

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Beatrice		STREET ADDRESS, CITY, STATE, ZIP CODE 401 S 22nd 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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>Licensure Reference Number 175 NAC 12 006.09(H)(vi)(3)a-i)</p> <p>Based on observation, record reviews and interviews; the facility failed to keep Oxygen tubing nasal cannula (piece of the oxygen tubing which is inserted into the nose to deliver oxygen) off the floor and to date the tubing for 1 (Resident 39) of 1 sampled residents. The facility census was 60.</p> <p>Finds are:</p> <p>Record review of Resident 39's admission Record revealed admission date was 12/4/23.</p> <p>Record review of Resident 39's MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 8/21/24 revealed 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) of 15.</p> <p>Observation on 9/18/24 at 10:40 AM Resident 39's O2 (oxygen) tubing was undated and hanging over the oxygen concentrator with the nasal cannula touching the floor.</p> <p>Interview on 9/18/24 at 10:40 AM with Resident 39 revealed Resident 39 wears O2 at night and as needed.</p> <p>Observation on 9/19/24 at 2:00 PM O2 tubing was hanging over the concentrator and nasal cannula was touching the floor and tubing was undated.</p> <p>Observation on 9/19/24 at 8:17 AM revealed O2 tubing was undated and the nasal cannula was touching the floor.</p> <p>Record review of Resident 39's Physician's Orders revealed Oxygen via nasal cannula 1-5 liters per minute as needed for dyspnea, hypoxia (O2 saturation less than 90%) as needed for dyspnea, hypoxia related to Encounter For Prophylactic Measures, Unspecified.</p> <p>Record review of Resident 39's Diagnosis is Chronic Systolic (Congestive) Heart Failure, and Chronic Obstructive Pulmonary Disease.</p> <p>Interview with the Director of Nursing on 9/19/24 at 11:47 AM revealed the nurses are to date the O2 tubing weekly, not let the O2 tubing cannula touch the floor O2 and place the tubing in the protective bag that is hanging on the concentrator.</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
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Oxygen Administration Policy dated 7/8/24 revealed: Purpose - To keep oxygen equipment clean and maintained in good condition.</p> <p>14. When oxygen is not in use, store cannula, face mask or face tent and tubing in zip-lock bag/plastic bag secured to oxygen cylinder or concentrator.</p> <p>Cleaning the concentrator/Filters and inspections</p> <p>-Disposable equipment should be changed weekly or according to manufacturer's instruction and marked with date and initials.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Licensure Reference Number 12-006.11E</p> <p>Based on observations, record review and interviews; the facility failed to change gloves and perform hand hygiene for 20 seconds to prevent potential food born illness. This had the potential to affect all 60 residents who served food from the kitchen. The facility identified a census of 60.</p> <p>Findings are:</p> <p>A record review of the policy: Hand Hygiene, dated 03/29/2022, revealed the following:</p> <p>Policy: Hand hygiene should be performed after glove removal.</p> <p>Procedure:</p> <p>HCW will use waterless alcohol-based sanitizer or soap and water to clean their hands: After removing gloves regardless of task completed.</p> <p>Washing with soap and water:</p> <ul style="list-style-type: none"> -Wet hands first with tepid water, apply amount of soap to hands as recommended by the manufacturer. -Rub hands together briskly for at least 15-20 seconds covering all the surfaces of the ands, fingers and wrists (CDC). -Rinse hands with water and dry thoroughly with a disposable towel or warm-air hand dryer if disposable towel not available. <p>An observation on 9/19/24 at 10:49 AM while in the kitchen with Lead [NAME] (LC-B.) LC-B places gloves on both of their hands and began preparing the noon meal. LC-B removes 3- 5-pound (lbs.) bags of chicken breast from a pushcart they have removed from the walk-in refrigerator. LC-B cuts opens a bag of chicken and places the chicken into a bowl of milk that was previously prepared. LC-B then walks to the hand washing station, removes the gloves and turns the water on. LC-B places soap on [gender] hands and began to rub them together for a total of 10 seconds then rinses [gender] hands and dries them with a paper towel. LC-B returns to the food preparation area, places new gloves on their hands and began to remove the raw chicken from the milk mixture with tongs. LC-B places the raw chicken into a pan of premixed cornflakes breading. LC-B then uses their gloved hands to pat the cornflake breading into the raw chicken. LC-B removes the raw chicken from the cornflake breading with their gloved hands and places the raw chicken on to a baking sheet that was covered with parchment paper and non-stick cooking spray. LC-B then with the same gloves removed the baking sheet filled with the raw chicken, grabbed, and opened the standing oven doors, and placed the baking sheets of raw chicken into the oven. LC-B then grabbed the standing oven doors, again to close them. As LC-B attempts to proceed by grabbing the tongs used to remove the raw chicken from the milk mixture, LC-B stopped and removed [gender] gloves, and proceeded to the hand washing station. LB-C turns on the water, places soap onto [gender] hands and began to rub [gender] hands together for 10 seconds.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An interview on 9/19/24 at 11:02 AM with LC-B. LC-B stated hand washing is to be preformed for 20 seconds. When asked if they felt they had created friction for 20 seconds between their hands while washing LC-B stated [gender] had not rub [gender] hands with soap for 20 seconds. LC-B confirms they should have removed their gloves and preformed hand hygiene for 20 seconds after handling raw chicken and prior to touching oven.</p> <p>An interview with the Dietary Manager (DM-C) confirmed the friction action of hand washing is preformed for 20 seconds, DM-C Confirmed LB-C did not perform hand hygiene as it is indicated.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 1-005.06(D)</p> <p>Based on record review, observations, and interviews; the facility failed to change gloves and complete hand hygiene during wound care and catheter care for 2 (Resident 8 and 208) out of 5 sampled residents. The facility census was 60.</p> <p>Findings are:</p> <p>A.</p> <p>Record review of Resident 208's admission Record revealed admitted on [DATE].</p> <p>Record review of Resident 208's MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 9/2/24 revealed in 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) scored 15. In Section H: indwelling catheter. In Section M: at risk for pressure ulcer, uses pressure reducing devices used in bed and w/c, 3 total number of venous and arterial ulcers present, application of nonsurgical dressings (with or without topical medications) other than to feet, and applications of ointments/medications other than to feet.</p> <p>Record review of Resident 208's Diagnosis dated 9/19/24 revealed: Type 2 Diabetes Mellitus without complications,</p> <p>Peripheral Vascular Disease, and Non-Pressure Chronic Ulcer of Right Ankle with Fat Layer Exposed.</p> <p>Record review of Resident 208's Physician orders revealed:</p> <p>-Wound care to right medial ankle/calf, remove old dressings. Wash area with dial soap and water, rinse and pat dry. May shower on dressing change days, otherwise keep dressing clean and dry. Do not scrub off old Calmoseptine layer, just gently cleanse. Apply calmoseptine to good skin surrounding areas. Apply Aquacel AG to open areas. Cover with superabsorber. Secure with Tubigrip. Complete dressing change 3 times weekly (change outer superabsorber every day which is put in as a separate order).</p> <p>Observation of right lower leg wound cares on 9/19/24 at 9:00 AM by Licensed Practical Nurse (LPN)-D. LPN-D donned gown outside the room. LPN-D washed hands x 20 seconds and donned gloves. LPN-D then removed stretch net bandage and the superabsorber dressing from right lower leg. LPN-D did not change gloves and then dated the new dressing and applied it over the wound. LPN-D then reapplied the stretch net bandage as resident refuses to wear Tubigrip. LPN-D with the same gloves on opened the front of the resident's brief and took 2 moist wipes out of the cleansing wipes container and cleansed the groin area. Next LPN-D took a clean wipe from the wipe container and cleansed the urethral meatus (the opening at the end of the urethra that allows urine to leave the body) and with same wipe moved down the catheter tubing. LPN-D assisted Resident 208 to turn to the right side and removed the brief. LPN-D with the same gloves on and took 2 wipes from the wipes container and cleansed resident's perianal area. LPN-D removed gloves, did not perform hand hygiene prior to donned new gloves and</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>moving tray table before the start of the dressing change. LPN-A without changing gloves or performing hand hygiene started cleaning the wound on the Resident 8 left leg with the dial soap in the cup and 4x4 gauze that was on the tray table. LPN-A after cleaning with a 4x4 gauze threw the gauze in the trash can. LPN-A with the same gloves gathered another 4x4 and started to rinse off the wound on Resident 8 left lower leg. RE then intervened and reminded LPN-A [gender] that [gender] needed to change gloves. LPN-A then changed gloves at that time. LPN-A continued to clean Resident 8's wounds and replace dressing on left lower leg. Dressing wraps continued to hit the pad that had been placed under Resident 8's leg due to possible drainage as LPN-A was wrapping it around Resident 8's left lower leg that RE was holding up. LPN-A finished wrapping Resident 8's left lower leg. LPN-A then cleaned up the empty dressing wrappers and tray table and put Resident 8's tablet and water mug on the tray table wearing the same gloves that LPN-A had on during dressing change. LPN-A then gathered that plastic bag out of the garage can and took it out of room removing [genders] gown and gloves.</p> <p>A record review of the facility Policy entitled Wound Dressing Changes-R/S, TLC, Therapy & Rehab dated 7/0/24 included the following information:</p> <p>Purpose:</p> <ul style="list-style-type: none"> -To promote wound healing -To help wound remain free of infection <p>Procedure:</p> <ul style="list-style-type: none"> -Follow EBP(Enhanced Barrier Precautions) wash hands before entering and exiting room, wear gloves and gown. -Remove soiled dressing and discard in plastic bag, avoiding contact and thus contamination of other surfaces. Remove gloves and discard in same plastic bag. Perform hand hygiene. -Open all supplies and pour solutions if ordered. -Put on gloves. -Cleanse the skin and wound thoroughly with normal saline, using gauze wipes, wound cleanser or ordered antiseptic solution. Remove gloves and perform hand hygiene. <p>An interview on 9/23/24 at 11:00 AM with LPN-A confirmed that [gender] should have changed [genders] gloves after getting things ready and touching resident leg and faucets and [gender] didn't. LPN-A confirmed that [gender] should of put a barrier down on the tray table or wiped it down with a disinfected wipe and didn't use a barrier or wipe.</p> <p>An interview on 9/23/24 at 11:00 AM with RE confirmed that LPN-A should have changed [gender] gloves from dirty to clean and that a barrier should of been put down on the tray table and no barrier had been put down.</p>		