

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Gold Crest Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Levi Lane Adams, NE 68301	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference 175 NAC 12-006.09(H)(i)(3)</p> <p>Based on record review, observations, and interviews, the facility failed to provide oral cares for 4 (Residents 4, 18, 2, and 6) of 16 residents sampled. The facility census was 41 at the time of survey.</p> <p>Findings are:</p> <p>Record review of the undated facility policy titled ADL's (Activities of Daily Living) revealed that oral cares are a part of the resident's activities of daily living and will be provided daily.</p> <p>Record review of the undated facility Nursing Assistant Orientation Checklist revealed that oral cares will be a part of morning and evening resident cares.</p> <p>Record review of the facility NA/MA (Nursing Assistant and Medication Aide) Validation skills checklist, copyright dated 2024, revealed that oral cares included brushing teeth and/or cleaning dentures twice daily.</p> <p>A.</p> <p>Record review of Resident 4's Quarterly Minimum Data Set (MDS-a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) dated 1/15/2025 revealed as admission to the facility on 4/11/2024, a Brief Interview for Mental Status (BIMS- a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function) score of 9 indicated mild cognitive impairment, no behaviors indicated, and resident needing set up or clean up assistance with oral hygiene.</p> <p>Record review of Resident 4's Comprehensive Care Plan (CCP- written instructions needed to provide effective and person centered care of the resident that meet professional standards of quality care) revealed:</p> <ul style="list-style-type: none"> - problem dated 1/21/2025 stated the resident requires queuing from staff to complete ADL's. - goal dated 4/22/2025 stated the resident will complete ADL's daily. -approach dated 10/31/2024 stated to encourage the resident to do ADL's after set up with brushing teeth. <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: 285065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Gold Crest Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Levi Lane Adams, NE 68301	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident 4's Point of Care (POC) ADL documentation dated 3/6/25-3/12/25 revealed the resident required supervision or limited assistance with personal hygiene.</p> <p>Observation on 03/06/25 at 9:08 AM of Resident 4's toothbrush was dry in the resident's bathroom.</p> <p>Observation on 03/06/25 at 3:29 PM of Resident 4's toothbrush was dry in the resident's bathroom. Dentures in a denture cup with water in the resident's bathroom.</p> <p>In an interview on 03/10/25 at 7:40 AM MA (Medication Aide)-D confirmed they do not have toothettes (disposable oral care swabs used for residents who cannot tolerate a regular toothbrush) in the facility.</p> <p>Observation on 03/10/25 at 8:03 AM of Resident 4's toothbrush in the resident's bathroom was dry. The resident's dentures were in a denture cup with water in the bathroom.</p> <p>Observation on 3/10/25 11:11 AM of Resident 4's toothbrush in the resident's bathroom was dry. The resident's dentures were in a denture cup with water in the bathroom.</p> <p>Observation on 3/11/25 10:06 AM of Resident 4's toothbrush was dry in the resident's bathroom. Dentures in a denture cup with water in the resident's bathroom.</p> <p>Interview on 03/11/25 at 10:11 AM MA-D confirmed that resident 4 usually just soaks and rinses (gender) dentures and they don't do any oral cares for this resident.</p> <p>Interview on 03/11/25 at 11:00 AM the Director of Nursing (DON) confirmed the staff should brush or assist residents with teeth or dentures twice a day and provide cares.</p> <p>Interview on 03/11/25 1:14 PM with the Infection Preventionist (IP) nurse confirmed that oral cares should be provided twice daily for all residents even those with dentures.</p> <p>Interview on 03/11/25 2:41 PM the DON confirmed there was no facility policy regarding oral cares with dentures or cleaning of dentures.</p> <p>Observation on 03/12/25 at 8:21 AM of Resident 4 eating breakfast in the dining room and drinking juice with dentures in (gender) mouth.</p> <p>Interview on 03/12/25 at 9:21 AM NA (Nursing Assistant)-E confirmed there were 7 residents on the memory care unit. It was further confirmed that oral cares had not been done this morning on the residents.</p> <p>B.</p> <p>Review of Resident 18's quarterly MDS dated [DATE] revealed that this resident was admitted to the facility on [DATE], a BIMS score of 6 which indicates severe cognitive impairment, behaviors not indicated and oral cares hygiene required set up or clean up assistance.</p> <p>Review of Resident 18's CCP revealed:</p> <p>-problem dated 12/2/24 resident is unable to complete ADLs independently due to impaired vision and</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Gold Crest Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Levi Lane Adams, NE 68301	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>dementia.</p> <p>-goal dated 5/3/2025 resident will assist with completing ADLs daily.</p> <p>-approach dated 12/04/2024 encourage resident to do ADLs after set-up such as: brushing teeth/dentures, combing hair, washing face, assist PRN.</p> <p>Record review of Resident 18's POC ADL documentation dated 3/6/25-3/12/25 revealed the resident required limited to extensive assist with personal hygiene.</p> <p>Observation on 03/06/25 at 9:08 AM of Resident 18's toothbrush was dry in the resident's bathroom.</p> <p>Observation on 03/06/25 at 3:31 PM of Resident 18's toothbrush was dry in the resident's bathroom.</p> <p>In an interview on 03/10/25 at 7:40 AM MA (Medication Aide)-D confirmed they do not have toothettes in the facility.</p> <p>Interview on 03/10/25 at 9:09 AM MA-D confirmed that the staff is supposed to encourage the residents to do what they can and then assist them as needed.</p> <p>Observation on 03/10/25 at 10:03 AM of Resident 18's toothbrush was dry in the resident's bathroom.</p> <p>Observation on 3/11/25 at 8:06 AM of Resident 18's toothbrush was dry in the resident's bathroom.</p> <p>Observation on 3/11/25 at 10:07 AM of Resident 18's toothbrush was dry in the resident's bathroom.</p> <p>Interview on 03/11/25 at 10:11 AM MA - D confirmed that (gender) did not do any oral care for Resident 18 on 3/10/25 or on 3/11/25 and should have.</p> <p>Interview on 03/12/25 at 9:03 AM Resident 18 revealed (gender) could not remember if (gender) had brushed her teeth this morning.</p> <p>Interview on 03/12/25 at 9:21 AM NA - E confirmed there were 7 residents on the memory care unit. It was further confirmed that oral cares had not been done this morning on the residents.</p> <p>C.</p> <p>Interview on 3/6/25 at 10:00 AM with Resident 2 revealed the staff do not brush [gender] teeth.</p> <p>Observation on 3/6/25 at 10:01 AM revealed Resident 2's toothbrush is dry and lying in a small grey basin in the bathroom's medicine cabinet.</p> <p>Record review of Resident 2's MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 1/29/25 revealed:</p> <p>-Section C: BIMS (Brief Interview for Mental Status, a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function) is 9 which indicates moderate cognitive impairment.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Gold Crest Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Levi Lane Adams, NE 68301	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Section G: Needs moderate assistance with eating and oral hygiene.</p> <p>- dependent assist with toileting hygiene and bathing.</p> <p>-max assist with upper body dressing.</p> <p>-dependent assist with lower body dressing, footwear, personal hygiene, repositioning, and transfers.</p> <p>Record review of Resident 2's Face sheet dated 3/6/25 revealed Resident 2 admitted to the facility on [DATE].</p> <p>Record review of Resident 2's Care plan dated 3/6/25 revealed:</p> <p>-ADLs Functional Status/Rehabilitation Potential, Resident 2 is unable to complete ADLs independently related to impaired mobility and dementia.</p> <p>-Encourage Resident 2 to participate in activities of daily living such as: brushing teeth, combing hair, washing my face, assist PRN.</p> <p>Record review of Resident 2's Diagnoses dated 3/6/25 revealed: Other symptoms and signs involving cognitive functions and awareness.</p> <p>Observation on 3/6/25 at 3:03 PM revealed Resident 2's toothbrush continues to be dry and lying in a small grey basin in the bathroom's medicine cabinet.</p> <p>Observation on 3/10/25 at 9:45 AM revealed Resident 2's toothbrush is dry and lying in a small grey basin in the bathroom's medicine cabinet. Resident was waiting to get into the shower.</p> <p>Observation on 3/10/25 at 11:00 AM Resident 2 was lying in bed resting and their toothbrush was dry and in small grey basin in the medicine cabinet.</p> <p>Observation on 3/10/25 at 1:30 PM revealed Resident 2's toothbrush is dry and laying in small grey basin in the medicine cabinet. Resident is lying down in bed after lunch.</p> <p>Observation on 3/11/25 at 10:30 AM revealed toothbrush is dry lying in small grey basin in medicine cabinet. Resident lying down in bed.</p> <p>Interview on 3/11/25 at 7:14 AM with (Medication aide) MA-A revealed that staff are to brush resident's teeth at least 3 times a day.</p> <p>Interview on 3/11/25 at 10:55 AM with MA-B revealed that the staff are to brush resident's teeth 2-3 times a day.</p> <p>Interview on 3/11/25 at 11:00 AM with Director of Nursing revealed the staff is to brush the resident's teeth at least twice a day.</p> <p>Record review of Activities of Daily Living Policy undated revealed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Gold Crest Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Levi Lane Adams, NE 68301	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Care and services will be provided for the following activities of daily living:</p> <ul style="list-style-type: none"> -Bathing, dressing, grooming and oral care. -A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. <p>D.</p> <p>Interview on 3/6/25 at 11:19 AM with Resident 6 revealed their teeth has not been brushed today. Resident said sometimes they brush them.</p> <p>Observation on 3/6/25 at 11:20 AM revealed the toothbrush was dry laying on the TV stand with the toothpaste tube by it.</p> <p>Observation on 3/6/25 at 3:05 PM revealed Resident 6's toothbrush was dry and laying on the TV stand.</p> <p>Record review of Resident Census dated 3/6/25 revealed Resident 6 admitted to the facility on [DATE].</p> <p>Record review of Resident 6's MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 1/29/25 revealed:</p> <ul style="list-style-type: none"> -Section C: BIMS (Brief Interview for Mental Status, a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function) was 5 (indicating Resident 6's has sever cognitive impairment). -Section G: Needs moderate assistance with oral hygiene. <p>Record review of Resident 6's Care Plan dated 3/6/25 revealed:</p> <ul style="list-style-type: none"> -Resident is unable to complete ADLs themselves related to arthritis, dementia, and impaired mobility. -Encourage resident to do other activities of daily living after set-up such as: brushing teeth/dentures, combing hair, washing face, assist as needed. <p>Record review of Resident 6's diagnoses dated 3/6/25 revealed: Dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance.</p> <p>Observation on 3/10/25 at 9:35 AM Resident 6 was sitting in wheelchair in their room reading a book after breakfast. The toothbrush was dry and laying on the TV stand.</p> <p>Observation on 3/10/25 at 1:50 PM revealed Resident 6's toothbrush is dry and laying on the TV stand with the toothpaste tube.</p> <p>Observation on 3/11/25 at 10:50 AM revealed Resident 6's toothbrush is dry laying on the TV stand in [gender's] room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Gold Crest Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Levi Lane Adams, NE 68301	

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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 3/11/25 at 7:14 AM with (Medication aide) MA-A revealed that staff are to brush resident's teeth at least 3 times.</p> <p>Interview on 3/11/25 at 10:55 AM with (Medication aide) MA-B revealed that the staff are to brush resident's teeth 2-3 times a day.</p> <p>Interview on 3/11/25 at 11:00 AM with Director of Nursing revealed the staff is to brush the resident's teeth at least BID.</p> <p>Record Review of Activities of Daily Living Policy undated revealed: Care and services will be provided for the following activities of daily living:</p> <p>-Bathing, dressing, grooming and oral care.</p> <p>-A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Gold Crest Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Levi Lane Adams, NE 68301	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>LICENSURE REFERENCE NUMBER 175 NAC 12-006.12(D)(i)</p> <p>Based on interview, observation, and record review the facility failed to secure all medications in a locked storage area and to limit access only to authorized personnel. The facility identified a census of 41</p> <p>Observation on 3/06/25 at 8:40AM revealed the treatment cart sitting in hallway in front of open door stating Drug on it. Treatment Cart was open and able to view insulin supplies in second drawer. Stood at side of Treatment Cart and open door for 6 minutes. Director of Nursing (DON) walked to treatment cart and open door marked Drug.</p> <p>Interview on 3/06/25 at 8:48 AM with DON stated, the Treatment Cart and the door marked Drug should be locked.</p> <p>Observation on 3/06/25 at 8:52 AM revealed Registered Nurse (RN-F) walked to the treatment cart from the 100 hall.</p> <p>Interview on 3/06/25 at 8:55 AM revealed RN-F stating, the Treatment Cart should have been locked, and the Drug door should be closed.</p> <p>Observation on 3/11/25 at 11:00 AM revealed that the refrigerator in the locked Drug room did not have a lock on the refrigerator door and could be opened. Refrigerator contained several boxes containing Alprazolam vials. Alprazolam is a Scheduled IV controlled substance most commonly prescribed to manage anxiety disorders.</p> <p>Observation on 3/11/25 at 2:45 PM revealed RN-F opening Drug labeled door and demonstrating that the door stays open unless closed by the RN.</p> <p>Interview on 3/11/25 at 2:45 PM revealed RN-F stating, Unless the nurse closed the door manually it will stay open.</p> <p>Record review on 3/11/25 at 3:45 PM revealed Gold Crest Retirement Center Medication Administration Guidelines Policy the following statement:</p> <p>-Medication cart is always visible to medication nurse/med-aide or locked</p> <p>RN-G (Registered Nurse) stating, We only have two medication carts and one treatment cart in the facility.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Gold Crest Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Levi Lane Adams, NE 68301	

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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** D.</p> <p>Record review of the undated facility policy titled Perineal Care revealed perineal care refers to the care of the external genitalia and the anal area and it was explained when taking gloves off, sanitize hands and apply new gloves.</p> <p>Record review of Resident 16's admission Minimum Data Set (MDS -a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) dated 2/7/2025 revealed the resident was admitted to the facility on [DATE], Brief Interview for Mental Status (BIMS - a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function) score is 11 which indicated mildly impaired cognition, behaviors not indicated, and the resident requires substantial assistance with toileting hygiene.</p> <p>Record review of Resident 16's Comprehensive Care Plan (CCP- written instructions needed to provide effective and person centered care of the resident that meet professional standards of quality care) revealed:</p> <ul style="list-style-type: none"> -problem dated 12/11/2024 stated staff will utilize Enhance Barrier Precautions with resident due to Multidrug Resistant Organisms (MDRO) in urine. -goal dated 4/14/25 stated resident will show no signs or symptoms of infection. -approach dated 12/11/2024 stated staff will follow facility protocol for Enhanced Barrier Precautions (EBP). <p>Observation on 03/11/25 at 11:56 AM Nursing Assistant (NA) - B assisted Resident 16 to the toilet in the resident's bathroom and after removing the resident's dirty brief, NA - B removed (gender) dirty gloves and applied new clean gloves. No hand hygiene was performed.</p> <p>Observation on 03/11/25 at 11:57 AM NA - C performed perineal cares for the Resident 16 and then removed the dirty gloves and applied new clean gloves. No hand hygiene was performed.</p> <p>Interview on 03/11/25 at 11:58 AM NA - B confirmed they did not wash their hands and they should have when removing dirty gloves and putting on new and clean gloves.</p> <p>Interview on 03/11/25 at 11:59 AM NA - C confirmed (gender) did not wash their hands and should have before putting on clean gloves.</p> <p>Review of the undated facility policy titled Handwashing revealed to wash hands after glove removal.</p> <p>Review of the facility's all staff inservice dated 8/14/24 titled Infection Control revealed that handwashing should be performed when donning and doffing gloves and that all staff should be educated regarding EBP.</p> <p>Interview on 03/11/25 at 12:20 AM the Director of Nursing (DON) confirmed that staff should wash hands or perform hand hygiene when removing gloves and before putting on new gloves.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Gold Crest Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Levi Lane Adams, NE 68301	
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 - Some</p>	<p>E.</p> <p>Record review of Resident 27's Quarterly MDS dated [DATE] revealed the resident was admitted to the facility on [DATE], BIMS score of 0 which indicated a severe cognitive impairment, verbal behaviors indicated, and resident is always incontinent of bowel.</p> <p>Record review of Resident 27's CCP revealed:</p> <ul style="list-style-type: none"> -problem dated 02/25/2025 stated the resident is at risk for skin integrity changes related to (R/T) incontinence, impaired mobility, and dementia. -goal dated 05/27/2025 stated the resident will allow staff to assist with Activities of Daily Living (ADL)'s daily. -approach dated 01/23/23 stated to provide incontinence care after each incontinent episode. <p>Observation on 03/10/25 at 9:42 AM Nursing Assistant (NA) - E performed perineal cares for Resident 27. NA - E did not change gloves before reaching into the wipes package container. No hand hygiene performed and NA - E did not change gloves before applying new brief for the resident and putting the residents pant on.</p> <p>Observation on 3/10/25 at 9:43 AM NA -B Pericare performed, NA - B performed perineal cares for Resident 27. NA - B did not change gloves before reaching into the wipes package container. No hand hygiene performed, and no changing of gloves performed before putting on new brief and pants on resident.</p> <p>Interview on 03/10/25 at 9:51 AM NA - B confirmed that (gender) did not perform any hand hygiene before applying new gloves. It was also confirmed that she reached into the clean wipes container with dirty gloves and that she did not change her gloves during the process and should have. She did not wipe the lift down after they used it and should have.</p> <p>Interview on 03/10/25 at 9:53 AM NA - E confirmed that (gender) did not wipe down the mechanical lift after using it and it should have.</p> <p>Interview on 03/10/25 at 9:54 AM the IP confirmed that the lift was not disinfected after coming out of the resident's room before putting it in the storage room and it should have been.</p> <p>Review of the undated facility policy titled Handwashing, revealed handwashing scrub should occur for a minimum of 20 seconds.</p> <p>Review of facility education titled Infection Control dated 8/14/24 had a section on Handwashing and when to wash your hands and for how long, and cleaning.</p> <p>Review of the facility policy dated 8/27/25 titled Safe Resident Handling/Transfers revealed that the mechanical lifts will be cleaned and disinfected after each resident use.</p> <p>Record review of the undated facility policy titled Perineal Care revealed instructions to remove the number of anticipated wipes needed and place onto a clean paper towel, if more wipes are needed gloves will need to be removed and replaced prior to taking clean wipes out of the package and to</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Gold Crest Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Levi Lane Adams, NE 68301	
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 - Some</p>	<p>perform hand hygiene before putting on new gloves.</p> <p>Interview on 03/11/25 at 12:20 PM the DON confirmed that dirty gloved hands should not be reaching into the clean wipes container, and that the lift should be wiped down with antimicrobial wipe after each use, and that handwashing should occur with each glove change,</p> <p>Interview on 03/11/25 at 01:14 PM with the Infection Preventionist (IP) nurse confirmed the mechanical lift should be wiped down after each use with antimicrobial wipes and that hand hygiene should occur before and after gloving.</p> <p>B.</p> <p>Interview on 3/5/25 at 1:09 PM with Resident 39 revealed [gender] catheterizes (a catheter that is inserted into the bladder to drain urine) themselves 4-5 times a day with the help of staff.</p> <p>Record review of Resident Census dated 3/6/25 revealed Resident 39 was admitted to the facility on [DATE].</p> <p>Observation on 3/11/25 at 12:00 PM with RN-H providing straight catheterization for Resident 39. RN-H pushed resident in the wheelchair into bathroom and applied gait belt to have resident wash their hands and assisted onto toilet. RN-H performed hand hygiene with soap and water x 15 seconds and shuts faucets off with bare hands. RN-H left the room to get the hibiclens (an antibacterial skin cleanser) from the medication room. RN-H returned to room and performed hand hygiene with soap and water for 15 seconds and shuts the faucets off with bare hands. RN-H got a washcloth wet it with warm water and applied hibiclens onto the washcloth, then washed resident's glands penis. RN-H performed hand hygiene with soap and water for 9 seconds, then used bare hands to shut off the faucets. RN-H opened catheter package slightly to enable (gender) to reach the new catheter, then applied sterile gloves, and inserted the straight catheter into the external opening of the urethra (the tube that carries urine from the bladder to the outside of the body) and held the tubing in place while urine drained into a urinal. RN-H then removed the catheter after the drainage stopped. The resident wanted to sit longer on toilet. RN-H removed gloves and performed hand hygiene for 11 seconds and shut the water off with bare hands. RN-H did not wear any (PPE) Personal Protective Equipment to protect healthcare workers, patients, and others from potentially contacting and/or spreading potential infections except the sterile gloves.</p> <p>Interview with RN-H on 3/11/25 at 12:25 PM confirmed [gender] should have washed hands for 20 seconds and used a towel to shut the faucets off.</p> <p>Interview on 3/11/25 at 12:28 PM with Infection Preventionist (IP) revealed staff needs to wear PPE consisting of a shield, gown, mask and gloves during catheterization, wash hands for 20 seconds and use a paper towel to shut the faucets off.</p> <p>Record review of Resident 39's Physician orders dated 3/6/25 revealed:</p> <ul style="list-style-type: none"> - Intermittent self-catheterization of bladder -apply KY jelly to catheter tip 5 Times Per Day (7:00 AM, 12:00 PM, 5:00 PM, 11:00 PM and 3:00 AM) - Intermittent self-catheterization of bladder PRN (as needed)- apply KY jelly to catheter tip Three Times A Day PRN <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Gold Crest Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Levi Lane Adams, NE 68301	
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 - Some</p>	<p>Record review of Resident 39's MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 1/17/25 revealed:</p> <ul style="list-style-type: none"> -Section C: BIMS (Brief Interview for Mental Status, a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function) was 13 indicating Resident 39 is cognition is intact. -Section G: Moderate assist with toileting hygiene, and bathing. -Section H: intermittent catheterization. <p>Record review of Resident 39's Care plan dated 3/6/25 revealed resident self-catheterizes intermittently throughout the day related to neuromuscular dysfunction of bladder. Resident is requiring staff assistance with this at this time.</p> <ul style="list-style-type: none"> -Resident 39 will have catheter care managed appropriately as evidenced by not exhibiting signs of urinary tract infection or urethral trauma. <p>Record review of Resident 39's face sheet dated 3/6/25 revealed pertinent diagnosis as Urinary Tract Infection, Retention of urine, and Neuromuscular dysfunction of bladder.</p> <p>Record review of facility's undated Hand Washing Policy revealed:</p> <ul style="list-style-type: none"> -Wash hands before procedures, before contact with residents, after glove removal and after contact with inanimate objects in the immediate vicinity of the patient. -How to wash hands: Scrub well with soap and additional water if needed, scrubbing all areas thoroughly. Wash with friction at least 1 inch above wrists, pay close attention to the fingernails. Scrub for a minimum of 20 seconds. Apply vigorous friction between the fingers and fingertips. Rinse with clean running water in a way that allows water to flow from the wrist to the fingertips. Dry hands with paper towel. Turn the faucet off with a clean paper towel. <p>Record review of Enhanced Barrier Precautions Policy revised 12/1/24 revealed:</p> <p>Enhanced Barrier Precautions (EBP) refer to an infection control prevention design to reduce transmission of multidrug-resistant organisms that employs targeted gown, and gloves use during high contact resident care activities.</p> <p>High-contact resident care activities include: Providing hygiene and device care or use (central lines, urinary catheters, feeding tubes).</p> <p>C.</p> <p>Record review of Resident 9's Face sheet dated 3/6/25 revealed admission was 8/21/23.</p> <p>Observation on 3/10/25 at 11:10 AM for Resident 9's peri care with Registered Nurse (RN-G) and the Minimum Data Set Coordinator (MDSC). Both nurses performed hand hygiene and applied gloves, then transferred resident to bed using the hooyer lift. RN-G and MDSC did not perform hand hygiene after the resident was placed in bed and the slacks and brief were removed. MDSC assisted with the</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Gold Crest Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Levi Lane Adams, NE 68301	
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 - Some</p>	<p>repositioning. RN-G obtained 2 wipes out of wipe container using the same soiled gloves and cleansed both sides of groins using new wipe for each groin. RN-G then placed soiled gloved hand into wipes container and removed 2 more wipes and cleansed the urethral opening and wiped down towards the peri area 2 x with a new wipe each time. RN-G and MDSC repositioned resident to [gender] back. RN-G changed gloves with no hand hygiene done, then resident was repositioned to left side again. RN-G removed a wipe from wipes container using the contaminated gloves and cleansed rectal and buttocks area, noting the wipe had a small amount of bowel movement on it. RN-G removed 2 more wipes from the container with the same gloves and cleansed buttocks again. RN-G and MDSC assisted applying new brief and clean slacks.</p> <p>Interview with RN-G on 3/10/25 at 12:05 PM revealed [gender] thought if the gloves were visibly soiled then needed to wash hands. RN-G said [gender] did not know how to get the wipes without getting into the container.</p> <p>Interview with IP on 3/10/25 at 12:12 PM revealed that staff should not get into wipes container with contaminated gloves, and when removing gloves they need to perform hand hygiene.</p> <p>Record review of Resident 9's MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 2/5/25 revealed:</p> <ul style="list-style-type: none"> -Section C: BIMS (was not done due to not being understood). -Section D: PHQ total severity score 5. -Section G: limitation in upper and lower ROM on one side. -Needs supervision for eating. -Dependent for oral hygiene, toileting hygiene, bathing, upper and lower body dressing, footwear, personal hygiene, repositioning, and transfers. -Section H: always incontinent of urinary and bowel. <p>Record review dated 3/6/25 of Resident 9's Braden (a tool used in healthcare to assess risk for skin breakdown or injury- such as a pressure sore) score dated 11/8/24 scored 13 indicating moderate skin breakdown risk.</p> <p>Record review of Resident 9's Care Plan dated 3/5/25 revealed: Resident is at risk for skin breakdown related to</p> <p>incontinence, impaired mobility, and obesity. Provide incontinence care after each incontinent episode. Avoid friction to skin.</p> <p>Record review of Resident 9's Diagnosis on the face sheet dated 3/6/25 revealed: Cerebral infarction, Urinary tract infection, Retention of urine, and Personal history of transient ischemic attack (TIA).</p> <p>The undated facility policy Hand Washing revealed:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Gold Crest Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Levi Lane Adams, NE 68301	
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 - Some</p>	<p>-Wash hands before procedures, before contact with residents, after glove removal and after contact with inanimate objects in the immediate vicinity of the patient.</p> <p>-How to wash hands: Scrub well with soap and additional water if needed, scrubbing all areas thoroughly. Wash with friction at least 1 inch above wrists, pay close attention to the fingernails. Scrub for a minimum of 20 seconds. Apply vigorous friction between the fingers and fingertips. Rinse with clean running water in a way that allows water to flow from the wrist to the fingertips. Dry hands with paper towel. Turn the faucet off with a clean paper towel.</p> <p>Interview with Director of Nursing on 3/11/25 at 2:57 PM said the facility just revised the Perineal care policy to add in taking wipes out of cleansing wipe container prior to doing peri care and the gloves need to be removed and replaced prior to taking more wipes out of package.</p> <p>Record review of Perineal care policy revised 3/11/25 revealed:</p> <p>-Remove the number of anticipated wipes needed and place onto a clean paper towel/wash rag/towel. If more wipes are needed, gloves will need to be removed and replaced prior to taking more wipes out of package.</p> <p>LICENSURE REFERENCE NUMBER 175 NAC 1-005.06(D)</p> <p>Based on observations, interviews and record reviews the facility failed to ensure that staff follow principles of infection control and prevention through hand hygiene, glove use, use of personal protection equipment (PPE) and cleaning of equipment between residents. This affected 7 (Residents 1,8,9,16,27,35,39) out of 8 residents sampled. The facility identified a census of 41.</p> <p>Finding are:</p> <p>A.</p> <p>Record review of Gold Crest Retirement Center Handwashing Policy with revised date of 3/11/2025 revealed the following of when to staff should wash hands:</p> <ul style="list-style-type: none"> - Wash hands before procedures, before direct contact with residents, after glove removal and after contact with inanimate object in the immediate vicinity of the patient. - Before and after serving food. - Staff is educated on the importance of hand washing and retrained and reminded as necessary on the above philosophy/guidelines. - Hand washing competencies will be administered to all staff annually. <p>Observation on 3/10/25 at 8:30 AM to 8:50 AM revealed dining room observation of the following:</p> <ul style="list-style-type: none"> - Nursing Assistance (NA-G)) at 8:30 AM washed hands using soap and water and sat down between Residents 8 and 1, who were seated at the dining room table. NA-G used the left-hand to open Resident 1's napkin containing the fork and spoon and gave Resident 1 a bite of scrambled eggs. NA-G used their left-hand and opened Resident 8's napkin taking out the fork and spoon. Resident 8 touched NA-G on <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER Gold Crest Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Levi Lane Adams, NE 68301	
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 - Some</p>	<p>the left hand as NA-G assisted Resident 8 with a glass of juice. NA-G using the same left hand picked up Resident 1's fork and fed Resident 1 more scrambled egg. NA-G then picked up Resident 1's glass and with their left hand and gave Resident 1 a drink from the glass.</p> <p>-8:40 AM Registered Nurse (RN-B) washed hands with soap and water and sat down between Residents 35 and Resident 27. RN-B using their right-hand opened the napkin containing a fork and spoon for Resident 35 touching the spoon on feeding surface and gave Resident 35 a bite of food. RN-B using their right hand, then picked up a spoon and gave Resident 27 a bite of food.</p> <p>-8:45 AM after using their right and left hands several times to feed both Residents 27 and Resident 35 food, RN-B got up and used hand sanitizer and came back and sat down between residents 35 and 27 touching 35's upper arm with right hand and then RN-B used right hand and picked up Resident 27's spoon and gave Resident 27 a bite of food.</p> <p>-8:50 AM NA-G continued to feed both Resident 8 and Resident 1 with both left and right hands and did not use any hand sanitizer between the residents. NA-G touched resident 1's arm with left hand and then picked up resident 8's glass of juice and handed it to resident 8's hand. NA-G then gave resident 1 a bite of ground sausage with that same hand.</p> <p>Interview on 3/10/25 at 3:10 PM revealed that RN-B admitted to feeding two residents at one time and did not use the same hand on each resident to prevent the potential spread of infection/cross contamination between them. RN-B confirmed that (gender) should have used hand sanitizer between feeding each resident.</p>		