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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285141 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 09/26/2024 |
| NAME OF PROVIDER OR SUPPLIER The Birch at Sutherland | | STREET ADDRESS, CITY, STATE, ZIP CODE 333 Maple Street Sutherland, NE 69165 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50105</p> <p>Based on interviews and record reviews, the facility failed to implement safety checks, education, or hazard assessments to ensure resident safety for use of a bath chair, this affected 1 (Resident 4) of 1 resident sampled. Facility identified a census of 47.</p> <p>Findings are:</p> <p>An interview on 09/26/2024 at 1:31 PM with Bath Aide (BA)-D revealed that all residents are brought down to the bath house in their wheelchair or walked down to the bath house for their bathing needs. BA-D continued to reveal however there was once exception and that was Resident 4, who prefers being transported on a shower chair from their room to the bath house and back.</p> <p>An interview on 09/26/2024 at 2:19 PM with BA-C revealed, BA-C provides Resident 4 a shower during evening shifts. BA-C states that Resident 4's preference is to take a shower in the evening and that Resident 4 will be provided a shower in the shower chair provided from the facility and transported back and forth from their room to the bath house. BA-C explains that they are to get the resident from their room and transfer the resident into the shower chair. BA-C reveals that they then push the resident from their room to the bath house and provide the shower. Once the shower is complete, Resident 4 is then pushed in the shower chair back to their room.</p> <p>During the interview on 09/26/2024 with BA-C, revealed the incident that occurred with Resident 4 on 09/20/2024 recalling a feeling of safety concerns while utilizing the shower chair for the resident, however continued to provide cares. BA-C stated concerns regarding the shower chair were not voiced to maintenance or management staff.</p> <p>Record review of Resident 4's Care Plan (a written interdisciplinary comprehensive plan detailing how to provide quality care for a resident) revealed the preference for showers, being transported in the shower chair to and from their room and bathing in the evening. The care plan did not reveal any safety goals or interventions for handling Resident 4 in the shower chair.</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 |
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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>An Interview on 09/26/2024 at 2:01 PM with Licensed Practical Nurse (LPN)-A revealed an incident on 09/20/2024 around 10:00 PM when Resident 4 was being pushed on the shower chair out of the bath house by Nurse Aide (NA)-C. LPN-A stated that while NA-C pushed Resident 4 forward, the shower chair wheels were caught on the threshold of the floor and Resident 4 thrusts forward falling forward onto the floor. One nurse called emergency services immediately while several staff members, including LPN-A attended to Resident 4, turning their body on its side to prevent aspiration. Resident 4 was taken by emergency services and returned to the facility on [DATE] several hours later. Upon return from the hospital, LPN-A initiated neurological assessments and gave an updated report to the oncoming nurse.</p> <p>Record review of a neurological assessment started on 09/21/2024 revealed Resident 4 was at baseline. Additional record review of progress notes revealed communication between nursing staff.</p> <p>An interview on 09/26/2024 at 2:32 PM with Licensed Practical Nurse (LPN-B) revealed receiving a report from LPN-A on the incident that occurred on 09/20/2024 with Resident 4. LPN-B stated they immediately assessed and obtained a neurological assessment revealing a baseline level for the resident.</p> <p>A record review of progress notes dated 09/21/2024 for Resident 4 revealed a health status note and a neurological assessment with baseline results.</p> <p>Record reviews of education provided to staff regarding use of the bathtub and bath chair revealed the policy titled,</p> <p>Protocol-Bath/Shower</p> <p>Resident bathing is an important piece of their routine to provide cleanliness and promote health. Partial baths will be done for each resident every morning with their AM cares. A routine shower or bath schedule will be maintained to accommodate the resident's preferences and safety.</p> <ul style="list-style-type: none"> -The bath schedule will be developed collaboratively by the DON (Director of Nursing) and the bath aide. -Routine bathing will be done Monday through Friday during the day shift. -To accommodate residents' preferences and necessary bath schedule changes, baths may also be scheduled during the evening shifts and/or weekends. Preferences will be indicated on the resident's care plan. -Bath water temperature will be checked and will be between 105-110 degrees or lower per resident preference prior to placing the resident in the bath/shower. -Appropriate privacy will be provided for each resident during their bathing process. -Residents will be encouraged to do as much for themselves as possible during the bathing process. -Each bath/shower will be documented on the appropriate bath sheet. <p>(continued on next page)</p> | | |

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| <p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>-During each bath/shower the bath aide will observe the resident's skin from head to toe. All skin abnormalities will be documented on the bath sheet and reported to the nurse.</p> <p>-Resident will be weighed each time they are bathed.</p> <p>-Any malfunction of the equipment will be communicated to maintenance through TELS (a building management platform designed for Senior Living with integrated Asset Management, Life Safety, and Maintenance solutions) and to the charge nurse.</p> <p>An interview with the Facility Administrator on 09/26/2024 at 3:17 PM revealed there is no assessment initiated or completed by staff prior to use of the bath/shower chair to ensure resident is safe to use the bath/shower chair.</p> <p>An interview with the Director of Nursing (DON) on 09/26/2024 at 3:17 PM revealed there was no education completed on safety risks associated with using the bath/shower chair.</p> | | |