

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 09/23/2025
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>Licensure Reference Number 175 NAC 12-006.09Based on record review and interview; the facility failed to follow physician's orders for Resident 1's daily weights. The sample size was 4 and the facility census was 41. Findings are: A record review of Resident 1's Minimum Data Set (MDS-federally mandated comprehensive assessment used to create resident care plans) dated 8/21/25 revealed the resident had debility with cardiorespiratory (heart and lung) conditions including atrial fibrillation (abnormal heart rhythm), Congestive Heart Failure (CHF-failure of the heart to beat effective and having the potential for buildup of excess fluid lungs, legs, and other parts of the body), Hypertension (high blood pressure) and Renal insufficiency (declined in or non-optimal kidney function), and was taking insulin, antipsychotic, antibiotic, and diuretic (reduces fluid volume by increasing urine output) medications. The resident's weight was 216 pounds with no significant loss or gain.A record review of Resident 1's Care Plan dated 8/15/25 revealed the resident took a diuretic medication for CHF.A record review of Resident 1's admission orders dated 8/15/25 revealed an order for daily weights for 4 days and then weekly weights for 4 weeks. A record review of Resident 1's Medication Administration Record dated August 2025 revealed the resident's scheduled daily weights for 8/16/25 and 8/17/25 were not completed. During an interview on 9/23/25 at 11:30 AM the Assistant Director of Nursing confirmed that the daily weight orders on 8/15/25 at the time of admission were not completed on 8/16/25 or 8/17/25 as ordered to ensure monitoring of the effects of the resident's diuretic medication to treat the resident's heart failure. During an interview on 9/23/25 at 1:00 PM the Director of Nursing confirmed Resident 1 was not weighed as ordered on 8/16/25 and 8/17/25.</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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