STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285287	A. Building B. Wing	08/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mitchell Care Center	1723 23rd Street Mitchell, NE 69357

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 49263 Licensure Reference Number 175 NAC 12-006.09 Based on record review and interview; the facility failed to monitor 1 (Resident 2) of 2 sampled resident's blood pressure while the resident was taking medications used to treat hypertension (elevated blood pressure). The facility census was 43. The Findings Are: A record review of a facility document provided by the Director of Nursing (DON) titled Admission Check Off List revealed that if a resident was taking a blood pressure medication, staff must put an order in for weekly vital signs and medications must have parameters. A record review of Resident 2's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used for care planning), dated 6/27/24 revealed Resident 2 had a diagnosis of hypertension. A record review of Resident 2's Physician's Orders revealed the following medications: -Amlodipine Besylate (a calcium channel blocker used to treat high blood pressure and chest pain) 5 milligrams (MG) twice a day for blood pressure management and angina symptoms. -Lisinopril (an ACE inhibitor used to treat high blood pressure and heart failure) 5 MG once a day for blood pressure management. A record review of the Vitals section of Resident 2's electronic medical records (EMR) revealed the following blood pressures: -On 2/15/2024 at 2:49 AM a blood pressure of 110/60. -On 2/15/2024 at 9:43 AM a blood pressure of 121/60. -On 2/15/2024 at 10:36 PM a blood pressure of 118/64. -On 2/16/2024 at 12:36 PM a blood pressure of 124/68. -On 2/16/2024 at 11:06 PM a blood pressure of 118/62. (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

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 2/17/2024 at 2:22 PM a blood pressure of 124/64. -On 2/17/2024 at 10:27 PM a blood pressure of 118/74. -On 2/18/2024 at 9:00 AM a blood pressure of 114/76. -On 2/18/2024 at 9:55 PM a blood pressure of 118/72. -On 2/19/2024 at 10:24 AM a blood pressure of 124/64. -On 2/20/2024 at 1:24 AM a blood pressure of 111/60. -On 2/20/2024 at 10:33 AM a blood pressure of 114/67. -On 2/20/2024 at 9:48 PM a blood pressure of 116/70. -On 2/24/2024 at 7:01 AM a blood pressure of 122/78. A record review of Resident 2's Progress Note dated 2/29/24 revealed a blood pressure of 47/34. The progress note also revealed the resident was admitted to the hospital on this date. A record review of Resident 2's paper Physician's Order sheet in Resident 2's hard chart (a binder containing medical records on paper) dated 3/22/24 revealed a blood pressure of 122/78. A record review of Resident 2's hard chart revealed a document faxed to Resident 2's primary care provider (PCP) dated 3/23/24 regarding the resident having a fall, revealed a blood pressure of 106/54. A record review of the Vitals section of Resident 2's EMR (electronicl medical record) dated 3/23/2024 revealed a blood pressure of 97/62. A record review of Resident 2's paper Physician's Order sheet in Resident 2's hard chart dated 5/23/24 revealed a blood pressure of 97/62. A record review of Resident 2's PCP documentation in their hard chart dated 6/18/24 revealed a blood pressure of 123/78. A record review of the Vitals section of Resident 2's EMR revealed the following blood pressures: -On 6/18/2024 at 11:48 PM a blood pressure of 92/70. -On 6/19/2024 at 8:44 AM a blood pressure of 125/81. -On 6/20/2024 at 12:59 AM a blood pressure of 92/72. -On 6/20/2024 at 9:07 AM a blood pressure of 116/78. -On 6/20/2024 at 11:57 PM a blood pressure of 120/65. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 6/21/2024 at 10:39 AM a blood pressure of 134/66. -On 6/21/2024 at 11:50 PM a blood pressure of 118/70. -On 6/22/2024 at 9:55 AM a blood pressure of 122/67. -On 6/22/2024 at 11:41 PM a blood pressure of 126/68. -On 6/23/2024 at 2:29 PM a blood pressure of 113/65. -On 6/24/2024 at 1:00 AM a blood pressure of 112/75. -On 6/24/2024 at 12:31 PM a blood pressure of 101/70. -On 6/24/2024 at 11:27 PM a blood pressure of 83/52. -On 6/25/2024 at 7:46 AM a blood pressure of 100/55. A record review of Resident 2's Progress Notes revealed the following blood pressures: -On 7/9/24 a blood pressure of 70/42. -On 7/29/24 a blood pressure of 133/94. A record review of Resident 2's paper Physician's Order sheet in Resident 2's hard chart dated 7/30/24 revealed a blood pressure of 100/55. A record review conducted on 8/13/24 of Resident 2's EMR and hard chart revealed there were no additional blood pressure readings in the prior 6 months. An interview on 8/13/24 at 8:36 AM with the Director of Nursing (DON) confirmed that if a resident was taking a blood pressure medication, the facility obtained a blood pressure at least weekly unless the resident's provider ordered it more frequently. The DON confirmed that Resident 2 did not have an order for a weekly blood pressure and should have since Resident 2 was taking blood pressure medications. The DON also confirmed that Resident 2 had not had their blood pressure checked on a weekly basis. A follow up interview on 8/13/24 at 9:15 AM with the DON confirmed that no order had been implemented for weekly vital signs for Resident 2 per the requirements of the facility's Admission Check Off List document.

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. 49766 Licensure Reference 12-006.12(A)(vi) Based on record reviews and an interview; the facility failed to ensure the pharmacist had identified irregularities during their monthly medication regimen review (MRR, a monthly review of a resident's medications by a licensed pharmacist to minimize or prevent adverse consequences or to prevent residents from receiving unnecessary medications) for 1 (Resident 37) of 5 sampled residents. The facility identified a census of 43. Findings are: A record review of a facility policy Medication Regimen Reviews with a last revised date of April 2007, revealed no information regarding identifying irregularities regarding regulatory requirements. A record review of an Admission Record indicated the facility admitted Resident 37 on 12/26/2023 with an admitting diagnosis of dementia, Alzheimer's disease, and Major Depressive Disorder. A record review of Resident 37's quarterly Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used for care planning) with an Assessment Reference Date of 7/28/2024 revealed Resident 37 had a Brief Interview for Mental Status score of 4/15, which indicated Resident 37 had severe cognitive impairment. A record review of Resident 37's Order Summary revealed an order for PRN (as needed) Ativan with a start date of 2/7/2024 and did not have a stop date. A record review of Resident 37's Monthly Medication Regimen Reviews revealed the following: - 3/2024 - No irregularities identified by the pharmacist - 4/2024 - No irregularities identified by the pharmacist - 5/2024 - No irregularities identified by the pharmacist - 7/2024 - No irregularities identified by the pharmacist - 8/2024 - No irregularities identified by the pharmacist An interview on 8/12/2024 at 9:05 AM with the Pharmacist confirmed an irregularity of Resident 37's Ativan without a stop date should have been identified.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. 49766 Licensure Reference 175 NAC 12-006.09(H)(vi) Based on record reviews and interview; the facility failed to ensure a PRN (as needed) psychotropic medication (a medication to treat mental illnesses) had a stop date for 1 (Resident 37) of 5 sampled residents. The facility identified a census of 43. Findings are: A record review of a facility policy Use of Psychotropic Medications with a last reviewed date of 1/1/2024 revealed the following: - PRN orders for all psychotropics drugs shall be used only when the medication is necessary to treat a diagnosed specific condition that is documented in the clinical record, and for a limited duration (i.e. 14 days.) - If the attending physician believes that is appropriate for the PRN order to be extended beyond 14 days, he or she shall document their rationale in the resident's medical record and indicate the duration for the PRN order. A record review of an Admission Record indicated the facility admitted Resident 37 on 12/26/2023 with an admitting diagnosis of dementia, Alzheimer's disease, and Major Depressive Disorder. A record review of Resident 37's quarterly Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used for care planning) with an Assessment Reference Date of 7/28/2024 revealed Resident 37 had a Brief Interview for Mental Status score of 4/15, which indicated Resident 37 had severe cognitive impairment. A record review of Resident 37's Order Summary revealed an order for PRN Ativan with a start date of 2/7/2024 and did not have stop date. An interview on 8/12/2024 at 8:36 AM with the Director of Nursing confirmed Resident 37's PRN Ativan order did not have a stop date and confirmed it should have a duration or stop date for use.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 51122 LICENSURE REFERENCE NUMBER NAC 175 12-006.11(E) Based on observations, interviews, and record review; the facility failed to ensure foods were date-marked or labeled with their common names and failed to dispose of or consume foods within seven days as required to prevent the potential for food-borne illness. This had the potential to affect all 43 residents who resided within the facility and were served out of the kitchen. Findings are: A. A record review of the 2017 Nebraska Food Code revealed in section 3-602.11(C)(1) and (2) that bulk foods which are available for consumer self-dispensing shall be prominently labeled with the manufacturer's or processor's label that was provided with the food or a card, sign, or other method of notification that includes the required information. An observation on 8/7/24 from 7:40 AM to 7:55 AM during the initial kitchen tour revealed the following: -In the greater kitchen area, four large plastic bins with open lids, labeled only with paper taped on each lid reading, thick-it, cornstarch, flour, and sugar. -In the dry storage room, four sealed plastic bags containing a red liquid approximately one gallon each with a handwritten date in black marker on each bag. None of the bags had a label indicating what the red liquid was. An interview on 8/7/2024 at 9:55 AM with the Certified Dietary Manager (CDM) confirmed the thick-it, cornstarch, flour, and sugar observed during the initial kitchen tour should have been dated with an open and use by date. This interview also confirmed that the four plastic bags of red sauce only had a received by date written on them and lacked any additional identification. An observation on 8/12/24 at 9:05 AM of the walk-in freezer revealed four clear plastic bags of an unidentified meat product with an illegible handwritten date in black marker, with no other identifying information. There were 5 additional plastic bags with breaded food product on the same shelf labeled in the same fashion. An interview on 8/12/24 at 9:05 AM with Cook-B revealed that dietary staff takes the bags out of the boxes when they arrive from the vendor, write the received-by date on the bags, and put the bags on the shelves in the freezer. Cook-B stated that the four clear plastic bags contained cooked diced chicken and confirmed the bags were not labeled with that information. An interview on 8/12/24 at 12:45 PM with the CDM confirmed the bags of unidentified frozen meat products were labeled only with received by dates and lacked any additional identification. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	B. A record review of the 2017 Nebraska Food Code revealed in section 3-501.17 that ready-to-eat, time/temperature-controlled foods should be clearly marked to indicate the date or day by which the food should be consumed or discarded, which is a maximum of 7 days. The date of preparation should be counted as day 1. An observation on 8/12/24 at 10:17 AM revealed Cook-B was preparing a salad that included lettuce and shredded cheese from a mobile salad station for a staff member. The mobile salad station held containers of lettuce, onion, and shredded cheese that were each dated 8/5/24 as well as a container of pickles that was dated 7/27/24. An interview on 8/12/24 at 10:17 AM with Cook-B confirmed the four items (lettuce, onion, shredded cheese, and pickles) were more than seven days old. An interview on 8/12/24 at 11:38 AM with the CDM confirmed that the four items (lettuce, onion, shredded cheese, and pickles) were more than seven days old and needed to be removed from the mobile salad station.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. 49263 Licensure Reference Number 175 NAC 12-006.18 Based on observations, interviews, and record review; the facility failed to utilize enhanced barrier precautions as required when assisting with personal cares for Residents 3 and 40, and failed to ensure staff did not continue to utilize gloves after they were contaminated during medication administration for Resident 12. The facility census was 43. The Findings Are: A. A record review of an undated facility policy Infection Control-Enhanced Barrier Precautions revealed that the facility would implement enhanced barrier precautions (EBP) during high-contact resident care activities when caring for residents that had an increased risk for acquiring a multi-drug resistant organism, such as residents with wounds. The policy stated that high contact care activities included dressing, transferring, changing briefs, and wound care. Personal protective equipment of a gown and gloves were required for all staff performing the high contact care activities. A record review of Resident 3's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used for care planning), dated 7/29/24 revealed Resident 3 had a stage 4 (Full thickness tissue loss with exposed bone, tendon, or muscle) pressure ulcer to their right buttock and was dependent on staff for toileting hygiene, dressing, bed mobility, and transfers. A record review of Resident 3's Care Plan revealed Resident 3 was on EBP due to having a suprapubic urinary catheter and a wound. The Care Plan stated to follow standard of practice for EBP and that instructions & supplies were outside of the resident's room. An observation on 8/12/24 at 3:40 PM revealed Centers for Disease Control (CDC) EBP signage outside Resident 3's room doorway and hanging above Resident 3's bed. Nurse Aide (NA)-F was standing next to Resident 3's bed wearing gloves and holding Resident 3, so the resident was positioned on their left side while RN-A performed wound care to Resident 3's pressure ulcer on their right buttock. NA-F then assisted Registered Nurse (RN)-A to apply a new incontinence brief and reposition the resident in their bed after the cares were completed. A record review of the CDC's EBP signage revealed that providers and staff must wear gloves and a gown for high-contact resident care activities. The signage included dressing, transferring, providing hygiene, changing briefs, and wound care in the list of high-contact resident care activities. An interview on 8/12/24 at 4:03 PM with NA-F confirmed that NA-F did not wear a gown while assisting with Resident 3's cares. NA-F confirmed that they were aware Resident 3 was on EBP, but NA-F stated they did not think they needed to wear a gown when assisting with Resident 3's cares. 49766 (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	B. A record review of an undated facility policy Infection Control - Enhanced Barrier Precautions - Personal Protective Equipment (PPE) of a gown and gloves are required during urinary catheter care. A record review of a facility policy Handwashing/Hand Hygiene with a last revised date of August 2014 revealed alcohol-based hand rub should be used after removing gloves. An observation on 8/12/2024 at 2:50 PM of Nurse Aide (NA) - D provide urinary catheter cares to Resident 40. NA-D performed hand hygiene then donned (put on) a pair of gloves. NA-D then removed [gender] gloves, drew the curtain for privacy and explained the procedure to Resident 40. No hand hygiene was performed after NA-D removed their gloves. NA-D then applied a new pair of gloves and a gown. NA-D tied their gown around the back of [gender] neck, touching [gender] hair. NA-D then removed gloves without performing hand hygiene after. NA-D then removed a paper towel inside a graduate cylinder, placing the paper towel in the trash can, touching [gender] glove to the trashcan. NA-D proceeded to catheter cares, during the cares, NA-D's gown began to fall off, exposing [gender] clothes to the urinary catheter care area. NA-D removed [gender] gloves without performing hand hygiene and retied [gender] gown in the back, finishing catheter cares. An interview on 8/12/2024 at 3:01 PM with NA-D confirmed hand hygiene should be completed between changing of gloves and confirmed contamination of their clothes and urinary catheter area due to gown not being donned properly. C. An observation on 8/8/2024 at 11:15 AM of Registered Nurse (RN) - A preparing to administer insulin to Resident 12. RN-A donned gloves then touched the computer lid to close it, knocked on the door, and used the door handle to open the door, contaminating [gender] gloves. RN-A then administered insulin to Resident 12 without first changing the contaminated gloves. An interview on 8/8/2024 at 11:20 AM with RN-A confirmed touching door handles and other dirty surfaces would contaminate their gloves.

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F 0923 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have enough outside ventilation via a window or mechanical ventilation, or both. 49766 Licensure Reference Number 175 NAC 12-007.04D Based on record review, observation, and interview; the facility failed to ensure that the ventilation system was operational in resident's bathrooms on 100, 200, and 300 wings. This had the potential to affect all 43 residents who resided within the facility. Findings are: A record review of a policy Maintenance Service with a last revised date of December 2009 revealed function of maintenance personnel include maintaining the building in compliance with current federal, state, and local laws, regulations, and guidelines. An observation on 8/8/2024 at 9:29 AM revealed a strong odor of bowel movement in the 100 wing. An observation on 8/8/2024 at 9:45 AM with the Administration and Maintenance Personnel (MP) - E revealed rooms 101,104, 111, 200, 300, and 301 were not functional and would not draw a 1-ply square of toilet paper to the surface of the ventilation cover. An interview on 8/8/2024 at 10:00 AM with the Administrator and MP-E confirmed that the ventilation system for 100, 200, and 300 wing were not functional, confirming all residents would be affected.