

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285076	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER The Palm at Regency Square		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 Dakota Avenue South Sioux City, NE 68776	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 04577</p> <p>Licensure reference: 175 NAC 12-006.09</p> <p>Based on record review and interview, the facility staff failed to ensure care was provided without delay for a changes in condition of a wound for 1 [Resident 3] of 3 sampled residents. The facility had a total census of 52 residents.</p> <p>Findings are:</p> <p>A review of Resident 3's Admission Record revealed Resident 3 was admitted to the facility on [DATE] with diagnoses of Cerebral Infarction [stroke] and fracture of the shaft of the left fibula [a break in the outside bone of the lower leg].</p> <p>A review of Resident 3 MDS [Minimum Data Set; a comprehensive assessment used for care planning] dated 9/2/24 identified Resident 3 as having a score of 15 on the Brief Interview for Mental Status indicating Resident 3 is cognitively intact.</p> <p>A review of Resident 3's Care Plan with a focus area dated 9/10/24 revealed Resident 3 had a cat scratch on right forearm with the following interventions identified:</p> <ul style="list-style-type: none"> -Encourage good nutrition and hydration in order to promote healthier skin dated 9/11/24 -Keep nails short to reduce risk of scratching or injury from picking at skin dated 9/11/24 -Keep skin clean and dry. Use lotion on dry skin dated 9/11/24 -Monitor/document location, size, and treatment of skin tear. Report abnormalities, failure to heal, sign/symptoms of infection, maceration etc. to doctor dated 9/11/24 -Use caution during transfers and bed mobility to prevent striking arms, legs, and hands against any sharp or hard surface dated 9/11/24 <p>A review of Weekly Skin Evaluation dated 9/1/24 revealed Resident 3 had a cat scratch/bite on top of right forearm/wrist area in an L shape 2.5 cm [centimeters] x 2 cm.</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: 285076	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER The Palm at Regency Square		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 Dakota Avenue South Sioux City, NE 68776	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 9/24/24 at 9:41 AM, Resident 3 reported Resident 3 had woke up at 6:00 AM and noted blood on the bed from the scratch on Resident 3's arm. Resident 3 had put on call light waited for 2 hours, no one answered and then call a family member. According to Resident 3, Resident 3's family member came to the facility at 8:30 AM and found a staff member to assistance Resident 3 with the bleeding from the scratch.</p> <p>A review of Weekly Skin Evaluation dated 9/9/24 revealed the following:</p> <ul style="list-style-type: none"> -Right forearm-scratch in L shape around what appears to be [NAME]. Continues to have periods of bleeding. -Drsg [dressing] saturated with sero/sang [serosanguineous] drainage this am. Some clotting noted on drsg, and bedding. Tx [treatment] completed. Area continued to bleed. Coban applied to area of dressing. Instructed resident to keep arm above head for about 15-20 min [minutes]. Bleeding stopped. <p>A review of Resident 3's call light log revealed the following:</p> <ul style="list-style-type: none"> -Resident 3's call light was activated on 9/9/24 at 6:27 AM and cleared at 8:21 AM for total time of 114 minutes and 22 seconds <p>A review of Resident 3's MAR [Medication Administration Record] 9-2024 revealed the following orders for treatment to Resident 3's right forearm and order for blood thinner medication as follows:</p> <ul style="list-style-type: none"> -Order dated 9/1/24 Soak off dressing with NS [normal saline]/sterile water if needed. Cleanse wound with saline. Pat dry. Place Xeroform dressing [a find mesh gauze occlusive dressing] over wound cover with gauze or ABD [a highly absorbent sterile dressing]. Wrap with Kerlix [a bandage made of woven gauze]. -Order dated 8/31/24 Apixaban [blood thinner] 5 mg, 1 tablet by mouth 2 times per day <p>A review of Resident 3's Progress Notes revealed the following documentation regarding the scratch on right forearm:</p> <ul style="list-style-type: none"> -9/7/24 at 6:44 PM , Resident has been having some bleeding from the cat scratch right forearm, got dressing change twice today,applied pressure on it for about 15 mins [minutes], but it won't stop bleeding, so nurse used a Cuban dressing and a 4x4 (dressing), which helped to relief the bleeding. -9/8/24, a review of Resident 3's Progress note revealed no documentation regarding Resident 3's scratch on the right forearm -9/9/24 3:15 PM Telephone order obtained from provider with referral for patient to go to MWC [Wound Care] to be seen for wound on rt [right] forearm. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285076	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER The Palm at Regency Square		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 Dakota Avenue South Sioux City, NE 68776	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-9/10/24 11:26 AM This nurse assessed residents wound on right arm with assistance of second nurse. This nurse decided to call provider as resident is on blood thinners and has had dressing changed multiple times due to saturation. Provider gives T.O. [telephone order] to send resident to ER [emergency room] to evaluate and tx [treat] then tomorrow at her appt [appointment] it would be assessed. Family called per resident request to update on current plan of care and facility transport will take her to ER when returned to facility.</p> <p>-9/10/24 5:12 PM Resident returns to facility from E.D. [Emergency Department] via facility transport. New orders received from Provider to start azithromycin [antibiotic] and cephalexin [antibiotic] for cellulitis [a skin infection affecting skin's deeper layers and underlying tissue] of right arm wound. Residents MWC clinic was also moved to tomorrow at @0845. Resident and all of emergency contact list (per resident request) was notified and agree with plan of care.</p> <p>-9/11/24 12:16 AM Resident's dressing to rt. [right] arm noted to have moderate amount of blood and small amount of active bleeding noted. This nurse discards old dressing, applies pressure and reinforces w/ [with] clean dressing and wraps w/ ACE bandage to help control bleeding. Bleeding is well controlled and resident tolerates well. Will continue to monitor. Call light [within] reach.</p> <p>-9/11/24 2 AM At about 2205 [10:05 PM] on 9/10/24, resident's dressing to rt. Arm noted to be saturated w/ a moderate amount of blood. Small amount of active bleeding noted. Pressure applied as nurse changes/discards old dressing and reinforces it w/clean dressing. Resident tolerates well. Bleeding under control. Will continue to monitor.</p> <p>A review of Resident 3's Discharge Instructions from Wound Clinic dated 9/11/24 revealed Surgicel [a hemostat to help control bleeding] was placed in Resident 3's wound for hemostasis [stop bleeding after vascular damage].</p> <p>In an interview on 9/24/24 at 12:37 PM, LPN A [Licensed Practical Nurse] reported Resident 3's family member found LPN A while LPN A was passing medications. LPN A reported Resident 3 was in bed with blood on the bandage and pad in bed. LPN A had cleaned the wound,using compression to get out some of the extra fluid, cleaned the wound again, and rewrapped it. LPN A reported being approached by Resident 3's family member about a half hour later as wound was bleeding again. LPN A reported applying pressure and re-wrapping the wound again and encouraging Resident A to hold arm above the head. LPN A reported that LPN A did not have to re-wrap Resident 3's wound the rest of the shift. LPN A reported not being aware Resident 3's call light had been on. LPN A acknowledged that LPN A did not have a pager or walkie and had to check the monitor in the hallway to know that a call light had been on.</p> <p>In an interview on 9/24/24 at 10:20 AM, Agency LPN E reported being informed that Resident 3's bleeding wouldn't stop over the weekend. LPN E reported taking off the dressing, putting a new dressing on it, and it bled through it right away. LPN E wrapped it with Coban [self-adherent wrap] and call Resident 3's provider and received orders for Resident 3 to be seen in the emergency room .</p> <p>In interviews on 9/24/24 at 12:02 PM and 2:11 PM, the Administrator reported an expectation that call lights be answered within 15-20 minutes and acknowledged that the call light time for Resident 3 was too long for a resident with bleeding.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285076	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER The Palm at Regency Square		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 Dakota Avenue South Sioux City, NE 68776	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In interviews on 9/24/24 at 3:37 PM, the DON confirmed that Resident 3's provider should have been contacted and additional monitoring/evaluation should have been completed after notation in Resident 3's Progress Note on 9/7/24 regarding bleeding from Resident 3's wound.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285076	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER The Palm at Regency Square		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 Dakota Avenue South Sioux City, NE 68776	
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Make sure that a working call system is available in each resident's bathroom and bathing area.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 04577</p> <p>Licensure reference: 175 NAC 12-007.04(G)</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure staff were notified to residents calls for assistance within facility. This has the potential to affect all 52 residents of the facility.</p> <p>Findings are:</p> <p>A. A review of Resident 3's Admission Record revealed Resident 3 was admitted to the facility on [DATE] with diagnoses of Cerebral Infarction [stroke] and fracture of the shaft of the left fibula [a break in the outside bone of the lower leg].</p> <p>A review of Resident 3 MDS [Minimum Data Set; a comprehensive assessment used for care planning] dated 9/2/24 identified Resident 3 as having a score of 15 on the Brief Interview for Mental Status indicating Resident 3 is cognitively intact.</p> <p>In an interview on 9/24/24 at 9:41 AM, Resident 3 reported that Resident 3 had woke up at 6:00 AM and noted blood on the bed from the scratch on Resident 3's arm. Resident 3 reported they put on the call light and waited for 2 hours, no one answered and then Resident 3 called a family member. According to Resident 3, Resident 3's family member came to the facility at 8:30 AM and found a staff member to assistance Resident 3 with the bleeding from the scratch.</p> <p>A review of Grievance Form dated 9/9/24 revealed Resident 3's call light had been on for 2 plus hours.</p> <p>A review of Resident 3's Device Activity Report [call light log] revealed the following:</p> <p>-Resident 3's call light was activated on 9/9/24 at 6:27 AM and cleared at 8:21 AM for total time of 114 minutes and 22 seconds</p> <p>-Resident 3's call light was activated on 9/9/24 at 8:37 AM and cleared at 9:32 AM for a total time of 55 minutes and 47 seconds</p> <p>In an interview on 9/24/24 at 12:37 PM, LPN A [Licensed Practical Nurse] reported Resident 3's family member found LPN A while LPN A was passing medications. LPN A was not aware that Resident 3's call light had been on. LPN A acknowledged that LPN A did not have a pager or walkie and had to check the monitor in the hallway to know that a call light was on.</p> <p>B. A review of Resident 3's Device Activity Report for 9/20/24 to 9/24/24 revealed the following:</p> <p>-Resident 3's call light was activated on 9/24/24 at 9:17 AM and cleared at 9:52 AM for a total time of 24 minutes and 26 seconds</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285076	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER The Palm at Regency Square		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 Dakota Avenue South Sioux City, NE 68776	
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Resident 3's call light was activated on 9/23/24 at 6:52 PM and cleared at 7:33 PM for a total time of 40 minutes</p> <p>-Resident 3's call light was activated on 9/23/24 at 12:07 PM and cleared at 12:53 PM for a total time of 45 minutes and 52 seconds</p> <p>-Resident 3's call light was activated on 9/22/24 at 6:43 PM and cleared at 7:18 PM for a total time of 35 minutes and 3 seconds</p> <p>-Resident 3's call light was activated on 9/21/24 at 8:51 AM and cleared at 9:14 AM for a total time of 22 minutes and 57 seconds</p> <p>-Resident 3's call light was activated on 9/21/24 at 6:38 PM and cleared at 7:17 P for a total time of 38 minutes and 54 seconds</p> <p>-Resident 3's call light was activated on 9/20/24 at 7:40 AM and cleared at 8:20 PM for a total time of 40 minutes and 8 seconds</p> <p>-Resident 3's call light was activated on 9/20/24 at 1:22 PM and cleared at 2:01 PM for a total time of 38 minutes and 56 seconds</p> <p>-Resident 3's call light was activated on 9/20/24 at 4:22 AM and cleared at 4:46 AM for a total time of 23 minutes and 19 seconds</p> <p>C. A review of Resident 2's Device Activity Report for 9/12/24 to 9/24/24 revealed the following:</p> <p>-Resident 2's call light was activated on 9/23/24 at 4:32 PM and cleared at 5:05 PM for a total time of 32 minutes and 27 seconds</p> <p>-Resident 2's call light was activated on 9/21/24 at 1:40 PM and cleared at 2:02 PM for a total time of 22 minutes and 43 seconds</p> <p>-Resident 2's call light was activated on 9/15/24 at 9:11 AM and cleared at 10:12 AM for a total time of 60 minutes and 33 seconds</p> <p>-Resident 2's call light was activated on 9/13/24 at 7:12 PM and cleared at 7:37 PM for a total time of 25 minutes and 24 seconds</p> <p>-Resident 2's call light was activated on 9/12/24 at 12:40 PM and cleared at 1:45 PM for a total time of 65 minutes and 21 seconds</p> <p>D. A review of Resident 1's Device Activity Report for 9/13/24 to 9/24/24 revealed the following:</p> <p>-Resident 1's call light was activated on 9/13/24 at 2 PM and reset 34 minutes and 19 seconds later</p> <p>-Resident 1's call light was activated on 9/14/24 at 8:11 AM and reset 43 minutes 2 seconds later</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285076	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/24/2024
NAME OF PROVIDER OR SUPPLIER The Palm at Regency Square		STREET ADDRESS, CITY, STATE, ZIP CODE 3501 Dakota Avenue South Sioux City, NE 68776	
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 0919</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Resident 1's call light was activated on 9/19/24 at 10:43 AM and reset 44 minutes and 56 seconds later</p> <p>-Resident 1's call light was activated on 9/19/24 at 3:57 PM and reset 28 minutes and 56 seconds later</p> <p>E. Observations on 9/24/24 at 11:01 AM revealed no call light monitor located on the 100 hallway.</p> <p>F. Observations on 9/24/24 at 2:10 PM revealed 2 monitors that were used to identify call lights that were currently activated in the facility. One monitor was located near the front nurses' station and was located between the 200 and 300 hallways. The monitor could not be seen by staff working on the 100, 200, or 300 hallways. A second monitor was located near the back nurses' station and was located between the 400 and 500 hallway and was not viewable from the 400 or 500 hallways.</p> <p>G. In an interview on 9/24/24 at 10:20 AM, Agency LPN E confirmed that Agency LPN E did not have a pager or walkie talkie that day. LPN E reported that LPN E would have to check the call light monitor to know if call lights were activated which can be hard when getting residents up for the day.</p> <p>H. In an interview on 9/24/24 at 10:39 AM, Bath Aide C confirmed that Bath Aide C did not have a pager or walkie talkie that day and would check the hallway screens to find out if call lights were activated.</p> <p>I. In an interview on 9/24/24 at 11:15 AM, Nurse Aide B confirmed that Nurse Aide B did not have a pager or walkie talkie and would need to check the call light was activated.</p> <p>J. In an interview on 9/24/24 at 10:53 AM, the ADON [Assistant Director of Nursing] reported that pagers and walkies have disappeared. Currently, the ADON has 3 pagers and walkies and is collecting pagers and walkies from staff. The ADON confirmed that pagers are not being handed out to staff members and staff members would need to check the monitors to know that a call light had been activated.</p> <p>K. In an interview on 9/24/24 at 1:18 PM, the DON reported the facility was working on ordering more pagers and walkies and confirmed having more pagers and walkies would help with call light response times.</p> <p>L. In an interview on 9/24/24 at 2:11 PM, the Administrator reported an expectation that call lights be answered within 15-20 minutes. The Administrator reported being unaware of the pager shortage. The Administrator confirmed that staff members would have to come off of the hallway to check the call light monitors and that call lights is an issue for the facility.</p>		