STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285131	A. Building B. Wing	03/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
York General Hearthstone	2600 North Lincoln Avenue York, NE 68467

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 175 NAC12-006.09(D) Based on record review and interviews, the facility failed to accurately code a Minimum Data Set (MDS- a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) reflected that an anticoagulant (medication to prevent blood clots from forming) was being given. This affected one (Resident 2) out of the six sampled residents. The facility census was 77.Findings are:Record review of Resident 2's admission MDS dated [DATE] revealed that the resident was admitted on [DATE] with a Brief Interview for Mental Status,(BIMS- a test used to get a quick snapshot of a resident's cognitive function, scores from 0-15, the higher the score, the higher the cognitive function) scored a 14 which means that Resident 2 is cognitively intact and that the resident was on an oral antibiotic (an essential medication to kill bacteria) and an anticoagulant.Record review of Resident 2's of the facility initiated care plan dated 12/30/2025 revealed that the resident is at risk for abnormal bleeding or hemorrhage because of the use of an anticoagulant. Resident 2's care plan also revealed that the staff are to administer anticoagulants as prescribed by the physician.During an interview on 03/05/2026 at 1:12 PM with Registered Nurse (RN-B), confirmed Resident 2's revealed that the resident has not taken an anticoagulant since admission. RN-B also confirmed that the resident was admitted on Plavix (an antiplatelet medication used to prevent platelets from sticking together).During an interview on 03/05/2026 at 1:20 PM with RN-A confirmed that the MDS was marked incorrectly and that the resident had not taken an anticoagulant since admission to the facility. RN-A also confirmed that the resident assessment instrument (RAI-a standardized, comprehensive framework used in nursing homes to assess a resident's functional, medical and psychosocial status) is used to ensure MDS accuracy.Record Review on 03/10/2026 of the CMS's RAI Version 3.0 Manual N0415: High-Risk Drug Classes: Use and Indication, revealed not to code antiplatelet medications such as: aspirin/extended release, dipyridamole or clopidogrel as an anticoagulant.

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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Licensure Reference Number 175 NAC 12-006.09Based on record review and interview, the facility failed to ensure ongoing monitoring and assessments were completed to assess for potential adverse effects from antipsychotic medications for Resident 52 and to assess for appropriateness of a physical restraint for Resident 79. The sample size was 5 and the facility census was 77. Findings are:Review of facility policy titled Care Plan Procedures dated 6/2024 revealed that the nurse coordinator is responsible for ensuring compliance of procedures.Review of the facility assessment, last reviewed January 2026 revealed that staff will be trained on resident assessments upon hire and as needed with nurses.A.Review of facility policy titled Psychotropic Medications dated 6/2024 revealed the following:- AIMS (Abnormal Involuntary Movement Scate - assessment of antipsychotic medications to detect and monitor tardive dyskinesia) assessment to be completed for all residents receiving anti-psychotic medication- AIMS evaluation to be completed minimally on a bi-annual basis-medications reviewed monthly by consulting pharmacist, every 60 days by attending physician, and quarterly and as needed by nursing.Record review of Resident 52's physician orders revealed an order dated 10/3/2025 for OLANZapine Oral Tablet 2.5 MG an antipsychotic medication used to treat psychosis - a disconnection from reality.Record review of current physician and nursing orders dated 3/9/2026 did not reveal an order for AIMS assessment to be completed.Record review of Resident 52's Minimum Data Set - (MDS a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) revealed an admission to the facility date of 8/2/2021.Review of Resident 52's diagnosis list revealed a diagnosis of Dementia with behavior disturbances.Record review of Resident 52's careplan revealed an intervention of ANTI-PSYCHOTIC USE: Give medication as ordered per Physician/Psychiatric Services. AIMS testing per facility protocol. Monitor/Document side effects and effectiveness. Date Initiated: 10/14/2025.During an interview on 03/05/2026 at 11:41 AM the Director of Nursing (DON) confirmed the AIMS was not done and that an assessment should have been completed. The unit coordinators usually do the AIMS assessments but it was missed. The MDS nurse and pharmacy did not catch it or recommend that the AIMS gets completed.During an interview on 03/05/2026 at 1:20 PM RN (Registered Nurse)- A the Clinical Reimbursement Coordinator confirmed that (gender) sent out an email list to the unit managers about the upcoming MDS and the due dates.During an interview on 03/05/2026 at 1:39 PM RN - B the Unit Coordinator was not aware of what nursing assessments need to be completed before the MDS due date.During an interview on 03/05/2026 1:42 PM RN - A confirmed there was a lack of communication regarding what nursing assessments need to be completed. It was also confirmed that the MDS coordinator does not complete any assessments on the residents, just reviewed what has been done.During an interview on 03/09/2026 8:18 AM the DON confirmed that maybe the new unit coordinators did not know all the quarterly nursing assessments that they are supposed to be completed. It is not written down on any policy. The MDS nurse and pharmacy review did not catch the missing assessment either. B.Review of facility policy titled Physical Restraint Policy dated 9/2025, revealed-restraints shall be applied only for the purpose of resident safety or when used to assist the resident to maintain or attain his/her highest practical mental and psychosocial functioning.-nurse coordinators will assure that proper assessments/evaluations have been complete and will be put on the residents careplan.-licensed nurse will assess/document use ongoing and chart quarterly.Record review of Resident 79's MDS revealed an admission date to the facility of 3/23/2024.Record review of Resident 79's careplan revealed a Positioning wedge for DX of Abnormal Posture Positioning and Comfort. Resident non-ambulatory. Date Initiated: 03/26/2025Follow facility policy and procedure on physical restraint use. Date Initiated: 03/26/2025Licensed nurse will address physical restraint UDA quarterly and with significant change. Date Initiated: 03/26/2025.Record review of physician order for a wedge pillow for positioning dated 3/27/25.During an interview on 03/05/2026 at 1:45 PM, NA (Nursing Assistant) - D confirmed that Resident 79 can not get out of bed (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	with the wedges in place.During an interview on 03/05/2026 at 1:45 PM, LPN (Licensed Practical Nurse) - C confirmed that Resident 79 had positioning wedges on both sides of (gender) while in bed. The resident is not able to get out of bed with these in place.During an interview on 03/09/2026 at 7:51 AM, DON confirmed that the restraint assessment was not done quarterly and should have been.During an interview on 03/09/2026 at 8:18 AM, DON confirmed that maybe the unit coordinators did not know all the quarterly nursing assessments that they are supposed to be doing. It is not written down on any policy either.During an interview on 03/09/2026 at 10:34 AM, LPN - C the Unit Coordinator confirmed that the MDS nurse lets them know when each resident's MDS is due and (gender) puts the quarterly assessments into the MAR for the floor nurses to complete, but sometimes they get missed.