STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285208	A. Building B. Wing	12/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Pride Care Center	901 South 4th Street Battle Creek, NE 68715

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC175 12-006.(D)(vi) Based on observation, record review and interview; the facility failed to date a multi-dose medications for Resident 2 and 21 after medication was opened or accessed to ensure manufacturer recommendations and professional standards were followed. The sample size was 3 and the facility census was 45.Findings are:A. Review of the facility policy titled Labeling of Medication Containers revised [DATE], revealed all drugs and medications maintained in the facility would be properly labeled in accordance with state and federal regulations.The Policy interpretation and implementation revealed that labels for individual drug containers must include the expiration date.B. An observation on [DATE] at 7:20 AM revealed Registered Nurse (RN)-G, prepared Resident 2's Ozempic (anti-diabetic agent) 0.25 milligrams(mg). The Ozempic syringe was not dated when opened or when expired and there were 2 doses that had been administered out of the syringe. Review of Resident 2's [DATE] Medication Administration Record (MAR) revealed an order for Ozempic 0.25 mg 1 time per week on Tuesday. An observation on [DATE] at 11:30 AM revealed Resident 21's Ozempic syringe was not dated when opened or expired and there were 3 doses that had been administered out of the syringe. Review of Resident 21's [DATE] MAR revealed an order for Ozempic 1 mg 1 time per week on Thursday. On [DATE] at 11:30 AM the Director of Nursing (DON) confirmed that the Ozempic syringe for Resident 2 and Resident 21 should have an expiration date on them after the first dose was administered.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Licensure Reference Number 175 NAC 12-006.18Based on observation, record review and interview, the facility failed to implement their water management policy to prevent the potential growth of bacteria such as Legionella (bacteria naturally found in fresh water and can grow in man-made water systems and can cause serious lung infections) in the facility water system and failed to COVID test Resident 6 when the resident had signs and symptoms of a respiratory illness. This had the potential to affect all facility residents. The facility census was 45. Findings are: A. Review of the undated facility Legionella Management Policy revealed the following: -The facility defined the control and management of Legionella bacteria in water systems within the facility. -The Legionella management team consisted of the Administrator, Maintenance Director, Safety Officer, and Infection Control. -If staff found control limits such as temperature levels, disinfection levels or manufacturer recommendations were not met, staff took corrective actions to return conditions back to acceptable ranges. During an interview on 12/31/25 at 12:59 PM the Maintenance Director confirmed being unaware of a facility specific water management plan, any mapping of the facility water system, any identified area of concerns or conditions that would make growth of water borne illness likely, or any mitigation plan in place to reduce the likelihood of waterborne illness in the facility. During an interview on 12/31/25 at 1:19 PM Housekeeper-L denied having any training or knowledge of a plan to run water in unoccupied facility rooms or any training on the facility Legionella Mitigation plan. During an interview on 2/31/25 at 1:21 PM the facility Housekeeping Supervisor -M denied any training or knowledge in the facility Legionella Management plan or any known requirement for mitigation of water borne illness. During an interview on 12/31/25 at 1:28 PM the Director of Nursing confirmed the facility has no documented evidence of implementation of the Legionella management plan. During an interview on 12/31/25 at 2:01 PM the facility Administrator confirmed being unaware of any mitigation plan for Water Borne Illness in the facility, and/or any roles required of the environmental services department, or knowledge of any facility map of the water system that would identify areas of concerns or risk related to waterborne illnesses. B. Review of the facility policy Covid-19 Testing last revised 6/24/25 revealed the purpose was to (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	prevent Covid-19 from entering the nursing home, detecting cases quickly, and stopping transmission. The procedure included the following: -Residents with signs and symptoms must be tested. C. An observation on 12/29/25 at 10:15 AM revealed that Resident 6 had sinus congestion. An observation on 12/30/25 at 7:45 AM revealed that Resident 6 had clear sinus drainage and dry cough. Review of Resident 6's Physician's Order fax form dated 12/30/25 revealed that the physician was notified of the resident being congested. An order was received for Claritin (antihistamine)10 milligrams daily as needed for allergy symptoms and Mucinex (relieves cough) 2 times daily for 10 days. There was no order to complete a Covid-19 test. Review of nursing documentation for Resident 6 from 12/25/25 to 12/31/25 revealed no documentation of congestion, cough or sinus drainage. An interview with the DON on 12/31/25 at 2:00 PM confirmed that when a resident had symptoms of Covid the physician was to be notified, and an order was to be received to test the resident for Covid. Resident 6's physician was not asked to complete a Covid test when the resident was showing potential symptoms of Covid.

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. Licensure Reference Number 175 NAC 12-006. Based on record review and interview, the facility failed to have documented duration of use for all prescribed antibiotics or documented rationale to continue antibiotics indefinitely for Residents 15, 31 and 37. The sample size was 8 and the facility census was 45. Findings are: A. Review of the facility policy Antimicrobial Stewardship Program dated November 2017 revealed the following: -The goal of the Antimicrobial Stewardship Program (ASP) was to promote the appropriate use of antimicrobials in order to maximize treatment outcomes and minimize unintended consequences of antimicrobial therapy. The ASP aimed to improve antibiotic prescribing practices through the development and implementation of antibiotic use protocols and a system to monitor antibiotic use. -An Antimicrobial Stewardship Committee had been established to provide support and oversee activities of the ASP. The ASP was part of the infection Prevention and Control Program (IPCP) and reported activity and outcomes the QAPI (Quality Assurance Performance Improvement) Committee). -Responsibilities included ensuring appropriate antibiotic use, monitoring antibiotic use, antibiotic resistance patterns, and compliance with the ASP. B. Review of the undated Core Elements for Antibiotic Stewardship in Nursing Homes information packet provided to residents at the time of admission to the facility revealed the following: -Antibiotic stewardship referred to the set of commitments and actions designed to make sure patients received the right dose, of the right antibiotic, for the right amount of time: and only when truly necessary. -Improved antibiotic use ensured life saving medications were effective and available when needed. C. Review of Resident 15's After Visit Summary (Discharge orders from the hospital/admission orders to the Nursing facility) dated 10/3/25 revealed an order for Nitrofurantoin (Antibiotic) 50 milligrams (mg) 1 capsule daily with no ordered duration for use. Review of Resident 15's Physician's orders revealed an order for Macrodantin (nitrofurantoin) 50 mg 1 capsule daily at bedtime dated 10/7/25 with no evidence how long the resident was to continue taking the medication. Review of Resident 15's Care Plan dated 10/16/25 revealed the resident was incontinent of urine but no indication the resident was taking antibiotic medication or no clinical indication for the use (continued on next page)

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F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	of a continuous antibiotic. During an interview on 12/30/25 at 2:28 PM The Director 0f Nursing (DON) confirmed Resident 15's Antibiotic Macrodantin had been given daily since admission to facility on 10/3/25 without an ordered duration for use or documented clinical indication for continued use. D. Review of the current medication orders for Resident 31 dated 6/16/25 revealed an order for Nitrofurantoin/Macrodantin (antibiotic medication) 100 mg capsule take one capsule by mouth twice daily for recurrent urinary tract infection. There was no ordered duration of use for the Antibiotic medication. Review of Resident 31's Care Plan with a revision date of 7/15/25 revealed the resident had incontinence and decreased bladder capacity, took medication for an overactive bladder and the antibiotic medication for prevention of urinary tract infections. There was no evidence the facility was monitoring for adverse effects of continuous use of antibiotics or a clinical rationale to continue antibiotics indefinitely. Review of Resident 31's physician documentations revealed no evidence of a documented clinical rationale for continuous use of an antibiotic. During an interview on 12/30/25 at 2:28 PM The DON confirmed Resident 31's antibiotic medication Macrodantin had been given daily since May 2025 without an ordered duration for use or documented clinical indication for continued use. E. Review of Resident 37's Physician's orders revealed an order for Azithromycin (antibiotic) 250 mg 3 times per week dated 10/31/25 with a clinical indication for use of Chronic Obstructive Pulmonary Disease (COPD)(lung disease that makes it hard to breathe). No evidence of how long the resident was to continue taking the medication. Review of Resident 37's Care Plan dated 10/31/25 revealed the resident had COPD with a cough, low energy level and shortness of breath but no indication the resident was taking an antibiotic medication or no clinical indication for the use of a continuous antibiotic. During an interview on 12/31/25 at 1:00 PM with Registered Nurse (RN)-N confirmed Resident 37's antibiotic Azithromycin had been given 3 times weekly since 10/31/25 without an ordered duration for use or documented clinical indication for continued use.