STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285063	A. Building B. Wing	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Park Care Center	1633 Sweetwater Alliance, NE 69301

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49263 Licensure Reference Number 175 NAC 12-006.09 Based on record review and interview, the facility failed to ensure a medication was not given when 1 (Resident 38) of 1 sampled resident's pulse was below the designated parameter in the resident's medication order. The facility census was 53. The Findings Are: A record review of Resident 38's admission record revealed Resident 38 was admitted to the facility on [DATE] and had a diagnosis of essential hypertension (elevated blood pressure). A record review of Resident 38's physician's orders revealed an order for Metoprolol Succinate Extended Release (ER) 24 Hour, 100 Milligrams (MG) one time a day for essential hypertension. The order also stated to hold (not administer) the medication if the resident's pulse was less than 60. A record review of Resident 38's Medication Administration Record (MAR) for May 2024 revealed Resident 38 received their Metoprolol SuccinateER on the following dates despite their pulse being below 60: -On 5/17/24 with a pulse of 50. -On 5/19/24 with a pulse of 59. -On 6/24/24 with a pulse of 55. A record review of Resident 38's MAR for June 2024 revealed Resident 38 received their Metoprolol SuccinateER on the following dates despite their pulse being below 60: -On 6/15/24 with a pulse of 52. -On 6/17/24 with a pulse of 52. -On 6/29/24 with a pulse of 53. (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	A record review of Resident 38's MAR for July 2024 revealed Resident 38 received their Metoprolol SuccinateER on the following dates despite their pulse being below 60: -On 7/12/24 with a pulse of 55. -On 7/20/24 with a pulse of 58. A record review of Resident 38's MAR for August 2024 revealed Resident 38 received their Metoprolol SuccinateER on the following dates despite their pulse being below 60: -On 8/7/24 with a pulse of 51. -On 8/8/24 with a pulse of 51. -On 8/10/24 with a pulse of 53. -On 8/11/24 with a pulse of 51. An interview on 8/21/24 at 10:05 AM with Licensed Practical Nurse (LPN)-I confirmed that if there was a checkmark on the MAR, this indicated that the medication had been administered to the resident. LPN-I also confirmed there were multiple dates when the Metoprolol Succinate ER was administered to Resident 38 despite their pulse being below the designated parameter.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. 49263 Licensure Reference Number 175 NAC 12-006.09(H)(vi)(3)(g) Based on observations, interview, and record review; the facility failed to ensure 1 (Resident 7) of 2 sampled residents received oxygen therapy as ordered. The facility census was 53. The Findings Are: A record review of Resident 7's Minimum Data Set (MDS), a federally mandated comprehensive assessment tool used for care planning, dated 7/18/24 revealed Resident 7 had a diagnosis of Chronic Obstructive Pulmonary Disorder (COPD), a lung disease that limits airflow and causes breathing problems, and required oxygen therapy. A record review of Resident 7's physician's orders revealed an order for oxygen at 2 liters per minute (lpm) at all times to maintain oxygen saturations above 88% for their diagnosis of COPD. An observation on 8/19/24 at 10:37 AM revealed Resident 7 sitting in their wheelchair in the dining room and did not have oxygen on as ordered. An observation on 8/20/24 at 9:07 AM revealed staff pushing Resident 7 to their room in their wheelchair and Resident 7 was not wearing their oxygen as ordered. An observation on 8/20/24 at 12:03 PM revealed Resident 7 sitting in their wheelchair in the dining room with staff sitting next to them. Further observations on 8/20/2024 at 12:03 PM revealed Resident 7 was not wearing their oxygen as ordered. An interview on 8/20/24 at 12:10 PM with NA-H confirmed Resident 7 was not wearing their oxygen and that Resident 7 should have been wearing the oxygen.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. 49263 Licensure Reference Number 175 NAC 12-006.10 Based on record review and interview, the facility failed to ensure 1 (Resident 7) of 15 sampled residents did not receive medication in doses exceeding the parameters set by the prescriber. The facility census was 53. The Findings Are: A record review of Resident 7's Minimum Data Set (MDS), a federally mandated comprehensive assessment tool used for care planning, dated 7/18/24 revealed Resident 7 had a diagnosis of pain and was receiving pain medication routinely. A record review of Resident 7's physician's orders revealed an order for Tylenol 8-Hour Arthritis Pain Tablet Extended Release 650 Milligrams (MG), give 2 tablets by mouth three times a day for pain. The order also stated not to exceed 3 grams (GM) of Tylenol per day and had a start date of 6/27/22. A record review of website www.unitconverters.net revealed 3 GM is equivalent to 3,000 MG. An interview on 8/21/24 at 11:15 AM with the Director of Nursing (DON) confirmed Resident 7's routine Tylenol order stated not to exceed 3 GM per day and that the total daily dose being administered, per the order instructions, was 3.9 GM. The DON also confirmed that the Tylenol order had been in place and had been being administered to Resident 7 since 6/27/22.

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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 review and interview;the facility staff failed to ensure the clinical rational for the continued use of an as needed (PRN) psychotropic and failed to complete a does reduction for 2 (Resident 40 and 46) of 5 sampled residents. The facility census was 53. Findings are: A record review of a facility policy Psychoactive Medication and Medication Regimen Review Management Standard with a date of 6/2024 indicated periodic re-evaluation is necessary to determine whether prolonged use of a medication is indicated with a clinical rationale for continued use. A. A record review of an Admission Record indicated the facility admitted Resident 40 on 1/4/2024 with diagnoses of depression and restless leg syndrome. A record review of Resident 40's quarterly Minimum Data Set (MDS,) a standardized assessment tool that measures health status in nursing home residents, with an Assessment Reference Date (ARD) of 7/11/2024 indicated Resident 40 had a Brief Interview for Mental Status (BIMS) score of 9/15, which indicated Resident 40 had moderate cognitive impairment. The MDS also indicated a Resident Mood Interview had been completed and Resident 40 did not attest to feeling down, depressed, or hopeless or little interest or pleasure in doing things during the past two weeks. The MDS also indicated Resident 40 was being administered an antianxiety medication and antidepressant. A record review of Resident 40's Order Summary with a date of 8/21/2024 revealed an order for bupropion (a medication for depression) with a start date of 1/4/2024. A record review of a Medication Regimen Review with a date of 5/21/2024 indicated the pharmacist had recommended a trial gradual dose reduction of Resident 40's bupropion. Resident 40's physician had declined with a clinical rationale of depression and a risk/benefit statement of continue. An interview on 8/21/2024 at 11:50 AM with Licensed Practical Nurse (LPN) - G confirmed depression was a diagnosis and not a valid clinical rationale to not perform a gradual dose reduction as recommended by the pharmacist on the Medication Regimen Review. B. A record review of an Admission Record indicated the facility admitted Resident 46 on 4/5/2024 with diagnoses of history of a stroke and anxiety. (continued on next page)

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of Resident 46's quarterly MDS with an ARD of 7/11/2024 revealed Resident 46 had a BIMS of 2/15, which indicated Resident 46 had severe cognitive impairment. The MDS also indicated Resident 46 experience delusions and had behaviors of disruptive sounds daily. The MDS also indicated a Resident Mood Interview had been completed and Resident 46 did not attest to feeling down, depressed, or hopeless or little interest or pleasure in doing things during the past two weeks. The MDS also indicated Resident 46 was being administered an antianxiety medication. A record review of Resident 46's Care Plan indicated on 6/14/2024 family was offered Hospice services but declined. A record review of Resident 46's Order Summary with a date of 8/20/2024 revealed an order for PRN Ativan (a medication for agitation.) A record Review of Medication Regimen Review with a date of 7/16/2024 indicated the pharmacist had recommended a clinical rationale for continued use of the PRN medication past the 14 days. The physician had responded with a rationale of hospice. An interview on 8/20/2024 at 11:50 AM with LPN-G confirmed Resident 46 was never on Hospice and confirmed the physician had not provided an accurate clinical rationale for the continuance of Resident 46's PRN Ativan for the Medication Regimen Review.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 50253 License Reference Number 175 NAC 12-006.10 Based on record reviews, observations and interviews, the facility failed to ensure labeled medications and medication orders listed on the Medication Administration Records were the same for 1 (Resident #34) of seven residents sampled.) The facility census was 53. Finds are: Record review of the Physician's Order Summary for Resident #34 during the month of August 2024 revealed an order for Ferrous Sulfate Oral Solution 300 mg (milligrams)/5 ml (milliliter). Staff were to administer 13.5 ml once a daily (13.5 ml is equivalent to a dose of 810 mg of medication). Record review of the Pharmacy Label on the bottle of Ferrous Sulfate liquid revealed Resident #34 was to receive Ferrous Sulfate liquid 18.5 ml daily (18.5 ml of this solution is equivalent to a dose of 814 mg of medication). The Ferrous Sulfate liquid was supplied with a concentrated liquid of 220 mg/5 ml. Record review of the Medication Administration Record (MAR) for the month of August 2024 revealed an order for Ferrous Sulfate 13.5 ml of a 300 mg/5 ml solution was administered daily at noon. Observation on 8/20/2024 at 12:05 of Licensed Practical Nurse-A (LPN-A) administered Ferrous Sulfate liquid 13.5 milliliters to Resident 34. The ferrous sulfate bottle had a solution strength of 220 mg/ml. a 13.5 ml of this solution would result in a dose of 594 mg of medication or 216 mg less than the ordered dose of the medication. Interview 8/20/2024 at 12:40 PM with LPN A confirmed that the medication label and the order on the MAR were different. Interview 8/20/2024 at 1:00 PM with the Director of nursing(DON). During the interview the DON confirmed the medication label and order on the MAR were different.

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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. 51122 License Reference Number 175 NAC 12-006.18 Based on observations, interviews, and record reviews, the facility failed to handle contaminated linens for all residents who were residing within the facility in a way that prevented the potential for cross contamination. The facility census was 53. Findings: A. A record review of facility policy US Centers for Disease Control (CDC) Best Practices for Environmental Cleaning in Global Healthcare Facilities with Limited Resources, Appendix D, Linen and laundry management, dated March 19, 2024, revealed the direction, Never carry soiled linen against the body. Always place it in the designated container. An interview with the Administrator on 8/20/24 at 2:43 PM confirmed that, CDC Best Practices for Environmental Cleaning, Appendix D, what all facility staff, including the Domestic Service (DS) staff, were expected to follow. A record review of CDC Guidelines for Environmental Infection Control in Health Care Facilities (last reviewed July 2019), Section G, subsection 3: Collecting, Transporting, and Sorting Contaminated Textiles and Fabrics, revealed the statement, Contaminated textiles and fabrics are placed into bags or other appropriate containment in this location (where contamination occurs); these bags are then securely tied or otherwise closed to prevent leakage. An observation on 8/20/24 at 12:02 PM revealed DS-D carried contaminated bedding (facility comforter and sheets) against their chest and arms from a resident room on the 100 nursing hall past the nurses' station and towards the laundry room. An observation on 8/20/24 at 12:09 PM revealed DS - Lead (DS-L) carried contaminated bedding (facility comforter and sheets) against their chest and arms from a resident room on the 100 nursing hall past the nurses' station and towards the laundry room. An interview on 8/20/24 at 12:41 PM with DS-L and DS-D confirmed that both staff had taken the contaminated bedding off beds in the residents' rooms, held the bedding against their bodies and carried it from the 100 nursing hall to the laundry room. An interview on 8/21/24 at 2:25 PM with the Director of Nursing (DON) confirmed that facility staff did not bag dirty linen to transport it from each resident's room to the designated location unless it contained body fluids/excretions or was soiled. (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 Strategies for Conserving the Supply of Isolation Gowns, from the CDC and National Institute for Occupational Safety and Health (NIOSH) dated May 9, 2023, revealed the following guidance: Disposable gowns generally should NOT be reused, and reusable gowns should NOT be reused before laundering, because reuse poses risks for transmission among healthcare personnel (HCP) and patients that likely outweigh any potential benefits, and Similar to extended gown use, gown reuse has the potential to facilitate transmission of organisms. An observation on 8/19/24 at 11:45 AM revealed DS-E and DS-F were pushing a white collection bin on wheels from the laundry area through the hallway down to the 100 nursing hall. DS-F was wearing a blue disposable plastic gown and gloves. An observation on 8/19/24 at 11:50 AM revealed DS-E and DS-F pushing the wheeled bin from the 100 nursing hall to the laundry area. DS-F was wearing the same blue disposable plastic gown and gloves. An interview on 8/21/24 at 12:08 PM with DS-L revealed that Domestic Services staff collected linen from the nursing halls each morning. They put on disposable blue plastic gowns and gloves then pushed the collection bin on wheels (with lid) from the dirty laundry area to the areas where they pick up soiled linens and clothing, then return to dirty laundry sorting area while continuing to wear the same gown and gloves. Those gowns are used until they are worn out,. An observation on 8/21/24 at 12:10 PM in the dirty laundry sorting area revealed DS-L was present and there were two blue plastic gowns with stretching, wrinkles, and tears hanging on a hook inside the entrance to the dirty laundry sorting area. An interview with DS-L on 8/21/24 at 12:10 PM confirmed the gowns hanging on the hook in the dirty laundry sorting area had been used while handling soiled linens and were hung in this location so they could be re-used. DS staff also wore the gowns while sorting dirty clothes and linens into the appropriate washers. An interview on 8/21/24 at 2:15 PM with the DON confirmed that staff were required to throw out disposable blue plastic gowns after each use, and they were not supposed to reuse or wear the gowns in resident rooms after they had been used. An interview on 8/21/24 at 2:15 PM with Registered Nurse (RN)-C confirmed that staff were expected to throw away their disposable gowns or wash the re-usable gowns after each use.