

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285065	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2024
NAME OF PROVIDER OR SUPPLIER Gold Crest Retirement Center		STREET ADDRESS, CITY, STATE, ZIP CODE 200 Levi Lane Adams, NE 68301	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45484</p> <p>Licensure Reference Number 175 NAC 12-006.04C3a(6)</p> <p>Based on record reviews and interviews, the facility failed to notify Resident 4's physician of a deterioration in condition of a pressure injury (localized damage to the skin and underlying tissue due to prolonged pressure to the area.) This affected 1 of 3 residents sampled for pressure injuries. The facility census was 42.</p> <p>Findings are:</p> <p>A record review of Resident 4's Face Sheet printed 03/28/2024 revealed the resident was admitted [DATE] and had a primary diagnosis of heart failure. Other diagnoses included dementia with behavioral disturbances, history of a traumatic brain injury, arthritis, high blood pressure, and low back pain.</p> <p>A review of Resident 4's Progress Notes revealed a note from 12/05/2023 at 6:26 PM documenting the initial assessment of a pressure injury to their right sacral area (an area of skin over the sacrum-a triangular bone at the base of the spine). Measurements at that time were a length (L) of 1.1 centimeters (cm) by a width (W) of 0.5 cm and depth (D) of 0.2 cm.</p> <p>A review of Resident 4's Wound Management Detail Report from 12/05/2023 to 04/02/2024 revealed the following wound measurements:</p> <p>12/07/2023 L-1.3 cm, W-0.3 cm, D-the question Can depth be measured? was answered no. Wound healing status: was answered stable.</p> <p>12/14/2023 L-1.1 cm, W-0.3 cm, D-0.1 cm. Wound healing status: was answered improving.</p> <p>12/21/2023 L-1.1 cm, W-0.5 cm, no depth documented, wound healing status not addressed.</p> <p>12/28/2023 L-0.6 cm, W-0.3 cm, no depth documented. Wound healing status: was answered improving.</p> <p>01/05/2024 L-0.6 cm, W-0.4 cm, no depth documented, wound healing status not addressed.</p> <p>01/11/2024 L-0.4 cm, W-0.3 cm, D-0.2 cm. Wound healing status: was answered improving.</p> <p>(continued on next page)</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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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>01/18/2024 L-0.5 cm, W-0.3 cm, D-0.2 cm. Wound healing status: was answered stable.</p> <p>01/25/2024 L-0.4 cm, W-0.2 cm, D-0.1 cm. Wound healing status: was answered improving.</p> <p>02/01/2024 L-0.5 cm, W-0.2 cm, D-0.2 cm. Wound healing status: was answered stable.</p> <p>02/08/2024 L-0.5 cm, W-0.3 cm, D 0.2 cm, wound healing status not addressed.</p> <p>02/15/2024 L-0.6 cm, W-0.3 cm, D-0.2 cm, wound healing status not addressed.</p> <p>02/22/2024 L-0.5 cm, W-0.3 cm, D-0.2 cm. Wound healing status: was answered stable.</p> <p>02/29/2024 There was no wound documentation in the Wound Management Detail Report or the Progress Notes for this week.</p> <p>03/07/2024 L-1 cm, W-0.5 cm, D-0.2 cm, wound healing status not addressed. Measurements were larger this week than in documentation from 02/22/2024.</p> <p>03/14/2024 L-0.8 cm, W-0.3 cm, D-0.2 cm. Wound healing status: was answered improving.</p> <p>03/21/2024 L- 1 cm, W- 0.5 cm, D-0.2 cm. Wound healing status: was answered stable.</p> <p>03/28/2024 L-1 cm, W-0.4 cm, D-0.3 cm, wound healing status not addressed.</p> <p>After 01/25/2024, there was no further documented evidence of wound healing. On 03/07/2024 the wound measurements had gotten larger.</p> <p>A review of Resident 4's Progress Notes between 12/05/2023 and 04/01/2024 revealed no documentation of the provider being notified of the status of the resident's pressure injury after the initial notification on 12/05/2023.</p> <p>A review of a 60 day check by the resident's medical provider dated 02/07/2024 revealed the statement that the resident's Skin color and temperature are normal, no rashes or lesions. There was no mention of the resident's pressure injury.</p> <p>During an interview conducted on 04/02/2024 at 1:53 PM, the Director Of Nursing confirmed that the resident's pressure injury had deteriorated in early March, and the provider should have been notified of the change.The DON further confirmed there was no documentation that the resident's provider was notified of the condition of the pressure injury since the initial notification, or of its deterioration.</p> <p>A review of the facility's undated policy Pressure Injuries revealed the following statement:</p> <p>If there is no evidence of healing within 4 weeks of treatment, the existing treatment will be re-evaluated and the physician notified with recommendations.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45484</p> <p>Based on record review and interviews, the facility failed to ensure the accuracy of the Minimum Data Set (MDS- a comprehensive assessment of each resident's functional capabilities) regarding oxygen for Resident 4 and falls for Resident 21. The affected 2 of 12 residents reviewed for MDS accuracy. The facility census was 42.</p> <p>Findings are:</p> <p>A.</p> <p>A review of Resident 4's Continuity of Care Document created 03/28/2024 revealed an admitted [DATE] and diagnoses of heart failure, high blood pressure, mitral valve insufficiency (a leaky valve on the left side of the heart), anxiety, and a history of COVID-19.</p> <p>A review of Resident 4's Quarterly MDS dated [DATE] revealed a Brief Interview for Mental Status-(BIMS-a screening tool used to assess cognition [relating to the mental process involved in knowing, learning, and understanding things]) with a score of 14 of 15, indicating the resident was cognitively intact.</p> <p>A further review of Resident 4's Quarterly MDS dated [DATE] revealed that in Section O Special Treatments, Procedures, and Programs the statement under O0110 to Check all of the following treatments, procedures, and programs that were performed while a resident of this facility and within the last 14 days was not marked for oxygen therapy, indicating the resident had not received oxygen during the 14 days ending 03/06/2024 (02/22/2024 to 03/06/2024).</p> <p>A review of Resident 4's Physician Order Report dated 02/28/2024 to 03/28/2024 revealed an order for oxygen per nasal cannula (NC-a device that delivers extra oxygen through a tube and into your nose) to keep SpO2 (a measurement of how much oxygen your blood is carrying as a percentage of the maximum it could carry) greater than 92%.</p> <p>A review of the resident's Charge Nurse Administration History for February 2024 revealed the oxygen order had spaces to be signed for twice a day. All spaces were signed as administered, with notations on 02/18, 02/19, and 02/25 that it was not administered.</p> <p>A review of the resident's Charge Nurse Administration History for March 2024 revealed the oxygen order had spaces to be signed for twice a day. All spaces were signed as administered, with notations on 03/10, 03/17, and 03/21 that it was not administered.</p> <p>During an interview conducted on 03/27/2024 at 10:10 AM, Resident 4 revealed that they wore oxygen during the night.</p> <p>During an interview conducted on 04/01/2024 at 8:07 AM, Medication Aide (MA) B confirmed that Resident 4 wore oxygen at night, and sometimes when they lay down during the day.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview conducted on 04/01/2024 at 8:21 AM Registered Nurse (RN) A confirmed that Resident 4 wore oxygen at night.</p> <p>During an interview conducted on 04/02/24 at 3:31 PM, the Executive Director (ED) confirmed that oxygen is not coded on the quarterly MDS dated [DATE].</p> <p>B.</p> <p>A review of Resident 21's Continuity of Care Document created 03/28/2024 revealed an admitted [DATE] and diagnoses of fractured nasal bones dated 12/02/2023 and a traumatic brain injury dated 12/08/2023. Other diagnoses included high blood pressure, heart disease, chronic obstructive pulmonary disease (COPD-a group of lung diseases that block airflow and make it difficult to breathe), dizziness and giddiness, and a history of falls.</p> <p>A review of Resident 21's Quarterly MDS dated [DATE] revealed a BIMS score of 13 of 15, indicating the resident was cognitively intact.</p> <p>A review of Resident 21's Discharge-Return Anticipated MDS dated [DATE] revealed that in Section J Health Conditions, question J1800 Has the resident had any falls since admission/entry or reentry or the prior assessment (OBRA or Scheduled PPS), whichever is more recent? is marked no.</p> <p>A review of the MDS 3.0 Resident Assessments page for Resident 21 revealed the last MDS done prior to the resident's Discharge-Return Anticipated MDS was the Admission MDS dated [DATE].</p> <p>A review of the undated list of incidents provided by the facility covering the dates 10/05/2023 to 03/20/2024 revealed Resident 21 had unwitnessed falls on 10/20/2023, 10/21/2023, and 11/07/2023. Each was marked none under the Injury column. The resident had a witnessed fall on 11/22/2023 and was observed to hit their head. This fall had Subdural Hematoma, broken nose listed under the Injury column. The resident had a witnessed fall on 12/01/2023 and did not hit their head.</p> <p>During an interview conducted on 04/02/24 at 3:31 PM, the ED confirmed that the resident's falls were not coded on the Discharge-Return Anticipated MDS.</p>		

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<p>F 0642</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a qualified health professional conducts resident assessments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45484</p> <p>Based on record review and interview, the facility failed to ensure that a Discharge Minimum Data Set (MDS- a comprehensive assessment of each resident's functional capabilities. A Discharge MDS is a subset of information completed when a resident is discharged from a facility) was certified as complete for Resident 41 upon discharge from the facility. This affected 1 of 13 residents reviewed for MDS completion. The facility census was 42.</p> <p>Findings are:</p> <p>A review of Resident 41's Electronic Health Record (EHR) revealed an admitted [DATE] and a primary diagnosis of acute respiratory failure.</p> <p>A review of Resident 41's EHR revealed the resident had been discharged from the facility 12/05/2023.</p> <p>A review of the MDS 3.0 Resident Assessments page for Resident 41 revealed a Discharge-Return Not Anticipated MDS marked as in process dated 12/05/2023.</p> <p>A review of the MDS 3.0 Assessment Summary page for the Discharge MDS dated [DATE] revealed under Section Status that Sections K and X were marked as All questions answered and resolved, and Section S was marked No answer required. No other sections were marked.</p> <p>A review of MDS section Z Assessment Administration question Z0400 revealed that Sections A, B, D, and Z were dated as completed 12/06/2023, with Pending Signatures, and Section K was dated as completed 12/06/2023 and Electronically Signed. Further review revealed question Z0500 Signature of RN [Registered Nurse] Assessment Coordinator Verifying Assessment Completion was not filled out.</p> <p>A review of the Minimum Data Set 3.0 Resident Assessment Instrument User's Manual v1.18.11 (https://www.cms.gov/files/document/finalmids-30-rai-manual-v11811october2023.pdf) dated October 2023 revealed on page 2-19 that a Discharge-Return Not Anticipated MDS should be completed no later than the discharge date + 14 days, which was 12/19/2023.</p> <p>During an interview conducted 03/28/2024 at 3:43 PM, the MDS Coordinator confirmed that the MDS was not completed and not all the sections had been signed.</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47406</p> <p>Licensure Reference Number 175 NAC 12-006.09C1c</p> <p>Based on observations, interviews, and record reviews, the facility failed to revise the Care Plan (written instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care) regarding a CPAP (Continuous Positive Airway Pressure -- a treatment that uses mild air pressure to keep your breathing airways open) for Resident 10, a pressure injury (injuries to the skin and the tissue below the skin that are due to pressure on the skin for along time) for Resident 4, and falls for Resident 21. This affected 3 of 12 residents reviewed for care plan revision. The facility census was 42.</p> <p>Findings are:</p> <p>A.</p> <p>Record review of Resident 10's undated Face Sheet revealed the admitted [DATE] with diagnosis of sleep apnea (a potentially serious sleep disorder in which beathing repeatedly stops and starts) unspecified.</p> <p>Record review of the Physician's Orders dated 8/21/23 revealed CPAP at HS (hour of sleep). PAP High: 20; PAP Low: 5 At Bedtime.</p> <p>Record review of MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 2/21/24, Section O, G1 stated Non-invasive Mechanical Ventilator marked.</p> <p>Record review revealed that resident's Care Plan last revised on 3/12/24 revealed no documentation of a CPAP.</p> <p>Interview on 3/28/24 at 3:05 PM with Registered Nurse (RN)-A revealed Resident 10 wears the CPAP nightly.</p> <p>In an interview with the Director of Nursing (DON) on 4/1/24 at 1:20 PM [gender] confirmed there was no documentation of Resident 10's CPAP on the Care Plan and it should have been.</p> <p>Record review of the undated policy Care plans Communication and Updating Policy, revealed The Care Plan is outlined by goals which are evaluated and revised at least quarterly and as necessary through the nursing process (assessment, planning, implementation, and evaluation and Interdisciplinary team conferences are conducted quarterly and are useful in the development of meaningful nursing care plans. Problems are discussed and entered on the care plan.</p> <p>45484</p> <p>B.</p> <p>(continued on next page)</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of Resident 4's Continuity of Care Document created 03/28/2024 revealed an admitted [DATE] and diagnoses of: heart failure, high blood pressure, mitral valve insufficiency (a leaky valve on the left side of the heart), anxiety, and a history of COVID-19.</p> <p>A review of Resident 4's Progress Notes revealed a note from 12/05/2023 at 6:26 PM documenting the initial assessment of a pressure injury to their right sacral area (an area of skin over the sacrum-a triangular bone at the base of the spine).</p> <p>A review of Resident 4's Comprehensive Care Plan (CCP) revealed a Problem of at risk for skin breakdown because decrease in mobility with a Problem Start Date of 03/09/2023. The Long Term Goal was skin will remain intact with no red areas, and had a target date of 06/11/2024. There was one Approach dated 12/06/2023 that stated Tx (treatment) to sacral wound per order. Keep area clean. All other approaches were from March of 2023, prior to the development of the pressure injury. The Problem and the Long Term Goal did not reflect Resident 4's actual skin breakdown.</p> <p>During an interview conducted on 04/02/2024 at 1:53 PM, the (DON) confirmed that the Care Plan was not revised to address the resident's pressure injury.</p> <p>C.</p> <p>A review of Resident 21's Continuity of Care Document created 03/28/2024 revealed an admitted [DATE] and diagnoses of: fractured nasal bones dated 12/02/2023 and a traumatic brain injury dated 12/08/2023. Other diagnoses: high blood pressure, heart disease, chronic obstructive pulmonary disease (COPD-a group of lung diseases that block airflow and make it difficult to breathe), dizziness and giddiness, and a history of falls.</p> <p>A review of the undated list of incidents provided by the facility covering the dates 10/05/2023 to 03/20/2024 revealed Resident 21 had unwitnessed falls on 10/20/2023, 10/21/2023, and 11/07/2023. Each was marked none under the Injury column. The resident had a witnessed fall on 11/22/2023 and was observed to hit their head. This fall had Subdural Hematoma, broken nose listed under the Injury column. The resident had a witnessed fall on 12/01/2023 and did not hit their head.</p> <p>A review of the Event Report for Resident 21's fall on 10/20/2023 revealed an intervention of gripper socks for increased safety and stability. This intervention was not documented on the CCP.</p> <p>A review of the Event Report for Resident 21's fall on 10/21/2023 revealed an intervention of resident educated to call for assistance when getting transferring. This intervention was not documented on the CCP.</p> <p>A review of the Event Report for Resident 21's fall on 11/07/2023 revealed an intervention of remove plywood platform from beneath recliner. This was done and resident now has a lift chair. This intervention was not documented on the CCP.</p> <p>A review of the Event Report for Resident 21's fall on 11/22/2023 revealed an intervention of if resident does not want to walk ask nurse for assistance. This intervention was not documented on the CCP.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of the Event Report for Resident 21's fall on 12/01/2023 revealed an intervention of scheduled Tylenol. This intervention was added to the Activities of Daily Living (ADLs-basic self-care tasks necessary for independent living) Problem on the CCP.</p> <p>A review of the CCP for Resident 21 revealed a Problem of at risk for falling related to hx (history) of falls, incont. (incontinence), decreased mobility, anxiety, arthritis, with a Problem Start Date of 09/19/2023. The Long Term Goal was remain free from injury, with a target date of 06/18/2024. There was one approach dated 12/28/2023 that stated Right assist handle to bed, to assist (Resident 21) with getting OOB (out of bed) and repositioning. All other approaches were from 09/19/2023, prior to any falls. The Problem and the Long Term Goal did not reflect Resident 21's falls or injuries, and the new interventions from the falls in the facility were not included in the Approaches.</p> <p>During an interview conducted on 04/02/2024 at 1:53 PM, the DON confirmed that the Care Plan was not revised to address the resident's falls or new interventions.</p> <p>D.</p> <p>Review of facilities undated policy for Care Plans Communication and Updating revealed:</p> <p>Changes in overall plan of care may occur throughout the quarter.</p> <p>These changes may not be considered significant changes. These could include: skin tears, bruises, infections, starting a supplement, etc.</p> <p>Therefore, it only requires an update to the original Overall Care Plan.</p> <p>These changes are communicated in the following manner:</p> <p>The staff member making the change is responsible to see that this communication is completed by doing the task or delegating the task as follows:</p> <p>Update the Overall Care Plan with the date and initial the change.</p> <p>Each Department Supervisor is then responsible for updating any internal communication or documentation necessary to assure that their staff is knowledgeable of the change and that the change in adhered to concerning that specific resident care.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45484</p> <p>Licensure Reference Number 175 NAC 12-006.09D6</p> <p>Based on observation, record review, and interviews, the facility failed to ensure oxygen tubing was changed as required and stored in a manner to prevent cross-contamination for Resident 4. This affected 1 of 1 residents reviewed for oxygen. The facility census was 42.</p> <p>Findings are:</p> <p>A review of Resident 4's Continuity of Care Document created 03/28/2024 revealed an admitted [DATE] and diagnoses of: heart failure, high blood pressure, mitral valve insufficiency (a leaky valve on the left side of the heart), anxiety, and a history of COVID-19.</p> <p>A review of Resident 4's Quarterly Minimum Data Set (MDS- a comprehensive assessment of each resident's functional capabilities) dated 03/06/2024 revealed a Brief Interview for Mental Status-(BIMS-a screening tool used to assess cognition [relating to the mental process involved in knowing, learning, and understanding things]) with a score of 14 of 15, indicating the resident was cognitively intact.</p> <p>An observation made on 03/27/24 at 10:10 AM revealed Resident 4 had an oxygen concentrator (a medical device that takes air in and purifies it for use by individuals who require oxygen) in their room. The tubing connected to the machine was dated 02/01/2024.</p> <p>An observation made on 03/28/24 at 7:58 AM revealed the oxygen tubing was on floor behind the concentrator and the nasal cannula was on floor. The tubing was dated 02/01/2024.</p> <p>An observation made on 03/28/24 at 12:07 PM revealed the oxygen tubing and nasal cannula remained on the floor behind the concentrator. The tubing was dated 02/01/2024.</p> <p>A review of the undated Gold Crest Retirement Center Oxygen policy revealed:</p> <p>Nasal Cannula: Replace nasal cannula and tubing every month. Apply a label to the new tubing with the date, and</p> <p>Keep excess oxygen tubing secured in an IP-Pouch strategically placed for the resident.</p> <p>During an interview conducted with Resident 4 on 03/28/2024 at 10:10 AM, the resident stated they wear oxygen at night.</p> <p>During an interview conducted 03/28/2024 at 12:12 PM, Medication Aide (MA)-C revealed they did not know where Resident 4's oxygen tubing gets stored, and that the resident usually had it off by the time MA-C got to work in the mornings. MA-C revealed that usually the tubing gets wrapped up and put in a black bag when not in use. MA-C confirmed the tubing was on the floor and should not have been, and [gender] further confirmed the tubing was dated 02/01/2024. MA-C removed the tubing and threw it away.</p> <p>(continued on next page)</p>		

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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview conducted on 3/28/24 at 3:20 PM, Registered Nurse (RN)-A confirmed that the oxygen tubing was supposed to be changed monthly, and since the date on the tubing was 02/01/2024 it was not changed in March. RN-A confirmed the oxygen tubing should be stored in a black IP bag when not in use.		