STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285109	A. Building B. Wing	09/10/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Prestige Care Center of Nebraska City	1420 North 10th Street Nebraska City, NE 68410

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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 04577 Licensure Reference Number 175 NAC 12-006.04(F)(i)(5) Based on record review and interview, the facility staff failed to notify the practitioner of a change in condition and to update the practitioner as ordered for 1 [Resident 3] of 3 sampled residents. Facility had a total census of 46 residents. Findings are: A. A review of Resident 3's Admission Record revealed Resident 3 was admitted to the facility on [DATE] with a diagnosis of congestive heart failure [a chronic condition in which the heart is unable to pump blood efficiently enough to meet the body's needs]. A review of Resident 3's admission orders dated 7/31/24 revealed an order for daily weights. A review of Resident 3's Care Plan revealed a focus area identifying Resident 3 had congestive heart failure dated 8/14/24 with the following interventions: -Encourage adequate nutrition and offer small frequent feedings -Give cardiac medications as ordered -Monitor lab work including potassium, sodium, blood urea nitrogen, and creatinine -Monitor/document/report as needed any signs/symptoms of congestive heart failure -Weight monitoring daily A review of Resident 3's electronic medical record weight report revealed Resident 3 weighed 314.5 lbs. on 8/7/24 and 320.5 lbs. on 8/11/24 which reflected a weight gain of 6 lbs. A review of Resident 3's electronic medical record, 8/2024 Medication Administration Record (MAR) and 8/2024 Treatment Administration Record (TAR) did not reveal any weights recorded for 8/8/24, 8/9/24, and 8/10/24. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 3's Progress Notes did not reveal any documentation of Resident 3's practitioner being notified of 6 lbs. weight increase between 8/7/24 and 8/11/24. A review of communication with Resident 3's practitioners on the HUCO application [an application used by the facility to communicate with Resident 3's providers] revealed a communication dated 8/9/24 requesting updates tomorrow [8/10/24] and Sunday [8/11/24]. A review of communication with Resident 3's practitioners on the HUCO application revealed a note from practitioner dated 8/12/24 that stated no update was received on Saturday or Sunday as requested and requested that update be given that day. In an interview on 9/10/24 at 12:13 PM, the Administrator confirmed that the Administrator would have expected Resident 3's practitioner be notified of a 6 lbs. weight gain and that Resident 3's practitioner should have been updated on Resident 3's condition on 8/10/24 and 8/11/24 in accordance with request on 8/9/24. In further interview on 9/10/24 at 1:52 PM, the Administrator identified an expectation that a physician be notified of any weight increase of over 5 lbs. B. A review of facility policy titled Notification of Changes revised 3/2024 revealed the following circumstances requiring notification of resident's physician: -2. Significant change in the resident's physical, mental or psychosocial condition such as deterioration in health, mental or psychosocial condition such as deterioration in health, mental or psychosocial status. This may include: a. Life-threatening conditions, or b. Clinical complications. -3. Circumstances that require a need to alter treatment. This may include: a. New treatment b. Discontinuation of current treatment due to: i. Adverse consequences ii. Acute condition iii. Exacerbation of a chronic condition

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 04577 Licensure Reference Number 175 NAC 12-006.04(F)(i) Based on interview and record review, the facility staff failed to ensure practitioner's orders were implemented related to ordered medications, ordered laboratory (Labs) testing and obtaining weights for Residents 1 and failed to obtain weights as ordered for Resident 3 of 3 sampled residents. The facility census was 46 residents. Findings are: A. A review of Resident 3's Face Admission Record revealed Resident 3 was admitted to the facility on [DATE] with a diagnosis of congestive heart failure [a chronic condition in which the heart is unable to pump blood efficiently enough to meet the body's needs]. A review of Resident 3's admission orders dated 7/31/24 revealed order for daily weights. A review of Resident 3's Care Plan revealed a focus area identifying Resident 3 had congestive heart failure dated 8/14/24 with the following interventions: -Encourage adequate nutrition and offer small frequent feedings -Give cardiac medications as ordered -Monitor lab work including potassium, sodium, blood urea nitrogen, and creatinine -Monitor/document/report as needed any signs/symptoms of congestive heart failure -Weight monitoring daily A review of Resident 3's 8/2024 MAR [Medication Administration Record] and TAR [Treatment Administration Record] revealed 3 separate orders for weights. A review of Resident 3's 8/2024 MAR revealed an order for daily weights one time a day starting 8/1/24. Resident 3's MAR was completed as follows: -A check was placed in the boxes for 8/1/24-8/16/24 indicating the order was completed -A code indicating Resident 3 was out on pass was documented in the box for 8/17/24 -A code indicating Resident 3 was hospitalized was documented in the box for 8/18/24-8/19/24 -A code indicating other/see nurses note was documented in the box for 8/21/24 (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Actual harm Residents Affected - Few	A review of Resident 3's 8/2024 TAR revealed an order for weight at admission, weekly for 4 weeks then monthly starting on the first and ending on the third of every month with a start date of 8/1/24. The following weights for Resident 3 were recorded for this order: -8/1/24 295 lbs. -8/2/24 295 lbs. -8/3/24 295 lbs. A review of Resident 3's 8/2024 TAR revealed an order for weight at admission, weekly for 4 weeks then monthly. This order was to be completed every day shift every 7 days for 28 days. The following weights for Resident 3 were recorded for this order: -8/7/24 314.5 lbs. -8/15/24 318.4 lbs. A review of Resident 3's electronic medical record weight report revealed the following weights for Resident 3: -7/30/24 at 3:38 PM 295.02 lbs. -7/30/24 at 10:36 PM 295 lbs. -8/6/24 at 11:52 AM 316 lbs. -8/7/24 at 2:19 PM 314.5 lbs. -8/11/24 at 2:05 PM 320.5 lbs. -8/12/24 at 1:45 PM 318.5 lbs. -8/14/24 at 2:45 PM 318.4 lbs. A review of Resident 3's electronic medical record, 8/2024 MAR and 8/2024 TAR did not reveal any weights recorded for 8/4/24, 8/5/24, 8/8/24, 8/9/24, 8/10/24, and 8/13/24. A review of communication with Resident 3's practitioners on the HUCO application [an application used by the facility to communicate with Resident 3's providers] revealed the facility notified the practitioners on 8/4/24 Resident 3 had 2 plus edema in bilateral extremities, getting red/warm to touch, and hurts. An order was received to increase Resident 3's Torsemide [a diuretic] to 50 milligrams (mg) once per day, verify compression hose were worn correctly, and daily weights. A review of communication dated 8/6/24 with Resident 3's practitioners on the HUCO application revealed the practitioners were notified Resident 3's weight was 316 lbs. which was a 24 lb. weight gain with redness spreading to mid-calf. An order was received to cancel lymphedema wrap and to apply edema wraps on in am and off in pm. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	A review of communication dated 8/7/24 with Resident 3's practitioners on the HUCO application revealed Resident 3's left ankle had pitting edema and was warm to the touch. Resident 3's practitioners were also notified Resident 3 had lost 4 lbs. An order was received to increase Keflex (a antibiotic medication) to 500 mg four times per day for 5 days. A review of communication dated 8/9/24 with Resident 3's practitioners on the HUCO application revealed swelling had reached Resident 3's thighs alone with redness, warm, and weeping. Resident 3 rated pain level at a 9. The following orders were received from Resident 3's practitioner: -Add Zaroxlyn [a diuretic] 5 mg orally every morning for congestive heart failure. -Basic Metabolic Panel lab [a test that measures 8 different substances in your blood] to be completed on 8/12/24. -Decrease Keflex back to 500 mg twice per day. -Doxycycline (a antibiotic medication) 100 mg orally twice per day for 1 week. -Cipro (a antibiotic medication) 500 mg orally twice per day for 1 week. -Elevate and continue edema warps. -Update tomorrow and Sunday please. A review of Resident 3's electronic medical record, order summary, and 8/2024 MAR/ TAR did not reveal the order for Zaroxlyn or Basic Metabolic Panel lab had been implemented as ordered. A review of Resident 3's Progress Notes revealed a weight warning dated 8/11/24 that identified a weight of 314.5 lbs. which was a 6.6% weight gain since admission. A review of Resident 3's Progress Note dated 8/16/24 at 9 AM revealed the following: -Resident reports [gender] is unable to move [gender] legs, complaints of weakness, headache and dyspnea [shortness of breath]. BLE [bilateral lower extremities] redness has increased and spread up to groin. T [temperature] 98.9, BP [blood pressure] 83/60, P [pulse] 112, O2 [oxygen saturation] 92%. MD [Medical Doctor] notified and orders send to ER [emergency room]. Resident transported per rescue squad. A review of Resident 3's Progress Notes revealed a weight warning date 8/17/24 that identified a weight of 318.4 lbs. which was a 7.9% weight gain since admit. Further review of Resident 3's Progress note revealed Resident 3 was sent to emergency room . A review of Resident 3's Progress Note dated 8/17/24 revealed Resident 3 was in the hospital. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	In interviews on 9/10/24 at 1:22 PM and 1:52 PM, the Administrator confirmed no additional documented weights could be found for Resident 3 and orders for Zaroxlyn and a Basic Metabolic Panel were never completed. The Administrator reported orders on the application are to be written on paper and faxed to the pharmacy. The pharmacy then puts the order in the electronic medical record and staff must verify the order before for it to be activated. B. A review of Resident 1's Admission Record revealed Resident 1 was admitted to the facility on [DATE] with a heart failure and chronic kidney disease [disease or condition impairs kidney function]. In an interview on 9/10/24 at 11:25 AM, Resident 1 reported getting weighed when going down for a shower and estimated that Resident 1 is weighed 2-3 times per week. Resident 1 confirmed that Resident 1 refused to be weighed at times. A review of Resident 1's order summary revealed an order for daily weight monitoring dated 6/20/24 first thing in the morning after voiding. A review of Resident 1's Care Plan revealed a focus area identifying Resident 1 had renal insufficiency related to chronic kidney disease stage 3 dated 6/3/24 with the following interventions: -Assist resident with activities of daily living and ambulation as needed. Watch for shortness of breath and match level of assistance to resident's current energy level. -Elevate feet when sitting up in chair to help prevent dependent edema. -Monitor/document/report to MD as needed the following signs/symptoms: weight gain of over 2 lbs. a day; neck vein distension; difficulty breathing; increased heart rate; elevated blood pressure; skin temperature; peripheral pulse; level of consciousness; monitor breath sounds for crackles. A review of Resident 1's 8/2024 MAR revealed an order dated 6/21/24 for daily weight first thing in the morning after voiding. Resident 1's MAR was completed as follows: - A check was placed in the boxes for the following dates to indicate the order had been completed 8/1/24-8/13/24, 8/15/24, 8/16/24, 8/18/24-8/23/24, 8/26/24, and 8/28/24-8/30/24 -A code indicating Resident 1 had refused was documented in the box on 8/9/24, 8/17/24, 8/24/24, and 8/25/24 -A code indicating Resident 1 was out on pass was documented in the box for 8/14/24 -A code indicating other/see nurses note was documented in the boxes for 8/27/24 and 8/31/24 A review of Resident 1's 8/2024 MAR revealed an order for weekly weights to be faxed to Resident 1's doctor and to notify of Resident 1's doctor of refusal on a weekly basis. A weight of 312.5 lbs. was documented on 8/28/24 for Resident 1. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	A review of Resident 1's 9/2024 MAR for dates between 9/1/24-9/9/24 revealed an order dated 6/21/24 for daily weight first thin in the morning after voiding. Resident 1's MAR was completed as follows: -A check was placed in the boxes for the following dates to indicate the order had been completed on 9/1/24 -A code indicating Resident 1 had refused was documented in the box on 9/2/24-9/4/24 and 9/6/24-9/9/24 -A code indicating other/see nurses note was documented in the boxes for 9/5/24 and 9/9/24 A review of Resident 1's electronic medical record weight report revealed the following weights for 8/2024 for Resident 1: -8/28/24 12:37 PM 312.5 lbs. -8/8/24 12;29 PM 309.5 lbs. A review of Resident 1's electronic medical record weight report did not reveal any weights recorded for 9/2024. A review of Resident 1's electronic medical record, 8/2024 MAR/TAR, and 9/2024 MAR/TAR did not reveal any additional weights recorded for Resident 1. In an interview on 9/10/24 at 11:29 AM, the Administrator confirmed no additional weights for Resident 1 had been located. The Administrator reported monitoring Resident 1's MAR/TAR and noted that the weighs had been checked off as being done. The Administrator reported discovering in the last couple of days that the Resident 1's daily weights had not been done. C. A review of undated facility policy titled How to use the Tele Doc: revealed the TeleDoc [HUCU] is the preferred way of contacting the provider group and identified the following procedure: -1. Log in information is located on the back of the Tele Doc tablet. -2. You use the Tele Doc like a smart phone. You can also send pictures if needed. -3. You MUST check the Tele Doc periodically throughout your shift. -4. All [Doctor] admissions you will take a picture of the discharge orders from the hospital. [Doctor] will then text back any changes to the orders. You will then write out the medication orders on a telephone order sheet and fax that to pharmacy. -5. Any orders received via the Tele Doc you must write out on to telephone order sheet. After processing the order put the telephone order into [Doctor] folder to be signed by [gender] on Thursday. -6. Notify [Doctor] of any of [gender] patient's behaviors, medications not given, falls and change of conditions. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	-7. [Doctor] wants to be notified via Tele Doc if a resident has a fall what caused the fall and what intervention will be placed to keep it from happening again.