

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285094	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2026
NAME OF PROVIDER OR SUPPLIER Adept Nursing & Rehab of North Platte		STREET ADDRESS, CITY, STATE, ZIP CODE 510 Centennial Circle North Platte, NE 69101	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** LICENSURE REFERENCE NUMBER 12-006.09 (H)(vi)(3)Based on observations, record review, and interview, the facility failed to administer oxygen to 3 of 4 sampled residents (Resident 1, 2, and 3). The facility identified a census of 70. A record review of a facility policy titled, Oxygen administration, last revised 3/19/25, revealed that the residents' care plans identify interventions for oxygen therapy, based on their assessments and provider orders.</p> <p>A.</p> <p>Record review of Resident 1's face-sheet revealed they were admitted on [DATE] with diagnoses of chronic respiratory failure, chronic obstructive pulmonary disease, type 2 diabetes mellitus, and obesity.</p> <p>Record review of Resident 1's practitioners orders dated 4/23/25 revealed orders for oxygen to be administered by nasal cannula at the rate of 3 liters per minute at rest and with activity, and for staff to adjust the resident's oxygen flow rate to keep the residents blood oxygen saturation above 90 %. A record review of Resident 1's provider orders dated 4/23/2025 revealed nursing staff should monitor the resident's oxygen saturations every shift, and ensure oxygen supply is in place at all times.</p> <p>A record review of a facility of a practitioner note dated 12/24/25 revealed Resident 1's primary care provider's stated Resident 1 needs to wear oxygen at all times, and that they were taken to that appointment without their supplemental oxygen.</p> <p>Record review of Resident 1 electronic medical record under the section identified as vital signs revealed staff charted Resident 1 as being on room air (no supplemental oxygen administered) on the following dates: 2/17, 2/18, 1/28, 1/22, 1/21, 1/19, 1/16, 1/7, 1/1, 12/30.</p> <p>A record review of Resident 1's medical record revealed they were discharged from an inpatient stay at the hospital for a stroke on 3/20/25 with an order to continue to take portable oxygen at the rate of 3 liters per minute continuously, with the indication of emphysema.</p> <p>A continuous observation on 3/25/26 from 12:05 PM to 12:10 PM revealed Resident 1 was in their wheelchair near the nurses station. There was not an oxygen tank connected to their wheelchair or oxygen tubing on their face. Further observation on 3/25/26 at 12:10 PM revealed staff members took Resident 1 in their wheelchair back to their room and then shut the door and at 12:13 PM brought out wearing oxygen tubing.</p> <p>An interview on 3/25/26 at 11:58 AM with Licensed Practical Nurse-C revealed that only medication aides and nurses are allowed to change an oxygen tank (from an empty one to a full one). (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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 3/25/26 at 12:17 PM with Resident 1 revealed that staff brought them out of her room to the area close to the oxygen storage room, then returned them to their room, and brought them out after changing their oxygen tank.</p> <p>B.</p> <p>A record review of Resident 3's face sheet revealed Resident 3 was admitted on [DATE] with diagnoses of chronic respiratory failure, type 2 diabetes mellitus, chronic obstructive pulmonary disease, obesity, congestive heart failure, and atrial fibrillation.</p> <p>A record review of Resident 3's provider orders dated 1/27/26 revealed Resident 3 was to use oxygen via nasal cannula 3-4 LPM at rest and with activity.</p> <p>A record review of Resident 3's provider orders dated 1/28/26 revealed the nurse was to ensure the resident's oxygen tank be full for meals and activities.</p> <p>An observation on 3/25/26 at 8:10 AM revealed Resident 3 was sitting in a wheelchair in the dining room waiting for their breakfast to be delivered. The needle in their oxygen tank regulator was in the red area of the gauge, indicating the tank was near empty or was empty, and the flow rate was set to 3 liters per minute.</p> <p>An observation on 3/25/26 at 8:23 AM revealed Resident 3 was sitting in the same location in the dining room and the oxygen tank gauge needle was still in the red area.</p> <p>An observation on 3/25/26 at 9:23 AM revealed Resident 3 was sitting in the same location in the dining room and the oxygen tank gauge needle was still in the red area. Resident 3 was unable to say whether any oxygen was coming out of the oxygen tubing.</p> <p>An observation on 3/25/26 at 9:47 AM revealed Resident 3 was in their room sitting in a recliner, with their oxygen tubing connected to a running oxygen concentrator. Their wheelchair was present in their room, with the same unchanged tank on the back of the wheelchair.</p> <p>An observation on 3/25/26 at 11:45 AM revealed Resident 3 was in their wheelchair in the dining room, and their family member exited the dining room and asked multiple people where a nurse was. The oxygen tank on the back of Resident 3's wheelchair was set to 3 liters per minute flow and the needle in the gauge was in the red area.</p> <p>An interview with Resident 3's family member on 3/25/26 at 12:50 PM revealed they were trying to find a nurse earlier because the oxygen tank on the back of Resident 3's wheelchair was empty and needed to be changed.</p> <p>C.</p> <p>Record review of Resident 2's undated care plan revealed an admission date of 2/20/2026 with the following diagnoses:</p> <p>-Fracture of lower end of right femur</p> <p>-Chronic Obstructive Pulmonary Disease (COPD) (continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Chronic Diastolic Heart Failure</p> <p>-Idiopathic sleep related nonobstructive alveolar hypoventilation (a rare condition characterized by shallow breathing and low oxygen levels during sleep, without airway obstruction or an identifiable underlying medical condition, causing elevated carbon dioxide levels leading to fragmented sleep, morning headaches, and severe daytime fatigue)</p> <p>Record review of Resident 2's undated Care Plan revealed a focus of: Oxygen: Resident uses oxygen therapy routinely or as needed and is at risk for ineffective gas exchange. This is related to COPD, Asthma, Recurrent Pneumonia. Interventions are listed as follows with an initiation date of 1/30/2026</p> <p>-Administer oxygen therapy per physician's orders.</p> <p>-Monitor for signs and symptoms of respiratory distress and report to the physician as needed. Respiratory distress could include an increased respiratory rate, tachycardia, diaphoresis, lethargy, confusion, persistent cough, pleuritic pain, accessory muscle use, decreased oxygen saturation, or changes in skin color such as a bluish or grey tint.</p> <p>A focus of Respiratory Status: Impaired: Resident has impaired respiratory status and is at risk for shortness of breath, respiratory distress, increased anxiety, and hypoxia. Interventions are listed as follows with an initiation date of 1/30/2026</p> <p>-Monitor for shortness of breath, respiratory distress, wheezing, fatigue, increased anxiety and implement appropriate ordered interventions. Notify physician if interventions are not effective.</p> <p>-Monitor pulse oximetry as ordered and report abnormal to the physician</p> <p>-Assess lung sounds and monitor vital signs per physician orders. Assess respiratory status to include rate, depth, pattern, peripheral skin color, and pulse oximetry.</p> <p>Record review of Resident 2's practitioners order dated 1/28/2026 revealed oxygen (O2) at 1 liter per minute (LPM) via nasal cannula (NC) at hour of sleep (HS)</p> <p>Further record review of O2 saturation summary document revealed Resident 2 was not receiving oxygen, when Resident 2 should have, on the following days and times:</p> <p>3/24/2026 at 12:36 AM</p> <p>3/21/2026 at 1:33 AM</p> <p>3/12/2026 at 12:25 AM</p> <p>2/27/2026 at 10:55 PM</p> <p>2/22/2026 at 11:08 PM</p> <p>2/11/2026 at 1:31 AM</p> <p>2/9/2026 at 11:51 PM (continued on next page)</p>		

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