STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285143	A. Building B. Wing	02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Mulberry at Waverly	11041 North 137th St Waverly, NE 68462

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)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47733 Licensure Reference Number 175 NAC ,d+[DATE].09 Based on record review and interview; the facility staff failed to evaluate, implement practitioner's orders, and initiate notification of emergency medical personnel for a change in condition for 1 (Resident 1) of 4 sampled residents. This caused the resident to not receive emergency care services resulting in the death of the resident. The facility census was 50. Findings are: A. A record review of Resident 1's Discharge Summary Sheet dated [DATE] revealed the following diagnoses: - Pulmonary Hypertension (Higher pressures in the right side of the heart), - Congested Heart Failure (Failure of the heart), - Atrial fibrillation (An abnormal beat of the heart), - Venous insufficiency (Lack of sufficient blood flow through the veins), - Essential (primary) hypertension (High blood pressure), - Altered mental status (Confusion or disorientation). Record review of Resident 1's Advanced Directive Information sheet dated [DATE], revealed Resident 1's wish was to receive CPR (Cardiopulmonary Resuscitation). (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285143	A. Building B. Wing	02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Mulberry at Waverly	11041 North 137th St Waverly, NE 68462

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)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Record review of a facility document titled Abuse, Neglect, or Misappropriation (ANM) sheet dated [DATE] revealed an incident with Resident 1 on [DATE]. The ANM revealed Resident 1 was clammy, warm, and had an emesis at 10:49 AM and the facility Assistant Director of Nursing (ADON) called Resident 1's provider and notified Resident 1's provider of Resident 1's condition change. The ANM identified the provider informed the ADON to send Resident 1 to the hospital. The ANM identified Licensed Practical Nurse (LPN) A was informed of the order to send Resident 1 to the hospital. LPN-A obtained Resident 1's blood pressure which was ,d+[DATE]. The ANM revealed the ADON then returned to Resident 1's room and observed Resident 1 to have another emesis. The ANM revealed the ADON called Resident 1's provider again at 11:24 AM and was instructed to send the resident to the emergency room . The ADON returned to Resident 1's room and observed Resident 1 to be dusky, unresponsive, and CPR was initiated. Interview on [DATE] at 12:21 PM with Family Member (FM)-1 revealed they arrived to the facility on [DATE] at approximately 9:30 AM. FM-1 revealed Resident 1 was in the dining room at 9:30 AM and wanted to lay down due to having discomfort related to the use of Resident 1's indwelling catheter (a tube placed into the bladder to drain urine) FM-1 revealed Resident 1 screamed out in pain. FM-1 revealed the ADON assessed and resolved the issue of discomfort related to the catheter for Resident 1 at approximately 10:00 AM . FM-1 revealed shortly after the ADON left Resident 1's room Resident 1 began to shiver and was cold. FM-1 revealed they applied a blanket to Resident 1 which is when Resident 1 became unresponsive. Resident 1 did have a visitor within the room who attempted to wake [gender] and then went to notify the ADON the resident was unresponsive at approximately 10:20 AM. At the time the ADON entered FM-1 notified the ADON of Resident 1's blood pressure that LPN-A obtained earlier. Resident 1's visitor observed Resident 1's breathing to have changed and left the room to inform the ADON. FM-1 revealed the ADON left the resident's room, yelled for staff to call 911 and bring the crash cart, and initiated CPR. FM-1 revealed they and the visitor were in the hallway. FM-1 revealed Emergency Medical Services (EMS) arrived and continued CPR. FM-1 revealed Resident 1 expired on [DATE] at 11:51 AM. Interview on [DATE] at 1:25 PM with the facility Advanced Practice Registered Nurse (APRN) revealed the facility ADON called [gender] on [DATE] at 10:46 AM and was notified that Resident 1 was vomiting and had a blood pressure of ,d+[DATE]. The APRN revealed [gender] gave orders for the ADON to send Resident 1 to the hospital. The APRN revealed the ADON called [gender] again on [DATE] at 11:24 AM to update on Resident 1's condition and the APRN gave orders for a second time to send Resident 1 to the hospital for evaluation. Then, the APRN was notified that Resident 1 expired in the facility at 11:51 AM. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285143	A. Building B. Wing	02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Mulberry at Waverly	11041 North 137th St Waverly, NE 68462

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)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Interview on [DATE] at 2:06 PM with the ADON revealed that they were made aware of Resident 1's catheter tubing that had fallen out on [DATE] at approximately 7:30 AM and LPN-A had replaced it. Then, the ADON revealed at approximately 9:30 AM Resident 1's family member reported to [gender] that Resident 1 was shaking and acting like they were in pain. The ADON revealed [gender] deflated the catheter and balloon and inserted it further into Resident 1's bladder. The ADON revealed at approximately 10:30 AM Resident 1 had an emesis and was not feeling well. The ADON revealed [gender] notified Resident 1's APRN at 10:46 AM and obtained an order to send Resident 1 to the hospital for an evaluation. The ADON revealed [gender] informed LPN-A to send Resident 1 to the hospital. and was aware LPN-A obtained vital signs on Resident 1 at approximately 11:00 AM. The ADON revealed [gender] went back to Resident 1's room at approximately 11:15 AM and Resident 1's family member informed the ADON that Resident 1's blood pressure was , d+[DATE]. The ADON then left the room to obtain a manual blood pressure cuff and called Resident 1's provider to update on Resident 1's status. Then, the ADON revealed they went back to Resident 1's room at approximately 11:25 AM which is when [gender] observed Resident 1 to be dusky in color, did not respond to a sternal rub, and did not have a pulse. The ADON revealed they informed staff to call 911, bring the crash cart, and initiated CPR at 11:29 AM. The ADON revealed EMS arrived to the facility at 10:40 AM. The ADON revealed EMS pronounced Resident 1's death at 11:51 AM. Interview on [DATE] at 2:40 PM with LPN-A, revealed that LPN-A did not have recollection of the timeline that occurred with Resident 1 on [DATE] but was able to recall the events. LPN-A revealed Resident 1's catheter had fallen out and [gender] had replaced it without concerns. LPN-A revealed Resident 1 then went to the dining room for breakfast and upon return requested to lay down in bed. LPN-A revealed Resident 1's family member informed [gender] Resident 1's catheter tubing had blood in it. LPN-A revealed [gender] reported this to the ADON who advised [gender] to flush Resident 1's catheter. LPN-A revealed Resident 1's catheter was flushed and Resident 1 had screamed out in pain. LPN-A informed the ADON and revealed the ADON went to Resident 1's room and deflated the catheter balloon and pushed the catheter further into Resident 1's bladder. LPN-A revealed the ADON informed LPN-A that we should send [gender] out. LPN-A then obtained vital signs in preparation for transportation to the hospital. LPN-A revealed Resident 1's blood pressure (when the heart beats, it creates pressure that pushes blood through a network of tube-shaped blood vessels, which include arteries, veins, and capillaries. This pressure - blood pressure - is the result of two forces: The first force (systolic pressure) occurs as blood pumps out of the heart and into the arteries that are part of the circulatory system. The second force (diastolic pressure) is created as the heart rests between heart beats. These two forces are each represented by numbers in a blood pressure reading. A normal blood pressure is ,d+[DATE]-,d+[DATE] Per the American Heart Association) was ,d+[DATE]. LPN-A revealed after the vitals were taken Resident 1 began to vomit which appeared to be bile and undigested food. LPN-A could not locate the ADON to inform at that time. Then, LPN-A completed tasks for other residents, returned to Resident 1's room and observed a crash cart in the resident's room. LPN-A revealed [gender] did not notify the provider of Resident 1's condition. Interview on [DATE] at 2:47 PM with Nursing Assistant (NA)-D revealed [gender] and another NA assisted Resident 1 up after [gender] catheter was changed on [DATE]. Then, NA-D revealed Resident 1 requested to lay down after breakfast. NA-D and NA-C assisted Resident 1 to lay down after breakfast and observed blood in Resident 1's catheter tubing and informed LPN-A. NA-D revealed approximately 1 hour after Resident 1 was assisted to bed Resident 1's family member came out of the resident's room and stated the resident was unresponsive. NA-D then went to inform the ADON that Resident 1 was unresponsive and the ADON reported to Resident 1's room. NA-D was unable to report a timeframe of events. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285143	A. Building B. Wing	02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Mulberry at Waverly	11041 North 137th St Waverly, NE 68462

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)
F 0684 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Interview on [DATE] at 5:30 PM with the facility Director of Nursing (DON) confirmed Resident 1's provider should have been called when the resident's blood pressure was ,d+[DATE]. The DON confirmed the facility had an order from the facility APRN on [DATE] at 10:46 AM for Resident 1 to be sent to the hospital and Resident 1 should have been sent to the hospital at that time. Record review of the undated facility policy Medical Emergency Response revealed that it is the policy of this facility to respond to medical emergencies for residents, staff, and visitors. The facility policy reveals: 3. A nurse will: -a. Assess the situation and determine the severity of the emergency. -b. Stay with the resident. -c. Designate a staff member to announce a Code Blue if necessary. Notify the physician and call 911 as needed. Record review of the abatement (to remove the immediacy of the issue at the facility) dated [DATE] at 6:50 PM revealed: - the (Licensed Practical Nurse) LPN-A that was on duty that did not follow the facility policy and was suspended pending the outcome of the facility investigation, - began educating current staff and agency staff working today ([DATE]) on the policies listed below, - education will continue until all staff are educated prior to their next scheduled shift on policies listed below, - all staff will be reeducated on the policies listed below during the all-staff meeting scheduled for [DATE], -1. Medical Emergency Response- calling 911 immediately. -2. CPR Policy. -3. Change of condition - all new staff will be educated on the above policies during orientation to the building, - all new agency staff will be educated on the above policies during general orientation to the building.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285143	A. Building B. Wing	02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Mulberry at Waverly	11041 North 137th St Waverly, NE 68462

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47733 Licensure Reference Number 175 NAC 12-06.18E Based on record review and interview; the facility failed to safely transport a resident after sliding out of a wheelchair during transport. This affected 1 (Resident 1) of 1 sampled resident. The facility census was 50. Findings are: Record review of a hand written statement dated 1/31/24 revealed Van Driver-E transported Resident 1 to an appointment at the hospital on 1/31/2024 when the facility van was on the interstate 80 and another vehicle crossed over into the lane the facility van was in resulting in Van Driver-E slamming on their breaks. The statement revealed Van Driver E was notified by Resident 1 that [gender] was sliding out of the wheelchair and was sitting on the foot pedals of the wheelchair. Then, Van Driver E pulled off of the interstate to check on Resident 1 and observed a right restraint belt was pulled out of the floor mount latch. Then, Van Driver E proceeded to drive the van to the hospital to request assistance with lifting Resident 1. The emergency room staff advised they would [NAME] to call the local Fire and Rescue to assist. Resident 1 was assisted by the local fire and rescue squad and evaluated within the emergency room . Record review of Resident 1's hospital's Trauma Consult Note dated 1/31/24 revealed: - accidental fall from wheelchair - knee contusion - neck strain, initial encounter -the Trauma Consult Note revealed Resident 1 did not sustain injuries related to sliding from the wheelcahir to the floor in the van. Record review of Resident 1's electronic medical record did not reveal documentation related to the van incidient or that Resident 1 was assessed upon their return to the facility. Record review of Resident 1's electronic medical record did not reveal documentation the facility evaluated Resident 1 for safety within the facility van for transportation. Interview on 2/08/24 at 12:21 PM with Resident 1's Family Member (FM)-1 revealed Resident 1 was transported to an appointment on 1/31/24 with the facility van driver and facility van. FM-1 revealed Resident 1 slid out of [gender] wheelchair when the van driver hit the van breaks. Interview on 2/8/24 at 12:35 PM with Resident 1's Family Member (FM)-2 revealed the facility van driver arrived at the hospital on 1/31/24 at 11:37 AM and Resident 1 was sitting on the floor board of the van. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285143	A. Building B. Wing	02/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Mulberry at Waverly	11041 North 137th St Waverly, NE 68462

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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 2/8/24 at 5:00 PM with the facility Therapy Director (TD)-G revealed there was no safety assessments completed for facility residents when utilizing the transportation van. Interview on 2/8/24 at 6:45 PM with the Regional Director (RD)-F revealed there were no safety assessments for the transportation van for Resident 1.