

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28E302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER S R M C Long Term Care, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 549 Keller Drive Sidney, NE 69162	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>49263</p> <p>Licensure Reference Number 175 NAC 12-006.09C</p> <p>Based on observations, record reviews and interviews the facility failed to develop and implement a comprehensive care plan for 2 (Residents 29, and 30) of 12 sampled residents. The facility census was 43.</p> <p>The Findings Are:</p> <p>A. A record review of facility policy Care Plan dated 5/15/24 revealed that the comprehensive care plan would describe the services that were being furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. The policy also revealed the comprehensive care plan would describe care provided related to high-risk medications including, but not limited to psychotropics, anticoagulants, and antibiotics. The policy also revealed that care plans were to be updated with acute conditions or any unexplained change in the resident's condition (i.e., weight change, new diagnosis, change in pain), and with medication changes such as antibiotics, diuretics, and/or psychotropic or medications prescribed for sleep psychotropic benefit.</p> <p>A record review of Resident 29's diagnosis list revealed a diagnosis of History of recurrent UTI (urinary tract infection) was added to their list on 5/2/2023.</p> <p>A record review of Resident 29's medication orders revealed an order for Macrobid (an antibiotic) 100 MG capsule BID for a bladder infection from 10/30/2023 until 11/9/2023.</p> <p>A record review of Resident 29's medication orders revealed an order for Macrobid (an antibiotic) 100 MG capsule BID for cystitis from 11/22/2023 until 12/2/2023.</p> <p>A record review of Resident 29's medication orders revealed an order for Macrobid (an antibiotic) 100 MG capsule daily for prophylaxis and history of urinary tract infection (UTI) from 12/3/2023 until 12/12/2023.</p> <p>A record review of Resident 29's medication orders revealed an order for Macrobid (an antibiotic) 100 MG capsule daily for prophylaxis and bladder infection from 12/14/2023 until 12/15/2023.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28E302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER S R M C Long Term Care, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 549 Keller Drive Sidney, NE 69162	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review of Resident 29's medication orders revealed an order for Macrobid (an antibiotic) 100 MG capsule daily for prophylaxis and bladder infection from 12/16/2023 until 1/12/2024.</p> <p>A record review of Resident 29's medication orders revealed an order for Macrobid (an antibiotic) 100 MG capsule daily for bladder infection prophylaxis from 1/16/2024 until 5/22/2024.</p> <p>A record review of Resident 29's care plan dated 5/3/23 and printed on 5/8/24 revealed no indication of the resident's history of urinary tract infections or of the resident's current prophylactic use of antibiotics related to their history of UTIs.</p> <p>An interview on 5/22/24 at 1:35 PM with the MDS Coordinator revealed the MDS Coordinator did not include prophylactic drugs on the residents' care plans because they were not being used to treat an acute condition. The MDS Coordinator stated this was the reason Resident 29's prophylactic antibiotic use was not included in their care plan.</p> <p>49766</p> <p>B. A record review of the facility's policy Care Plan with an approved date of 5/15/2024 revealed the comprehensive care plan will describe at a minimum any services that are to be furnished to attain or maintain the resident's high practical physical well-being.</p> <p>A record review of a Resident Master Information indicated the facility admitted Resident 30 on 2/12/2021.</p> <p>A record review of a quarterly Minimum Data Set (MDS), a standardized assessment tool that measures health status in nursing home residents, with an Assessment Reference Date of 5/6/2024 indicated Resident 30 had a Brief Interview for Mental Status score of 2/15, which indicated Resident 30 had severe cognitive impairment. The MDS also indicated Resident 30 used oxygen.</p> <p>A record review of Resident 30's Orders indicated Resident 30 had an order for continuous oxygen with the indication of hypoxemia (low oxygen levels.)</p> <p>A record review of Resident 30's Care Plan revealed no care focus area addressing Resident 30's oxygen use.</p> <p>An interview on 5/29/2024 at 11:00 AM with the Director of Nursing (DON) confirmed Resident 30's care plan did not include a focus area addressing Resident 30's oxygen use. The interview also revealed the DON would expect oxygen use to be included in the care plan.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28E302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER S R M C Long Term Care, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 549 Keller Drive Sidney, NE 69162	

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 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</p> <p>Based on observation, interviews, and record review the facility failed to provide ongoing care and services to address 1 (Resident 42) of 1 sampled resident's lower extremity edema (swelling). The facility census was 43.</p> <p>Findings Are:</p> <p>A record review of Resident 42's Minimum Data Set (MDS), a federally mandated comprehensive assessment tool used for care planning, dated 3/4/2024 revealed in Section C a Brief Interview for Mental Status (BIMS) score of 2/15, which indicated the resident had severe cognitive impairment. Section I revealed the resident had a diagnosis of non-Alzheimer's dementia, and Section K revealed the resident had not had any significant weight changes in the prior 6 months.</p> <p>An observation on 5/21/24 at 12:23 PM revealed Resident 42 sitting in a chair in the dining room with their lower legs visible. Resident 42 had edema to both of their lower legs and was wearing TED Hose (compression stockings) on both legs. The TED Hose on the resident's right leg was rolled down, causing a moderate indentation approximately 3 inches above their ankle, and there was edema above and below the indentation.</p> <p>An observation on 5/22/24 at 7:33 AM revealed Resident 42 sitting in a chair in the dining room with their right leg crossed over their left leg. Both of Resident 42's lower legs were edematous.</p> <p>An observation on 5/23/24 at 7:22 AM revealed Resident 42 standing outside their room in the hallway, wearing ted hose and tennis shoes, both of Resident 42's lower legs had edema.</p> <p>An interview on 5/23/24 at 8:05 AM with Medication Assistant (MA)-C confirmed Resident 42 was wearing TED hose as Resident 42 has swelling around their ankles. MA-C reported Resident 42 had started wearing the TED hose about a month prior.</p> <p>An interview on 5/23/24 at 8:10 AM with MA-D confirmed MA-D routinely assisted Resident 42 to get dressed in the mornings. MA-D reported Resident 42's lower legs were usually pretty swollen at that time. MA-D stated Resident 42's lower leg swelling was about the same as usual that morning.</p> <p>A record review of a document scanned into Resident 42's electronic health record (EHR) revealed the resident was seen by their physician on 4/16/24 and the physician documented an assessment of 2+ pitting edema (swelling caused by too much fluid trapped in the body's tissues) lower extremities bilateral. There was no documentation in the treatment or follow up sections that referenced the resident's edema or whether anything would be done to address it.</p> <p>A record review of Resident 42's progress note dated 4/16/24 at 1:00 PM revealed the resident had been seen by their provider that day and that the facility was going to try to place TED hose to both lower legs, putting them on in the morning and taking them off at night, if the resident tolerated them for their lower leg edema.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28E302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER S R M C Long Term Care, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 549 Keller Drive Sidney, NE 69162	

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 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 42's progress note dated 4/19/24 at 3:20 PM revealed Resident 42 had a 6.5-pound weight gain in approximately one week, had increased edema to both lower legs and had begun wearing TED hose. The progress note also stated the resident's family and primary care provider were aware.</p> <p>A record review of Resident 42's weights recorded in the EHR revealed:</p> <ul style="list-style-type: none"> -3/22/24: 115.8 pounds -4/23/24: 121.8 pounds -5/21/24: 124.8 pounds <p>A record review of Resident 42's diagnosis list revealed the resident had no diagnoses related to edema.</p> <p>A record review of Resident 42's physician's orders revealed the resident was not taking any medications to treat their lower extremity edema.</p> <p>An interview on 5/22/24 at 1:47 PM with the Director of Nursing (DON) revealed the DON was not aware of Resident 42's ongoing lower leg edema. The DON also confirmed that there had been no additional assessments or treatments related to the resident's ongoing lower leg edema.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28E302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER S R M C Long Term Care, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 549 Keller Drive Sidney, NE 69162	

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 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>49766</p> <p>Based on interviews and record reviews, the facility failed to ensure residents were free from unnecessary antibiotic use for 2 (Resident 1 and 29) of 3 sampled residents. The facility census was 43.</p> <p>Findings are:</p> <p>A.</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 a Resident Master Information indicated the facility admitted Resident 1 on 7/1/2019.</p> <p>A record review of Resident 1's quarterly Minimum Data Set (MDS), a standardized assessment tool that measures health status in nursing home residents, with an Assessment Reference Date of 4/15/2024 indicated Resident 1 had a Brief Interview for Mental Status of 3/15, which indicated Resident 1 had severe cognitive impairment. The MDS also indicated Resident 1 was being administered an antibiotic.</p> <p>A record review of Resident 1's Orders revealed Resident 1 had been taking Keflex (an antibiotic) for an indication of prophylaxis (prevention) for recurrent Urinary Tract Infections since 1/29/2024 with no stop date.</p> <p>A record review of a Drug Regimen Review with a date of 5/20/2024 revealed the Pharmacist had identified an irregularity of the antibiotic use and had recommended discontinuing the Keflex and switching to a conjugated estrogen. The physician had not responded as of 5/29/2024.</p> <p>An interview on 5/29/2024 with the Director of Nursing (DON) confirmed Resident 1 was on Keflex for prophylactic use for recurring Urinary Tract Infection. The DON also confirmed awareness of the CDC's recommendation against the use of prophylactic antibiotics for Urinary Tract Infections.</p> <p>49263</p> <p>B.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28E302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER S R M C Long Term Care, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 549 Keller Drive Sidney, NE 69162	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of Resident 29's Minimum Data Set (MDS), a federally mandated comprehensive assessment tool used for care planning, dated 4/8/2024 revealed in Section H that the resident was occasionally incontinent of bladder function. Section I revealed the resident had had a urinary tract infection (UTI) in the prior 30 days and that they had a history of UTIs. Section N revealed that the resident had been taking an antibiotic in the prior 7 days.</p> <p>A record review of Resident 29's medication orders revealed an order for Macrobid (an antibiotic) 100 milligrams (MG) capsule twice a day (BID) for a bladder infection from 10/30/2023 until 11/9/2023.</p> <p>A record review of Resident 29's medication orders revealed an order for Macrobid 100 MG capsule BID for cystitis from 11/22/2023 until 12/2/2023.</p> <p>A record review of Resident 29's medication orders revealed an order for Macrobid 100 MG capsule daily for prophylaxis and history of UTI from 12/3/2023 until 12/12/2023.</p> <p>A record review of Resident 29's medication orders revealed an order for Macrobid 100 MG capsule daily for prophylaxis and bladder infection from 12/14/2023 until 12/15/2023.</p> <p>A record review of Resident 29's medication orders revealed an order for Macrobid 100 MG capsule daily for prophylaxis and bladder infection from 12/16/2023 until 1/12/2024.</p> <p>A record review of Resident 29's medication orders revealed an order for Macrobid 100 MG capsule daily for bladder infection prophylaxis from 1/16/2024 until 5/22/2024.</p> <p>A record review of Resident 29's most recent urinalysis (a test that examines the visual, chemical, and microscopic aspects of urine), collected on 12/14/23 revealed the presence of bacteria was rare. The final result of the urine culture dated 12/16/23 revealed the growth of a bacteria, Proteus mirabilis. The culture also revealed the bacteria was resistant to Nitrofurantoin (another name for the antibiotic, Macrobid).</p> <p>A record review of Resident 29's Pharmacist Monthly Medication Review dated 12/1/23 revealed the pharmacist documented a medication irregularity of The duration of Resident 29's prophylactic Macrobid 100mg daily is currently on Resident 29's MAR for 10 days. Unsure if this is the duration you intended. Please note that prolonged use (>6 months) has been associated with diffuse interstitial pneumonitis and/or pulmonary fibrosis, chronic hepatitis, and the development of neuropathy. The pharmacist's recommendation was Please clarify the intended duration for Resident 29's prophylactic Macrobid 100mg daily. Resident 29's provider, MD-B, documented a response of Continue Macrobid prophylaxis for 30 days and then reassess on 12/13/23.</p> <p>An interview on 5/22/24 at 1:57 PM with the Director of Nursing (DON) confirmed that there had been no follow up regarding the provider's response documented on 12/13/23 to reassess Resident 29's Macrobid in 30 days. The DON also confirmed that Resident 29's urine culture from 12/16/23 showed the bacteria was resistant to nitrofurantoin (Macrobid) and that this was the medication the resident was taking for UTI prophylaxis.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28E302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER S R M C Long Term Care, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 549 Keller Drive Sidney, NE 69162	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>49766</p> <p>Licensure Reference 175 NAC 12-006.10D</p> <p>Based on observations, interviews, and record reviews; the facility failed to administer medications at the right time for 2 (Resident 6 and 33) out of 9 sampled residents and ensure the medication error rate was less than 5%. There were 25 medication opportunities observed and there were 2 errors, this resulted in a medication errors rate of 8%. The facility census was 43.</p> <p>Findings are:</p> <p>A record review of the facility's Medication Administration policy with a last reviewed date of 2/15/2024 revealed to note directions in the comment section of the medication on the medication administration record during the first check.</p> <p>An observation on 5/23/2024 at 7:54 AM revealed Medication Aide (MA) - E had administered levothyroxine to Resident 33. Resident 33 had been in the dining room eating breakfast at the time of administration.</p> <p>A record review of Resident 33's levothyroxine order revealed administration instructions of administer at least 30 minutes before food.</p> <p>An observation on 5/23/2024 at 8:00 AM revealed MA-E had administered levothyroxine to Resident 6. Resident 6 had been in the dining room eating breakfast at the time of administration.</p> <p>A record review of Resident 6's levothyroxine order revealed administration instructions of administer at least 30 minutes before food.</p> <p>An interview on 5/23/2024 at 10:43 AM with MA-E confirmed MA-E did not give Resident 6's or Resident 33's levothyroxine per the administration instructions of at least 30 minutes prior to breakfast.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28E302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER S R M C Long Term Care, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 549 Keller Drive Sidney, NE 69162	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49766</p> <p>Licensure Reference ,d+[DATE].11E</p> <p>Based on observations, interviews, and record review; the facility failed to a) ensure food products were disposed of prior to expiration dates, b) utilize handwashing as required to prevent potential food contamination during food preparation, and c) ensure food temperatures were maintained at least 135 degrees on the steam table as required during serving of meals. This had the potential to affect all residents who resided at the facility. The facility census was 43.</p> <p>Findings are:</p> <p>A.</p> <p>A record review of the facility policy General Requirements Food Supply with a last reviewed date of [DATE] revealed food was to be stored in accordance with professional standards for food service safety.</p> <p>An initial observation [DATE] at 8:55 AM of the kitchen's reach-in refrigerator revealed an opened container of Heavy Whipped Cream with an expiration date of [DATE] and two opened containers of Hiland's Cottage Cheese with expiration dates of [DATE].</p> <p>An interview on [DATE] at 9:10 AM with the Certified Dietary Manager (CDM) confirmed the container of Heavy Whipped Cream and two containers of Hiland's Cottage Cheese were expired. The CDM disposed of the items following the interview.</p> <p>B.</p> <p>A record review of the facility policy Hand Washing Practices with a last reviewed date of [DATE] revealed employees shall wash hands after touching personal body and after each task is completed for at least 20 seconds.</p> <p>An observation on [DATE] at 9:03 AM revealed Cook-G had finished washing [gender] hands. Cook-G then patted Cook-G's hand on [gender] pants before obtaining a pan and cooking bag. Cook-G then used their bare hands to push the center of the liner bag down without the benefit of hand hygiene prior.</p> <p>An observation on [DATE] at 9:20 AM revealed Cook-G completed hand hygiene with soap and water for 16 seconds. Cook-G then opened a bag of cheese, grazing the inside of the bag with their bare hand.</p> <p>An observation on [DATE] at 9:28 AM revealed Cook-G had opened a small window of the refrigerator with their bare hand, then lined the pans with cooking liners without the benefit of hand hygiene prior.</p> <p>An observation on [DATE] at 10:56 AM revealed Cook-G did not perform hand hygiene prior to beginning preparation of pureed foods that were to be consumed by residents at lunch that day.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28E302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER S R M C Long Term Care, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 549 Keller Drive Sidney, NE 69162	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An interview on [DATE] at 9:38 AM with Cook-G confirmed hand hygiene should be done in between each task and when hands have been contaminated after touching dirty objects, such as handles of refrigerators.</p> <p>C.</p> <p>A record review of the facility policy Food Temperature with a last reviewed date of [DATE] revealed hot foods are held at or above 140 degrees Fahrenheit. If foods are less than that, they must be returned for heating or discarded depending on the timeframe.</p> <p>An observation on [DATE] at 12:25 PM revealed the final meal temperatures on the steam table, obtained just after Cook-G had finished serving the residents, for the pureed meat was 122 degrees and ground cauliflower rice was 120 degrees.</p> <p>An interview on [DATE] at 12:30 PM with Cook-G confirmed the meal temperatures for the ground cauliflower rice and pureed meat were below 135 degrees, which is the regulatory requirement, and should have been maintained at least 145 degrees.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28E302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER S R M C Long Term Care, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 549 Keller Drive Sidney, NE 69162	

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 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>49263</p> <p>Licensure Reference Number 175 NAC 12-006.17D</p> <p>Based on observations, interviews, and record review the facility failed to implement hand hygiene as required while passing water pitchers to resident rooms, during medication administration, and during dining room services. This had the potential to affect all residents who resided within the facility. The facility census was 43.</p> <p>The Findings Are:</p> <p>A.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28E302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER S R M C Long Term Care, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 549 Keller Drive Sidney, NE 69162	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An observation on 5/23/24 at 10:55 AM revealed Domestic Aide (DA)-H collecting old water pitchers and passing out new water pitchers to resident rooms. DA-H went into Resident 31's room and carried a water pitcher out of the room, sat it on the lower shelf of a rolling cart, and wrote down the total amount drank on a piece of paper. DA-H then carried a new water pitcher that had been setting on the top shelf of the rolling cart into Resident 18's room, came back out of the room with a different water pitcher, sat the pitcher on the lower shelf of the rolling cart and wrote the total amount drank on the paper. DA-H performed hand hygiene (HH) via Alcohol Based Hand Rub (ABHR). DA-H then carried a new water pitcher that had been setting on the top shelf of the rolling cart into Resident 19's room, came back out of the room with a different water pitcher, sat the pitcher on the lower shelf of the rolling cart and wrote the total amount drank on the paper. DA-H then carried a new water pitcher that had been setting on the top shelf of the rolling cart into Resident 33's room, came back out of the room with a different water pitcher, sat the pitcher on the lower shelf of the rolling cart and wrote the total amount drank on the paper. DA-H performed HH via ABHR. DA-H then carried a new water pitcher that had been setting on the top shelf of the rolling cart into Resident 36's room, came back out of the room with a different water pitcher, sat the pitcher on the lower shelf of the rolling cart and wrote the total amount drank on the paper. DA-H then carried a new water pitcher that had been setting on the top shelf of the rolling cart into Resident 30's room, came back out of the room with a different water pitcher, sat the pitcher on the lower shelf of the rolling cart and wrote the total amount drank on the paper. DA-H then performed HH via ABHR. DA-H then carried two new water pitchers that had been setting on the top shelf of the rolling cart into Resident 2 & 4's room, came back out of the room with two different water pitchers, sat the pitchers on the lower shelf of the rolling cart and wrote the total amounts drank on the paper. DA-H then started picking up a water pitcher from the top shelf of the cart, sat it back down, and performed HH via ABHR. DA-H then carried a new water pitcher that had been setting on the top shelf of the rolling cart into Resident 23's room, came back out of the room with a different water pitcher, sat the pitcher on the lower shelf of the rolling cart and wrote the total amount drank on the paper. DA-H then rearranged 5 of the water pitchers sitting on the top shelf of the rolling cart while holding and referencing their sheet of paper and then put the paper back down. DA-H then carried a new water pitcher that had been setting on the top shelf of the rolling cart into Resident 11's room, came back out of the room with a different water pitcher, sat the pitcher on the lower shelf of the rolling cart and wrote the total amount drank on the paper. DA-H then carried a new water pitcher that had been setting on the top shelf of the rolling cart into Resident 40's room, came back out of the room with a different water pitcher, sat the pitcher on the lower shelf of the rolling cart and wrote the total amount drank on the paper. DA-H then performed HH via ABHR and pushed the rolling cart to another hallway of resident rooms. DA-H then carried a new water pitcher that had been setting on the top shelf of the rolling cart into Resident 12's room, came back out of the room with a different water pitcher, sat the pitcher on the lower shelf of the rolling cart and wrote the total amount drank on the paper. DA-H then carried two new water pitchers that had been setting on the top shelf of the rolling cart into Resident 1 & 13's room, came back out of the room with two different water pitchers, sat the pitchers on the lower shelf of the rolling cart and wrote the total amounts drank on the paper. DA-H performed HH via ABHR and then pushed the rolling cart farther up the hallway. DA-H then carried two new water pitchers that had been setting on the top shelf of the rolling cart into Resident 5 & 10's room, came back out of the room with two different water pitchers, sat the pitchers on the lower shelf of the rolling cart and wrote the total amounts drank on the paper. DA-H then carried two new water pitchers that had been setting on the top shelf of the rolling cart into Resident 15 & 22's room, came back out of the room with two different water pitchers, sat the pitchers on the lower shelf of the rolling cart and wrote the total amounts drank on the paper. DA-H performed HH via ABHR then pushed the cart further up the hallway again. DA-H then carried a new water pitcher that had been setting on the top shelf of the rolling cart into Resident 25's room, came back out of the room with a different water pitcher, sat the pitcher on the lower shelf of the rolling cart and wrote the total amount drank on the paper. DA-H then carried two new water pitchers that had been setting on the top shelf of the rolling cart into Resident 41 & 43's room, came back out of the room with two different water pitchers, sat the pitchers on the lower shelf of the rolling cart and wrote the total amounts drank on the paper. DA-H then performed HH via ABHR and then pushed the rolling cart to the kitchen.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28E302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER S R M C Long Term Care, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 549 Keller Drive Sidney, NE 69162	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An interview on 5/23/24 at 11:15 AM with DA-H confirmed they did not routinely perform hand hygiene as required prior to taking clean water pitchers into each residents' room after being in other residents' rooms and handling soiled water pitchers belonging to the other residents.</p> <p>A record review of the facility policy Hand Hygiene dated 4/18/24 revealed that hand hygiene was to be completed after each resident contact and after handling contaminated objects.</p> <p>49766</p> <p>B.</p> <p>A record review of the facility's policy Hand Hygiene with a last reviewed date of 4/18/2024 revealed hand hygiene with soap should be completed for at least 20 seconds.</p> <p>An observation on 5/23/2024 at 7:29 AM revealed Medication Aide (MA)-E had finished a medication pass for a resident. MA-E completed hand hygiene with soap and water for 15 seconds.</p> <p>An interview on 5/23/2024 at 8:14 AM with MA-E revealed MA-E was aware of the requirement to wash hands with soap and water for at least 20 seconds.</p> <p>An observation on 5/23/2024 at 8:38 AM revealed Licensed Practical Nurse (LPN)-F had finished a medication pass for a resident. LPN-F completed hand hygiene with soap and water for 11 seconds.</p> <p>An interview on 5/23/2024 at 8:39 AM with LPN-F revealed LPN-F was aware of the requirement to wash hands with soap and water for at least 20 seconds.</p> <p>C.</p> <p>An observation on 5/21/2024 at 12:10 PM revealed the Activities Director (AD) had been waiting to deliver a food plate and had touched [gender] hair. The AD did not complete hand hygiene prior to touching and delivering the plate of food to the resident.</p> <p>An interview on 5/21/2024 at 12:25 PM with the AD confirmed hand hygiene should be completed after touching any contaminated.</p> <p>A record review of facility policy Infection Prevention and Control - Long Term Care with a last reviewed date of 1/19/2024 revealed during the delivery of resident care services, avoid unnecessary touching of surfaces to prevent contamination of clean hands and transmission of pathogens from contaminated hands to surfaces.</p>		