

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285057	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/17/2024
NAME OF PROVIDER OR SUPPLIER Tabitha Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 4720 Randolph Street Lincoln, NE 68510	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45613</p> <p>Licensure Reference Number 175 NAC 12-006.09(B)</p> <p>Based on record review and interview, the facility failed to ensure the accuracy of the Minimum Data Set (MDS, a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) related to the use of an anticoagulant (a medication used to prevent and treat blood clots in blood vessels and the heart) for 1 (Resident 30) of 5 sampled residents. The facility census was 139.</p> <p>Findings Are:</p> <p>A record review of the Resident Assessment Instrument (RAI, a manual used to provide instructions on how to complete the MDS and the care plans) User's Manual, with effective date of October 1, 2019, under N0410: Medications Received - Anticoagulant (e.g., warfarin, heparin, or low- molecular weight heparin): Record the number of days an anticoagulant medication was received by the resident at any time during the 7-day look-back period (or since admission/entry or reentry if less than 7 days). Do not code antiplatelet medications such as aspirin/extended release, dipyridamole, or clopidogrel.</p> <p>Record review of Resident 30's Quarterly MDS dated [DATE] revealed:</p> <p>-The resident was admitted to the facility on [DATE],</p> <p>-For anticoagulant use under the column is taking anticoagulant was checked.</p> <p>Record review of Resident 30's Medication Administration Record (MAR) for September and October of 2024 revealed no use of an anticoagulant.</p> <p>Record review of Resident 30's Comprehensive Care Plan (CCP, written instructions needed to provide effective and person centered care of the resident that meet professional standards of quality care) revealed no use of anticoagulant for the resident's cardiovascular status.</p> <p>Interview on 12/17/24 at 10:47 AM with the MDS Director revealed the facility used the RAI manual to ensure MDS accuracy and that anticoagulant should not have been marked for Resident 30.</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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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47406</p> <p>Based on interviews and record reviews, the facility failed to ensure that a Preadmission Screening and Resident Review (PASRR Level II, a comprehensive evaluation required as a result of a positive Level I Screening. A Level II is necessary to confirm the indicated diagnosis noted in the Level I Screening and to determine whether placement or continued stay in a Nursing Facility is appropriate) for 1 (Resident 4) of 4 sampled residents was completed as required. The census of the facility was 139.</p> <p>Findings are:</p> <p>Record review of the facility's undated Preadmission Assessment and Annual Resident Review Screening (PASARR) Policy revealed that all admissions to the facility will have a PASARR completed. For any admission with a Level II screen, the facility will follow the recommendations on the PASARR screen.</p> <p>Record review of Resident 4's Minimum Data Set (MDS, a comprehensive assessment of each resident's functional capabilities) dated 11/28/24 revealed the resident was admitted to the facility on [DATE].</p> <p>Record review of Resident 4's diagnoses dated 12/12/24 revealed the following diagnoses:</p> <p>-Generalized Anxiety Disorder (a condition characterized by excessive anxiety and worry about a variety of events or activities that occurs more days than not, for at least 6 months),</p> <p>-Major Depressive Disorder- Recurrent Severe without psychotic features (a serious mood disorder involving one or more episodes of intense psychological depression or loss of interest or pleasure that lasts two or more weeks and is accompanied by irritability, fatigue, poor concentration, sleep disturbances, weight gain or loss, feelings of worthlessness or guilt, and sometimes suicidal tendencies), and</p> <p>-Bipolar Disorder, unspecified (a condition characterized by dramatic shifts in mood, energy, and activity levels that affect a person's ability to carry out day-to-day tasks. These shifts in mood and energy levels are more severe than the normal ups and downs that are experienced by everyone).</p> <p>Record review of Resident 4's PASARR II (PASRR Level II is a comprehensive evaluation required as a result of a positive Level I Screening. A Level II is necessary to confirm the indicated diagnosis noted in the Level I Screening and to determine whether placement or continued stay in a Nursing Facility is appropriate) dated 3/14/24 revealed:</p> <p>-This resident was found to have a serious mental illness.</p> <p>-This resident did require, and was appropriate for nursing facility services at that time.</p> <p>-The number of days approved was 180.</p> <p>(continued on next page)</p>		

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Record Review of Resident 4's medical records revealed no evidence of an additional PASRR Level II evaluation being completed after the initial 180 days had passed.</p> <p>Interview on 12/16/24 at 2:46 PM with Social Worker (SW)-M revealed that Resident 4's PASRR Level II evaluation was due in September 2024 and it had not been done.</p> <p>Interview on 12/17/24 at 7:30 AM with the administrator revealed that Resident 4's next PASRR Level II evaluation was due in September 2024 and that had not been completed.</p>		

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45613</p> <p>Licensure Reference Number 175 NAC 12-006.09(E)(i)</p> <p>Based on interview and record review, the facility failed to develop and implement a resident centered Comprehensive Care Plan (CCP- written instructions needed to provide effective and person centered care of the resident that meet professional standards of quality care) that accurately reflected the care needs of the resident for 1 (Resident 3) of 5 sampled residents. The facility census was 139.</p> <p>Findings are:</p> <p>Record review of facility policy titled Interdisciplinary Care Planning date reviewed 11/11/2023, revealed a comprehensive care plan will be developed by the Interdisciplinary team (IDT). The baseline careplan must include reason for admission, current medical conditions and treatments.</p> <p>Record review of Resident 3's list of diagnoses dated 11/15/24, revealed a primary diagnosis of chronic obstructive pulmonary disease (COPD, a group of lung diseases that block airflow and make it difficult to breathe).</p> <p>Record review of Resident 3's baseline careplan dated 11/15/24 revealed no diagnosis or interventions for the resident's COPD.</p> <p>Record review of Resident 3's CCP dated 11/16/24 revealed no diagnosis or interventions for the resident's COPD.</p> <p>Record review of Resident 3's Admission Minimum Data Set (MDS -a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) dated 11/21/24 revealed:</p> <p>-The resident was admitted to the facility on [DATE].</p> <p>-The resident received respiratory therapy 4 times in the prior 7 days.</p> <p>An interview on 12/17/24 at 10:33 AM with the MDS Director confirmed that COPD was the admitting diagnosis for Resident 3 and that the diagnosis was not on the baseline careplan or the CCP and should have been in both.</p>		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47406</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)(vi)(3)(g)</p> <p>Based on interviews and record reviews the facility failed to obtain a physician's order for the settings of the Continuous Positive Airway Pressure (CPAP, a treatment that uses mild air pressure to keep your breathing airways open) for 1 (Resident 14) of 3 sampled residents. The census of the facility was 139.</p> <p>Findings are:</p> <p>Record review of the facility policy, Provider Orders Policy dated 1/17/14 revealed:</p> <p>Purpose: To define expectations and requirements for provider orders.</p> <p>Procedure: 1. The facility will obtain complete provider orders for each client admitted to the facility for those therapeutic and skilled services that legally require such orders.</p> <p>3. All medical diagnostic and therapeutic orders, including verbal or telephone orders, will be signed by the provider and incorporated into the individual client's clinical record.</p> <p>Record review of Resident 14's Minimum Data Set (MDS, a comprehensive assessment of each resident's functional capabilities) dated 11/25/24 revealed the resident was admitted to the facility on [DATE].</p> <p>Record review of Resident 14's diagnoses revealed the following:</p> <p>-Chronic Obstructive Pulmonary Disease (pulmonary disease that is characterized by chronic typically irreversible airway obstruction resulting in a slowed rate of exhalation),</p> <p>-Chronic Respiratory Failure with Hypoxia (a deficiency of oxygen reaching the tissues of the body),</p> <p>-Obstructive Sleep Apnea (characterized by episodes of a complete airway collapse or a partial collapse with an associated decrease in oxygen saturation or arousal from sleep), and</p> <p>-Mild Persistent Asthma (a chronic condition that inflames and narrows the airways in the lungs).</p> <p>Record review of Resident 14's physician orders dated 12/12/24 revealed the following orders:</p> <p>-May use CPAP/BiPAP at home/ hospital settings: No directions specified for order.</p> <p>-2 L (liter) O2 (oxygen) bled into CPAP at bedtime.</p> <p>(continued on next page)</p>		

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident 14's Electronic Medical Record (EMR, a legal electronic record of a patient's information at a facility by a health care professional) revealed no physician's order for CPAP settings. Interview on 12/17/24 at 7:28 AM with the administrator confirmed that there was not a physician's order for CPAP settings for Resident 14 and there should have been.		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45613</p> <p>Licensure Reference Number 175 NAC 12-006.10(D)</p> <p>Based on observation, record review, and interview; the facility failed to ensure a medication error rate of less than 5%. Observation of administration of 28 medications revealed 7 errors resulting in an error rate of 25%. The medication errors affected 1 (Resident 94) of 7 sampled residents. The facility census was 139.</p> <p>Findings are:</p> <p>Record review of the facility policy titled Medication Administration dated August 2016 revealed:</p> <ul style="list-style-type: none"> -Medication administration schedule will be determined for all scheduled (routine) medications, -Residents will be administered medications according to the established schedule, -Medications are to be given within 1 hour before or after the scheduled administration time and are to be administered precisely as ordered. <p>Record review of Resident 94's Quarterly Minimum Data Set (MDS, a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) dated 10/22/24 revealed an admission to the facility on [DATE].</p> <p>In an observation on 12/12/24 at 12:08 PM the Medication Administration Record (MAR) on Medication Aide (MA)- H's computer screen was all red for Resident 94.</p> <p>During an interview on 12/12/24 at 12:09 PM MA - H revealed the red screen meant that all of the morning medications were late for Resident 94.</p> <p>Record review of Resident 94's MAR printed on 12/12/24 revealed the following orders scheduled to be given at 6:00 AM:</p> <ul style="list-style-type: none"> -Metoprolol Succinate (a medication that lowers your blood pressure and heart rate) tablet 100 milligrams (mg) extended release (ER) take 1 tablet by mouth daily. -Levothyroxine (a medication used to treat an underactive thyroid gland) tablet 100 micrograms (mcg) take 1 tablet by mouth daily on an empty stomach at least 30 minutes prior to meal. - Furosemide (a medication that increases production of urine) tablet 40 mg take 1 tablet by mouth daily. - Cephalexin (medication used to treat bacterial infections) 500 mg capsule, take 1 capsule by mouth four times daily. <p>(continued on next page)</p>		

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>- Potassium chloride (a medication used to treat low potassium in the blood) micro tab 20 milliequivalents (mEq) ER, take 1 tablet by mouth daily with breakfast, take with food and a full glass of water.</p> <p>- Citalopram (a medication used to treat depression) 10 mg tablet, take 1 tablet by mouth daily.</p> <p>- Amlodipine Besylate (a medication used to treat high blood pressure) tablet 2.5 mg, take 1 tablet by mouth daily.</p> <p>Observation on 12/12/24 at 12:25 PM of MA- H revealed the MA administering the above medications to Resident 94 at that time.</p> <p>An interview on 12/12/24 at 12:34 PM MA - H confirmed (gender) gave all the medications together, the Levothyroxine was not given on an empty stomach, the potassium was not given with food and that all of the morning medications were administered late to Resident 94. MA-H also revealed that they always give Resident 94's morning medications late because (gender) prefers to sleep late.</p> <p>An interview on 12/12/24 at 12:38 PM with Licensed Practical Nurse (LPN)- I confirmed that the Levothyroxine and the potassium should not have been given together. LPN- I further confirmed that Resident 94 received all of their morning medications late.</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>42861</p> <p>Licensure Reference Number 175 NAC 12-006.11(A)(1)</p> <p>Based on observation, interview, and record review; the facility failed to follow recipes when preparing resident meals. This had the potential to affect the 93 residents who received food from the kitchen. The facility identified a census of 139.</p> <p>Findings are:</p> <p>A record review of the recipe titled PU4 Hot Dog Beef 8/1 on Bun (PU4 Hot Dog on Bun) and dated 12/16/24 revealed the following instructions:</p> <p>-Ingredients:</p> <p>Hotdog Beef 8/1 on Bun, 2 each. 1/2 cup of water. 1/2 cup of Low Sodium (LS) Soup Broth Beef/Base.</p> <p>-Puree Bread:</p> <p>Tear or cut bread product into smaller pieces to facilitate blending, then add to blender or food processor. Pour in liquid. Blend until desired consistency is reached. Add additional liquid to achieve desired consistency.</p> <p>-Puree Filling:</p> <p>Place sandwich filling in blender or food processor. Add broth or other liquid. Blend until desired consistency is reached. Add additional liquid if needed to achieve desired consistency.</p> <p>-Sandwich Serving:</p> <p>Place 1 #12 scoop of the filling between 2 #12 scoops of bread.</p> <p>A continuous observation of meal prep being completed that began on 12/16/24 at 9:57 AM by Cook-N and being observed by the Culinary Director, revealed preparation of hot dogs. Cook-N was following a to do list which was lying on the prep table on top of the recipes for the meal. The observation revealed Cook-N grabbing a clear plastic pitcher and scooped water from the pot that the hotdogs were boiling in and poured that water into a blender. Cook-N then added 2 hotdogs, more hot water and a liquid thickener to the blender. When asked how Cook-N knew how much water or liquid to use when pureeing the hot dogs, Cook-N stated I just use whatever is needed.</p> <p>Cook-N was then observed chopping up some hotdogs for the ground consistency meals. The pureed consistency hotdogs was noted to be a watery liquid consistency. Cook-N then placed lids on the bowls of pureed and ground hotdogs and placed them into the warming carts going to the floors for lunch. The observation revealed that no bread or bun had been used for the resident meals.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 12/16/24 at 9:57 AM with the Culinary Director, it was confirmed that Cook-N did not prepare any buns and did not measure any of the water used, but should have. The Culinary Director also confirmed that Cook-N did not have the recipe out or use it during meal preparation.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45641</p> <p>Licensure Reference Number 175 NAC 12.006.18(B)</p> <p>Licensure Reference Number 175 NAC 12.006.18(D)</p> <p>Based on observation, interview, and record review, the facility failed to ensure Yellow Zone signs were posted at the entrances to the 100 hallway, ensure [NAME] Zone signs were posted on the entrances of [NAME] and Good Houses, and ensure passive screening education was posted at Good, [NAME], and [NAME] Houses to prevent the spread of COVID-19. This had the potential to affect all residents in the facility. The facility also failed to ensure Enhanced Barrier Precautions (EBP) signs were posted for Residents 18, 54, and 120, ensure staff placed a barrier between the carpeting and staff clothing in a contact isolation room, ensure a mask was worn above the nose and below the chin in a [NAME] Zone, ensure staff wore a gown and gloves in a contact isolation room, ensure hand hygiene and gloves changes were performed between wound sites during wound care on Resident 39, ensure the staff performed hand hygiene during wound cares for Resident 119, ensure staff performed hand hygiene during catheter cares for Residents 114, ensure staff did not use contaminated (dirty) gloves to obtain cleansing wipes from the clean container, and failed to use the required Personal Protective Equipment (PPE) for EBP during wound care for Resident 119 to prevent cross contamination. The facility census was 139.</p> <p>Findings are:</p> <p>A.</p> <p>A record review of the facility's 2024 Infection Prevention & Control Plan dated January 1st, 2024 revealed team members would provide resident's family and visitors education about infection prevention and transmission of communicable disease as appropriate.</p> <p>A record review of the facility's SNF (Skilled Nursing Facility) COVID-19 policy with a date reviewed of 10/16/2024, revealed the facility would provide passive screening education, such as visual postings, to all that enter the facility's buildings. The facility would not restrict visitation but would provide education on recommendations for PPE and/or infection control. In a [NAME] Zone everyone should mask in communal areas of the unit and staff should wear a surgical mask and eye protection. In a Yellow Zone staff would wear a N95 mask (a mask that filters very small particle of bacteria) and eye protection, residents would wear source control when out of the room and restrict communal dining.</p> <p>A record review of the facility's undated Attention All Visitors Respiratory Illness Alert sign revealed it was a passive screening education sign used by the facility that recommended a person delay visitation if they were experiencing any symptoms of a respiratory illness and had instructions if a person must visit.</p> <p>An observation on 12/12/2024 at 1:46 PM did not reveal any passive screening education at the entrances to [NAME], [NAME], or Good Houses. Staff were not wearing masks.</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>An observation on 12/16/2024 at 6:23 AM did not reveal any passive screening education at the entrances to [NAME] or Good Houses.</p> <p>An observation on 12/16/2024 at 6:34 AM did not reveal [NAME] Zone signs at the entrances to [NAME] or Good Houses.</p> <p>An observation on 12/16/2024 at 6:36 AM did not reveal any passive screening education at the entrances to [NAME] House and staff were not wearing masks.</p> <p>An observation on 12/16/2024 from 9:38 AM until 10:01 AM with the facility's Infection Preventionist (IP) revealed there was now a [NAME] Zone sign on the entrances to Good and [NAME] Houses. There was no passive screening education sign on [NAME] House. The observation did not reveal Yellow Zone signs or any sign indicating what PPE should be used on the north entrance and entrance from the main lobby to the 100 hallway.</p> <p>In an interview on 12/11/2024 at 7:00 AM with the [NAME] President of Nebraska Operations confirmed 100 and 300 hallways were in a Yellow Zone due to residents had tested positive for COVID-19 in those areas.</p> <p>In an interview on 12/16/2024 at 6:23 AM with Licensed Practical Nurse (LPN)-B, the charge nurse for [NAME] and Good Houses, confirmed a housekeeping staff member tested Positive for COVID-19 on 12/11/2024 or 12/12/2024 and [NAME] and Good Houses were now in a [NAME] Zone and staff were required to wear masks.</p> <p>In an interview on 12/16/2024 at 2:16 PM with Licensed Practical Nurse (LPN)-B, the charge nurse for [NAME] and Good Houses, confirmed the Nurse Manager (NM)-G just put the [NAME] Zone signs up that morning at the entrances to [NAME] and Good Houses.</p> <p>In an interview on 12/17/2024 at 4:17 PM with the Administrator confirmed there were Yellow Zone signs for 100 hallway, but they were posted at the nurse's station which was by the elevator. Residents were still allowed to eat in the dining room which was between the main entrance to the 100 hallway and the nurse's station.</p> <p>In an interview on 12/16/2024 at 10:24 AM, the IP confirmed the 100 hallway went into a Yellow Zone on 12/11/2024 and [NAME] and Good House went to a [NAME] Zone 12/13/2024. The [NAME] Zone Signs should have been posted at the entrances to [NAME] and Good Houses on 12/13/2024, but the NM's did not work on the weekends and that was why it did not get done.</p> <p>In an interview on 12/16/2024 at 10:05 AM, the IP confirmed the undated Attention All Visitors Respiratory Illness Alert sign should have been at the entrances to [NAME], Good, and [NAME] Houses and was not. The IP confirmed there should have been Yellow Zone signs posted at all entrances to the 100 hallway and there were not.</p> <p>B.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Tabitha Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 4720 Randolph Street Lincoln, NE 68510	
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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>A record review of the facility's Enhanced Barrier Precautions policy with a review date of 10/26/2024 revealed EBP was to be used in conjunction with standard precautions and expanded the use of PPE to donning (putting on) a gown and gloves during high-contact resident care activities. Indications for use included residents with wounds, indwelling medical devices (inserted in the body), and infection or colonization (bacteria that live in the body without any problems) with a Multidrug-resistant Organism (MDRO, bacteria that resist treatment with more than one antibiotic).</p> <p>An observation on 12/11/2024 at 11:36 AM revealed Resident 120 was in the resident's room and had a visible urinary catheter bag hanging on side of the bed, but did not reveal an EBP sign in the room or restroom.</p> <p>An observation on 12/11/2024 at 12:05 PM revealed Residents 18 and 54 were in their rooms and had visible urinary catheter bags, but did not reveal an EBP signs in either of the resident's rooms or restrooms.</p> <p>An observation on 12/11/2024 at 12:22 PM revealed Residents 54 was in the resident's room and had visible urinary catheter bag, but did not reveal an EBP sign in the resident's room or restroom.</p> <p>An observation on 12/12/2024 at 1:31 PM revealed Resident 120 was in the resident's room and had a visible urinary catheter bag hanging on side of the bed, but did not reveal an EBP sign in the room or restroom.</p> <p>An observation on 12/16/2024 at 1:22 PM with LPN-B revealed Residents 18, 54, and 120 were in their rooms and had visible urinary catheter bags, but did not reveal an EBP sign in any of the resident's rooms or restrooms.</p> <p>In an interview on 12/16/2024 at 1:22 PM, LPN-B confirmed LPN-B could not find an EBP sign in Residents 18, 54, or 120's rooms and there should have been signs present.</p> <p>C.</p> <p>A record review of the facility's 2024 Infection Prevention & Control Plan dated January 1, 2024 revealed team members would support resident safety by adhering to all policies and procedures related to infection prevention.</p> <p>A record of the facility's undated QAPI (Quality Assurance and Performance Improvement), IPCP (Infection Prevention and Control Program), COVID, ASP (Antibiotic Stewardship Program) PowerPoint for staff revealed Contact Precautions was implemented when the resident had an infection that was spread through contact with the environment or resident. Contact Precautions help keep staff and visitors from spreading germs after touching the resident or their environment.</p> <p>A record review of Resident 88's Medical Diagnosis dated 12/12/2024 revealed the resident had a Stage 3 Pressure Ulcer (a wound that involved a full thickness loss of skin and some damage to the underlying tissue) of the right heel.</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>A record review of Resident 88's Clinical Physician Orders dated 12/12/2024 revealed the resident had an order for wound care to the right heel and Antibiotic Charting: Resident placed on an antibiotic for Methicillin-resistant Staphylococcus Aureus (MRSA, bacteria that is resistant to the antibiotic Methicillin and very hard to treat) to the right heel. Contact precautions in place.</p> <p>A record review of Resident 88's Skin Progress Note dated 12/12/2024 revealed the resident had a Stage 3 Pressure Ulcer to the right heel that was 4.32 centimeters (cm) long and 4.47 cm wide with light exudate of serosanguineous (contains blood and a clear, yellowish liquid) fluid, and less than 25% dressing saturation.</p> <p>In an observation on 12/12/2024 at 12:25 PM revealed the resident's dressing were saturated through the kerlix (dry wrap dressing) at the wound area. Advanced Practice Registered Nurse (APRN)-E was sitting on the floor in front of the resident with APRN's clothing in direct contact with the carpeting in the resident's room. After APRN-E completed evaluating and debriding (removed damaged tissue), LPN-A got dressings and kneeled down in front of the resident to dress the wounds. LPN-A's clothing was in direct contact with the carpeting in Resident 88's room.</p> <p>In an interview on 12/16/2024 at 9:38 AM, the facility's IP confirmed APRN-E and LPN-A should have placed a barrier on the floor prior to getting on the floor during wound care to prevent cross contamination (spread of bacteria) from the resident's carpeting to the staff's clothing.</p> <p>D.</p> <p>A record review of the facility's SNF COVID-19 policy with a date reviewed of 10/16/2024 revealed the facility would provide passive screening education, such as visual postings, to all that enter the facility's buildings. The facility would not restrict visitation but would provide education on recommendations for PPE and/or infection control. In a [NAME] Zone everyone should mask in communal areas of the unit and staff should wear a surgical mask and eye protection. In a Yellow Zone staff would wear a N95 mask and eye protection, residents would wear source control when out of the room and restrict communal dining.</p> <p>An observation on 12/16/2024 from 9:38 AM until 10:01 AM with the facility's Infection Preventionist (IP) revealed there was now a [NAME] Zone sign on the entrances to Good and [NAME] Houses.</p> <p>An observation on 12/16/2024 at 1:17 PM revealed a sign posted by the entrance door to [NAME] House that revealed: Attention, [NAME] Zone, team members - surgical masks and hand hygiene (cleaning) and guests - surgical masks recommended and hand hygiene.</p> <p>An observation on 12/16/2024 at 1:55 PM revealed Supply Chain (SC)-D staff member entered [NAME] House from Good House, walk to the supply closet, and walk back out of [NAME] House to Good House with the entire N95 mask below their chin. SC-D was within 6 feet of staff and residents.</p> <p>In an interview on 12/16/2024 at 2:00 PM, LPN-B, the charge nurse, confirmed SC-D should have had a mask on above the nose and below the chin while in the [NAME] Zone.</p> <p>E.</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>A record of the facility's undated QAPI, IPCP, COVID, ASP PowerPoint for staff revealed Contact Precautions were implemented when the resident had an infection that was spread through contact with the environment or resident. Contact Precautions help keep staff and visitors from spreading germs after touching the resident or their environment.</p> <p>An observation on 12/12/2024 at 1:19 PM revealed Housekeeping Aide (HA)-C entered Resident 88's room with only an N-95 mask on to clean the restroom. There was a sign on the door as you enter the room that said: Attention, Contact Precautions. hand hygiene, gown, and gloves were needed to enter the room.</p> <p>In an interview on 12/12/2024 at 1:22 PM, HA-C confirmed HA-C did not wear a gown or gloves when HA-C entered Resident 88's room and cleaned the restroom.</p> <p>In an interview on 12/16/2024 at 9:46 AM, the facility's IP confirmed HA-C should have donned a gown and gloves before entering Resident 88's room.</p> <p>F.</p> <p>A record review of the facility's Wound and Skin Care Management policy with a date reviewed of 11/11/2023 revealed the facility would provide care and services to promote prevention and management of skin injuries.</p> <p>A record review of Resident 39's Order Summary Report dated 12/16/2024 revealed orders for: Wash right heel, apply Silvadene (antibiotic cream used to treat or prevent infections) and cover with Mepilex (a foam wound dressing). Wash left toe and 4th left toe, apply Silvadene, and cover with bandaids every evening shift for wound care. Vaseline Gauze, 4x4, and wrap with kerlix on skin tear to right lateral (outside) leg every evening shift.</p> <p>An observation on 12/17/2024 at 11:31 AM revealed Resident 88's wound physician examined the resident's right lateral shin wound, debrided left great toe and right heel, and examined the left 4th toe. LPN-F cleansed and dressed the resident's right lateral shin with no concerns. LPN-F then cleansed right heel and left toes with no concerns. LPN-F washed hands for greater than 20 seconds, applied gloves, and went to get Silvadene and there was none in the room or in the medication cart. Resident 88's wound physician ordered to use Xeroform (a petroleum-based antibiotic dressing) instead of the Silvadene. The facility's IP brought in a package of Xeroform and a pair of scissors. LPN-F completed handwashing for greater than 20 seconds, applied new gloves, opened the Xeroform package and cut a piece to the size of the right heel wound, opened the Mepilex dressing and applied it to the right heel, cut 2 more pieces of Xeroform to the size of the wounds on the left toes and applied a dressing to each toe wound, then opened 3 bandages and applied 1 bandage to the left great toe and 2 bandages to the left 4th toe over the Xeroform all without performing hand hygiene and glove changes between wound sites.</p> <p>In an interview on 12/17/2024 at 12:14 PM, LPN-F confirmed LPN-F should have performed hand hygiene and glove changes between body sites during the application of dressings to the wounds.</p> <p>In an interview on 12/17/2024 at 12:19 PM, the facility's IP confirmed LPN-F should have performed hand hygiene and glove changes between wound sites during the application of dressings to the wounds.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>47406</p> <p>G.</p> <p>Record Review of facility policy, Hand Hygiene and Gloving Policy dated 10/26/24 revealed: It is the policy of the facility to utilize appropriate hand hygiene practices to prevent and control the spread of infection.</p> <p>Procedure: 4. For procedures related to hand hygiene, refer to EBSCO, CDC guidelines, or hand hygiene competency.</p> <p>Record review of facility policy Hand Hygiene Competency Policy with revision date of 6/9/24 revealed:</p> <ol style="list-style-type: none"> 1. Prepare a paper towel if not visible. 2. Turn on the water and wet your hands and wrists while holding your fingertips down, 3. Apply soap and work into a lather. 4. Rub all surfaces of hands, between fingers, under nails, and at minimum 2 inches above the wrists continuously for at least 20 seconds. 5. Rinse hands under running water without touching the sink or faucet, holding fingertips downward. Do not flick or shake fingertips to dry. 6. Dry hands and wrist thoroughly using a paper towel without touching the towel dispenser or sink. 7. Dispose of the paper towel into a waste container. 8. Using a new paper towel, turn the faucet off and dispose of the paper towel into a waste container. <p>Record review of facility policy, Enhanced Barrier Precaution Policy dated 10/26/24 revealed: It is the policy of the facility to follow best practice guidance related to enhanced barrier precautions on a case-by-case analysis of risk factors.</p> <p>Purpose: The purpose of this policy is to decrease the likelihood of transmission of infectious diseases through the use of enhanced barrier precautions.</p> <p>PPE (Personal protective Equipment) Procedure:</p> <ol style="list-style-type: none"> 1. Use Enhanced Barrier Precautions (EBP) when performing high contact resident care activities for residents who meet the criteria for the use of EBP. b. Hand hygiene upon entering and leaving the room. <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>2. High-Contact cares may include:</p> <p>d. Providing hygiene</p> <p>h. Wound Care: Any skin opening requiring a dressing.</p> <p>3. Intended to be uses for the resident's entire length of stay in the facility, or until wound is healed or invasive device is removed.</p> <p>Record review of Resident 119's Minimum Data Set (MDS, a comprehensive assessment of each resident's functional capabilities) dated 10/6/24 revealed the resident was admitted to the facility on [DATE].</p> <p>Record review of Resident 119's diagnoses dated 12/12/24 revealed diagnoses of Pressure-Induced Deep Tissue Damage of Right Heel and Pressure Ulcer of left buttock, stage 3.</p> <p>Record review for Resident 119's physician orders revealed:</p> <p>-EBP related to wounds two times a day with a start date of 08/29/2024.</p> <p>-Apply dry Hydrofera blue rope with a little piece out of the wound to left buttocks. Cleanse with soap and water vigorously and change daily. Continue to cover the wound with 4x4 gauze and Tegaderm every day. This order had a start date of 12/4/24.</p> <p>Observation on 12/16/24 at 7:15 AM of Resident 119's wound cares completed by LPN-J. LPN-J performed hand hygiene with soap and water for 15 seconds and donned gloves. LPN-J did not put a gown on. LPN-J removed the old dressing from left upper buttock wound. LPN-J took off their gloves, performed hand hygiene for 14 seconds and donned new gloves. LPN-J sprayed foam cleanser-no rinse needed onto gauze and cleansed the wound. LPN-J removed their gloves, performed hand hygiene for 16 seconds, and donned new gloves. LPN-J applied a small piece of Hydrofera blue rope in wound, covered with dry 4x4 gauze and secured with Tegaderm dressing. LPN-J removed their gloves and performed hand hygiene for 16 seconds.</p> <p>Interview on 12/16/24 at 10:43 AM with LPN-J revealed [gender] should have worn a gown when performing wound cares and washed hands with soap and water for at least 20 seconds.</p> <p>Interview on 12/16/24 at 1:09 PM with NM-K confirmed the staff needs to perform hand washing at least 20 seconds and to wear a gown when doing wound cares.</p> <p>H.</p> <p>Record review of facility policy Perineal Care: Male/Female & Catheter Care Competency dated 6/9/24, revealed staff were to arrange supplies to avoid contaminating clean items.</p> <p>Record review of Resident 114's MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 10/12/24 revealed the resident was admitted to the facility on [DATE] and required maximum assistance with their toileting hygiene.</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>Record review of Resident 114's physician's orders dated 12/12/24 revealed an order for catheter cares to be performed every shift.</p> <p>Observation on 12/16/24 at 6:30 AM with MA-L performing catheter cares on Resident 114 in the resident's room. EBP supplies were in a container in the room. MA-L applied a gown and then performed hand hygiene with soap and water for 12 seconds and donned gloves. MA-L took a cleansing wipe from the container and wiped the resident's pubic area, then got another wipe from the container with the same glove and washed both sides of the resident's groin, folding the wipe between sides. MA-L obtained another wipe from the container with the same soiled glove and cleansed the resident's urethral meatus and continued down the catheter tubing several inches. MA-L then removed the soiled gloves, performed hand hygiene with hand sanitizer, and donned new gloves. MA-L changed the resident's brief and cleansed the perineal area. MA-L removed their gown and gloves and washed their hands for 18 seconds.</p> <p>Interview on 12/16/24 at 7:00 AM with MA-L revealed that [gender] should not have placed their dirty glove into the cleansing wipes container and their hands should have been washed with soap and water for at least 20 seconds.</p> <p>Interview on 12/16/24 at 1:07 PM with NM-K confirmed the staff needs to perform hand washing for at least 20 seconds and staff was not to use soiled gloves when getting wipes out of the cleansing wipe container.</p>		