATE] at 11:00 AM with Cook-B confirmed hand hygiene should be completed before and after changing their gloves.</p> <p>An observation on [DATE] at 12:19 PM revealed DA-F delivered a plate of food to a resident, touched the resident's back, then delivered another plate of food to another resident without the benefit of hand hygiene in between residents.</p> <p>An interview on [DATE] at 12:33 PM with DA-F revealed DA-F was only aware of the requirement to perform hand hygiene upon entering the kitchen.</p> <p>D.</p> <p>A record review of 2017 Nebraska Food Code, under section ,d+[DATE].111 revealed the premise shall be maintained free of insects.</p> <p>A record review of 2017 Nebraska Food Code, under section ,d+[DATE].11 revealed employees shall eat or drink only in designated areas where the contamination of exposed food, clean equipment, utensils, and linens cannot occur.</p> <p>An observation during an initial kitchen tour on [DATE] at 8:50 AM revealed several flies around the kitchen, two dead flies on a window seal above where Styrofoam food containers were being stored, and a coffee cup with coffee on the shelf above a kitchen preparation table.</p> <p>An interview on [DATE] at 9:19 AM with the Dietary Manager (DM) confirmed there were several flies, stating the feedlot nearby attracted the flies and it got worse in the summer. The interview also confirmed the need for sanitation of the window and that food/drinks were not allowed in the kitchen to be consumed by employees.</p> <p>A record review of the facility policy Sanitation -- General with a last revised date of ,d+[DATE] revealed all food contact surfaces should be sanitized when beginning to work with another type of food and care shall be taken to minimize hand contact with food surfaces.</p> <p>A continuous observation on [DATE] from 9:43 AM to 10:13 AM revealed Cook-B used scissors to cut open bags of uncooked pork, causing juices from the meat to contaminate the preparation table. Cook-B later prepared carrots and corn on the contaminated table. Cook-B had also set utensils down on the countertop, then stirred the vegetables with these utensils.</p> <p>An interview on [DATE] at 11:00 AM with Cook-B confirmed the table should be sanitized any time a new task or food is began to be prepared.</p>		

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<p>F 0842</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p>49766</p> <p>Licensure Reference 175 NAC 12-006.5(R)</p> <p>Based on observation, interview, and record review the facility failed to ensure private medical information was protected for 4 (Resident 2, 15, 22, and 23) of 4 sampled residents. The facility census was 26.</p> <p>Findings are:</p> <p>A record review of the facility policy Resident Rights Policy with a last reviewed date of 3/13, under section 3.25 revealed that privacy will be provided for residents' medical information to assure confidentiality.</p> <p>An observation on 7/18/2024 at 2:30 PM of a medication room from a public hallway window revealed the ability to see Resident 2's name on a bottle of calmoseptine, Resident 15's name on an inhaler device, Resident 22's name on a bottle of glucose testing strips, and Resident 23's name on a bottle of MiraLAX.</p> <p>An interview on 7/18/2024 at 2:42 PM with Licensed Practical Nurse - H confirmed the medications were in public sight and was a violation of the resident's privacy.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49766</p> <p>Licensure Reference 175 NAC 12- 006.18(B)</p> <p>Based on observations, interviews, and record reviews; the facility failed to provide wound care for 1 (Resident 26) and failed to distribute laundry throughout the nursing unit in a manner that prevented the potential for cross contamination. The facility census was 26.</p> <p>Findings are:</p> <p>A.</p> <p>A record review of the Center for Disease Control's Implementation of Personal Protective Equipment Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) with a date of 4/2/2024 indicated Enhanced Barrier Precautions, including donning a gown and gloves, should be implemented during all wound care or any skin opening that requires a dressing.</p> <p>A record review of the facility's policy Pressure Ulcers Treatment with a last reviewed date of 1/20/2023, under section Steps in the Procedure, indicated directions to maintain sterility. The policy did not include directions to implement Enhanced Barrier Precautions.</p> <p>A record review of Resident 26's admission Minimum Data Set (MDS), a standardized assessment tool that measures health status in nursing home residents, with an Assessment Reference Date of 5/21/2024 revealed Resident 26 had a Brief Interview for Mental Status score of 9/15, which indicated Resident 26 had moderate cognitive impairment. The MDS also indicated Resident 26 had a stage 2 pressure ulcer requiring pressure injury care.</p> <p>A record review of Resident 26's Orders revealed an order for a dressing change with instructions to apply Thera honey to wound bed, then cover with an Opti foam dressing.</p> <p>An observation on 7/18/2024 at 1:22 PM revealed Licensed Practical Nurse (LPN) - H performing wound care for Resident 26. During the wound care, LPN-H did not don a gown as required. LPN-H also opened the Thera honey cream and applied directly onto the Opti foam and had touched the tip of the tube on the Opti Foam. When completed, LPN-H put the unused remainder of Opti Foam back into the package with Resident 26's name on it and stored it on a counter with other residents' open treatment supplies.</p> <p>An interview on 7/18/2024 at 2:42 PM with LPN-H confirmed these practices were in violation of infection control practices.</p> <p>49263</p> <p>B.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An observation on 7/23/24 beginning at 8:08 AM revealed Laundry Aide (LA)-G was distributing personal laundry to the residents. The laundry cart was parked on Lane 2 of the nursing unit outside resident room [ROOM NUMBER], the cart covering had been left open and no one was in the hallway at that time. At 8:09 AM, LA-G exited a resident room, performed hand hygiene (HH) via Alcohol Based Hand Rub (ABHR), obtained clothing from the laundry cart, and carried them into resident room [ROOM NUMBER], leaving the cover to the laundry cart open. LA-G then exited room [ROOM NUMBER], performed HH via ABHR, obtained hanging clothes and folded clothes from the laundry cart, and walked toward resident room [ROOM NUMBER]. LA-G stopped outside room [ROOM NUMBER], put the hanging clothes between their legs, and performed HH via ABHR, then grabbed the clothes from between their legs and carried them into resident room [ROOM NUMBER]. LA-G continued obtained laundry from the laundry cart, and carrying them into resident rooms [ROOM NUMBERS], performing HH via ABHR between rooms but leaving the cover open to the laundry cart throughout distribution of clothes to each room. LA-G then closed the cover to the laundry cart, pulled the cart to Lane 3 of the nursing unit, and parked it outside resident room [ROOM NUMBER]. LA-G proceeded to distribute resident clothing to rooms [ROOM NUMBER], performing HH via ABHR between each room but left the cover of the laundry cart open throughout the distribution of resident laundry to each room. After LA-G distributed clothing to the last room, LA-G performed HH via ABHR, closed the cover to the laundry cart, and returned the cart to the laundry area.</p> <p>An interview on 7/23/24 at 8:39 AM with Laundry Aide (LA)-G confirmed that LA-G had left the laundry cart cover open throughout their laundry distribution on Lanes 2 & 3, and that LA-G had placed the laundry for resident room [ROOM NUMBER] between their legs while they performed HH outside room [ROOM NUMBER].</p>		