STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285298	A. Building B. Wing	06/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandhills Care Center	143 N Fullerton Street Ainsworth, NE 69210

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.04(F)(i)(5) Based on record review and interviews, the facility failed to notify the Primary Care Practitioner (PCP) of a change in condition for 1 (Resident 19) of 1 sampled resident. The facility staff identified a census of 28. Findings are: Record review of the facility policy Notification of Changes with a revised date of 6/12/24 revealed the purpose of the policy was to ensure the facility promptly informed the resident, the physician and the resident's representative when there was a change requiring notification. Circumstances which might require notification include: -accidents resulting in an injury or have the potential to require physician intervention. -a significant change in the resident's physical, mental, or psychosocial condition. -circumstances which might require a need to alter treatment. -a transfer or discharge from the facility. -a change of room or roommate assignment. -a change in resident's rights. -death of a resident. Record review of Resident 19's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used for care planning) dated 4/10/25 revealed the resident was admitted [DATE] with diagnoses of heart failure, Parkinson's disease, end stage renal disease, cancer, anxiety, depression, pneumonia, and chronic obstructive pulmonary disease (COPD). The following was assessed for Resident 19: -cognitively intact. -required staff assistance with toileting, dressing, transfers, personal hygiene, and bed mobility. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285298	A. Building B. Wing	06/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandhills Care Center	143 N Fullerton Street Ainsworth, NE 69210

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-shortness of breath or trouble breathing with exertion or when lying flat. -antidepressant, antibiotic, diuretic (drug which causes the kidneys to make more urine), and antiplatelet (drugs that prevent platelets, a type of blood cell, from clumping together to form a blood clot) medications used daily. -the resident was identified with coughing or choking with meals or when taking medications and with having a feeding tube. The resident's tube feeding supplied the resident with 51% or more of total calories and 501 cubic centimeters (cm) or more of fluids. Record review of Resident 19's Nursing Progress Note dated 1/24/25 at 10:25 AM revealed the resident was seen in the facility by the PCP. The resident had a cough, and a new order was received for the staff to monitor the resident and if the resident worsens or develops a fever, to notify the physician. Record review of Resident 19's Medication Administration Record (MAR) dated January 2025 revealed the staff were monitoring the resident's vital signs and lung sounds every shift for potential pneumonia. From 1/24/25 to 1/31/25 the following was identified: -1/24/25 for the day shift the resident's oxygen saturation (measurement of the amount of oxygen carried in the blood stream. Normal oxygen saturation levels range from 95 to 100%) was 90%. -1/25/25 for the day shift the resident's oxygen saturation was 90%. -1/26/25 for the day shift the resident's temperature was 99 degrees. -1/27/25 for the day shift the resident's temperature was 100 degrees. -1/28/25 for the day shift the resident's temperature was 99.5 degrees. -1/29/25 on the evening shift the resident's temperature was 99 degrees. -1/30/25 on the evening shift the resident's temperature was 99.9 degrees. -1/31/25 for the day shift the resident's temperature was 99.3 degrees and on the evening shift, the temperature was 99.8 degrees. Record review of Resident 19's electronic medical record from 1/24/25 to 1/31/25 revealed no evidence the facility staff had notified the resident's physician of the resident's elevated temperature or lowered oxygen saturation levels. Record review of Resident 19's Nursing Progress Note dated 2/1/25 at 11:20 PM revealed the resident's temperature was 101.6 degrees and the resident had been complaining the resident's stomach hurt and was upset. Record review of Resident 19's MAR dated February 2025 revealed the following regarding the resident's vital signs and lung sounds: -2/1/25 for the evening shift the resident's temperature was 100.8 degrees. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285298	A. Building B. Wing	06/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandhills Care Center	143 N Fullerton Street Ainsworth, NE 69210

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-2/2/25 for the evening shift the resident's temperature was 101.7 degrees. Record review of Resident 19's Nursing Progress Notes dated 2/3/25 revealed the following: -7:10 AM it was reported that the resident's temperature had spiked over the weekend, and the current temperature was 99.1 degrees, the resident's oxygen saturation was 89% and the resident had a cough. -11:17 AM the resident's PCP was updated (10 days after the physician order to keep the PCP notified if the resident's condition worsened) regarding the resident's condition. Record review of Resident 19's MAR dated February 2025 revealed the following regarding the resident's vital signs and lung sounds: -2/4/25 for the evening shift the resident's temperature was 99.9 degrees. -2/5/25 on the day shift the resident's oxygen saturation level was 90% and for the evening shift the resident's temperature was 100.6 degrees. Record review of Resident 19's Nursing Progress Note dated 2/5/25 at 9:11 PM revealed the resident's lower left lung sounds were diminished, the resident felt congested, and the resident had a productive cough. Record review of Resident 19's Nursing Progress Notes dated 2/6/25 revealed the following: -12:03 AM the resident's temperature remained 100 degrees, and the oxygen saturation level was 90%. The physician had not responded to the notification sent on 2/3/25 and the facility sent the physician another update. -3:59 PM the resident had been running a fever for multiple days, was more fatigued and was difficult to awaken. A new order was received for Levaquin (antibiotic) 500 milligrams daily for 10 days. An interview on 6/16/25 at 4:44 PM with the Director of Nursing (DON) confirmed the following regarding Resident 19: -had a history of COPD and of pneumonia. -seen by the PCP on 1/24/25 and was identified as having a cough. New orders were received to monitor the resident and to notify the PCP if condition worsened. -from 1/24/25 to 2/3/25 the resident had coughing, elevated temperatures, and lowered oxygen saturations. -the facility did not notify the physician about these changes until 2/3/25 (10 days later). -the PCP did not respond on 2/3/25 and the resident's condition continued to decline. -the staff should have contacted the PCP again within 24 hours if a response was not received regarding a change in condition. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285298	A. Building B. Wing	06/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandhills Care Center	143 N Fullerton Street Ainsworth, NE 69210

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-the facility did not contact the PCP again until 2/6/25 and the resident was then started on an antibiotic.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285298	A. Building B. Wing	06/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandhills Care Center	143 N Fullerton Street Ainsworth, NE 69210

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. Licensure Reference Number 175 NAC 12-006.10(D) Based on observation, interview, and record review the facility failed to ensure a medication error rate of less than 5%. The number of opportunities for administration observed was 28 with 2 errors (involving Residents 6 and 16) revealing an error rate of 7.14%. The sample size was 7 and the facility census was 28. Findings are: Record review of the facility policy Administering Medications with a revision date of April 2019 revealed the following: -Medications were administered in a safe and timely manner, and as prescribed. -Medications were administered in accordance with prescriber orders. -The individual administering the medication checks to ensure the medication was given to the right resident, the right medication, the right dose, the right time, and the right administration method/route. Record review of the facility policy Adverse Consequences and Medication Errors with a revision date of February 2023 revealed the following: -The interdisciplinary team monitored medication usage to prevent and detect medication-related problems such as adverse drug reactions and/or side effects. -A medication error was defined as the preparation or administration of drugs or biologicals which was not in accordance with physician's orders, manufacturer specifications, or accepted professional standards and principles. -Examples of medication errors included, not administering a drug that was ordered, administering an unauthorized drug, providing the wrong dose, routine of administration, at the wrong time, or failure to follow manufacturer's instructions. During observations of the morning medication administration pass performed by Licensed Practical Nurse (LPN)-C on 6/17/25 between 7:39 AM and 8:00 AM the following was observed: -LPN-C prepared 1 tablespoon of Psyllium Fiber Oral Powder and mixed the powder into a glass of orange juice. The label on the medication read, give 3.4 Grams mixed in liquid. Resident 6 was given and consumed approximately 2/3 of the mixture and then LPN walked away without ensuring the resident consumed the entire dose. -LPN-C prepared 1 capful of ClearLax Oral powder and mixed it into a glass of water. LPN-C then assisted the Resident 16 to drink approximately ½ of the prepared liquid and then discarded the remaining medication in the trash bin on the medication cart. Record review of Resident 6's Medication Administration Record (MAR) dated June 2025 revealed the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285298	A. Building B. Wing	06/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandhills Care Center	143 N Fullerton Street Ainsworth, NE 69210

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	resident's scheduled medications included Psyllium Fiber Oral Powder 51.7%-give 3.4 grams daily by mouth. During an interview on 6/17/25 at 7:40 AM LPN-C confirmed the label for Resident 6's Psyllium Fiber powder did not contain instructions of how much medication was to be measured; and confirmed giving one tablespoon as having been trained to do. LPN-C was unable to confirm the measured dose was equivalent to 3.4 Grams. Record review of Resident 16's Medication Administration Record dated June 2025 revealed the resident's scheduled medications included ClearLax Oral Powder 17 Grams-give one scoop by mouth one time every other day. During an interview on 6/17/25 at 8:00 AM with LPN-C, the LPN reported I don't know when asked why the LPN discarded 1/2 the dosed glass of ClearLax Oral medication for Resident 16 without administering it. During an interview on 6/17/25 at 8:45 AM the Director of Nursing (DON) confirmed that all medication orders that required measurement should contain the proper measurements of each medication to ensure proper dosing. In addition, all medications need to be fully consumed under observation of the staff providing the medication, to ensure the resident received the full dose as ordered and if the full dose was not administered that would constitute a medication error.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285298	A. Building B. Wing	06/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandhills Care Center	143 N Fullerton Street Ainsworth, NE 69210

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 - Some	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. Licensure Reference Number 175 NAC 12-006.12(D)(i) Based on observation, record review and interview; the facility failed to ensure medications were securely stored to prevent potential unauthorized access. This had the potential to affect any resident who were mobile within the facility. The facility census was 28. Findings are: Record review of the facility Medication Labeling and Storage policy dated 2001 revealed the facility stored all medications and biological in locked compartments under proper temperature, humidity and light controls. Only authorized personnel had access to keys. During an observation on 6/17/25 at 9:00 AM the treatment cart containing topical medications was left unlocked in the hallway adjacent to the nurses' station and no staff were present to ensure the residents or unauthorized personnel did not have access to the medications in the cart. During an interview on 06/17/25 at 9:02 AM the Director of Nursing confirmed the cart containing medication was not locked and should be locked at all times when not directly attended by approved staff.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285298	A. Building B. Wing	06/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandhills Care Center	143 N Fullerton Street Ainsworth, NE 69210

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Licensure Reference Number 175 NAC 12-006.11(E) Based on observation, interview and record review; the facility failed to maintain the cleaning of food storage surfaces and prepare and serve food in a manner to prevent potential food borne illness. This had the ability to affect all residents that ate from the facility kitchen. The total sample size was 18 and the facility census was 28. Findings are: A record review of the facility policy Food Preparation and Service with a revised date of 11/22 revealed: Appropriate measures used to prevent cross contamination included: -cleaning the food contact equipment between uses, -bare hand contact with food was prohibited, and -gloves were to be worn when food was directly handled. A record review of the facility policy Sanitization with a revised date of 11/22, revealed: -the food service area was maintained in a clean and sanitary manner. -all counters, shelves and equipment were kept clean. A record review of the facility's cleaning schedule revealed the following task was completed on a weekly basis: -clean all shelving. Observation during the initial kitchen tour on 6/16/25 at 9:40 AM revealed the following: -a black plastic shelf used to store spices, oils and pans had a heavy layer of grease with dried on brown and white spots in areas of the shelves. Observations during the follow-up kitchen tour on 6/16/25 from 11:25 AM to 1:10 PM revealed the following: -dietary staff member-G, was cutting cucumbers with bare hands, scraped the knife and scooped up the cucumbers with bare hands and then washed their hands. Dietary staff member-G, then cut tomatoes with bare hands, scraped the knife and scooped up tomatoes with bare hands. -at 11:53 AM dietary staff member-H, pureed 6 meat balls, after puree meat balls were put on the steam table, staff member-H, set the container used to prepare the puree meatballs on the prep table. At 12:30 PM staff member-H, picked up the dirty puree container and put 2 meatballs in the container and stated that more puree meatballs were needed. Dietary Manager (DM)-F, stopped staff member-H and asked if it was safe to use an unclean container, staff member-H shook head yes. DM-F stopped (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285298	A. Building B. Wing	06/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandhills Care Center	143 N Fullerton Street Ainsworth, NE 69210

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	staff member-H from using the dirty container. -dietary staff member-H, put a plate of spaghetti noodles on the serving cart, the spaghetti noodles fell off of the plate onto the serving cart, staff member H picked up the noodles off of the serving cart with bare hands and put them on the plate, DM-F, stopped the staff member, questioned staff member if picking up the noodles off of the cart and putting back on the plate was safe, and staff member shook head yes. DM-F had dietary staff member-H, wash their hands and serve a new plate for this resident. An interview with the DM-F on 6/16/25 at 1:10 PM confirmed: -the shelf with spices and pans was not being cleaned weekly per the cleaning schedule. The last date the shelf was cleaned was 5/31/25. -a clean container is to be used each time pureeing a food item. -staff members were to wear gloves when touching ready-to-eat food items.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285298	A. Building B. Wing	06/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandhills Care Center	143 N Fullerton Street Ainsworth, NE 69210

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 - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Record review of the facility policy Hand Hygiene with a revised date of 4/1/24 revealed the following: -all staff were to perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and to visitors. -hand hygiene was a general term for cleaning hands by handwashing with soap and water or the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHR). -hand hygiene using soap and water was to be performed when hands were visibly soiled, before and after eating, after using the restroom, and any exposure to diarrhea type illnesses. -hand hygiene was indicated using ABHR when; reporting for duty and before going off duty, between resident contacts, after handling contaminated objects, before applying and after removing PPE, before preparing or handling medications, before and after handling clean or soiled dressings or linens, when during the care of a resident going from a contaminated body site to a clean site, after assistance with personal body functions, and whenever in doubt. Record review of Resident 19's MDS dated [DATE] revealed the resident was admitted on [DATE] with diagnoses of heart failure, end stage renal disease, Parkinson's disease, and a multi drug-resistant organism. The resident was identified with coughing or choking with meals or when taking medications and with having a feeding tube. The resident's tube feeding supplied the resident with 51% or more of total calories and 501 cubic centimeters (cm) or more of fluids. Observation on 6/16/25 at 11:35 AM revealed an EBP sign was posted on the door of Resident 19's room. Licensed Practical Nurse (LPN)-C entered the resident's room and placed on an isolation gown and a pair of disposable gloves without performing hand hygiene. LPN-C removed the dressing from the resident's feeding tube insertion site, cleansed the area with hydrogen peroxide, and removed gloves. LPN-C failed to perform hand hygiene before putting on a clean pair of gloves and applying a clean dressing. LPN-C completed the resident's ordered tube feeding and removed the gown and gloves the staff were wearing. LPN-C exited the resident's room but failed to complete hand hygiene until the LPN reached the end of the corridor when ABHR was utilized from a container hanging on the wall. An observation of morning cares for Resident 19 on 6/17/25 at 7:20 AM revealed the following: -NA-M entered the resident's room, performed hand hygiene, and placed on a pair of disposable gloves. NA-M failed to put on an isolation gown despite the residents' current enhanced barrier precautions status. -NA-M assisted the resident with dressing and then ambulated the resident into the bathroom and transferred the resident onto the toilet. -NA-M discarded gloves and proceeded to remove the linens from the resident's bed and cleaned the mattress with a disinfectant wipe. NA-M failed to wear gloves or an isolation gown. -NA-M performed hand hygiene and placed on clean gloves before assisting the resident with toileting hygiene and transferring the resident out of the bathroom and into a recliner. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285298	A. Building B. Wing	06/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandhills Care Center	143 N Fullerton Street Ainsworth, NE 69210

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 - Many	During an interview on 6/17/25 at 8:20 AM, NA-M confirmed Resident 19 was on enhanced barrier precautions. NA-M indicated an understanding that the staff only needed to wear gloves and a gown if the staff were working with the resident's feeding tube. An interview on 6/17/25 at 9:25 AM with the DON and the Infection Preventionist confirmed LPN-C should have performed hand hygiene when entering the resident's room, before putting on clean gloves and gowns and after removing gloves and gowns. In addition, hand hygiene should have been performed before exiting the resident's room. NA-M should have worn both gloves and a gown when providing direct care and when handling bed linens for a resident who was on EBP. Licensure Reference Number 175 NAC 12-006.18 Based on observations, record reviews, and interviews; the facility failed to implement the required use of Personal Protective Equipment (PPE) during the provision of care for Residents 19 and 27 who were on Enhanced Barrier Precautions (EBP, an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices)); prevent the potential spread of infection or cross contamination during the provision of care for Resident 19 related to hand hygiene; and to ensure laundry was stored in a clean environment. The total sample size was 18 and the facility census was 28. Findings are: A. Record review of the facility policy Enhanced Barrier Precautions, last reviewed 2/19/25 revealed the following: -the facility implemented EBP for the prevention of transmission of multi-drug resistant organisms (a germ that is resistant to many antibiotics); -EBP referred to an infection control intervention designed to reduce transmission of multi-drug-resistant organisms that employed targeted gown and glove use during high-contact resident care activities; -all staff received training on EBP and were expected to comply with all designated precautions; -all staff received training on high-risk activities and common organisms that required EBP; -implementation of EBP included making gowns and gloves available immediately near or outside of the resident room, ensure access to Alcohol Based Hand Rub (ABHR) in every resident room; -high-contact care included bathing, dressing, transferring, hygiene provision, linen changes, toileting assistance and/or changing of briefs, device care (catheters, feeding tubes, intravenous lines, tracheostomy/ventilator tube care), and wound care; -EBP was used for the duration of the resident's stay in the facility or until resolution of the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285298	A. Building B. Wing	06/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandhills Care Center	143 N Fullerton Street Ainsworth, NE 69210

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 - Many	wound or discontinuation of the medical device occurred. Record review of Resident 27's Minimum Data Set (MDS, a federally mandated assessment tool used in care planning) dated 4/27/25 revealed the resident was admitted on [DATE] with a stroke affecting the left non-dominant side. The resident was cognitively intact; was dependent with toileting, dressing, and hygiene; eating was marked as not applicable, the resident had a feeding tube and received 51% or more of calories by feeding tube. Record review of Resident 27's Care Plan last revised 6/17/25 revealed the resident was at risk for infection related to feeding tube placement; was dependent on staff for bed mobility, dressing, transfers, and hygiene; and the resident had a swallowing problem. An observation on 6/16/25 at 9:30 AM revealed a sign on Resident 27's door that the resident had EBP in place. There was a caddy on the back of the door that housed gowns and gloves. The resident was in bed and a continuous tube feeding was running. An observation on 6/16/25 at 5:35 PM revealed an EBP sign on the door to Resident 27's room. Nursing Aid (NA)-I and NA-D entered Resident 27's room, performed hand hygiene and put gloves on but did not put on gowns. A caddy holding PPE was on the back of the resident's door. Both NA-I and NA-D went to Resident 27 and were leaning against the bed (clothes touching the linens) while talking to the resident and explaining what they were going to do. NA-D removed the resident's blankets and pillows (the linens were touching NA-D's clothes) and placed them on the dresser. NA-D, still not wearing a gown, gathered supplies to change the resident's brief and placed them on the bed. NA-D performed perineal care on the resident while still not wearing a gown, and changed gloves with hand hygiene when finished. NA-D and NA-I, continued to not wear gowns and repositioned the resident onto the resident's right side to perform rear perineal care. Both NA-D and NA-I were leaning against the resident's bed and the bed linens were touching NA-D and NA-I's clothing. NA-I performed rear perineal care and removed their gloves then performed hand hygiene. NA-D and NA-I repositioned the resident when they were done completing perineal care. NA-D obtained the residents linens from the dresser and placed the top blanket over NA-D's shoulder while continuing to not wear a gown. NA-D placed the resident's blankets on the resident and positioned Resident 27 with the pillows. Hand hygiene was performed when the NA's left the resident room. An interview on 6/16/25 at 5:45 PM with NA-D revealed staff only needed to wear PPE if they were doing something involving the feeding tube. Further interview confirmed NA-D and NA-I did not wear PPE during the provision of cares for Resident 27. An interview on 6/17/25 at 9:25 AM with the Director of Nursing (DON) and the Infection Preventionist confirmed that PPE should be worn during the provision of cares for residents on EBP. B. Record review of the facility policy Routine Cleaning and Disinfection with a revised date of 2020 revealed the following: -it was the policy of Sandhills Facility to ensure routine cleaning was completed in order to provide a safe, sanitary environment to prevent the development and spread of infections, and -cleaning referred to the removal of visible soil from objects and surfaces. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285298	A. Building B. Wing	06/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sandhills Care Center	143 N Fullerton Street Ainsworth, NE 69210

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 - Many	An observation on 6/17/25 at 10:20 AM revealed the vent above the clean linens had a heavy layer of dust that covered the vent, and cold air was blowing out of the vent onto the clean linens and table. The clean side of the laundry room had a black fan that blew air on the clean linens. The fan had a thick layer of dust on the fan blades and the fan cover. The fan blew out dust particles on the clean linens. An interview with the head of laundry on 6/17/25 at 10:20 AM confirmed the vent above the clean linens had a heavy layer of dust and was blowing onto the clean linens and the black fan was blowing dust on the clean linens. The cleaning schedule for the laundry room was reviewed with the head of laundry, cleaning the vents was on the cleaning list to be done weekly, cleaning the fan was not on the cleaning list. Record review of the cleaning check list for the months of May and June 2025 revealed that the vent was not being cleaned weekly.