

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285116	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Clarkson Community Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 212 Sunrise Drive Clarkson, NE 68629	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>47406</p> <p>Licensure Reference Number 175 NAC 12-006.04B1</p> <p>Based on record reviews and interviews, the facility failed to ensure new employees were trained on abuse for 7 (DA-A, NA-B, DA-C, DA-D, NA-E, NA-H DA-I) of 9 sampled employees. The facility census was 28.</p> <p>Findings are:</p> <p>Record Review of Abuse, Neglect and Exploitation dated 9/2017 revealed:</p> <p>4. Employee Training</p> <p>a. New employees should be educated on abuse, neglect, and exploitation during initial orientation. Annual education and training is provided to all existing employees. Front line supervisors or other department heads should provide education as situations arise.</p> <p>5. Prevention of Abuse, Neglect, and Exploitation - The facility will consider utilization of the following tips for prevention of abuse, neglect, and exploitation of residents.</p> <p>d. Provide education of what constitutes abuse, neglect, and misappropriation.</p> <p>Record review of 7 personnel files of employees that have worked at the facility less than 4 months revealed no documentation of abuse training for the following new employees:</p> <p>DA-A was hired on 3/29/24,</p> <p>NA-B was hired on 4/30/24,</p> <p>DA-C was hired on 4/2/24,</p> <p>DA-D was hired on 1/24/24,</p> <p>NA-E was hired on 2/12/24,</p> <p>NA-H was hired on 2/7/24,</p> <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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>DA-I was hired on 4/2/24.</p> <p>In an interview with the Interim Director of Nursing on 5/16/24 at 3:45 PM confirmed the above staff didn't do the education on abuse.</p> <p>In an interview with the Administrator on 5/16/24 at 3:56 PM revealed that the staff were to complete the abuse training within the first month of employment. The administrator confirmed her expectations now were to have the new employees complete the abuse education prior to starting on the floor.</p>