

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285073	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Park View Haven Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  309 North Madison Street Coleridge, NE 68727	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 29638</p> <p>Licensure Reference Number 175 NAC 12-006.02(H)</p> <p>Based on record review and interview: the facility failed to report an allegation of potential abuse and/or neglect to the State Agency, to complete an investigation and submit the results of the investigation for 1 (Resident 8) of 2 sampled residents. The facility census was 29.</p> <p>Findings are:</p> <p>A. Review of the facility Abuse/Neglect/Exploitation Policy (undated) indicated the following:</p> <ul style="list-style-type: none"> <li>-failure to provide supervision (care and control of a vulnerable adult which a reasonable and prudent person could exercise under similar facts and circumstances) was one definition of abuse.</li> <li>-the facility was to report any alleged abuse/neglect, injuries of unknown origin, or misappropriation of resident property in accordance with state regulations.</li> <li>-the facility was to conduct an investigation of such allegations in accordance with state law.</li> <li>-the facility was to report all investigation findings to the state in accordance with state regulations.</li> </ul> <p>B. Review of Resident 8's Minimum Data Set (MDS-a federally mandated comprehensive assessment tool used for care planning) dated 11/1/24 revealed the resident was admitted [DATE] with diagnoses of multiple sclerosis, diabetes, heart disease, depression, and Alzheimer's disease. The resident's cognition was intact, and the resident required substantial to maximal assistance with toileting hygiene, bed mobility, transfers, and dressing.</p> <p>Review of Resident 8's current Care Plan (undated) revealed the resident had a self-care deficit related to multiple sclerosis and indicated the resident's wheelchair was the resident's primary means of locomotion. The resident required staff assistance at times with wheelchair mobility except for short distances. In addition, the resident had impaired thought processes due to occasional forgetfulness related to Alzheimer's disease.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285073	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Park View Haven Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  309 North Madison Street Coleridge, NE 68727	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a Nursing Progress Note dated 8/22/24 at 5:39 PM revealed the staff were assisting the resident with wheelchair mobility out to the facility van for an activity. Staff positioned the resident's wheelchair next to the van ramp and then turned to talk to another staff member. As staff turned back to the resident, they observed the resident's wheelchair rolling down the sloped parking lot. The front wheel of the chair struck the curb, and the resident was launched out of the wheelchair into the grass and landed on the resident's stomach with arms outstretched. An assessment of the resident revealed no injuries.</p> <p>Review of the facility investigations of potential abuse/neglect from 1/22/24 to 1/22/25 revealed no report had been filed to the State Agency regarding a potential allegation of staff to resident abuse and/or neglect related to Resident 8.</p> <p>During an interview on 1/27/25 at 2:55 PM, the facility Administrator, and Licensed Practical Nurse (LPN)-C confirmed the facility failed to report the incident with Resident 8 which occurred 8/22/24. An investigation was not completed, and the results of the investigation were not submitted to the State Agency within the required time. The Administrator further indicated the facility should have reported and investigated the incident to rule out potential abuse and/or neglect.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285073	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Park View Haven Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  309 North Madison Street Coleridge, NE 68727	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 29638</p> <p>LICENSURE REFERENCE NUMBER 175 NAC 12-006.09(I)(i).</p> <p>Based on record review and interview; the facility failed to identify causal factors and to revise and/or develop additional interventions for the prevention of ongoing falls and a fall with a significant injury for Resident 78. The sample size was 7 and the facility census was 29.</p> <p>Findings are:</p> <p>A. Review of the facility Fall Prevention and Management Program with a revision date of 8/23/24 revealed the purpose of the policy was to develop, implement, monitor, and evaluate the prevention and the management of falls. Fall prevention included the determination of a resident's risk for falls. The staff were to develop fall prevention interventions based on the resident's risk factors. If interventions were not effective in reducing falls, then new interventions were to be initiated. If a resident had a fall staff were to follow the following procedure:</p> <ul style="list-style-type: none"> <li>-complete head-to-toe assessment.</li> <li>-notify the attending physician of the fall, interventions, and the status of the resident.</li> <li>-complete a risk management for falls.</li> <li>-complete a fall huddle.</li> <li>-communicate to all staff the resident had a fall and share details regarding interventions initiated.</li> <li>-conduct an interdisciplinary conference to determine cause of falls and develop changes to prevent reoccurrence.</li> </ul> <p>B. Review of Resident 78's Minimum Data Set (MDS-a federally mandated comprehensive assessment tool used for care planning) dated 12/16/24 revealed the resident was admitted [DATE] with diagnoses non-Alzheimer's dementia, non-traumatic brain dysfunction, and previous stroke. The assessment further indicated the following regarding Resident 78:</p> <ul style="list-style-type: none"> <li>-severe cognitive impairment.</li> <li>-required partial to moderate staff assistance with personal hygiene, dressing, bed mobility and transfers.</li> <li>-behaviors which included physical/verbal behaviors directed at others, other behavioral symptoms not directed at others, rejection of cares and wandering. The resident's wandering placed the resident at significant risk of getting to a potentially dangerous place.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285073	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Park View Haven Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  309 North Madison Street Coleridge, NE 68727	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-incontinence of bladder.</p> <p>-experienced 1 fall without injury since admission but had a history of falls prior to admission.</p> <p>Review of a Nursing Progress Notes revealed the following:</p> <p>-12/9/24 at 3:08 PM the resident was admitted to the facility due to wandering with an order for Seroquel 50 milligrams (mg) at bedtime.</p> <p>-12/9/24 at 6:02 PM the resident had an elopement from the facility.</p> <p>-12/10/24 at 8:46 PM the resident continued to wander but was easily redirected by staff.</p> <p>Review of a facility Incident Report dated 12/11/24 at 10:00 PM revealed the resident had fall in the resident's room. A new intervention was developed for a sensor alarm (an electronic pressure sensitive sensor pad designed for use in chairs or beds which will alarm if a resident tries to get up without assistance) to be placed on the resident's bed and for the staff to check on the resident every 15 to 20 minutes to ensure safety. The resident was confused, drowsy and identified as a wanderer.</p> <p>Review of Nursing Progress Notes on 12/12/24 at 12:37 PM, 12/13/24 at 2:14 AM, at 5:44 AM and at 3:15 PM revealed the resident was wandering and exit seeking.</p> <p>Review of a Nursing Progress Note dated 12/13/24 at 3:22 PM revealed a new order was received for Seroquel (medication used to treat schizophrenia and bipolar disorder) 50 milligrams (mg) twice a day due to the resident's agitated and aggressive behaviors. In addition, a new order was received for Trazodone (medication used to treat depression) 50 mg at bedtime for insomnia. A camera was placed in the resident's room with the monitor at the Nurse's station so staff would be able to observe the resident while in the resident's room.</p> <p>Review of Nursing Progress Notes on 12/14/24 at 4:13 PM and at 4:24 PM the resident was wandering and was combative with staff.</p> <p>Review of a Nursing Progress Note dated 12/14/24 at 10:00 PM revealed a new order for Haldol (medication used to treat certain mental and neurological disorders) 0.5 mg intramuscular (IM) every 30 minutes as needed not to exceed 2 mg in 24 hours after a resident-to-resident altercation. Resident 78 was given 2 doses before the resident had calmed and agitation decreased.</p> <p>Review of a Nursing Progress Note dated 12/16/24 at 5:54 PM revealed a new order for Clonazepam (medication used to prevent and treat anxiety disorders, seizures, and bipolar mania) 0.5 mg twice a day due to increased behaviors and agitation. In addition, a motion sensor alarm (electronic device that uses a sensor to detect nearby people or objects) was placed in the resident's room that alarmed at the Nurse's station to alert staff to the resident's movements.</p> <p>Review of a facility Incident Report dated 12/16/24 at 9:00 PM revealed Resident 78 had another resident-to-resident altercation and was given Haldol 0.5 mg IM due to behaviors.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285073	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Park View Haven Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  309 North Madison Street Coleridge, NE 68727	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a Nursing Progress Note dated 12/18/24 at 5:42 AM revealed the resident had received the first dose of the Clonazepam the previous evening.</p> <p>Review of an Incident Report dated 12/18/24 at 11:30 AM revealed the resident fell against the wall. Review of the resident's electronic medical record revealed no evidence causal factors were assessed, current interventions were revised, or a new intervention was developed.</p> <p>Review of a Nursing Progress Note dated 12/18/24 at 3:45 PM revealed a new order to discontinue current order for Haldol and to start Haldol 1 mg IM every 6 hours as needed for agitation and aggression.</p> <p>Review of a Nursing Progress Note dated 12/19/24 at 3:02 PM revealed the Charge Nurse removed the pressure alarm to the resident's bed as the noise increased the resident's level of agitation.</p> <p>Review of a Nursing Progress Note dated 12/19/24 at 5:15 PM revealed staff had to provide repeated instructions regarding use of the walker as the resident was sleepier and more confused.</p> <p>Review of an Incident Report dated 12/19/24 at 8:40 PM revealed the staff heard the resident calling out for help and the resident was found on the floor of the resident's room. The resident was encouraged to use the resident's walker despite the resident's severe cognitive impairment and difficulty with use of the walker. No further interventions were identified.</p> <p>Review of a Nursing Progress Notes dated 12/20/24 revealed the following:</p> <p>-2:35 PM the resident had been taking the Clonazepam 0.5 mg twice a day and was having increased sleepiness, unsteady gait and difficulty standing.</p> <p>-4:13 PM the resident's physician was sent a facsimile requesting a dose reduction of the resident's Clonazepam.</p> <p>-11:50 PM the resident was given Haldol 5 mg IM for agitation and aggression toward staff. The resident had a very unsteady gait.</p> <p>Review of an Incident Report dated 12/21/24 at 1:00 PM revealed the resident's motion alarm was sounding and the resident was found on the floor of the resident's room. The staff had a difficult time with getting the resident up as the resident was unstable and lethargic. There was no evidence causal factors were assessed; current interventions were reviewed or a new intervention developed to prevent further falls.</p> <p>Review of a Nursing Progress Note dated 12/22/24 at 5:35 PM revealed the resident's family had expressed concerns about the resident being over medicated.</p> <p>Review of an Incident Report dated 12/22/24 at 8:23 PM revealed the resident motion alarm was sounding. The resident was found on the floor of the resident's room. No causal factors were identified. The staff were to ensure the resident was always wearing nonskid socks or shoes despite an intervention dated 12/9/24 to ensure the resident was wearing appropriate footwear. No further interventions were identified.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285073	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Park View Haven Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  309 North Madison Street Coleridge, NE 68727	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a telephone/verbal order sheet dated 12/24/24 revealed a new order to reduce the resident's Clonazepam order to 0.25 mg twice a day.</p> <p>Review of Nursing Progress Notes revealed the following:</p> <p>-12/25/24 at 9:55 AM the resident was drowsy with an unsteady gait and required assistance with use of the walker.</p> <p>-12/26/24 at 1:32 PM the resident was leaning against the wall and had difficulty with picking up feet to walk.</p> <p>-12/27/24 at 10:42 AM the resident's family called again to discuss concerns of the resident being overmedicated.</p> <p>Review of an Incident Report dated 12/27/24 at 11:30 AM revealed the resident was found on the floor by the recliner in the resident's room. Review of the resident's electronic medical record revealed no evidence causal factors were identified, current interventions revised, or new interventions developed.</p> <p>Review of an Incident Report dated 12/30/24 at 3:00 AM revealed the staff heard the resident's motion alarm sounding and the resident was found lying on the floor with a large amount of blood on the resident and on the floor. A laceration was observed to the resident's nose and left eye and a large bump to the back of the right side of the resident's head. The resident was unable to bear weight. The resident was sent to the emergency room (ER) for evaluation.</p> <p>During an interview with the Director of Nursing (DON) on 1/23/25 at 2:00 PM the DON confirmed the following regarding the resident's falls:</p> <p>-staff were to assess residents after each fall, determine causal factors and either revise current interventions or develop new interventions.</p> <p>-12/11/24 fall in the resident's room with a new intervention for a sensor alarm.</p> <p>-12/13/24 was started on Seroquel 50 mg twice a day and Trazadone 50 mg at bedtime for agitation, restlessness, and insomnia. A camera was placed in the resident's room with a monitor at the Nurse's station so staff could monitor the resident in their room.</p> <p>-12/14/24 started on Haldol 0.5 mg IM to be given every 30 minutes as needed due to behaviors.</p> <p>-12/16/24 started on Clonazepam 0.5 mg twice a day for behaviors and agitation and a motion alarm was placed in the resident's room.</p> <p>-12/18/24 the staff heard the resident fall. No causal factors were identified, current fall interventions were not revised, and no new interventions were developed.</p> <p>-12/19/24 the staff removed the sensor alarm from the resident's bed as the noised caused the resident to have increased agitation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285073	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Park View Haven Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  309 North Madison Street Coleridge, NE 68727	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-12/19/24 at 8:40 PM the resident was found on the floor of the resident's room. The staff re-educated the resident on the need to use the walker. The resident had severe cognitive deficit so uncertain if this was an effective intervention. No other interventions were indicated.</p> <p>-12/20/24 at 4:13 PM the physician was notified of the resident's unsteadiness, sleepiness, and recent falls with a request for a dose reduction of the resident's Clonazepam 0.5 mg twice a day.</p> <p>-12/21/25 at 1:00 PM the resident was found on the floor of the resident's room. The resident was unstable and lethargic. There was no revision of fall interventions, and no new interventions were developed.</p> <p>-12/22/24 at 8:23 PM the resident was again found on the floor of the resident's room. Staff were to ensure the resident was wearing nonskid socks or shoes (an intervention dated 12/9/24 was already in place to ensure the resident was wearing appropriate footwear). No new interventions were indicated.</p> <p>-12/24/24 (4 days after the facility staff requested) the facility received a new order to reduce the resident's Clonazepam to 0.25 mg twice a day.</p> <p>-12/27/24 at 11:30 AM the resident was found on the floor of the resident's room. There were no causal factors and no changes in fall interventions identified.</p> <p>-12/30/24 at 3:00 AM the resident's motion alarm was sounding, and the resident was found on the floor. The resident had a laceration to the resident's nose and left eye with a large bump to the back of the resident's head. The resident was unable to bear weight and was sent to the hospital.</p> <p>-the resident passed away in the hospital on 1/3/25 due to brain hemorrhage.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285073	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Park View Haven Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  309 North Madison Street Coleridge, NE 68727	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45739</p> <p>Licensure Reference Number 175 NAC 12-006.18</p> <p>Based on observations, record review and interview; the facility failed to implement interventions to prevent the spread of COVID-19; and failed to implement Enhanced Barrier Precautions (EBP) for 2 (Resident's 4 and 10) of 3 residents. The facility failure had the potential to effect all residents in the building. The facility census was 29.</p> <p>Findings are:</p> <p>A. Review of the facility policy Covid-19 Policy and Procedure, last reviewed 11/26/24 revealed the following:</p> <ul style="list-style-type: none"> <li>-all staff were required to wear a surgical mask at all times during an outbreak,</li> <li>-N95 masks would be required when entering a resident's room if they were Covid positive,</li> <li>-all residents regardless of vaccination status would not be required to wear masks when in the hallways except if they had been exposed to COVID-19,</li> <li>-newly identified COVID-19 staff or residents that could identify close contacts then all staff would be tested that had a high risk exposure, and all residents that had close contact with a COVID-19 positive individual would be tested ,</li> <li>-if unable to identify close contacts, all staff and all residents would be tested , and</li> <li>-the facility may not require testing or vaccination of visitors and may test them upon their request.</li> </ul> <p>B. Review of the email dated 1/22/25 from the Public Health Department to the Infection Preventionist (IP) regarding COVID-19 testing recommendations for the facility revealed:</p> <ul style="list-style-type: none"> <li>-the facility was to perform contact tracing of the positive staff or resident starting 48 hours prior to symptom onset or positive test date,</li> <li>-initiate outbreak testing for healthcare personnel using either contact tracing approach or a broad-based approach,</li> <li>-contact tracing approach could be used when able to clearly identify close contact exposures, initial testing would be performed in a series of 3 tests, 48 hours apart, starting at day 1 (day 0 was exposure), day 3, and day 5,</li> <li>-if additional COVID-19 positive cases were identified during initial testing then shift to broad-based testing approach,</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285073	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Park View Haven Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  309 North Madison Street Coleridge, NE 68727	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-broad-based approach would be used if close contacts cannot be identified, or when additional cases are identified after the contact tracing approach,</p> <p>-initial testing of close contacts would be performed in a series of 3 tests, 48 hours apart, starting at day 1 (day 0 was exposure), day 3, and day 5,</p> <p>-if additional COVID-19 cases are identified, then follow up testing would be completed every 3-7 days until there are no new cases for 14 days, and</p> <p>-during broad based testing everyone needed to get tested regardless of whether considered close contact or not.</p> <p>Interview with the Administrator on 1/22/25 at 9:15 AM revealed Resident 19 had tested positive with COVID-19 on 1/20/25 in the late afternoon.</p> <p>Interview with the Infection Preventionist (IP) on 1/22/25 at 2:15 PM revealed Resident 19 had tested positive on 1/20/25 and Resident 6 (who was a table mate of Resident 19) tested positive on 1/22/25 during routine testing. The IP confirmed they had not tested staff. Further interview with the IP revealed the facility was advised by the Health Department communication to start testing residents after 48 hours from when symptoms started or when the resident had tested positive. Further interview revealed no staff or residents were symptomatic and if they were they would test them. The IP revealed the facility thought Resident 19 had caught COVID-19 from a family member that had visited and had respiratory symptoms, but the family member did not test, they just stayed away for a few days due to feeling ill.</p> <p>Observation on 1/23/25 at 1:10 PM revealed Resident 19 (COVID-19 positive) was in the commons area near the nurses station sitting on a couch. Resident 19's mask was hanging on their ear, not covering their mouth or nose. Resident 25 (COVID-19 negative) was sitting next to Resident 19. The Registered Nurse (RN-G), 2 Nursing Assistants (NA), and the Maintenance man all walked past the residents without encouraging either one to wear their masks.</p> <p>Interview with the IP on 1/23/25 at 1:45 PM confirmed all staff were to be encouraging the residents to wear masks to prevent the spread of COVID-19.</p> <p>Interview on 1/27/25 at 8:35 AM with the IP revealed 4 new positive residents on 1/26/25.</p> <p>Observation on 1/27/25 at 8:15 AM revealed all residents were in the dining room for breakfast meal, seating was at their usual tables.</p> <p>Observation on 1/27/25 at 12:00 PM revealed the residents on the hallway with majority of the positive COVID-19 tests stayed in their rooms for the lunch meal, the hallway with 1 positive COVID-19 resident went to the dining room for the lunch meal. The residents sat at their usual tables which had 4 residents to the regular tables.</p> <p>Interview on 1/27/25 at 2:00 PM with the IP revealed 4 positive staff members and Resident 26 were symptomatic and tested positive.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285073	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Park View Haven Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  309 North Madison Street Coleridge, NE 68727	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 1/27/25 at 3:10 PM with the IP revealed all negative residents were tested and they had 3 more positive resident tests.</p> <p>Interview on 1/28/25 at 11:00 AM with the IP confirmed the facility had no documentation to show any contact tracing had been completed and measures to prevent the spread of COVID-19 had not been implemented in a timely manner.</p> <p>C. Review of the facility policy Enhanced Barrier Precautions, last reviewed 11/15/25 revealed the following:</p> <ul style="list-style-type: none"> <li>-the facility would implement EBP for the prevention of transmission of multidrug-resistant organisms (MDRO's),</li> <li>-EBP involved gown and glove use during high-contact care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (residents with wounds or indwelling medical devices),</li> <li>-high-contact care activities included dressing, bathing, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care (urinary catheter, feeding tube), and wound care (any skin opening that required a dressing),</li> <li>-wound included residents with chronic wounds, not short-last wounds,</li> <li>-chronic wounds included pressure ulcers, diabetic ulcers, unhealed surgical wounds, and chronic venous status ulcers,</li> <li>-contact precautions were recommended if the resident had draining wounds, other sites of secretions, or excretions that were unable to be covered or contained,</li> <li>-if contact precaution criteria was not met, then EBP would be used, and</li> <li>-EBP would be used for the duration of a resident's stay in the facility or until resolution of the wound or discontinuation of the indwelling medical device that placed them at higher risk.</li> </ul> <p>D. Review of Resident 10's Minimum data Set (MDS-a federally mandated assessment tool used in Care Planning) dated 11/1/24 revealed the resident had severe cognitive impairment; required assistance with eating, oral hygiene, toileting, dressing, and transfers; had diagnoses of Alzheimer's Disease, Diabetes, Dementia, and Peripheral Vascular Disease (a circulatory condition that narrows blood flow to the limbs); and had 1 venous ulcer.</p> <p>Review of Resident 10's Care Plan, last revised 11/8/24 revealed the resident required total assist with bed mobility, dressing, eating, hygiene, and toileting; had an open area to the left lateral ankle; had a treatment to the area; was seeing the wound clinic; and EBP were to be followed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285073	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Park View Haven Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  309 North Madison Street Coleridge, NE 68727	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation on 1/23/25 at 9:35 AM with NA-E and NA-F performed hand hygiene and applied gloves. No gowns were observed to be utilized. The NA's hooked the resident up to the sit to stand lift and then transferred Resident 10 to the toilet. NA-E pulled the residents pants and brief down, then removed their gloves and performed hand hygiene. NA-F lowered the resident in the lift to the toilet. NA-F locked the brake, removed their gloves and performed hand hygiene.</p> <p>Interview with NA-E and NA-F on 1/23/25 at 9:35 AM revealed a gown was only needed if doing something with Resident 10's wound, but not for other cares.</p> <p>Interview with RN-G on 1/23/25 at 10:45 AM confirmed Resident 10 had EBP implemented. Further interview revealed a gown was only needed if doing something with the wound such as a dressing change.</p> <p>Observation on 1/27/25 at 12:20 PM NA-J entered Resident 10's room and performed hand hygiene and applied gloves. NA-J did not put on a gown. NA-J hooked the resident up to the sit to stand lift and transferred the resident to the bathroom. NA-J pulled the residents pants, then brief down, removed their gloves, performed hand hygiene, then lowered the resident onto the toilet. When the resident was finished, NA-J applied new gloves, lifted the resident up in the sit to stand lift, performed pericare while still not wearing a gown, removed their gloves, performed hand hygiene, and pulled the residents brief and pants up. NA-J transferred the resident to the recliner in the resident room. NA-J made sure the resident was comfortable.</p> <p>Interview on 1/27/25 at 12:30 PM with NA-J revealed gowns only were required to be used if doing the resident's dressing change or if there was drainage.</p> <p>Interview on 1/27/25 at 3:10 PM with the IP confirmed gowns were to be worn during any high contact care activity such as transfers.</p> <p>29638</p> <p>E. Review of Resident 4's MDS dated [DATE] revealed the resident had diagnoses of diabetes with chronic kidney disease, cancer, anemia, previous stroke, non-Alzheimer's dementia, and depression. The following was assessed regarding the resident:</p> <ul style="list-style-type: none"> <li>-cognition was intact.</li> <li>-required substantial to maximal assistance with dressing, personal hygiene, bed mobility and transfers.</li> <li>-frequently incontinent of bowel and bladder.</li> <li>-at risk for pressure ulcer formation.</li> </ul> <p>Review of Resident 4's Nursing Progress Notes revealed the following:</p> <ul style="list-style-type: none"> <li>-8/30/24 at 7:49 PM the resident was identified as having a blister to the resident's left heel.</li> <li>-9/3/24 at 2:11 PM the blister to the resident's left heel measured 2.6 cm by 2.6 cm.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285073	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/28/2025
NAME OF PROVIDER OR SUPPLIER  Park View Haven Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  309 North Madison Street Coleridge, NE 68727	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-9/10/24 at 11:59 AM the area to the resident's left heel measured 2 cm by 2.9 cm. Skin to the wound bed was brown in color and hard to the touch.</p> <p>-9/24/24 at 8:51 AM the area to the resident's left heel measured 1.5 cm by 2 cm.</p> <p>-10/1/24 at 11:31 AM the area to the left heel measured 2.2 cm by 2.5 cm and remained brown in color. A new order was received for betadine to the wound bed and to cover with a dressing.</p> <p>-10/15/24 at 11:27 AM the scab had fallen off the left heel with new pink skin in place. The area was considered healed with staff continuing to monitor and protect.</p> <p>-1/19/25 at 12:34 PM the blister to the resident's left heel had returned.</p> <p>Review of the resident's electronic medical record revealed from 8/30/24 until 10/15/24 and from 1/19/25 to 1/27/25 there was no evidence the resident was on EBP despite the resident's pressure ulcer to the left heel.</p> <p>Observations of Resident 4 on 1/27/25 revealed the following:</p> <p>-9:42 AM the resident was assisted to the resident's room and then transferred with the sit-to-stand lift by NA-I and NA-H into the resident's bathroom. The staff provided perineal hygiene when done in the bathroom and then transferred the resident into a recliner in the resident's room. NA-I and NA-H wore gloves but were not wearing gowns when providing direct cares to the resident.</p> <p>-11:36 AM RN-G entered the resident's room, washed hands, and placed on clean gloves but did not place on a gown. RN-G completed a blood glucose test, administered insulin into the resident's abdomen and then provided wound care to the resident's left heel pressure ulcer man without wearing a gown.</p> <p>During an interview on 1/27/25 at 11:55 AM, RN-G confirmed Resident 4 was not on EBP despite the resident's reoccurring pressure ulcer to the resident's left heel. RN-F confirmed the resident should have been placed on EBP and staff should have worn gowns when providing direct cares, administering insulin, and completing the blood glucose test and the dressing change.</p>