

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 04/16/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(F)(iii)</p> <p>Based on record review and interview, the facility failed to update the Comprehensive Care Plan - (CCP-written instructions needed to provide effective and person centered care of the resident that meet professional standards of quality care) to accurately reflect interventions to minimize behaviors for 2 (Residents 1 and 2) of 3 sampled residents. The facility census was 81.</p> <p>Findings are:</p> <p>Record review of the facility provided incident report dated 1/10/2025 revealed Resident 1 and Resident 2 got into an altercation. Resident 1 stuck (gender) tongue out and then Resident 2 grabbed Resident 1. The residents were immediately separated by the staff.</p> <p>A.</p> <p>Record review of Resident 1's Quarterly Minimum Data Set (MDS - a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) dated 2/14/2025 revealed the resident admitted to the facility on [DATE], had a Brief Interview for Mental Status (BIMS - a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function) score of 6, which indicated severe cognitive impairment, and had a diagnosis of Non-Alzheimer's Dementia.</p> <p>Record review of Resident 1's Progress Notes dated revealed no behaviors documentation from 1/1/2025-1/12/2025.</p> <p>Record review of Resident 1's CCP date initiated 11/7/2022 revealed no new behavior interventions dated around the time of the 1/10/2025 incident regarding Resident 1 and Resident 2.</p> <p>B.</p> <p>Record review of Resident 2's Quarterly MDS dated [DATE] revealed the resident admitted to the facility on [DATE], had a BIMS of 9 which indicated moderate cognitive impairment, and had a diagnosis of Non-Alzheimer's Dementia.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 2's Progress Notes revealed no behaviors documentation from 1/1/2025-1/12/2025.</p> <p>Record review of Resident 2's CCP revealed a focus date initiated 10/17/2024 revealed Resident 2 has a history of verbal aggression towards others and no new behavior interventions dated around the time of the 1/10/2025 incident regarding Resident 1 and Resident 2.</p> <p>During an interview on 4/16/2025 at 1:21 PM the Director of Nursing (DON) confirmed there wasn't any behavior documentation, or careplan update, physician notification or family notification documentation regarding the incident between Resident 1 and Resident 2 and there should have been.</p> <p>Review of the undated facility provided Care Plan Revisions Policy revealed:</p> <ul style="list-style-type: none"> - the comprehensive careplan will be reviewed and revised as necessary, -the care plan will be updated with new or modified interventions, -careplans will be modified as needed. <p>Review of the facility policy dated 8/2023 and titled Behavioral Health Services revealed the facility utilizes the comprehensive assessment process for identifying and assessing a resident's mental and psychosocial status and providing person centered care. The assessment and careplan will include foals that are person centered and individualized. The facility will also ensure approaches and interventions are meeting the needs of the residents.</p>		