

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 10/31/2024
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45613</p> <p>Licensure Reference Number 175 NAC 12-006.9</p> <p>Based on observations, interviews, and record reviews; the facility failed to follow Resident 1's physician orders regarding fluid consistency. The sample size was 3. The facility census was 27.</p> <p>Findings are:</p> <p>Record review of the facility's policy titled Thickened Liquids dated 2022, revealed that thickened liquids are needed for individuals with difficulty swallowing. Definitions included Nectar like liquids are mildly thick and Honey like liquids are moderately thick.</p> <p>Record review of the facility's Accident/Unusual Occurrence report completed on 10/27/24 at 8:30 PM revealed that Resident 1 was sent to the emergency room after noted to be coughing after drinking thin liquids. The resident's diet was nectar thick liquids.</p> <p>Record review of Resident 1's undated facility admission record revealed an original entry to facility on 1/16/2019 and that the resident was readmitted to the facility on [DATE] with a diagnosis of pneumonitis (swelling and irritation, or inflammation of the lung tissue) due to inhalation.</p> <p>Record review of Resident 1's Progress Notes dated 10/26/24 revealed that the resident was given thin liquids during snack time and then began to cough.</p> <p>Record review of Resident 1's Minimum Data Set (MDS - a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) dated 9/18/24 revealed:</p> <ul style="list-style-type: none"> -moderate cognitive impairment, -no behaviors or no rejection of cares, -resident needs supervision with food and fluids. <p>Record review of Resident 1's Comprehensive Care Plan revealed a focus with a revision date of 10/30/24 revealed a potential for altered hydration status related to dementia and dysphagia. Honey thick liquids ordered.</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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 1's Physician Orders revealed a diet order dated 10/28/24 for Honey consistency liquids.</p> <p>Interview on 10/31/24 at 9:29 AM with Certified Dietary Manager (CDM) confirmed that Resident 1 had an order of nectar thickened liquids before hospitalization and came back to the facility with honey thickened liquid order.</p> <p>Interview on 10/31/24 at 3:16 PM with Nursing Assistant (NA) - A confirmed that (gender) had given thin liquids to Resident 1 and it resulted in the resident admission to the hospital.</p> <p>An interview with the Director of Nursing (DON) on 10/31/24 at 3:59 PM confirmed the resident had a physician order for thickened liquids and was given thin liquids and should not have been.</p>