

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285130	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/09/2025
NAME OF PROVIDER OR SUPPLIER  Beatrice Health and Rehabilitaion		STREET ADDRESS, CITY, STATE, ZIP CODE  1800 Irving Street Beatrice, NE 68310	

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 - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure reference number 175 NAC 12-006.18(B)</p> <p>The facility failed to ensure hand hygiene was performed during catheter and peri-cares for Residents 28 and 54, failed to ensure wipes were not removed from the wipes container with contaminated gloves for Residents 28 and 54, failed to ensure the drainage catheter bag was kept below the level of the bladder during a transfer for Resident 28, and failed to perform hand hygiene after removal of gloves for Resident 28 to prevent the potential for cross contamination. The facility census was 55.</p> <p>Findings are:</p> <p>A.</p> <p>Record review of Resident 28's admission Record dated 4/7/25 revealed re-admission to the facility was 6/22/2023.</p> <p>Observation on 4/6/25 at 12:34 PM revealed Resident 28 had sediment in catheter tubing.</p> <p>Observation on 4/07/25 at 10:00 AM Resident 28's urine in catheter tubing is cloudy, mucous with small amount of red tinge.</p> <p>Observation of Resident 28's catheter cares on 4/7/25 at 10:30 AM by Nurses aide (NA)-B and (NA)-C. NA-B and NA-C applied gowns and gloves without performing hand hygiene. NA-B placed a paper towel on the floor, sat the graduate container on the paper towel, and emptied the catheter drainage bag without using goggles or a face shield for protection. NA-B did not perform hand hygiene after emptying the urine into the toilet. NA-B and NA-C took resident's slacks down to ankles and took brief off without performing hand hygiene after. NA-B took 3 cleansing wipes from the wipe container using contaminated gloves and wiped resident's left groin and pubis area groin. NA-B used the other wipe and wiped the right groin with noting some BM on the wipe. NA-B then used the same glove and took out another wipe from the container to wipe right groin again. NA-B took out 3 wipes and cleansed the glans of penis, another wipe for the urethral opening and another for the tubing from urethral opening down tube about 2 inches and did not perform hand hygiene. NA-B and NA-C repositioned resident to [gender] left side. NA-C moved trash can with gloved hands and did not change the gloves. NA-C took wipes from wipe container with contaminated gloves 8 different times and used these wipes to cleanse the back area of the right groin and rectal area. NA-C removed gloves without performing hand hygiene, then assisted NA-B with repositioning resident onto [gender] back and placed a new brief under the resident. NA-B took 2 wipes out of container with contaminated gloves and cleansed the right groin again, then took 2 more wipes out of container with same gloves and continued to wipe right groin.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 285130
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>NA-B took 2 more wipes from the container and wiped scrotal area in front, then taped the brief on. NA-B and NA-C removed their gowns and gloves and put in the trashcan. NA-B performed hand hygiene with soap and water for 10 seconds and did not put gloves on. NA-B lifted catheter bag and placed it on the bed which was the same level as the bladder and did not wash hands. Both NA's assisted with putting resident's slacks up and placed lift sling under resident, hooked sling to the Hoyer lift, and placed the catheter hook onto hoyer lift hook which is by resident's head and above bladder. NA-B and NA-C transferred resident into electric wheelchair, took catheter bag down from sling hook area and finished positioning resident.</p> <p>Interview on 4/7/25 at 11:30 AM with NA-B confirmed [gender] should have washed hands for 20 seconds, should not have taken wipes out of the container with contaminated gloves, and not have the catheter bag above the bladder.</p> <p>Interview on 4/7/25 at 11:31 AM with NA-C confirmed [gender] should not have taken wipes out of the container with contaminated gloves, not have the catheter bag above the bladder, and should wash hands after removing gloves.</p> <p>Interview on 4/7/25 at 1:28 PM with the Director of Nursing (DON) confirmed the NA's (NA- B and NA-C) should not have taken wipes out of the container with contaminated gloves and should not have the catheter bag above the bladder. DON confirmed that staff should wash hands after removing gloves, and wash hands for 20 seconds.</p> <p>Record review of Resident 28's MDS (Minimum Data Set, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 12/26/24 revealed:</p> <p>-Section C: BIMS (Brief Interview for Mental Status, a brief screener that aids in detecting cognitive impairment) score as follows: 13-15: cognitively intact, 8-12: moderately impaired, 0-7: severe impairment. Resident 28 scored 15 indicating cognitively intact.</p> <p>-Section G: Dependent with all cares, has limitation in both upper and lower range of motion, and uses electric wheelchair.</p> <p>-Section H: Catheter</p> <p>Record review of Resident 28's physician orders dated 4/7/25 revealed:</p> <p>-Catheter Care every shift Date 8/30/2022.</p> <p>-Enhanced Barrier Precautions with High Contact Cares related to Indwelling Catheter every shift - Order Date 1/14/2025.</p> <p>-Monitor Indwelling Catheter for Proper Functioning Every 4 Hours -Order Date 8/30/2022.</p> <p>Record review of Resident 28's Care plan on date 4/7/25 revealed Indwelling Catheter with interventions:</p> <p>-Position catheter bag and tubing below the level of the bladder and away from entrance room door.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Enhanced Barrier Precautions with high contact cares.</p> <p>-Provide catheter care every shift and as needed.</p> <p>Record review of Resident # 28 Diagnosis dated 4/7/25 revealed: Neuromuscular Dysfunction of Bladder, Multiple Sclerosis, Other Reduced Mobility, and Need for assistance with personal care.</p> <p>Record review of Infection Control Prevention and Control Program-Hand Hygiene Policy undated revealed:</p> <p>It is the policy of this facility to implement infection control measures to prevent the spread of communicable diseases and conditions.</p> <p>Transmission-Based Precautions are the second tier of basic infection control and used in addition to Standards Precautions for patients who are or may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission.</p> <p>Enhanced Barrier Protection (EBP): expand the use of Personal protective equipment (PPE) and refer to the use of gown and gloves during high-contact resident care activities that provide opportunities for indirect transfer of Multi-drug Resistant Organisms (MDROs) to staff hands and clothing then indirectly transferred to residents or from resident-to-resident. (e.g., residents with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDROs). Face protection may also be needed if performing activity with risk of splash or spray.</p> <p>Examples of high contact resident care activities requiring gown and gloves use for Enhanced Barrier Precautions include:</p> <p>Dressing, transferring, providing hygiene, changing briefs or assisting with toileting, device care or use: indwelling urinary catheter.</p> <p>Record review of Catheter Drainage Bag Policy dated 5/2007 revealed:</p> <p>Position the drainage bag below the level of the resident's bladder.</p> <p>Hand washing should be done immediately before and after any manipulation of the drainage bags and/or tubing.</p> <p>Record review of Infection Control Prevention and Control Program-Hand Hygiene Policy undated revealed:</p> <p>The facility considers hand hygiene the primary means to prevent the spread of infection.</p> <p>Use of alcohol-based hand rub containing at least 62% alcohol; or , alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations:</p> <p>Before or after direct contact with residents.</p> <p>Before or after handling an invasive device (e.g. urinary catheter, IV access sites).</p> <p>(continued on next page)</p>		

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