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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285140 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/13/2024 |
| NAME OF PROVIDER OR SUPPLIER The Meadows at Ashland | | STREET ADDRESS, CITY, STATE, ZIP CODE 1700 Furnas Street Ashland, NE 68003 | |
| 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 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45613</p> <p>Based on interview and record review, the facility failed to notify a hospice provider regarding the death for 1 (Resident 2) out of 3 sampled residents for hospice care. The facility census was 83.</p> <p>Findings are:</p> <p>Record review of Resident 2's facility's undated document titled Admission Record revealed the resident was admitted to the facility on [DATE].</p> <p>Record review of Resident 2's Minimum Data Set (MDS - a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) revealed a readmission to the facility on [DATE] and a death in the facility on 3/4/24.</p> <p>Record review of Resident 2's Initial Plan of Care from hospice revealed an admitted to hospice of 2/22/24.</p> <p>Record review of Resident 2's Comprehensive Care Plan Comprehensive Care Plan (CCP- written instructions needed to provide effective and person centered care of the resident that meet professional standards of quality care) dated initiated 2/22/2024 revealed:</p> <ul style="list-style-type: none"> - The focus was for Hospice Services due to Congestive heart failure - The goal was for the SNF/Hospice work together to coordinate services to resident/family - The interventions included notify hospice and family of changes. <p>Record review of Resident 2's Progress Note dated 3/4/24 at 9:50 PM revealed Resident 2 passed away in their room with the family present. The resident representative called the hospice company per the resident representative's request.</p> <p>Interview on 3/12/24 at 1:47 PM with the Administrator confirmed when Resident 2 passed away the resident representative called the hospice nurse and the facility did not.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: | Facility ID: 285140 |
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| <p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Review of the facility's undated policy, titled Post Mortem Care, it was revealed to document in the resident's medical record the date and time the resident was pronounced and by whom, notification to the physician, other authorities, family, funeral home, and coroner.</p> <p>During an interview on 3/13/24 at 1:16 PM with the Director of Nursing (DON) revealed the hospice nurse had been in the facility around noon on 3/4/24 and made staff aware that Resident 2 was declining. The DON further revealed that Resident 2's representative was aware of the decline. The DON confirmed that Resident 2 passed away at 9:50 PM, that the resident representative was aware of the death and notified hospice and that the facility did not notify the hospice nurse.</p> | | |