

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 09/24/2025
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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Respond appropriately to all alleged violations.</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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Licensure Reference Number 175 NAC 12-006.02(H)Based on record review and interviews, the facility failed to investigate and report to the regulatory agencies possible incident of abuse and or neglect for 1 residents (Resident 1) of 3 sampled residents. The facility census was 41. Findings are: Review of a facility policy titled Abuse, Neglect and Exploitation and dated 2025 revealed the definition of an Alleged Violation is a situation or occurrence that is observed or reported by staff, resident, relative, visitor or other but has not been investigated and if verified could be indication of noncompliance with the Federal requirements related to mistreatment, neglect, or abuse, including injuries of unknown source. An immediate investigation is warranted of alleged abuse and or neglect. Reporting of all alleged violations to the administrator, state agency, adult protective services and all other required agencies immediately but not later than 2 hours after allegation is made if the events that cause the allegation involve abuse or result in serious bodily injury or not later than 24 hours if the events that cause and allegation do not involve abuse and do not result in serious bodily injury. Review of a facility policy titled Incidents and Accidents dated 2025 revealed it is the policy of the facility to report, investigate, and review any accidents or incidents that occur or allegedly occur. The policy stated the incident/accident of elopement required an incident or accident report to be completed within 24 hours of the incident which was to include immediate and follow up interventions. A review of an Admission record revealed that the facility admitted Resident 1 on 09/05/2025 with diagnoses of Parkinson's Disease which is a progressive neurological disorder that affects movement, balance, and coordination, a history of traumatic brain injury which is a disruption in the normal function of the brain caused by and external force, such as a blow, bump, jolt, or penetrating injury to the head, and schizo-affective disorder which is a mental health condition that combines symptoms of schizophrenia and a mood disorder such as depression or bipolar disorder. The comprehensive Minimum Data Set (MDS), a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems dated 09/11/2025 revealed Resident 1 had a Brief Interview for Mental Status (BIMS), which is a brief screener that aids in detecting cognitive impairment score of 15 indicating the resident was cognitively intact. In the residents' interview for activity preferences the resident expressed that it was very important to them to be able to go outside. The resident required supervision or touching assistance with mobility using a walker or a wheelchair for an assistive device. Review of Resident 1's Care Plan revealed the resident was at risk of injury, ineffective coping, and self-care deficit related to disorganized thinking, behavioral disturbances and reduced insight and judgment. The resident had a focus of the resident being able to independently make activity choices dated 09/08/2025 with and interventions listed as the resident liked to go outside unattended and unassisted to enjoy the fresh air dated 09/18/2025. A Focus of Falls due to the resident having an actual fall dated 09/08/2025 with interventions listed of the resident would have stand by assistance while using their walker or wheelchair dated 09/11/2025. The focus of the resident desiring to go outside unaccompanied dated 09/19/2025 had interventions listed that the resident would sign out when exiting the facility, for staff to educate the resident on the importance of telling them where they wished to go, and staff would safely assist the resident through the doors and to their desired location all dated 09/19/2025. A review of Resident 1's Progress Notes revealed documentation that on 09/18/2025 at 9:39 AM Resident 1 exited the facility out of the front door without their assistive device. Documentation stated that the resident was educated to sign out when leaving the facility. A review of Resident 1's Progress Notes revealed documentation that on 09/20/2025 at 3:59 AM the facility received a telephone call from a police officer informing the facility that Resident 1 was sitting in the road in front of the building and had been there a while. The resident was assisted into their wheelchair and then back into the facility by staff. The resident did not have their assistive device of walker or wheelchair in use. The resident did not sign out or notify facility staff that they were exiting the facility. A review of a facility supplied document titled Incidents by Incident Type on 09/23/2025 at 11:50 AM revealed an incident of Elopement occurring on 09/20/2025 for Resident 1. The document revealed no incident of Elopement for Resident 1 on 09/18/2025. In an interview completed on 09/23/2025 at 2:10 PM with the facility Director of Nursing (DON), the DON confirmed that an incident report and investigation was not completed for elopement when Resident 1 exited the facility on 09/18/2025 with out signing out or staff knowledge. The DON confirmed that this incident met the definition of elopement and should have been completed. The DON confirmed that the facility Administrator, Adult Protective Services, and the state regulatory agency were not notified of Resident 1's</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(I)Based on record review and interviews, the facility failed to accurately assess a resident for elopement, failed to provide interventions to prevent elopements, and failed to implement interventions to prevent further elopement for 1 resident (Resident 1) of 3 sampled residents. The facility census was 41.Findings are:The facility was notified on [DATE] at 3:45 PM of an Immediate Jeopardy (IJ) which began on [DATE]. The IJ was removed on [DATE] as confirmed by surveyor onsite verification.Review of a facility policy titled Elopement and Wandering Residents dated 2025 revealed the facility would ensure that residents who are at risk for elopement receive adequate supervision to prevent accidents. An Elopement occurs when a resident leaves the premises or a safe area without authorization and or any necessary supervision to do so. The facility would establish and utilize a systematic approach in monitoring and managing residents at risk for elopement including identification and assessment of risk, evaluation and analysis of hazards and risks, implementing interventions to reduce hazards and risks, and monitoring for effectiveness, and modifying interventions when necessary.Review of a facility policy titled Incidents and Accidents dated 2025 revealed it is the policy of the facility to report, investigate, and review any accidents or incidents that occur or allegedly occur. The policy stated the incident/accident of elopement required an incident or accident report to be completed within 24 hours of the incident which was to include immediate and follow up interventions.A review of an Admission record revealed that the facility admitted Resident 1 on [DATE] with diagnoses of Parkinson's Disease which is a progressive neurological disorder that affects movement, balance, and coordination, a history of traumatic brain injury which is a disruption in the normal function of the brain caused by an external force, such as a blow, bump, jolt, or penetrating injury to the head, and schizo-affective disorder which is a mental health condition that combines symptoms of schizophrenia and a mood disorder such as depression or bipolar disorder. The comprehensive Minimum Data Set (MDS), a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems dated [DATE] revealed Resident 1 had a Brief Interview for Mental Status (BIMS), which is a brief screen that aids in detecting cognitive impairment score of 15 indicating the resident was cognitively intact. In the resident's interview for activity preferences the resident expressed that it was very important to them to be able to go outside. The resident required supervision or touching assistance with mobility using a walker or a wheelchair for an assistive device.Review of Resident 1's Care Plan revealed the resident was at risk of injury, ineffective coping, and self-care deficit related to disorganized thinking, behavioral disturbances and reduced insight and judgment. The resident had a focus of the resident being able to independently make activity choices dated [DATE] with interventions listed as the resident liked to go outside unattended and unassisted to enjoy the fresh air dated [DATE]. A Focus of Falls due to the resident having an actual fall dated [DATE] with interventions listed of the resident would have stand by assistance while using their walker or wheelchair dated [DATE]. The focus of the resident desiring to go outside unaccompanied dated [DATE] had interventions listed that the resident would sign out when exiting the facility, for staff to educate the resident on the importance of telling them where the resident wished to go, and staff would safely assist the resident through the doors and to the resident's desired location all dated [DATE]. A review of Resident 1's admission Assessment dated [DATE] revealed that the resident was assessed to not be at risk for elopement due to not being able to leave/exit the facility independently. The assessment revealed that the resident required extensive assistance with a wheelchair for mobility.A review of Resident 1's Progress Notes revealed documentation of an admission summary completed [DATE] at 2:00 PM stating that Resident 1 walked independently with a walker and used a wheelchair for distances and was able to self-propel the wheelchair.A review of Resident 1's Progress Notes revealed documentation that on [DATE] at 9:39 AM Resident 1 exited the facility out of the front door without their assistive device. Documentation stated that the resident was educated to sign out when leaving the facility.A review of Resident 1's Electronic Medical Health Record revealed that Resident 1 was not re-assessed for their risk of elopement after the incident that occurred on [DATE].A review of Resident 1's Progress Notes revealed documentation that on [DATE] at 3:59 AM the facility received a telephone call from a police officer informing the facility that Resident 1 was sitting in the road in front of the building and had been there a while. The resident was assisted into their wheelchair and then back into the facility by staff. The resident did not have their assistive device of walker or wheelchair in use. The resident did not sign out</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>Licensure Reference Number 175 NAC 12-006.04Based on record review and interview, the facility failed to complete competencies to ensure proficiency for 8 of 9 sampled staff which had the potential to affect all of the residents residing in the facility. The facility census was 41.Findings are:In an interview completed on 09/23/2024 at 12:50 PM with Medication Aide A(MA-A), MA-A stated that a competency had not been completed on the services they provide to residents in the last year.Record review of MA-A facility supplied documents revealed a date of hire of 10/20/2023. There were no competencies for MA-A supplied in the documents.Record review of Medication Aide B (MA-B) facility supplied documents revealed a date of hire of 06/09/2025. There were no competencies for MA-B supplied in the documents.Record review of Nurse Aide D (NA-D) facility supplied documents revealed a date of hire of 06/24/2025. There were no competencies for NA-D supplied in the documents.Record review of Nurse Aide E (NA-E) facility supplied documents revealed a date of hire of 01/05/2025. There were no competencies for NA-E supplied in the documents.Record review of Registered Nurse F (RN-F) facility supplied documents revealed a date of hire of 01/02/2025. There were no competencies for RN-F supplied in the documents.Record review of Licensed Practical Nurse G (LPN-G) facility supplied documents revealed a date of hire of 07/28/2025. There were no competencies for LPN-G supplied in the documents.Record review of Registered Nurse H (RN-H) facility supplied documents revealed a date of hire of 03/12/2025. There were no competencies for RN-H supplied in the documents.Record review of Licensed Practical Nurse I (LPN-I) facility supplied documents revealed a date of hire of 07/28/2025. There were no competencies for LPN-I supplied in the documents.In an interview completed on 09/24/2025 at 1:15 PM with the Director of Nursing (DON), the DON confirmed that MA-A, MA-B, NA-D, NA-E, RN-F, LPN-G, RN-H, and LPN-I had not completed competencies ensuring proficiency of skills and services the individuals were providing to residents who reside in the facility. The DON confirmed that staff should complete competencies on hire and annually there after on these skills and services and this was not completed.</p>		