

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 12/19/2024
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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48271</p> <p>Licensure Reference Number 175 NAC 12-006.09(B)</p> <p>Based on record review and interview, the Minimum Data Set (MDS, a federally mandated assessment used for Care Planning purpose) was not coded correctly for pressure ulcer of 1 (Resident 34) out of 10 sampled residents' pressure sores. The facility census was 39.</p> <p>Findings are:</p> <p>A record review of the Admission Record with the printed date of December 18th, 2024 revealed that Resident 24 was admitted to the facility on [DATE] with the diagnoses of: Type 2 Diabetes Mellitus with Hyperglycemia (a condition where someone with type 2 diabetes has elevated blood sugar levels, also known as high blood sugar or hyperglycemia), Pressure Ulcer to Left Heel, unstageable (Unstageable pressure ulcers are a type of bed sore that occurs when prolonged pressure on an area of the skin cuts off blood flow and oxygen to the tissue).</p> <p>A record review of Resident 24's Care Plan dated 12/12/24 revealed a focus, goal and intervention for Pressure Ulcers.</p> <p>A record review of Resident 24's quarterly MDS dated [DATE] revealed documentation in section M that the resident had 0 unstageable pressure ulcers that were present upon admission/entry or reentry.</p> <p>A record review of the Weekly Wound assessment dated [DATE] for Resident 24 revealed pressure ulcers to their to right buttock, left buttock and left heel.</p> <p>An interview on 12/16/24 at 2:30 PM with the MDS/Care Plan Coordinator confirmed that the MDS section M for Resident 24 Unstageable E2 was marked no and it should of been marked yes and in section B1 number of Stage 2 pressure ulcers was marked 1 and should of been marked 2 Stage 2 pressure ulcer for Resident 24.</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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>49766</p> <p>Licensure Reference 175 NAC 12-006.09(F)(i)</p> <p>Based on record reviews and interview, the facility failed to develop baseline care plans (a document that outlines a resident's healthcare needs and safety concerns when they are first admitted to a nursing home) within 48 hours of admission as required for 2 (Residents 9 and 96) of 2 sampled residents. The facility identified a census of 39.</p> <p>Findings are:</p> <p>A record review of an undated facility policy, Baseline Care Plan revealed baseline care plans will be developed within 48 hours of a resident's admission.</p> <p>A.</p> <p>A record review of an Admission Record revealed the facility admitted Resident 9 on 6/14/2024 with diagnoses of: depression, repeated falls, difficulty swallowing, and Chronic Obstructive Pulmonary Disease (a common lung disease that causes breathing problems and restricted airflow).</p> <p>A record review of Resident 9's AS - Baseline Careplan - V 1 revealed a signed date of 6/17/2024, which was more than 48 hours after Resident 9's admission.</p> <p>B.</p> <p>A record review of an Admission Record revealed the facility admitted Resident 96 on 4/19/2024 with diagnoses of atrial flutter (a common heart rhythm abnormality that causes the upper chambers of the heart to beat rapidly and irregularly,) acute and chronic respiratory failure, difficulty in walking, depression, high blood pressure, and a history of falls.</p> <p>A record review of Resident 96's AS - Baseline Careplan - V 1 revealed a signed date of 4/30/2024, which was more than 48 hours after Resident 96's admission.</p> <p>An interview on 12/18/2024 at 4:04 PM with the Director of Nursing (DON) confirmed baseline care plans should be completed within 48 hours of admission and confirmed Resident 9 and 96's baseline care plans were not completed within 48 hours of their respective admission.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>49766</p> <p>Licensure Reference 175 NAC 12-006.09(E)(iii)</p> <p>Based on record reviews and interview, the facility failed to develop a comprehensive care plan (CCP, a document that outlines a resident's needs and the services that are to be provided to meet these needs) regarding activities of daily living (ADLs) for 1 (Resident 97) of 12 sampled residents. The facility identified a census of 39.</p> <p>Findings are:</p> <p>A record review of a facility policy, Comprehensive Care Plans with a date of 4/1/2024 indicated the CCP would, at a minimum, include the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psycho-social well-being and resident specific interventions that reflect the resident's needs and preferences.</p> <p>A record review of an Admission Record revealed the facility admitted Resident 97 on 11/13/2024 with diagnoses of Chronic Respiratory Failure (a long-term condition that prevents the body from exchanging oxygen and carbon dioxide properly,) Chronic Obstructive Pulmonary Disease (a common lung disease that causes breathing problems and restricted airflow,) heart failure, and diabetes.</p> <p>A record review of Resident 97's admission Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used for care planning) with an Assessment Reference Date of 11/26/2024 indicated Resident 97 was independent with eating; required set up for oral hygiene, required substantial assistance for toileting, bathing, and personal hygiene; and required total assistance for lower body dressing. Resident 97 also required moderate assistance for all transfers.</p> <p>A record review of Resident 97's undated Care Plan revealed a section for ADLs. The intervention initiated on 12/16/2024 indicated therapy to screen, evaluate, and treat as needed. Further record review of Resident 97's Care Plan revealed no evidence of interventions to address Resident 97's need for assistance with oral hygiene, toileting, bathing, personal hygiene, dressing, or transfers.</p> <p>An interview on 12/19/2024 at 9:00 AM with the Director of Nursing (DON) confirmed Resident 97's care plan was not comprehensive and would expect it to include specific interventions with information regarding the amount of assistance Resident 97 required for all ADLs.</p>		

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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>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>51560</p> <p>Licensure Reference Number 175 NAC 12-006.09(F)(iii)</p> <p>Based on observation, record review, and interview, the facility failed to identify and update the comprehensive care plan with interventions after a fall for one (Resident 39) of one sampled resident. The facility identified a census of 39.</p> <p>Findings Are:</p> <p>A record review on 12/16/24 of Resident 39's Minimum Data Set (MDS, a federally mandated process that helps to standardize assessments, improve the accuracy of care, and facilitate care management) dated 11/18/24 reveals in Section GG: Resident 39 was independent with eating. They required set up assistance with oral hygiene. They were total dependence with transfers and toileting. They required moderate assistance with upper body dressing and maximum assistance with lower body dressing.</p> <p>A record review on 12/16/24 of Resident 39's diagnosis revealed diagnoses of:</p> <ul style="list-style-type: none"> -Amyotrophic lateral Sclerosis (a terminal, progressive, and fatal neurological disorder that affects the nerve cells in the brain and spinal cord) -Unspecified Osteoarthritis (a condition that causes the breakdown of cartilage in the joints, leading to pain and stiffness.) -Hereditary and idiopathic neuropathy (damage to the nerves passed on genetically from parent to child and nerve damage that has no apparent cause) -Muscle Wasting and Atrophy (the loss or thinning of muscle tissue), not elsewhere classified -Muscle Weakness, Generalized <p>A record review of Resident 39's Progress Note dated 11/26/24 revealed that Resident 39 fell while being transferred from the toilet to the wheelchair. Note stated Resident 39 pushed themselves back with their feet and fell on their bottom on the floor. Resident 39 did not hit [gender] head. No redness, bruises, or alterations to skin. Resident 39 denied pain. Resident 39 helped back into chair by nurse and NA using gait belt.</p> <p>A record review of Resident 39's Care Plan dated 12/2/24 revealed Resident 39 is dependent for transfers requiring two staff for assistance and a Hoyer lift (an assistive device that lifts the body into the air with use of a sling in order to transfer between surfaces). The Care Plan further revealed Resident 39 required partial to moderate assistance from one staff member, gait belt, and walker for ambulation. The care plan stated the Resident had the potential for falls related to medication side effects, gait/balance problems, and weakness. The care plan did not contain evidence of Resident 39 having a fall on 11/26/24 and had no evidence of any new interventions being put into place following the fall.</p> <p>(continued on next page)</p>		

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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>An interview with Resident 39 on 12/16/24 at 11:49 AM revealed that Resident 39 had a fall in their bathroom in which they stated I told them I was going to fall. They just told me no, you're not. But I did fall. I could feel my legs giving out. Resident 39 stated that prior to fall they were able to utilize their walker and wheelchair for transfers, but that after the fall the facility had been using the Hoyer lift to transfer them.</p> <p>An interview with the Director of Nursing (DON) on 12/18/24 at 2:47 PM revealed that facility processes after a fall involve updating the care plan with the date of fall, any injuries, and interventions. The DON confirmed that the current care plan was not updated with the fall that occurred on 11/26/24 and that interventions were not placed in the Falls section of the care plan.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>49766</p> <p>Licensure Reference 175 NAC 12-00609(H)(iv)(5)</p> <p>Based on record reviews and interviews, the facility failed to provide interventions for constipation for 1 (Resident 15) of 1 sampled resident. The facility identified a census of 39.</p> <p>Findings are:</p> <p>A record review of an Admission Record indicated the facility admitted Resident 15 on 8/3/2023 with diagnoses of dementia and constipation.</p> <p>A record review of Resident 15's quarterly Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used for care planning) with a date of 10/15/2024 indicated Resident 15 had severe cognitive impairment, required moderate assistance with toileting and was occasionally incontinent of bowel.</p> <p>A record review of Resident 15's undated Care Plan revealed a focus area of risk for constipation due to medication side effects. Interventions implemented on 12/29/2023 included to administer medication as ordered, monitor to response to medication, dietary consult as needed, record bowel movement pattern each day, and report irregularities of bowel patterns to the physician.</p> <p>A record review of Resident 15's Order Summary with a date of 12/17/2024 revealed the following orders:</p> <ul style="list-style-type: none"> - Milk of Magnesia (a laxative) with instructions to give 30 milliliters (mL) by mouth every 24 hours as needed for constipation. This order had a start date of 8/26/2019. - Bisacodyl (a laxative) 10 milligrams (mg) with directions to insert one suppository rectally every 24 hours as needed for constipation and to use if milk of magnesia was ineffective. This order had a start date of 2/4/2023. <p>A record review of Resident 15's Documentation Survey Report v2, a document that provides a record of past charting including bowel movements, from October 2024 indicated Resident 15 had no bowel movement from 10/6/2024-10/12/2024, which was six days without a bowel movement.</p> <p>A record review of Resident 15's Medication Administration Record (MAR) with a date of October 2024 revealed no documentation that Resident 15's milk of magnesia or bisacodyl had been administered.</p> <p>A record review of Resident 15's Documentation Survey Report v2 from November 2024 indicated Resident 15 had no bowel movement from 11/6/2024-11/10/2024, which was four days without a bowel movement and 11/15/2024-11/20/2024, which was five days without a bowel movement.</p> <p>A record review of Resident 15's MAR with a date of November 2024 revealed no documentation that Resident 15's milk of magnesia or bisacodyl had been administered for Resident 15's constipation between 11/6/2024-11/10/2024 or 11/15/2024-11/20/2024.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of Resident 15's POC [Point of Care] Response History, a document that provides a record of past charting of bowel movements from the past 30 days, indicated Resident 15 had no bowel movement from 11/23/2024-12/2/2024, which was nine days without a bowel movement.</p> <p>A record review of Resident 15's MAR with a date of December 2024 revealed no documentation that Resident 15's milk of magnesia or bisacodyl had been administered for Resident 15's constipation between 11/23/2024 to 12/2/2024.</p> <p>A record review of Resident 15's Progress Notes from 10/1/2024 to 12/19/2024 revealed no progress notes entered regarding Resident 15's constipation, lack of bowel movements, or interventions for lack of bowel movements.</p> <p>An interview on 12/18/2024 at 4:04 PM with the Director of Nursing (DON) revealed the facility's process for bowel management was to use the Electronic Medical Records dashboard to review what residents had not had a bowel movement in three or more days. Based on that information, the nurse would offer any medications ordered for constipation, call the physician, and document a progress note. The interview with the DON also confirmed there were no interventions or progress notes completed for Resident 15's constipation and would have expected it to be completed.</p> <p>A follow-up interview on 12/18/2024 at 5:15 PM with the DON revealed the facility did not have a written bowel management policy or protocol, but re-iterated the facility's process, and had stated the nurses are not utilizing it or implementing interventions as they should be.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>49766</p> <p>Licensure Reference 175 NAC 12-006.09(H)(vi)(3)(g)</p> <p>Based on observations, interviews, and record reviews; the facility failed to administer oxygen following the prescriber's orders for 1 (Resident 9) of 4 sampled residents. The facility identified a census of 39.</p> <p>Findings are:</p> <p>A record review of a facility policy, Oxygen Concentrator, with a last reviewed/revised date of 12/3/2024, under the use of the concentrator indicated the nurse shall verify physician's orders for the rate of flow.</p> <p>A record review of an Admission Record revealed the facility admitted Resident 9 on 6/14/2024 with diagnoses of Chronic Obstructive Pulmonary Disease (COPD, a common lung disease that causes breathing problems and restricted airflow.)</p> <p>A record review of Resident 9's undated Care Plan revealed a focus area for impaired respiratory status with risks for shortness of breath, respiratory distress, increased anxiety, and hypoxia (low oxygen levels.) The area included an intervention, initiated on 12/16/2024, to provide oxygen therapy as ordered by the physician.</p> <p>A record review of Resident 9's Order Summary with an active order date of 12/17/2024 revealed an order for continuous oxygen at 1 Liter Per Minute (LPM) via nasal cannula (NC) for the indication of COPD.</p> <p>An observation on 12/16/2024 at 10:25 AM revealed Resident 9 was wearing oxygen. The portable oxygen concentrator was set to 2 LPM via NC.</p> <p>An observation on 12/17/2024 at 8:52 AM revealed Resident 9 was wearing oxygen. The portable oxygen concentrator was set to 2 LPM via NC.</p> <p>An observation on 12/19/2024 at 8:20 AM revealed Resident 9 was wearing oxygen. The portable oxygen concentrator was set to 2 LPM via NC.</p> <p>An interview on 12/19/2024 at 8:21 AM with Medication Aide (Med) - A revealed they were unsure of Resident 9's oxygen order and would need to ask the Registered Nurse (RN.)</p> <p>An interview on 12/19/2024 at 8:22 AM with RN-F revealed RN-F believed Resident 9's oxygen order was for 2 LPM, but after looking up the order, confirmed Resident 9's oxygen was ordered to be set at 1 LPM.</p> <p>A follow up interview on 12/19/2024 at 8:25 AM with Med-A confirmed Resident 9's oxygen concentrator was currently set at 2 LPM and turned it down to 1 LPM as ordered.</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>48271</p> <p>Licensure Reference Number 175 NAC 12-006.10D</p> <p>Based on observations, record review and interviews; the facility failed to ensure a medication error rate of less than 5%. Observations of 26 medications opportunities revealed 4 errors resulting in a medication error rate 16%. The errors affected 1 (Residents 2) of 3 sampled residents. The facility census was 39.</p> <p>Findings:</p> <p>A record review of the undated Medication Administration policy revealed the following:</p> <ul style="list-style-type: none"> -Administer within 60 minutes prior to or after scheduled time unless otherwise ordered by physician. -Administer medication as ordered in accordance with manufacturer specifications. <p>A record review of the Medication list for Resident 2 revealed:</p> <ul style="list-style-type: none"> -A start date of 5/24/24 for Advair Diskus 100/50 MCG/dose 1 puff inhale orally two times a day for Asthma. Rinse mouth after use. -A start date of 5/24/24 for Azelastine HCL Solution (treats allergy symptoms like a stuffy or runny nose, sneezing, and itching) 137 micrograms (MCG)/Spray 1 spray in both nostrils two times a day. -A start date of 5/25/24 Blood glucose(amount of sugar in your blood) monitoring before meals and at bedtime. Notify the physician if blood glucose levels are below 70 or above 350. -A start date of 6/30/24 Alendronate Sodium (prevent and treat osteoporosis (thinning of the bone) in women after menopause), 70 milligrams (mg), give one tab by mouth in the morning every 7 days. Take with a full glass of water on an empty stomach at least 30 minutes before food or drink (other than plain water), don't lie down for 30 minutes, and do not crush. <p>An observation of Medication Aide (MA)-A on 12/18/24 at 8:00 AM revealed MA-A administered the Advair disk to Resident 2 and did not have Resident 2 rinse mouth after use. MA-A gave Resident 2 Azelastine HCL solution 2 puffs in each nostril. MA-A gave Resident 2 Alendronate Sodium at 8:17 AM and breakfast was given to Resident 2 at 8:23 AM. The observation did not reveal that the blood sugar was completed.</p> <p>An interview on 12/18/24 at 8:15 AM with MA-A confirmed that [gender] did not have Resident 2 rinse the mouth after the use of the Advair Disk. MA-A confirmed that [gender] did give 2 nasal puffs in each nostril to Resident 2 and it should have only been 1 spray each nostril. The MA-A confirmed that Resident 2 did not receive Alendronate 30 minuets prior to breakfast. MA-A confirmed that the blood sugar check for Resident 2 had not been done prior to breakfast and [gender] had planned to check the blood sugar after breakfast.</p> <p>(continued on next page)</p>		

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 12/18/24 at 11:00 AM with the Director of Nursing (DON) confirmed that the nasal spray Azelastine HCl Solution was for one spray each nostril and not two sprays for each nostril and Resident should have only received 1 spray per nostril. The DON confirmed that MA-A should of had Resident 2 rinse [gender] mouth after use of the Advair Disk. The DON confirmed that the MA-A should had given the Alendronate 30 minutes prior to breakfast and Resident 2 received the Alendronate 10 minutes before eating. The DON confirmed that the blood sugar checks should have been done before breakfast and had not been done till after breakfast. The DON confirmed that they will update the doctor regarding the blood sugar checks and that the sliding scale given late.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51122</p> <p>Licensure Reference Number 175 NAC 12.006.11(E)</p> <p>Based on observations, interview, and record review, the facility failed to store, label, cover, and use or discard food and drink items to prevent the potential for foodborne illness. This had the potential to affect all 39 residents that resided at the facility and consumed foods from the kitchen.</p> <p>Findings are:</p> <p>A record review of 2017 Nebraska Food Code, under section 3-501.17 revealed food held for more than 24 hours should be clearly marked to indicate the date by which food should be consumed or discarded.</p> <p>An observation on 12/16/24 at 10:57 AM during the initial kitchen tour revealed the following refrigerated items:</p> <ul style="list-style-type: none"> -2 unlabeled, undated bulk bags of salad mix of lettuce, purple cabbage, carrots, and one of the bags contained lettuce which had turned brown. -One 1-gallon ziploc bag with lettuce, unlabeled. -1 unlabeled gallon-sized bag of bulk shredded carrots, mushy with liquid in bag. -1 opened 1-gallon size bottle of [NAME] Lynch salad dressing, labeled with an opened-on date of 11-2. -1 opened 1-gallon Golden Italian dressing labeled open 10-7. -1 squirt bottle labeled Ranch 11-27, with an uncovered spout. -1 partially used 1-gallon Kikkoman brand soy sauce, opened and not dated. -Two 46-ounce boxes of grape juice, opened and not dated. -One 46-ounce box of thickened orange juice Sysco Imperial brand, opened and not dated. -One 46-ounce bottle of Thick and Easy nectar thickened orange juice, opened and not dated. -One 16-ounce bottle of Diet Coke that was half empty and not labeled with a date or name. <p>(continued on next page)</p>		

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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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A record review of The FoodKeeper, an online resource developed by the United States Department of Agriculture Food Safety and Inspection Service with Cornell University and the Food Marketing Institute, revealed creamy salad dressings should be consumed within 3-4 weeks if refrigerated after opening.</p> <p>Review of an undated facility policy titled, Food Safety Requirements, revealed safe refrigerated storage practices included needed to be labeled and dated and covered in tight containers.</p> <p>An interview on 12/16/24 at 11:30AM with Dietary Manager (DM) confirmed the DM did not locate a date on the 2 bulk bags of salad mix. The interview confirmed that all items listed above should have been labeled with an open date, and that they should have been discarded if not labeled as required. The interview also confirmed the salad dressings should be discarded withing 30-60 days of being opened. DS confirmed the Diet Coke likely belonged to an employee and should not have been stored in a residents' food refrigerator.</p>		

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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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>51560</p> <p>Licensure Reference Number 175 NAC 12-006.18(D)</p> <p>Based on observations, interviews, and record review, the facility failed to perform hand hygiene and change gloves while performing catheter care for one (Resident 39) of one sampled resident. The facility identified a census of 39.</p> <p>Findings Are:</p> <p>A record review of a policy titled Enhanced Barrier Precautions dated 3/20/24 stated on page 1, number 3b: PPE (personal protection equipment) for enhanced barrier precautions is only necessary when performing high-contact care activities. Page 2 number 4 stated high-contact care activities include: d) providing hygiene, f) changing briefs, g) device care including urinary catheters.</p> <p>An observation on 12/18/24 at 7:19 PM of Nurse Aide (NA)-C and NA-D performing foley catheter care on Resident 39. An Enhanced Barrier Precaution (EBP, an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices) notice was observed on the front of Resident 39's door. NA-D knocked and then explained the procedure to Resident 39. NA-C is observed in the bathroom performing hand hygiene with soap and water for 12 seconds then applies gloves to dried hands. NA-D is observed performing hand hygiene in bathroom with soap and water for 14 seconds, then applies gloves to dried hands. Personal protection equipment is noted to be in a hanging caddy on the back of Resident 39's door to their room. Resident 39 is noted to be laying in bed with head of bed slightly raised. NA-C is observed exposing Resident 39 and pulling soiled brief down between Resident 39's legs. Resident 39 is then assisted by both NA-C and NA-D on to their right side. Stool was observed to the rectal area, which was cleansed by NA-C using a front to back technique. The soiled brief was completely removed from under Resident 39 and NA-C then rolled brief inward on itself and disposed of in trash receptacle. Resident 39 was then assisted to lay on their back. NA-C proceeded to complete perineal care and catheter care without the benefit of removing their soiled gloves, performing hand hygiene, or applying clean gloves. Resident 39's perineal area was cleansed with a front to back technique and catheter was cleansed by NA-C holding the base of the catheter tubing and wiping the tubing away from Resident 39. NA-C and NA-D then assisted Resident 39 into a new brief. NA-D ensured the call light was within reach.</p> <p>An interview with NA-C on 12/18/24 at 7:35 PM confirmed that Resident 39 was on Enhanced Barrier Precautions related to their catheter and confirmed that the NA's did not wear the required gown and mask while providing cares. NA-C also confirmed that hand hygiene was not performed after cleansing a visibly soiled area of Resident 39's body. NA-C confirms hand hygiene for 20 seconds and new gloves should have been applied before providing perineal care to the front of Resident 39 and prior to providing catheter care. NA-C confirms they had not tracked their scrub time.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER The Birch at Sutherland		STREET ADDRESS, CITY, STATE, ZIP CODE 333 Maple Street Sutherland, NE 69165	
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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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with NA-D on 12/18/24 at 7:40 PM confirmed that Resident 39 was on EBP related to their catheter and confirmed the NA's did not wear the required gown and mask while providing cares. NA-D also confirms that hand hygiene with soap and water is to be performed for 20 seconds and confirmed that they were not tracking their scrub time.</p>		