

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 11/12/2024
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 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>49164</p> <p>Licensure Reference Number 12.006.04(F)(i)(5)</p> <p>Based on record review and interview the facility failed to notify the physician of a change in condition for 1 (Resident 3) of 3 residents sampled. The facility census was 56.</p> <p>The findings are:</p> <p>Record review of Resident 3's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 09-12-2024 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> -Brief Interview of Mental Status (BIMS) was scored as a 4. According to the MDS Manual a score of 0-7 indicate a person has severe cognitive impairment. -Required extensive assistance with hygiene, bathing, toileting, dressing and transfers. <p>Record review of the facility's undated list of residents with infections in the last 3 months revealed Resident 3 had an ear infection on 10-10-2024.</p> <p>Record review of Resident 3's progress notes dated 10-07-2024 revealed Resident 3 had a fever of 101.5 with tenderness and drainage from the left ear. Furthermore, the progress note dated 10-07-2024 indicated the medical practitioner was called and the facility was awaiting a call back.</p> <p>Record review of Resident 3's progress notes dated 10-07-2024 revealed the medical practitioner for Resident 3 was out of the office and to contact an alternate practitioner.</p> <p>Record review of Resident 3's progress notes dated 10-08-2024 revealed no documentation about Resident 3's ear.</p> <p>Record review of Resident 3's progress notes dated 10-09-2024 revealed the facility received no response from the alternate practitioner since 10-07-2024, and a fax was sent to Resident 3's medical practitioner.</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>Record review of Resident 3's fax communication with medical practitioner dated 10-09-2024 revealed the facility did not receive a response from updating the alternate practitioner on 10-07-2024 and resident continued to have drainage from the left ear.</p> <p>Record review of Resident 3's progress note dated 10-10-2024 revealed the medical practitioner had given an order for an antibiotic for the left ear.</p> <p>An interview with the facility Administrator (ADM) on 11-12-2024 at 1:15 PM confirmed there was a delay in treatment and the facility should have contacted the practitioner the next day if no response was received from the alternate practitioner.</p>		