

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285055	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2025
NAME OF PROVIDER OR SUPPLIER Falls City Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1720 Burton Drive Falls City, NE 68355	

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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>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.</p> <p>47406</p> <p>Licensure Reference Number 175 NAC 12.006.12(D)(i)</p> <p>Based on observations, interviews and record review, the facility failed to secure all medications in a locked storage area and to limit access to authorized personnel. The facility identified a census of 41.</p> <p>Findings are:</p> <p>Record review of facility's undated Drug Storage Policy revealed: It is the policy of this facility to ensure the proper and safe storage of drugs and biologicals. Drugs and/or biologicals should not be left unsecured/unattended. Medication and treatment carts will be kept locked when unattended.</p> <p>Observation on 3/25/25 at 9:00 AM revealed a medication cart containing resident's medications, located near the nurse's station, was unlocked and unattended by staff.</p> <p>Interview with Director of Nursing (DON) on 3/25/25 at 9:01 AM confirmed the medication cart was unlocked and should have been locked.</p> <p>Observation on 3/25/25 at 4:16 PM revealed a medication cart containing resident's medications, located near the nurse's station, was unlocked and unattended by staff.</p> <p>Interview on 3/25/25 at 4:17 PM with DON confirmed that the medication cart was unlocked and should have been locked.</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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