STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285296	A. Building B. Wing	10/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Saunders Medical Center	1760 County Rd J Wahoo, NE 68066

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. License Reference number 175 NAC 12-006.17 Based on observation, interview, and record review, the facility failed to store Resident 29's nasal canula and oxygen tubing in a bag that would prevent cross contamination. This had the potential to effect 1 of 1 residents. The identified a census of 56. Findings are: An observation on 10/15/24 10:46 AM, revealed Resident 29's Oxygen tubing was laying across the top of the oxygen concentrator. Resident 29's nasal canula and oxygen tubing were found lying on the floor behind concentrator. Resident 29's nasal canula and oxygen tubing was not placed into the bag attached to the back of the concentrator. Resident 29 is sleeping in her recliner chair at this time. An observation on 10/16/24 at 9:26 AM, Resident 29's Oxygen tubing was laying across the concentrator, the nasal canula laying on the floor behind the concentrator. The nasal canula was not covered or placed into the bag that was attached to the back of the concentrator. The Oxygen tubing revealed a piece of tape placed onto the tubing, with a noted date 10/14/24 wrote on it. Resident is laying in her recliner chair with her call light across her lap. Resident is had their eyes closed. An interview on 10/16/24 at 9:29 AM with Resident 29, revealed they did not self-remove the nasal cannula independently. An interview on 10/16/24 at 10:19 AM with Medication Aide- A (MA-A) confirmed the nasal canula and the oxygen tubing was not placed into the attached bag on the back of the oxygen concentrator. MA-A confirmed the nasal canula and the oxygen tubing was laying on the floor. MA-A confirmed the nasal canula and the oxygen tubing should be placed into the protective bag that is attached to the back of the nasal canula. An interview on at on 10/16/24 at 1025 AM with the Director of nursing (DON) confirmed the nasal cannula and oxygen tubing was laying on the floor behind the concentrator. The DON confirmed the nasal cannula, and the oxygen tubing should be placed into the bag that is attached to the back of the concentrator when it is not in use by the resident.

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