STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28E180	A. Building B. Wing	08/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden County Hospital & Nursing Home	1100 West 2nd St 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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.18(D)Licensure Reference Number 175 NAC 12-006.11(E) Based on observation, interview, and record review; the facility failed to A) transport and then use visibly soiled utensils in a manner to prevent the potential for cross contamination B) sanitize counters and thermometers, C) have expiration or best used by dates on canned goods, and D) failed to ensure staff performed hand hygiene as required during meal delivery. This had the potential to affect all residents. The facility census was 21. A. An Observation on 8/21/2025 at 11:30 AM revealed [NAME] K removed covered food-from oven and placed the food on a Hot/Cold serving cart. Further observations revealed serving utensils that were soiled with food debris were placed on a serving tray and placed on to the serving cart Cook-K transported the food from the kitchen through the hospital hallway and into the nursing facility. The Hot/Cold serving cart was placed against the wall in nursing home hallway outside the dining room. Visibly soiled utensils remain uncovered on top of the cart as cart sat in hallway. [NAME] K moved covered food bins individually into a serving room where the steam table was located and moved visibly soiled utensils into the steam room. [NAME] K after placing the food bins onto the steam table place the soiled utensils placed into the food for serving. An Interview on 8/21/2025 at 12:30 with PM [NAME] -J gave a confirming statement kitchen utensil should not have been transported through the hallway uncovered. Cook-J reported utensils should have been covered or clean prior to using and the serving cart should not be placed against the wall of the dining room in the hallway and left uncovered. B. An observation on 8/21/2025 at 9:50 AM Cook-K removed a rag from sanitizing solution and wiped down the counter with liquid solution. After wiping the counter Cook-K walked over to the paper towel rack grabbing a paper towels and dried the counter within 1- 2 seconds of sanitizing solution on the counter. An Interview on 8/21/2025 at 2:50 PM with Cook- J confirmed sanitizer was not left on the counter for the required amount of time and let dry. [NAME] -K Confirmed Sanitizer should not be wiped off with paper towels. A record review of facility Sanitation-General policy dated 9/2013 revealed all food contact surfaces should be sanitized according to sanitation instruction with a concentrated sanitizer solution. The (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28E180	A. Building B. Wing	08/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden County Hospital & Nursing Home	1100 West 2nd St 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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	concentrated sanitizer solution should be allowed to air dry and not be wiped off. C. A record review of an undated facility provided document, Dry Foods/Staples University of Nebraska: Food Storage Recommendations revealed commercially canned fruits, juices and Tomato Soup stored at room temperature should be used within 12 to 18 months of receiving and within 5 to 7 days after opening. An observation on 8/20/2025 at 9:00 AM during the initial tour of the kitchen revealed the following: - World Horizons 6 lb. can -Pineapple Tidbits bits -no expiration date - Mandarin Orange Segments in light syrup – 6 lb. cans 10 oz. expired 12/01/2023. - Harvest Of [NAME] sliced pears 6 lb. can 10 oz. -no expiration date. - Harvest Value Apple Pie Filling, 7 lb. can No expiration date An Interview on 8/20/2025 at 11:00 AM with Cook- J confirmed the canned foods on the shelf did not have expiration dates on canned foods and should have been discarded. D. A record review of facility policy Handwashing/Hand Hygiene dated 2001 revealed a policy statement of This facility considers hand hygiene the primary means to prevent the spread of healthcare-associated infections. The policy revealed all personnel are expected to adhere to hand hygiene policies and practices to help prevent the spread of infections to other personnel, residents, and visitors. The policy stated hand hygiene is indicated immediately before touching a resident, before performing an aseptic task, after contact with blood, body fluids, or contaminated surfaces, and after touching a resident. A continuous observation on 08/20/2025 from 12:05 PM until 12:20 PM in the dining room revealed Cook-J performing the following: -Carried plates of food to two residents, set the plates in front of those residents, then returned to the serving area and leaned with their hands and arms on the shelf above the steam table. -Picked up a plate from the serving shelf, placed in front of a resident, then returned to the serving area, then placed their hands on the lower shelf in front of the steamtable on the dining room side of the glass partition. -Picked up a plate from the serving shelf, placed the plate in front of a resident, returned to the serving area, then Cook-J left the dining area. -At 12:10 PM Cook-J returned to the dining room with a bottle containing a white substance in it. Cook-J placed the bottle on the shelf above the steamtable, then performed Hand Hygiene (HH) with soap and water. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28E180	A. Building B. Wing	08/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden County Hospital & Nursing Home	1100 West 2nd St 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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Obtained a white bowl from a metal cart just outside the dining room and placed it on top of the shelf above the steam table. Cook-J picked up a plate from the shelf and placed it in front of a resident then returned to the serving area, leaned on the shelf with their arms and hands, then picked up the bowl and a plate and placed in front of two residents. -Returned to the serving area and picked up two plates with hot pads under them and took the plates to two residents, placed the plates in front of the residents and carried the hot pads back to the serving area. -Obtained a bottle of ketchup from inside the fridge in the serving area, then carried the ketchup and a plate to a resident. Placed the plate in front of the resident, opened the ketchup and poured on plate, then returned to serving area and placed the ketchup on the shelf above the steamtable. -Performed HH using soap and water, then picked up a plate and placed it in front of a resident. Cook-J returned to the serving area and obtained a paper towel and used it to wipe up a liquid substance on a resident's table, then threw the paper towel in the trash can. -Picked up ketchup bottle and put in the fridge, then picked up a plate from the serving area and placed in front of resident. -Returned to serving area and leaned on shelf with hands touching shelf, then put hands on lower shelf. Picked up plate and placed in front of a resident, put their left hand onto the resident's table, then returned to the serving area and leaned hands on the lower shelf. -Picked up a plate and set it in front of a resident, then walked back to the serving area, opened the fridge, removed a pitcher, then handed the pitcher to nursing staff, then closed the fridge. -Exited the serving area then picked up a plate and took it to a resident's table.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28E180	A. Building B. Wing	08/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden County Hospital & Nursing Home	1100 West 2nd St 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)
F 0940 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Develop, implement, and/or maintain an effective training program for all new and existing staff members. Licensure Reference Number 175 NAC 12-006.04(B)(i) Based on record review and interview, the facility failed to ensure 3 of 4 sampled employees completed initial orientation as required. The facility census was 21.Findings Are: A record review conducted on 8/21/2025 of an undated and untitled facility staff list revealed the following:-Nurse Aide (NA)-B was hired on 8/1/2025.-Housekeeper (HSK)-C was hired on 4/7/2025.-Cook-D was hired on 8/11/2025. A record review of facility provided employee file for NA-B revealed no evidence that initial orientation had been completed. A record review of facility provided employee file for HSK-C revealed no evidence that initial orientation had been completed. A record review of facility provided employee file for Cook-D revealed no evidence that initial orientation had been completed. An interview on 8/25/2025 at 9:02 AM with the Director of Nursing confirmed that initial orientation had not been completed for NA-B, HSK-C, or Cook-D.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28E180	A. Building B. Wing	08/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden County Hospital & Nursing Home	1100 West 2nd St 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)
F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.04(B)(ii) Based on record review and interview, the facility failed to ensure 4 of 5 sampled nurse aides (NA) completed 12 hours of ongoing training annually and failed to ensure 5 of 5 sampled staff completed the required 4 hours of Alzheimer's care and dementia care training annually. This had the potential to affect all residents. The facility census was 21. Findings Are: A record review of the Facility assessment dated [DATE] revealed in Section 3.4 that staff training/education and competencies are maintained through the Relias Learning platform and the modules are completed upon hire and annually. A record review of an undated and untitled facility document revealed the following:-NA-E was hired on 8/5/2024,-NA-F was hired on 4/7/2023,-NA-G was hired on 6/26/2023,-NA-H was hired on 1/31/2024, and -NA-I was hired on 8/3/2020. A.A record review of an undated facility provided document NA-F's Relias Transcript revealed there were no completed assignments. A record review of a facility provided document Training Hours dated 8/21/2025 revealed that between the dates of 6/26/2024-6/26/2025, NA-G had completed 10.69 hours of ongoing training. A record review of an undated facility provided document Course Completion History revealed that between the dates of 1/31/2024-1/31/2025, NA-H had not completed any trainings. A record review of a facility provided document Training Hours dated 8/21/2025 revealed that between the dates of 8/3/2024-8/3/2025, NA-I completed 10.84 hours of ongoing training. A interview on 8/21/25 at 2:40 PM with Human Resources (HR) confirmed NA-F, NA-G, NA-H, and NA-I had not completed the required 12 hours of annual ongoing training. B.A record review of a facility provided document Training Hours dated 8/21/2025 revealed that between the dates of 8/5/2024-8/5/2025, NA-E had completed 0.5 hours of dementia care training. A record review of an undated facility provided document NA-F's Relias Transcript revealed there were no completed assignments. A record review of a facility provided document Training Hours dated 8/21/2025 revealed that between the dates of 6/26/2024-6/26/2025, NA-G had completed 0.5 hours of dementia care training. A record review of an undated facility provided document Course Completion History revealed that between the dates of 1/31/2024-1/31/2025, NA-H had not completed any trainings. A record review of a facility provided document Training Hours dated 8/21/2025 revealed that between the dates of 8/3/2024-8/3/2025, NA-I had completed 0.5 hours of dementia care training. An interview on 8/21/25 at 11:36 AM with Registered Nurse (RN)-A revealed the facility had begun assigning Alzheimer's and dementia care training to staff via their training platform but it was less 4 total hours per year. RN-A confirmed none of the 5 sampled staff had completed the required 4 hours of annual Alzheimer's care and dementia care training.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28E180	A. Building B. Wing	08/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Garden County Hospital & Nursing Home	1100 West 2nd St 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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(B) Based on record review and interview, the facility failed to submit accurate Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) data related to weight loss for 1 (Resident 2) of 1 sampled residents. The facility identified a census of 21 residents. Findings are:A. Record review of Resident 2's annual MDS assessment dated [DATE], Section K, item K0200 revealed the Resident's most recent weight was given as 103 pounds and height of 60 inches. Item K0300 of Resident 2's MDS was marked for weight loss and was not on physician-prescribed weight-loss regimen. Weight loss coding was further defined in MDS Item K0300 as 5% or more in the last month or 10% or more in the last six months.Record review of Resident's weights as documented in the facility's electronic medical record (EMR) showed Resident 2 weighed 105.4 pounds on 5/8/25.Record review of Resident's weights as documented in the facility's EMR showed Resident 2 weighed 103.8 pounds on 4/9/25, which is a 1.5% weight gain over one month.Record review of Resident's weights as documented in the facility's EMR showed Resident 2 weighed 100 pounds on 11/7/24, which is a 5.4% weight gain over six months. B.Record review of MDS data for Resident 2's quarterly MDS assessment dated [DATE], Section K, item K0200 identified Resident 2's most recent weight as 100 pounds and height of 60 inches. Item K0300 of Resident 2's MDS was marked for weight loss and not on physician-prescribed weight-loss regimen. Record review of Resident's weights as documented in the facility's electronic medical record (EMR) showed Resident 2 weighed 100 pounds on 2/6/25.Record review of Resident's weights as documented in the facility's EMR showed Resident 2 weighed 99.1 pounds on 1/9/25, which is a 0.9% weight loss over one month.Record review of Resident's weights as documented in the facility's EMR showed Resident 2 weighed 103 pounds on 8/5/24, which is a 2.9% weight loss over six months.An interview on 8/21/25 at 1:25 PM with Registered Nurse (RN) -A revealed they were the MDS coordinator for the facility. During the interview RN-A confirmed the weights for the resident were representative of the resident's actual weights, and that the MDS submitted 5/13/25 and 2/11/25 should not have been marked with a Yes for weight loss on those two occasions.