

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285109	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/13/2024
NAME OF PROVIDER OR SUPPLIER Prestige Care Center of Nebraska City		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17285</p> <p>Licensure Reference Number 175 NAC 12-006.18</p> <p>Based on observation, interview and record review, the facility failed to maintain the cleanliness and condition of walls, floors, fixtures, doors, carpets, bathroom ceiling ventilation covers in 17 (rooms 104, 106, 108, 110, 111, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 319 and 324) of 28 occupied resident rooms in the facility. The facility census was 40.</p> <p>Findings are:</p> <p>Observation on 11/06/24 between 8:00 AM and 4:00 PM, during the initial pool observations of resident rooms, revealed the following environmental concerns:</p> <ul style="list-style-type: none"> - The caulking surrounding the base of the toilet was cracked and broken in resident bathrooms for rooms 104, 106, 108,110, 111, 217, 219, and 319. - There were scrapes present in the drywall on walls in resident bathrooms in rooms [ROOM NUMBER]. - There were stained, brown areas present around the base of the toilet in resident bathrooms and on the linoleum in rooms 108, 110, 214, 216, 217, 218, 219, 220, 221, 222 and 319. - The baseboard was pulled away from the wall in the bathroom in resident rooms 214, 216, 217, 219 and in the hall of the secured care unit by the janitor closet. - There were scraped areas in the wood of bathroom and closet doors in resident rooms [ROOM NUMBER] - The ventilation system covers in resident bathrooms were coated with a gray fuzzy substance that resembled dust in resident rooms 104, 106, 108, 110, 111, 221, 222, 220, 213, 214, 215, 217, 218, 219, 216, and 319. - The bathroom door in room [ROOM NUMBER] would not close. - The carpets were stained with dark areas in the center of the room in rooms [ROOM NUMBERS]. <p>(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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - The caulking between the sink to the wall was cracked and broken and the sink was pulled away from the wall in rooms 104, 111, 213, 214, 215, 216, 218, and 220. - Fall stop strips were pulled away from the floor which created a non cleanable surface in rooms 104, 106, 110, 214, and 216. - There is a hole in the brick around the electrical outlet in room [ROOM NUMBER]. -The transition strip between the bathroom and the room was pulled loose from the floor and had blue duct tape over the transition strip in room [ROOM NUMBER]. <p>Observation on 11/12/24 between 7:30 AM and 8:20 AM with the Maintenance Director [MD], during the environmental tour, revealed the following concerns:</p> <ul style="list-style-type: none"> - The caulking surrounding the base of the toilet was cracked and broken in resident bathrooms for rooms 104, 106, 108,110, 111, 217, 219, and 319. - There were scrapes present in the drywall on walls in resident bathrooms in rooms [ROOM NUMBER]. - There were stained, brown areas present around the base of the toilet in resident bathrooms and on the linoleum in rooms 108, 110, 214, 216, 217, 218, 219, 220, 221, 222 and 319. - The baseboard was pulled away from the wall in the bathroom in resident rooms 214, 216, 217, 219 and in the hall of the secured care unit by the janitor closet. - There were scraped areas in the wood of bathroom and closet doors in resident rooms [ROOM NUMBER] - The ventilation system covers in resident bathrooms were coated with a gray fuzzy substance that resembled dust in resident rooms 104, 106, 108, 110, 111, 221, 222, 220, 213, 214, 215, 217, 218, 219, 216, and 319. - The bathroom door in room [ROOM NUMBER] would not close. - The carpets were stained with dark areas in the center of the room in rooms [ROOM NUMBERS]. - The caulking between the sink to the wall was cracked and broken and the sink was pulled away from the wall in rooms 104, 111, 213, 214, 215, 216, 218, and 220. - Fall stop strips were pulled away from the floor which created a non cleanable surface in rooms 104, 106, 110, 214, and 216. - There was a hole in the brick around the electrical outlet in room [ROOM NUMBER]. -The transition strip between the bathroom and the room was pulled loose from the floor and had blue duct tape over the transition strip in room [ROOM NUMBER]. <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 11/12/24 at 8:45 AM with the MD confirmed the observed concerns and confirmed that these concerns needed to be cleaned and fixed. The MD confirmed that there were no active work orders for the concerns identified during the environmental tour.</p> <p>Record review of the Facility Assessment Section 3/8 dated 11/24 revealed the following:</p> <ul style="list-style-type: none"> - All rooms are inspected by the Maintenance Director monthly and fixed as needed. If staff has concerns with equipment or equipment has broken, it is reported to maintenance verbally, on a form, or in the TELS system [electronic maintenance system to identify work orders] thru PCC [Point Click Care, electronic medical record system]. Items are then replaced or repaired before being put back into service.

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43000</p> <p>LICENSURE REFERENCE NUMBER 175 NAC 12-006.09(J)(i)(1)</p> <p>Based on record review and interviews, the facility failed to initiate interventions to prevent further weight loss for 1 (Resident 193) of 1 sampled resident. The facility identified a census of 40.</p> <p>Findings are:</p> <p>Record review of Resident 193's admission record revealed the resident admitted on [DATE] with the following diagnoses: unspecified dementia, anxiety, muscle weakness, need for assistance with personal care, cognitive communication deficit, attention and concentration deficit.</p> <p>Record review of Resident 193's admission Minimum Data Set (MDS) (a federally mandated assessment used to determine cares for a resident) dated 8/28/2024 revealed under Section C, a Brief Interview for Mental Status (BIMS) (an interview used to determine a resident's cognition) a score of 3. A score of 3 indicated severe mental cognition impairment. Section K revealed no concerns with swallowing, nutrition, or an altered diet.</p> <p>Record review of Resident 193's Care Plan dated 8/21/2024 revealed a focus indicating that the resident will consume 50% of most meals and 75% of oral supplements through next review date. On 10/6/2024 a weight loss was added to the care plan, with no new interventions.</p> <p>An interview on 11/7/24 at 8:40 AM with the Power of Attorney (POA) for Resident 193 revealed that the resident admitted with a weight of 171 pounds on 8/21/2024. Resident 193's weight dropped to 166 within a few weeks and the resident's pants were loose. The POA asked the facility Social Worker (SW) to get an order for a supplement. The POA indicated that a week later, the supplement had not been ordered. The Resident continued to lose weight and on 10/13/2024 the POA asked a nurse if any supplement had been ordered, the nurse relayed to the POA that there was an order from 10/11/24 but it did not get put on the Electronic Medication Administration Record (EMAR), the nurse started it that day.</p> <p>Record review of Resident 193's weights in the medical record revealed the following weights:</p> <p>Admission weight on 8/21/2024 was 171 pounds.</p> <p>-9/7/2024 weight was 168.5 pounds.</p> <p>-9/11/2024 weight was 166.5 pounds.</p> <p>-10/1/2024 weight was 158.5 pounds.</p> <p>-10/13/2024 weight was 155 pounds.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 193's Mini Nutritional Assessment that was completed by the Registered Dietician (RD) on 8/25/24 revealed a nutrition score of 9. According to the Mini Nutrition assessment a score of 8-11 indicated the resident was at risk of malnutrition.</p> <p>Record review of Resident 193's progress notes revealed an Interdisciplinary Team (IDT) note dated 10/2/2024 indicating a weight loss greater than 5% in 30 days. According to Resident 193's Progress Note (PN) dated 10/2/2024 the physician was notified of the change and gave an order for the Registered Dietician (RD) to evaluate and treat with the RD being notified of the order.</p> <p>Record review of Resident 193's Nutrition Consult note dated 10/6/2024 revealed a weight loss of 7.3% x 30 days with a recommended of starting 4 ounces mighty shake twice a day between meals.</p> <p>Record review of Resident 193's Nutrition Consult note revealed the physician signed it on 10/11/2024 with no follow up with the signed order until 10/13/2024.</p> <p>Record review of Resident 193's medical record revealed no labs were ordered during the duration of the residents stay in the facility.</p> <p>Record review of Resident 193's PN revealed a note entered by a nurse on 10/13/2024 with the following information: POA here this am, wanted to weight resident. Weight at 155.5. POA asking about the supplement and if they were ordered yet. The nurse found the order from 10/11/2024 for the mighty shakes, House Supplement. Order written and sent to MD for signature, then order put into the electronic medical record. Nurse advised the medication tech to give the mighty shake. Resident consumed 100%.</p> <p>Record review of the RD Nutrition Services Recommendations undate Spreadsheet revealed that on 10/8/2024 the RD sent a reminder to the facility regarding Resident 193's recommendation for the mighty shake as it was not in Point Click Care (PCC) (the facilities electronic charting system)yet.</p> <p>Record review of Resident 193's physicians orders revealed that the order for the mighty shake was not noted by a nurse until 10/16/2024, after the resident discharged to another facility.</p> <p>An interview on 11/12/24 at 9:00 AM with the Dietary Manager (DM) revealed the process for monitoring weights was that the nursing staff enter the weights into PCC, PCC then sends an alert to staff if the weight is off normal range. The DM looks at the weights with the dietician weekly but also in the clinical meeting with the IDT in the mornings. The DM indicated that either the DM or nursing staff notify the RD of the weight loss. The RD is available either via phone or email. The DM indicated that the RD would put the recommendations into a folder to be picked up whenever by the MD. The facility recently determined that this process was taking too long so now the process is that the recommendations are emailed to the MD immediately.</p> <p>An interview with the RD on 11/12/24 at 10:18 AM revealed that the RD comes into the facility monthly and reviews weights, the MDS and assessments weekly remotely. If there is a weight loss, the nursing staff notify the RD by email or phone and the RD tries to respond timely. The RD indicated that it used to be if the resident had an order for the RD to evaluate and treat, the RD would be able to put the recommendations in place immediately, but that process has changed. The RD indicated that they would follow up if the recommendations are not completed timely by the MD and will send reminders to the facility.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 11/12/24 at 8:45 AM with the Director of Nursing (DON) revealed that the RD is responsible for writing recommendations regarding weight variances. PCC triggers a flag in the system for weight variances and it is reviewed every morning in clinical meeting. The team then notifies the RD via phone or email. The DON verbalized that the emails are not always addressed that same day. The DON confirmed that the order for the mighty shake was not noted off by a nurse until 10/16/2024, the date the resident discharged .</p> <p>An interview on 11/12/2024 at 12:11 PM with the Corporate Nurse (CN) revealed the physician wants the opportunity to review recommendations before interventions are being put into place. The CN revealed they are working on a new process and confirmed there was a delay in Resident 193 getting a supplement started.</p> <p>Record review of the facility Nutrition Policy last revised 6/2024, under #1 revealed the following:</p> <ul style="list-style-type: none"> -The facility will provide nutritional care consistent with the resident's comprehensive assessment. #2 will maintain usual body weight or desirable body weight - #5 The physician will be responsible for ordering the appropriate enteral feeding or may designate the RD to order. 		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45614</p> <p>Licensure Reference Number 175 NAC 12-006.09</p> <p>Based on observation, record review and interview, the facility failed to provide a trauma-based assessment for 2 (Resident 24 and 34) of 2 sampled residents who were diagnosed with Post Traumatic Stress Disorder. The facility had a census of 40.</p> <p>Findings are:</p> <p>A. A record review of Resident 24's Electronic Health Record revealed the Resident was admitted to the facility on [DATE].</p> <p>A record review of Resident 24's Minimum Data Set (MDS - a federally mandated assessment tool used in nursing homes to evaluate the health of residents) dated 8/19/2024, revealed the resident had a Brief Interview for Mental Status (BIMS - a mandatory tool used to identify cognitive impairment in long-term care residents) of 3, indicating the resident had severe cognitive impairment (had problems with the ability to think, learn, remember, use judgement and made decisions).</p> <p>A record review of Resident 24's Medical Diagnosis sheet revealed Resident 24 had a diagnosis Post-Traumatic Stress Disorder (PTSD - a mental health condition that can develop after someone experiences or witnesses a traumatic event) dated 4/12/2022.</p> <p>A record review of Resident 24's MDS dated [DATE] revealed Resident 24 had an active diagnosis of Post Traumatic Stress Disorder.</p> <p>An interview on 11/13/2024 at 8:16 AM with the Corporate Nurse (CN) confirmed they were unable to find a PTSD/trauma assessment (a screening or evaluation that helps identify whether someone may have post-traumatic stress disorder) for Resident 24.</p> <p>An interview on 11/13/2024 at 8:15 AM with the Social Service Director (SSD) revealed the facility did not have a PTSD/Trauma Assessment on Resident 24.</p> <p>B. A record review of Resident 34's Admission Record revealed the resident admitted to the facility on [DATE] with a diagnosis of PTSD.</p> <p>A record review of Resident 34's Care Plan, last revised on 8/16/2024 did not contain any information related to PTSD.</p> <p>A record review of Resident 34's MDS dated [DATE] confirmed Resident 34 had a diagnosis of PTSD.</p> <p>A record review of Resident 34's Medication Administration Record (MAR) revealed Resident received Venlafaxine Capsule total 225 milligrams(mg) daily for PTSD and Benzotropine tableted 1 mg tablet twice a day.</p> <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of a physicians' Progress Note dated 9/30/24 and electronically signed by the facility's Medical Director, confirmed Resident 34 had a past medical history of PTSD.</p> <p>A record review of Resident 34's Trauma Informed Care assessment dated [DATE] conducted by SS confirmed Resident 34 had PTSD.</p> <p>An interview on 11/13/2024 at 1:15 PM with the SSD confirmed Resident 34 did not have a Trauma Informed Care Assessment in the facility prior to 11/13/2024.</p>