| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 285071 | A. Building<br>B. Wing | 01/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Estates | 2325 Lodge Drive<br>Gering, NE 69341 |

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 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide enough food/fluids to maintain a resident's health.<br><br>49766<br><br>Licensure Reference 175 NAC 12-06.09(J)(i)(1)<br><br>Based on record reviews and interviews, the facility staff failed to implement interventions to manage weight loss for 2 (Resident 1 and 2) of 3 sampled residents. The facility staff identified a census of 97.<br><br>Findings are:<br><br>A record review of an undated facility policy Significant Weight Loss indicated the following:<br><br>- Significant weight loss in 1 week is 1-2%; more than 1-2% is considered severe weight loss.<br><br>- Significant weight loss over 1 month is 5%; more than 5% is considered severe weight loss.<br><br>- Significant weight loss over 3 months is 7.5%; more than 7.5% is considered severe weight loss.<br><br>- Significant weight loss over 6 months is 10%; more than 10% is considered severe weight loss<br><br>- The policy defined avoidable weight loss as an individual that did not maintain acceptable parameters of nutritional status and that the facility did not do one or more of the following: evaluate the individual's clinical condition, define and implement interventions, monitor and evaluate the impact of the interventions, and revise the interventions as appropriate.<br><br>A. A record review of an Admission Record indicated the facility admitted Resident 1 on 6/7/2023 with diagnoses of Dementia, duodenitis (inflammation in the first part of your small intestine,) depression, hypothyroidism (a condition in which the thyroid gland doesn't produce enough thyroid hormone,) and difficulty swallowing.<br><br>(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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 285071 | A. Building<br>B. Wing | 01/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Estates | 2325 Lodge Drive<br>Gering, NE 69341 |

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 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A record review of Resident 1's quarterly (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) with an Assessment Reference Date (ARD) of 11/7/2024 indicated Resident 1 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) of 12/15, indicating Resident 1 had moderate cognitive impairment. The MDS also indicated Resident 1 required supervision with eating. It also indicated Resident 1 was noted to have a weight loss of 5% or more in the last month or a loss of 10% or more in the last six months and was not on a physician-prescribed weight-loss regimen.<br><br>A record review of Resident 1's Care Plan revealed a focus area that indicated Resident 1 was at risk for potential impaired nutrition status related to pain, duodenitis, poor food intake, and depression with a last revised date of 11/12/2024.<br><br>A record review of Resident 1's Weight Summary as of 1/22/2025 revealed the following information:<br><br>-7-22-2024, weight (wt) was 116. lbs.<br><br>-10-21-2024, wt was 97. lbs, a loss of 18 lbs or 15.51 %. The facility implemented the intervention of carnation breakfast with cereal at breakfast, ensure (supplement) twice a day and a milkshake at bed time.<br><br>-11-21-2024, wt was 93. Lbs<br><br>A record review of Resident 1's Order Summary Report as of 1/22/2025 revealed an order for a house supplement of 2-cal with directions to give 8 ounces four times a day as a weight loss supplement with a start date of 11/19/2024.<br><br>A record review of Resident 1's Treatment Administration Record for the month of November 2024 revealed Resident 1's House Supplement was not given with a reason of Other/See Progress Note for the following dated: 11/24 8:00 PM dose, 11/25 8:00 PM dose, 11/26 4:00 PM dose, 11/26 8:00 PM, 11/28 4:00 PM dose, and 11/28 8:00 PM.<br><br>A record review of Resident 1's Treatment Administration Record for the month of December 2024 revealed Resident 1's House Supplement was not given with a reason of Other/See Progress Note for the 12/7 8:00 PM dose, 12/12 8:00 PM dose, and 12/13 8:00 PM.<br><br>A record review of Resident 1's Treatment Administration Record for the month of January 2025 revealed Resident 1's House Supplement was not given with a reason of Other/See Progress Note for the 1/9 8:00 PM dose, 1/21 5:00 PM dose, and 1/21 8:00 PM dose.<br><br>A record review of Resident 1's Progress Notes from 11/24/2024 to 1/21/2024 revealed the following entries:<br><br>- 11/24/2024 7:27 PM: House Supplement not given with a text entry reason of None available. Nurse notified.<br><br>- 11/25/2024 8:34 PM: House Supplement not given with a text entry reason of Only 2 ounces available in fridge.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 285071 | A. Building<br>B. Wing | 01/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Estates | 2325 Lodge Drive<br>Gering, NE 69341 |

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 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | - 11/26/2024 5:04 PM: House Supplement not given with a text entry reason of Waiting on kitchen.<br><br>- 11/26/2024 7:09 PM: House Supplement not given with a text entry reason of Waiting on kitchen.<br><br>- 11/28/2024 3:11 PM: House Supplement not given with a text entry reason of Pending kitchen supply.<br><br>- 11/28/2024 7:19 PM: House Supplement not given with a text entry reason of Pending kitchen.<br><br>- 12/7/2024 8:17 PM: House Supplement not given with a text entry reason of No 2-cal available. Nurse notified.<br><br>- 12/12/2024 7:34 PM: House Supplement not given with a text entry reason of Pending kitchen supply.<br><br>- 12/13/2024 7:02 PM: House Supplement not given with a text entry reason of None available, notified Charge Nurse.<br><br>- 1/9/2025 7:24 PM: House Supplement not given with a text entry reason of Pending kitchen supply.<br><br>- 1/21/2025 3:49 PM: House Supplement not given with a text entry reason of Pending kitchen supply.<br><br>- 1/21/2025 7:39 PM: House Supplement not given with a text entry reason of Pending kitchen supply.<br><br>An interview on 1/22/2025 at 4:22 PM with the Health Information Manager (HIM) and Clinical Coordinator RN-A confirmed Resident 1's supplements on the following dates were documented as not given: 11/24 8:00 PM dose, 11/25 8:00 PM dose, 11/26 4:00 PM dose, 11/26 8:00 PM, 11/28 4:00 PM dose, 11/28 8:00 PM dose, 12/7 8:00 PM dose, 12/12 8:00 PM dose, and 12/13 8:00 PM dose, 1/9 8:00 PM dose, 1/21 5:00 PM dose, and 1/21 8:00 PM dose.<br><br>B. A record review of an Admission Record indicated the facility admitted Resident 2 on 8/2/2022 with diagnoses of Dementia, anemia (low red blood cells,) depression, and difficulty swallowing.<br><br>A record review of Resident 2's quarterly MDS with an ARD of 1/1/2025 indicated that Resident 2 had a BIMS score of 3/15, which indicated Resident 2 had severe cognitive impairment. The MDS also indicated Resident 2 required supervision with eating and was on a mechanically altered diet.<br><br>A record review of Resident 2's Care Plan reveal a focus area that indicated Resident 2 was at risk for potential impaired nutritional status related to poor food intake, weight loss, Dementia, anemia, difficulty swallowing, and depression with a last revised of 1/2/2025.<br><br>A record review of Resident 2's Weight Summary as of 1/22/2025 revealed the following information:<br><br>-7-20-2024, wt was 129.5 lbs.<br><br>-10-19-2024, wt was 126.5 lbs.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 285071 | A. Building<br>B. Wing | 01/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Estates | 2325 Lodge Drive<br>Gering, NE 69341 |

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 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -12-21-2024, wt was 125.0 lbs.<br><br>-1-21-2024, weight was 121.0<br><br>A record review of Resident 2's Order Summary Report as of 1/22/2025 revealed an order for a house supplement of 2-cal with directions to give 4 ounces four times a day as a nutritional supplement with a start date of 10/10/2024.<br><br>A record review of Resident 2's Treatment Administration Record for the month of November 2024 revealed Resident 2's House Supplement was not given with a reason of Held/See Progress Note for the 11/5 8:00 AM dose and Other/See Progress Note on 11/6 8:00 PM dose, 11/25 8:00 PM dose, 11/26 8:00 PM dose, 11/28 5:00 PM dose, and 11/28 8:00 PM dose.<br><br>A record review of Resident 2's Treatment Administration Record for the month of December 2024 revealed Resident 2's House Supplement was not given with a reason of Other/See Progress Note for the 12/12 5:00 PM dose, 12/12 8:00 PM dose, and 12/13 8:00 PM dose.<br><br>A record review of Resident 2's Progress Notes from 11/5/2024 to 12/13/2024 revealed the following entries:<br><br>- 11/5/2024 9:47 AM: House Supplement not given with a text entry reason of Pending kitchen.<br><br>- 11/6/2024 7:51 PM: House Supplement not given with a text entry reason of Awaiting pharmacy.<br><br>- 11/25/2024 7:23 PM: House Supplement not given with a text entry reason of Not enough available in fridges.<br><br>- 11/26/2024 7:35 PM: House Supplement not given with a text entry reason of Waiting on kitchen.<br><br>- 11/28/2024 5:02 PM: House Supplement not given with a text entry reason of Pending kitchen.<br><br>- 11/28/2024 7:48 PM: House Supplement not given with a text entry reason of Missing.<br><br>- 12/12/2024 5:17 PM: House Supplement not given with a text entry reason of Pending kitchen supply.<br><br>- 12/12/2024 8:03 PM: House Supplement not given with a text entry reason of Pending kitchen supply.<br><br>- 12/13/2024 7:10 PM: House Supplement not given with a text entry reason of None available, notified Charge Nurse.<br><br>An interview on 1/22/2025 at 4:22 PM with the Health Information Manager (HIM) and Clinical Coordinator RN-A confirmed Resident 2's supplements were documented as not given on the following dates: 11/6 8:00 PM dose, 11/25 8:00 PM dose, 11/26 8:00 PM dose, 11/28 5:00 PM dose, 11/28 8:00 PM dose, 12/12 5:00 PM dose, 12/12 8:00 PM dose, and 12/13 8:00 PM dose.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 285071 | A. Building<br>B. Wing | 01/23/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Heritage Estates | 2325 Lodge Drive<br>Gering, NE 69341 |

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 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | An interview on 1/22/2025 at 4:20 PM with the Certified Dietary Manager (CDM) revealed the dietary department makes the house supplements every morning and calculate enough for all residents' supplements for the day. The CDM also revealed that nursing was responsible for letting the dietary department know if they were running low before close, as nursing does not have access to additional supplement after the kitchen closes around 7:30 PM.<br><br>An interview on 1/23/2025 at 9:50 AM with Medication Aide (MA) - D revealed that MA-D charts pending kitchen supply when the house supplement is not available and not available to be given. MA-D revealed frequent difficulties with having the house supplement available and has met challenges with calling the dietary department and being told it is not available as they do not have any and/or not being brought to nursing.<br><br>An interview on 1/23/2025 at 10:00 AM with MA-E confirmed nursing is responsible for calling the dietary department if they are in need of additional house supplement. MA-E also confirmed that a note of pending kitchen supply means the house supplement was not given due to being unavailable. MA-E also confirmed that they frequently run out of house supplement for the 8:00 PM administration and the kitchen has already closed, so there is no access to obtaining additional supplement to be able to administer it. |