

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285081	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/20/2025
NAME OF PROVIDER OR SUPPLIER Chi Health St Francis		STREET ADDRESS, CITY, STATE, ZIP CODE 2116 West Faidley Avenue Grand Island, NE 68803	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>48271</p> <p>Based on record review and interview, the facility failed to ensure advance notice of discharge from Medicare A services was provided as required for one (Resident 125) of 8 sampled residents. The facility census was 15.</p> <p>Findings are:</p> <p>Record review of Resident 125's Advance Beneficiary Notification (ABN) (a notice that informs a resident that informs a resident that a certain service or item may not be covered, potentially shifting financial responsibility to the beneficiary) revealed Resident 125 last covered day of Medicare Part A services ended on 11/22/24. Resident was given and signed the notification on 11/22/24 which indicates that Resident was not given the two day advance notice.</p> <p>An interview on 3/18/25 at 10:10 AM with Social Worker (SW) confirmed that (gender) had given Resident 125 the Beneficiary notice on 11/22/24 with papers regarding the right to appeal and no record of potential financial charges could incurred to Resident 125 if Resident would stay in the facility. SW confirmed (gender) the facility did not give the notice 2 days prior notice of Medicare Non-Coverage to Resident 125 as required.</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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48271</p> <p>Based on record review and interview, the facility failed to notify/provide the resident/resident's legal representative of the bed hold policy at the time of the transfer to the hospital and failed to provide written documentation of the bed hold policy to the legal representative for one (Resident 16) of 8 sampled residents. The facility's census was 15.</p> <p>Findings are:</p> <p>A closed record review revealed that Resident 16 was admitted to the facility on [DATE]. Resident 16 was admitted to the hospital on 12/20/24. A review of the care notes revealed no documentation of a bed-hold policy being given to Resident 16 or Resident 16 family representative at time of transfer.</p> <p>Findings are:</p> <p>A record review of the undated facility's Transfer Process Policy revealed:</p> <ul style="list-style-type: none"> -Put patient on LOA (Leave of Absence) in electronic health record. -If admitted to hospital, discharge from system unless they are Medicaid, then leave on LOA for bedhold. <p>An interview on 3/18/25 at 2:30 PM with Social Service worker (SW) confirmed that the facility does not offer bed holds. SW confirmed that Resident 16 was not offered a bed hold when sent to the hospital. SW confirmed that a bed hold or written documentation of the bed hold was not given to Resident 16 and or family representatives.</p>		

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<p>F 0729</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.</p> <p>48271</p> <p>Licensure Reference Number 175 NAC 12-006.04(A)(iii)(2)(a)</p> <p>The facility failed to verify that the Central Registry (Maintains all reports of child abuse and neglect opened for investigation, classified as either Court Substantiated or Agency Substantiated) check was completed for 1 out of 10 Nursing Assistant (NA-A) sampled staff employees files. This had the potential to affect all 15 residents in the facility.</p> <p>Findings are:</p> <p>A record review of NA-A employee file revealed that the Nebraska Central Registry (Maintains all reports of child abuse and neglect opened for investigation, classified as either Court Substantiated or Agency Substantiated) with the following reason:</p> <p>-Notary needed</p> <p>A record review of NA-A work schedule revealed that NA-A worked the floor on:</p> <p>3/13/25</p> <p>3/14/25</p> <p>3/15/25</p> <p>3/17/25</p> <p>3/18/25</p> <p>3/19/25</p> <p>An interview on 3/20/25 at 10:13 AM with the Administrator confirmed that NA-A did not have the Nebraska Central Registry check completed. The Administrator confirmed that NA-A should not have been working the floor prior the Nebraska Central Registry being completed and verified</p>