

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 04/22/2026
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)Based on record reviews and interviews, the facility failed to follow physician orders for 4 (Resident 1, 3, 4, 5) of 5 sampled residents. The facility census was 66. Findings are:A.A record review of a facility policy titled, Pain Management dated 1/8/26 revealed:The facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the residents' goals and preferences.The facility will utilize a systemic approach for recognition, assessment, treatment and monitoring of pain.2. Facility staff will observe for nonverbal indicators which may indicate the presence of pain.Pain Assessment:1. The facility will use a pain assessment tool, which is appropriate for the resident's cognitive status, to assist staff in consistent assessment of a resident's pain.Pain Management and Treatment:1. Based upon the evaluation, the facility in collaboration with the attending physician/prescriber, other health care professionals and the resident and/or the resident's representative will develop, implement, monitor and revise as necessary interventions to prevent or manage each individual resident's pain beginning at admission.7. Pharmacological interventions will follow a systemic approach for selecting medications and doses to treat pain. The interdisciplinary team is responsible for developing a pain management regimen that is specific to each resident who has pain or who has the potential for pain. A record review of a facility policy titled, Medication Reordering dated 1/8/26 revealed:It is the policy of this facility to accurately and safely provide or obtain pharmaceutical services including the provision of routine and emergency medications and biologicals in a timely manner to meet the needs of each resident.1. The facility will utilize a systemic approach to provide or obtain routine and emergency medications and biologicals in order to meet the needs of each resident.2. Acquisition of medications should be completed in a timely manner to ensure medications are administered in a timely manner.5. In the event of new orders, the facility is allowed (24) hours to begin a medication unless otherwise specified by the physician.6. For stat (immediately or without delay) medications, a supply of medications typically used in emergency situations will be maintained in limited supply by the pharmacy in a portable, but sealed emergency box or container. A record review of Resident 1's admission Record dated 4/22/26 revealed an admission date of 6/23/25. A record review of Resident 1's Progress Notes dated 4/22/26 revealed on 4/14/26 Resident 1 sent to emergency room and return from hospital on 4/17/26. A record review of Resident 1's Discharge Summary dated 4/17/26 revealed a physician review of Resident ?s condition stating, the resident is approved for comfort measures, vitals are highly unstable and would expect gender to pass soon.A record review of Resident 1's Order Summary dates 4/22/26 revealed the most recent orders from the latest admission from a hospital stay on 4/17/26:- Atropine Sulfate Ophthalmic Solution 1 %, give 1 drop sublingually every 1 hour as needed (for reducing secretions) start date 4/17/26- Lorazepam Oral Concentrate 2 milligram (MG)/milliliter (ML) give 0.25 ml sublingually every 1 hour as needed for anxiety (mental health condition characterized by excessive, persistent worry and fear that interferes with daily life) start date 4/17/26- Morphine Sulfate (Concentrate) Solution 20 MG/ML give 0.5 ml sublingually every 1 hour as needed for pain or air hunger (symptom of anxiety and panic where the brain mistakenly signals a need for more oxygen, resulting in rapid, shallow breaths) start date (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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4/17/26 A record review of Resident 1's Progress Notes dated 4/22/26 revealed on 4/17/26 the frequency of comfort kit medication were noted to be missing from transition orders and a call was placed to the physician's office revealing no available nurse or clinician manager is currently available and clarification is needed asap to relay to the pharmacy. Progress notes further relayed pharmacy will not process orders without the information, and no new orders were obtained at that time. A record review of Resident 1's Medication Administration Record (MAR; a legal document used by healthcare professionals to document the administration of medicines) dated 4/22/26 for April 2026 revealed: Morphine Sulfate (Concentrate) Solution 20 MG/ML was not provided until 4/18/26. An interview on 4/22/26 at 3:45PM with Medication Aide (MA)-A revealed they were the medication aide responsible for administering medications to Resident 1 on 4/17/2026. When MA-A was interviewed about medications available for Resident 1, MA-A revealed that Resident 1 did not appear to be in any pain upon return from the hospital, because Resident 1 was sleeping the entire time MA-A was on the medication cart until 4:00PM. MA-A further revealed that Resident 1 stated that family requested MA-A to provide Resident 1 with round the clock Morphine, however did not have the comfort kit medications available and explained to the family to contact the Assistant Director of Nursing (ADON) for further information. An interview on 4/22/26 at 4:00PM with Licensed Practical Nurse (LPN)-B revealed they were the nurse on the floor for specified halls and are responsible for completing daily assessments and completed pain assessments for Resident 1. When LPN-B was interviewed about pain assessments for Resident 1, LPN-B reviewed prior documentation and revealed that Resident 1 was not in any pain and was resting a lot. An interview on 4/22/26 at 4:10PM with MA-C revealed comfort kit medications were available on 4/18/26 for Resident 1, however were not aware of when they became available. An interview with the Director of Nursing (DON) and the Administrator (Admin) on 4/22/26 at 4:15PM revealed knowing that medications were not being delivered to the facility consistently and timely for newly admitted residents and residents returning from the hospital with new orders. The Admin and the DON also revealed that they had not notified the physician at the time that medications were not available or being dispensed per physician orders and per facility policy and procedure. B.A record review of Resident 3's admission Record dated 4/22/26 revealed an admission date of 3/12/26. A record review of Resident 3's Order Summary dated 4/22/26 revealed orders from admission date 3/12/26:- Apixaban Oral Tablet 5 milligrams (MG) give 1 tablet by mouth two times a day for paroxysmal atrial fibrillation (an irregular, rapid heart rhythm) - order date 3/12/26- Acetaminophen Tablet 325 MG give 2 tablet by mouth every 6 hours as needed for mild or moderate pain- order date 3/12/26- Albuterol Sulfate HFA Inhalation Aerosol Solution 108 (90 Base) 2 puffs inhale orally every 6 hours as needed for wheezing (a high-pitched, whistling sound produced by narrowed or inflamed airways) - order date 3/12/26- Amlodipine Besylate Oral Tablet 10 MG give 10 mg by mouth in the morning for hypertension (a chronic condition where blood force against artery walls and is consistently too high) - order date 3/12/26- Atorvastatin Calcium Oral Tablet 80 MG give 80 mg by mouth at bedtime for hyperlipidemia (condition characterized by excessively high levels of lipids in the blood) - order date 3/12/26-Carvedilol Oral Tablet 25 MG give 25 mg by mouth two times a day for hypertension- order date 3/12/26- Ferrous Sulfate Oral Tablet 325 (65 Fe (Iron)) MG give 1 tablet by mouth in the afternoon for supplement related to acute posthemorrhagic anemia- order date 3/12/26- Furosemide Oral Tablet 20 MG give 1 tablet by mouth in the morning related to chronic pulmonary edema- order date 3/12/26- Hydralazine HCl Oral Tablet 100 MG give 1 tablet by mouth three times a day related to hypertension - order date 3/12/26- Jardiance Oral Tablet 10 MG give 1 tablet by mouth in the morning related to Diabetes (condition causing high blood sugar because the body cannot make or properly use insulin) - order date 3/12/26- Levothyroxine Sodium Oral Tablet 50 microgram (MCG) give 1 tablet by mouth in the morning related to hypothyroidism (underactive thyroid condition where the gland fails to produce enough hormones) - order date 3/12/26- Magnesium Oxide Oral Tablet 400 MG Give 1.5 tablet by mouth in the morning for low amount of magnesium in the blood related to Hypomagnesemia (an electrolyte disorder defined by low blood magnesium) - order date (continued on next page)</p>		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>3/12/26- Metformin HCl Oral Tablet 500 MG give 1 tablet by mouth two times a day related to diabetes - order date 3/12/26-Oxycodone HCl Oral Tablet 5 MG Give 1 tablet by mouth every 8 hours as needed for moderate or severe pain- order date 3/12/26-Pantoprazole Sodium Oral Tablet Delayed Release 40 MG give 1 tablet by mouth two times a day related to gastro-esophageal reflux disease (a chronic digestive disorder occurring when stomach acid frequently flows back into the esophagus, irritating its lining) - order date 3/12/26-Potassium Tablet Give 20 milliequivalent (mEq) by mouth two times a day for Potassium Replacement related to Hypokalemia (a condition defined by low blood potassium levels (typically <3.5 mEq/L), often causing muscle weakness, fatigue, constipation, and in severe cases, dangerous heart arrhythmias) - order date 3/12/26-Umeclidinium-Vilanterol Inhalation Aerosol Powder Breath Activated 62.5-25 Microgram/Actuation (MCG/ACT) 1 puff inhale orally in the morning related to chronic pulmonary edema - order date 3/12/26-Valsartan Oral Tablet 80 MG give 1 tablet by mouth two times a day for hypertension - order date 3/12/26 A record review of Resident 3's MAR dated 4/22/26 for March 2026 revealed:-Amlodipine was not provided until 3/14/26-Apixaban was not consistently provided until 3/19/26-Atorvastatin was not provided until 3/14/26-Carvedilol was not provided until late on 3/13/26-Furosemide was not provided until 3/14/26-Hydralazine was not consistently provided until 3/16/26-Jardiance was not provided until 3/14/26-Levothyroxine was not provided until 3/14/26-Magnesium was not provided until 3/14/26-Metformin was not consistently provided until 3/16/26-Pantoprazole was not provided until 3/14/26-Potassium was not consistently provided until 3/17/26 and then again on 3/25/26-3/31/26-Valsartan was not consistently provided until 3/18/26-Umeclidinium-Vilanterol Inhalation Aerosol was not provided until 3/14/26 A record review of Resident 3's Progress Notes dates 4/22/26 revealed medications were either not available or the facility was still waiting on medication for the previously listed medications. An interview with Resident 3 on 4/22/26 at 4:05PM revealed no negative impact related to medications being missed. An interview with the Director of Nursing (DON) and the Administrator (Admin) on 4/22/26 at 4:15PM revealed knowing that medications were not being delivered to the facility consistently and timely for newly admitted residents and residents returning from the hospital with new orders. The Admin and the DON also revealed that they had not notified the physician at the time that medications were not available or being dispensed per physician orders and per facility policy and procedure. C.A record review of Resident 4's admission Record dated 4/22/26 revealed an admission date of 4/8/26. A record review of Resident 4's Order Summary dated 4/22/26 revealed orders from admission date 4/8/26:-Acetaminophen Oral Tablet 500 MG give 1 tablet by mouth every 6 hours as needed for moderate pain - order date 4/8/26-Albuterol Sulfate Inhalation Nebulization Solution (2.5 MG/3ML) 0.083%1 vial inhale orally every 6 hours as needed for wheezing - order date 4/8/26-Apixaban Oral Tablet 5 MG Give 1 tablet by mouth two times a day for history of treatment for Venous Thromboembolism (VTE; a serious medical condition encompassing two related blood clot conditions) - order date 4/8/26-Benzonatate Oral Capsule 100 MG give 1 capsule by mouth every 6 hours as needed for cough related to chronic obstructive pulmonary disease (COPD; a progressive, incurable lung disease) - order date 4/8/26-Celecoxib Oral Capsule 200 MG Give 2 capsule by mouth in the morning for chronic pain related to chronic pain - order date 4/8/26-Empagliflozin Oral Tablet 10 MG Give 1 tablet by mouth in the morning for diabetes-Lamotrigine Oral Tablet 200 MG Give 1 tablet by mouth at bedtime for bipolar disorder (a chronic mental health condition causing extreme,, debilitating shifts in mood, energy, and activity levels, ranging from manic highs to depressive lows) - order date 4/8/26-Midodrine HCl Oral Tablet 10 MG Give 1 tablet by mouth three times a day for hypotension - order date 4/8/26-Montelukast Sodium Oral Tablet 10 MG Give 1 tablet by mouth in the morning for allergies related to COPD - order date 4/8/26-Potassium Chloride ER Oral Capsule Extended Release 10 MEQ Give 1 capsule by mouth in the morning for hypokalemia - order date 4/8/26-Pramipexole Dihydrochloride Oral Tablet 0.25 MG Give 1 tablet by mouth at bedtime for restless legs syndrome (a common neurological sleep-movement disorder causing an irresistible urge to move legs) - order date (continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4/8/26-Prazosin HCl Oral Capsule 1 MG Give 3 capsule by mouth at bedtime for induced nightmares related to Post traumatic stress disorder (PTSD; a mental health condition triggered by experiencing or witnessing terrifying events, such as war, abuse, or disasters) - order date 4/8/26-Primidone Oral Tablet 50 MG Give 0.5 tablet by mouth four times a day for essential tremor (a common, often inherited, neurological disorder causing involuntary, rhythmic shaking usually in the hands during movement) - order date 4/8/26-Torsemide Oral Tablet 20 MG Give 1 tablet by mouth in the morning for visible water retention related to heart failure - order date 4/8/26-Ziprasidone HCl Oral Capsule 20 MG Give 1 capsule by mouth two times a day for manic-depression related to major depressive disorder - order date 4/8/26-Bevespi Aerosphere Inhalation Aerosol 9- 4.8 MCG/ACT 2 puff inhale orally two times a day for bronchospasm prevention with COPD - order date 4/8/26 A record review of Resident 4's MAR dated 4/22/26 for April 2026 revealed:-Apixaban - was not provided until 4/10/26-Empagliflozin - was not provided until 4/10/26-Lamotrigine - was not provided until 4/10/26-Midodrine - was not provided until 4/10/26-Montelukast - was not provided until 4/10/26-Potassium - was not provided until 4/10/26-Pramipexole - was not provided until 4/9/26-Prazosin - was not provided until 4/10/26-Primidone - was not consistently provided until 4/10/26-Ziprasidone - was not consistently provided until 4/10/26 An interview with Resident 4 on 4/22/26 at 3:52PM revealed no negative impact related to medications being missed. An interview with the Director of Nursing (DON) and the Administrator (Admin) on 4/22/26 at 4:15PM revealed knowing that medications were not being delivered to the facility consistently and timely for newly admitted residents and residents returning from the hospital with new orders. The Admin and the DON also revealed that they had not notified the physician at the time that medications were not available or being dispensed per physician orders and per facility policy and procedure. D.A record review of Resident 5's admission Record dated 4/22/26 revealed an admission date of 4/10/26. A record review of Resident 5's Order Summary dated 4/22/26 revealed orders from admission date 4/10/26:- Levothyroxine Sodium Oral Tablet 125 MCG Give 1 tablet by mouth one time a day for low amount of thyroid hormone related to hypothyroidism - order date 4/10/26- Memantine HCl Oral Tablet 5 MG Give 1 tablet by mouth in the morning for dementia - order date 4/10/26- Ropinirole Hydrochloride Oral Tablet 0.25 MG Give 1 tablet by mouth at bedtime for restless legs syndrome - order date 4/10/26- Rivaroxaban Oral Tablet 15 MG Give 1 tablet by mouth in the morning for atrial fibrillation - order date 4/10/26 A record review of Resident 5's MAR dated 4/22/26 for April 2026 revealed:- Levothyroxine - was not provided until 4/12/26- Memantine - was not provided until 4/12/26- Ropinirole - was not provided consistently since admission.- Rivaroxaban - was not provided consistently since admission. An interview with the Director of Nursing (DON) and the Administrator (Admin) on 4/22/26 at 4:15PM revealed knowing that medications were not being delivered to the facility consistently and timely for newly admitted residents and residents returning from the hospital with new orders. The Admin and the DON also revealed that they had not notified the physician at the time that medications were not available or being dispensed per physician orders and per facility policy and procedure.</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Licensure Reference Number 175 NAC 12-006.04(F)(i)(5)Based on record reviews and interviews, the facility failed to provide routine medications to meet the needs of the residents for 4 (Resident 1, 3, 4, 5) of 5 sampled residents. The facility census was 66. Findings are:A record review of a facility policy titled, Medication Reordering dated 1/8/26 revealed:It is the policy of this facility to accurately and safely provide or obtain pharmaceutical services including the provision of routine and emergency medications and biologicals in a timely manner to meet the needs of each resident.1. The facility will utilize a systemic approach to provide or obtain routine and emergency medications and biologicals in order to meet the needs of each resident.2. Acquisition of medications should be completed in a timely manner to ensure medications are administered in a timely manner.5. In the event of new orders, the facility is allowed (24) hours to begin a medication unless otherwise specified by the physician.6. For stat (immediately or without delay) medications, a supply of medications typically used in emergency situations will be maintained in limited supply by the pharmacy in a portable, but sealed emergency box or container. An interview with the Licensed Practical Nurse (LPN)-D on 4/22/26 at 11:20AM revealed the pharmacy is an issue. When asked about when delivery times are, LPN-D revealed they deliver in the evening and supposed to do every day, but the medications ordered do not come right away.An interview with the Director of Nursing (DON) and the Administrator (Admin) on 4/22/26 at 4:15PM revealed knowing that medications were not being delivered to the facility consistently and timely for newly admitted residents. The Admin and the DON also revealed that they had not notified the physician at the time that medications were not being dispensed per facility policy and procedure. During the interview with the Admin and DON, they further revealed that there is no process in place to follow up if medications needed are not available. There is no local pharmacy to obtain medications if they are not delivered the same day or next day.</p>		