

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285143	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER The Mulberry at Waverly		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49380</p> <p>Licensure Reference Number 175 NAC 12-006.19A</p> <p>Based on observations, interviews, and record review, the facility failed to maintain the walls, floors, door frames, light fixtures, exhaust fans, urine smells and baseboards in 14 rooms (rooms: 104,107,109, 112, 114, 116, 118, 119, 121, 122, 123, 124, 125, 126). The facility identified a census of 47.</p> <p>Findings are:</p> <p>Observations on 12/05/2024 between 9:05 AM and 9:45 AM with the facility Administrator (ADM) and the Corporate Nurse (CN) identifying the following environmental concerns during the environmental tour of the facility:</p> <ul style="list-style-type: none"> -The ceiling fans in rooms: 104,107,109, 112, 114, 116, 118, 119, 121, 122, 123, 124, 125, 126 did not pull tissue to the fan during the tissue test and were covered in a gray fuzzy substance. -Resident rooms: 104,107,109, 112, 114, 116, 118, 119, 121, 122, 123, 124, 125, 126 had holes in drywall, walls with missing paint in. -There was a strong smell of urine present from resident room [ROOM NUMBER]. -In room [ROOM NUMBER] there was a broken plastic nightlight cover to the outside of the bathroom wall. -room [ROOM NUMBER]'s door frame is missing one side of the outer wall toward the bathroom door. -room [ROOM NUMBER]'s call light cord in the bathroom was missing. -The heater/air conditioner unit that sits in the wall under the window in room [ROOM NUMBER] is missing the wall around the unit. Cold air is visible, making a fog when entering the inner building. -A flyswatter was hanging on the hallway wall on the [NAME] wing. <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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Multiple screw, nails and hooks are in the [NAME] and Havelock wing walls. No decor is noted in the hallways.</p> <p>An interview on 12/05/2024 at 9:00 AM with the ADM and CN, revealed the TELS system is used to monitor any maintenance issues that have been reported. Requests made to obtain copies of the reports that would be in correspondence to the above stated rooms, TELS forms were not found.</p> <p>An interview on 12/05/2024 9:30 AM with ADM and CN, confirmed the above areas of concern observed during the environmental tour of the facility.</p> <p>An interview on 12/05/2024 at 9:40 AM with the ADM confirmed the above identified issues needed to be fixed and/or cleaned.</p> <p>An interview on 12/05/2024 at 11:59 AM with the ADM revealed the facility does not have a policy on environmental needs in the facility.</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>45641</p> <p>Licensure Reference Number 175 NAC 12.006.02(H)</p> <p>Based on interview and record review, the facility failed to ensure 1 (Resident 10) of 1 sampled resident's abuse investigation was sent to the State Agency within 5 working days. The facility census was 47.</p> <p>Findings are:</p> <p>A record review of the facility's undated Abuse, Neglect and Exploitation policy revealed the Administrator would follow up with government agencies, during business hours, to confirm the initial report was received and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies.</p> <p>A record review of the facility's Possible Abuse investigation dated 10/22/2024 revealed an investigation of the potential abuse on 10/22/2024 for staff to resident abuse was completed and the event happened 10/22/2024 at 12:45 PM.</p> <p>A record review of the facility's Self Report - Act#1089191/ dated 10/29/2024 revealed Possible Abuse investigation dated 10/22/2024 was emailed to DHHS Health Facility Investigations on 10/29/24 at 3:38 PM.</p> <p>In an interview on 12/04/2024 at 2:06 PM, the Administrator confirmed the event happened 10/22/2024 at 12:45 PM and the investigation was not emailed to the State Agency until 10/29/2024 at 3:58 PM. The Administrator confirmed that was 6 working days from the date of the event and it should have been sent within 5 working days.</p>		

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<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** 47406</p> <p>Licensure Reference Number 175 NAC 12-006.09C(i)</p> <p>Based on the record review and interviews, the facility failed to complete an admission MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) for Resident 196 (1 of 4 sampled residents) in the required time frames. The facility census was 47.</p> <p>Findings are:</p> <p>Record review of Admission Record dated 12/2/24 revealed Resident 196's admission was 10/21/24.</p> <p>Record review of MDS date 11/6/24 was started but not completed. The documentation indicated the MDS was in progress.</p> <p>An interview on 12/4/24 at 12:30 PM with the Minimum Data Set Coordinator confirmed that Resident 196's MDS dated [DATE] is late.</p> <p>An interview on 12/4/24 at 12:32 PM with the Director of Nursing confirmed that Resident 196's MDS dated [DATE] is late.</p> <p>Record review of CMS's RAI Version 3.0 Manual 2024 revealed:</p> <p>5.2 Timeliness Criteria - For the Admission assessment, the MDS Completion Date (Z0500B) must be no later than 13 days after the Entry Date (A1600).</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>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** 45641</p> <p>Licensure Reference Number 175 NAC 12.006.09(I)</p> <p>Based on observation, interview, and record review, the facility failed to ensure interventions were added to prevent falls for 1 (Resident 10) of 1 sampled resident. The facility census was 47.</p> <p>Findings are:</p> <p>A record review of the facilities Incident and Accidents policy dated 8/2023 revealed the purpose of incident reporting could include assuring that appropriate and immediate interventions are implemented and corrective actions are taken to prevent recurrences.</p> <p>A record review of Resident 10's Clinical Census dated 12/03/2024 revealed the resident was admitted to the facility on [DATE].</p> <p>A record review of Resident 10's Medical Diagnosis dated 12/03/2024 revealed the resident had diagnoses of fall from bed, hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side (a condition that is a result from damage to the right side of the brain), congestive heart failure (CHF), chronic obstructive pulmonary disease (COPD), and peripheral vascular disease (low blood flow in the arms and legs).</p> <p>A record review of Resident 10's Minimum Data Set (MDS, a comprehensive assessment used to develop a resident's care plan) dated 09/06/2024 revealed the resident had a Brief Interview for Mental Status (BIMS, a score of a residents cognitive abilities) of 13 which indicated the resident was cognitively aware. The resident was supervision or touching assistance with oral hygiene (cleaning) and footwear. Partial moderate assistance with dressing, and substantial/maximal assistance with toileting and bathing. The MDS revealed the resident had fallen in the last month.</p> <p>A record review of Resident 10's Progress Note dated 10/22/2024 revealed the Nursing Assistant found Resident 10 on the floor beside the bed. The resident confirmed the resident slid down from the sheets. The resident was assessed and determined to have no new injuries or pain.</p> <p>A record review of Resident 10's Fall assessment dated [DATE] revealed the resident fell from bed and was assessed but did not reveal a new intervention to prevent future falls.</p> <p>A record review of Resident 10's Care Plan with an admitted [DATE] revealed a focus area of the resident being at risk for falls related to dementia/confusion and an intervention on 08/31/2024 of wedge under the resident while in bed to define edges and that intervention was revised on 09/05/2024. The Care Plan did not reveal a new intervention for the resident's 10/22/2024 fall to prevent future falls.</p> <p>An observation on 12/02/2024 at 11:30 AM revealed the resident was lying in bed with wedges in the bed with the resident. The call light and fluids were in reach.</p> <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>An observation on 12/03/2024 at 11:09 AM revealed Resident 10 was sitting in a wheelchair in the television room waiting to go out to smoke with a Prevalon boot (heel protector) on the left foot. The only potential fall intervention observed in place was a shoe on the right foot.</p> <p>In an interview on 12/02/2024 at 11:30 AM, Resident 10 confirmed the resident had fallen at the facility in August and October 2024.</p> <p>In an interview on 12/04/2024 at 12:24 PM, the Director of Nursing (DON) confirmed the DON done a record review of progress notes and fall assessments and seen the resident had a fall on 10/22/2024 but confirmed the facility did not have an incident report or investigation on the fall.</p> <p>In an interview on 12/04/2024 at 3:24 PM, the DON confirmed the facility did not have an incident report or investigation for Resident 10's fall on 10/22/2024 and the DON confirmed there was not an intervention put in place to prevent future falls.</p> <p>In an interview on 12/05/2024 at 10:50 AM, the Administrator confirmed the staff discussed Resident 10's fall on 10/22/2024 and a wedge was the intervention the staff put in place. The Administrator confirmed a Fall Risk Assessment or investigation had not been completed. The Administrator confirmed the wedge intervention had already been put in place following the 8/31/2024 fall, and that a new intervention to prevent future falls had not been put in place.</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>49380</p> <p>Based on observation and interview, the facility failed to ensure posting of the daily nursing staffing was current and contained all the required information. This had the potential to affect all the facility residents. The facility identified a census of 47.</p> <p>Findings are:</p> <p>Observation on 12/2/24 at 11:38 AM and 2:40 PM revealed missing posting for the daily census sheet.</p> <p>Observation on 12/3/24 at 8:20 AM and 3:15 PM revealed missing postings for the daily census sheet.</p> <p>Observation on 12/4/24 at 7:15 AM revealed missing postings for the daily census sheet.</p> <p>An interview on 12/4/24 at 8:09 AM with the Administrator (ADM) revealed the facility did not have a policy for daily nursing staffing posting.</p> <p>An interview on 12/4/24 at 8:15 AM with Human Resources (HR) confirmed the posting is missing for December 2nd, 3rd, and 4th of 2024.</p> <p>An interview on 12/4/2024 at 8:30 AM with the ADM, confirmed the posting of the daily nursing staffing was not posted for December 2nd, 3rd, and 4th of 2024.</p>

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45641</p> <p>Licensure Reference Number 175 NAC 12.006.10(D)</p> <p>Based on observation, interviews, and record review, the facility staff failed to ensure a medication error rate of less than 5%. Observation of 40 medications revealed 14 errors resulting in an error rate of 35%. The medication errors affected 3 (Resident 10, 21, and 199) of 5 sampled residents. The facility staff identified a census of 47.</p> <p>Findings are:</p> <p>A.</p> <p>A record review of the facility's Timely Administration of Insulin policy dated 8/2023 revealed it was the policy of the facility to provide timely administration of insulin in order to meet the needs of each resident and to prevent adverse effects on a resident's condition. All insulin would be administered in accordance with physician's orders.</p> <p>A record review of the facility's Medication Administration policy dated 8/2023 revealed the staff should have obtained vital signs when applicable or per physician's orders. Ensure that the six rights of medication administration were followed: right resident, right drug, right dosage, right route, right time, right documentation.</p> <p>A record review of Resident 21's Clinical Census dated 12/03/2024 revealed the resident was admitted to the facility on [DATE].</p> <p>A record review of Resident 21's Medical Diagnosis dated 12/03/2024 revealed the resident had diagnoses of long-term use of insulin, type 2 diabetes mellitus (uncontrolled blood sugar), chronic obstructive pulmonary disease (COPD), obstructive sleep apnea (OSA, closure of the airway during sleep), chronic respiratory failure with hypercapnia (too much carbon dioxide the body can't get rid of), and morbid obesity (severely overweight).</p> <p>A record review of Resident 21's Minimum Data Set (MDS, a comprehensive assessment used to develop a resident's care plan) dated 08/21/2024 revealed the resident had a Brief Interview for Mental Status (BIMS, a score of a residents cognitive abilities) of 14 which indicated the resident was cognitively aware. The resident was set up assistance with oral hygiene (cleaning), supervision or touching assistance with personal hygiene, dressing, and footwear, and partial/moderate assistance with toileting and bathing. The MDS revealed the resident was receiving insulin injections.</p> <p>A record review of Resident 21's Care Plan with an admitted [DATE] revealed a focus area of I am at risk for alteration (changes) in my blood sugar levels, hypoglycemia (low blood sugar) and/or hyperglycemia (high blood sugar) due to my diabetes. The interventions included blood sugar checks as ordered by doctor. Hold scheduled insulin if blood glucose (sugar) is below 100 (my blood sugars will be low a lot of the time).</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 - Some</p>	<p>A record review of Resident 21's Order Summary Report dated 12/03/2024 revealed the resident had an order for Lantus SoloStar Solution Pen injector 100 unit/ml (milliliter) (Insulin Glargine), Inject 25 units subcutaneously two times a day for diabetes hold for blood glucose (BG) below 100 milligrams per deciliter (mg/dl).</p> <p>A record review of Resident 21's Medication Administration Record and Treatment Administration Record (MAR & TAR) dated December 2023 revealed the resident was marked as the resident received the 25 units of Lantus SoloStar Solution Pen injector 100 unit/ml at 7:00 AM on 12/03/2024 and the BG level documented was 143 mg/dl.</p> <p>An observation on 12/03/2024 at 7:59 AM revealed Registered Nurse (RN)-E administered 25 units of Lantus SoloStar Solution Pen injector 100 unit/ml (Insulin Glargine). The observation did not reveal that RN-E tested Resident 21's BG level prior to administering the insulin.</p> <p>An observation on 12/03/2024 at 8:03 AM revealed RN-E went back in Resident 21's room and tested the resident's BG and it was 143 mg/dl.</p> <p>In an interview on 12/03/2024 at 7:59 AM, RN-E confirmed RN-E should have tested Resident 21's BG prior to the administration of the 25 units of Lantus SoloStar Solution Pen injector 100 unit/ml (Insulin Glargine) per the provider's order.</p> <p>In an interview on 12/05/2024 at 6:39 AM, the DON confirmed RN-E should not have administered Resident 21's 25 units of Lantus SoloStar Solution Pen injector 100 unit/ml (Insulin Glargine) without checking the resident's BG level first to determine if the BG was above 100 mg/dl per the provider's parameter, and it would be considered a significant medication error.</p> <p>B.</p> <p>A record review of the facility's Timely Administration of Insulin policy dated 8/2023 revealed it was the policy of the facility to provide timely administration of insulin in order to meet the needs of each resident and to prevent adverse effects on a resident's condition. All insulin would be administered in accordance with physician's orders.</p> <p>A record review of the facility's Medication Administration policy dated 8/2023 revealed the staff should have obtained vital signs when applicable or per physician's orders. Ensure that the six rights of medication administration were followed: right resident, right drug, right dosage, right route, right time, right documentation.</p> <p>A record review of Resident 10's Clinical Census dated 12/03/2024 revealed the resident was admitted to the facility on [DATE].</p> <p>A record review of Resident 10's Medical Diagnosis dated 12/03/2024 revealed the resident had diagnoses of type 2 diabetes mellitus, fall from bed, hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side (a condition that is a result from damage to the right side of the brain), congestive heart failure (CHF), COPD, and peripheral vascular disease (low blood flow in the arms and legs).</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 - Some</p>	<p>A record review of Resident 10's MDS dated [DATE] revealed the resident had a BIMS of 13 which indicated the resident was cognitively aware. The resident was supervision or touching assistance with oral hygiene and footwear. Partial moderate assistance with dressing, and substantial/maximal assistance with toileting and bathing. The MDS revealed the resident was administered insulin injections.</p> <p>A record review of Resident 10's Care Plan with an admitted [DATE] revealed a focus area of the resident had diabetes, and a goal of no complications related to diabetes through the review date.</p> <p>A record review of Resident 10's Order Summary dated 12/03/2024 revealed the resident had an order for Insulin Lispro Injection Solution 100 unit/ml (Insulin Lispro) Inject 3 unit subcutaneously before meals for diabetes. The order did not reveal parameters of do not administer if less than a specific BG level.</p> <p>A record review of Resident 10's MAR & TAR dated December 2024 revealed the resident's Lispro Injection Solution 100 unit/ml (Insulin Lispro) Inject 3 unit subcutaneously was not administered 12/04/2024 at 7:30 AM with a reason code of 12 indicating the blood sugar within normal parameters.</p> <p>An observation on 12/04/2024 at 7:24 AM revealed Licensed Practical Nurse (LPN)-H checked Resident 10's BG and it was 97 ml/dl. The observation did not reveal any insulin was administered.</p> <p>An observation on 12/04/2024 at 7:59 AM LPN-H administered Resident 10's Lantus long-acting insulin, but did not administer the resident's Insulin Lispro Injection Solution 100 unit/ml (Insulin Lispro) Inject 3 unit subcutaneously before meals.</p> <p>In an interview on 12/04/2024 at 7:24 AM, LPN-H confirmed Resident 10's Insulin Lispro Injection Solution 100 unit/ml (Insulin Lispro) Inject 3 unit subcutaneously before meals or Insulin Lispro Injection Solution 100 UNIT/ML (Insulin Lispro) Inject as per sliding scale would not be administered due to the residents BG was less than 100 ml/dl.</p> <p>In an interview on 12/04/2024 at 7:59 AM, LPN-H confirmed LPN-H did not administer Resident 10's Insulin Lispro Injection Solution 100 unit/ml (Insulin Lispro) Inject 3 unit subcutaneously before because the residents BG was less than 100 ml/dl.</p> <p>In an interview on 12/04/2024 at 8:40 AM, LPN-H confirmed Resident 10's confirmed order for Insulin Lispro Injection Solution 100 unit/ml (Insulin Lispro) Inject 3 unit subcutaneously before meals did not have a parameter but LPN-H held anyway due to BG was less than 100 ml/dl.</p> <p>In an interview on 12/05/2024 at 6:39 AM, the DON confirmed LPN-H should have administered Resident 10's Insulin Lispro Injection Solution 100 unit/ml (Insulin Lispro) Inject 3 unit subcutaneously before meals on 12/04/2024 at 7:59 AM due to the order did not have parameters to hold, and it would be considered a significant medication error.</p> <p>47406</p> <p>C.</p> <p>Record review of Resident 199 admission record revealed admitted was 11/25/24.</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 - Some</p>	<p>An observation on 12/4/24 at 8:49 AM of LPN-H and Registered Nurse (RN)-I revealed, LPN-H gave a medication cup with medications in it to RN-I. RN-I administer the medications to Resident 199. The observation did not reveal that RN-I followed the 5 rights of medication administration by verifying the medications were correct dose, resident, route, time or right drug prior to giving the medications.</p> <p>In an interview on 12/5/24 at 8:53 AM with RN-I revealed that [gender] did not dispense the medications for Resident 199 but stood by the cart and watched LPN-H dispense them, then LPN-H gave the medication cup to RN-I to give to the resident. The ADON was standing there with us and saw RN-I administer the medications also. RN-I said that LPN-H will document given since RN-I does not have access yet as [gender] is orientating. RN-I revealed that [gender] should not administer medications that someone else dispensed.</p> <p>Interview on 12/5/24 at 8:56 AM with LPN-H revealed that LPN-H did dispense the medications and gave to the RN-I to administer them. LPN-H confirmed that [gender] should not have done this.</p> <p>Interview with LPN-H on 12/4/24 at 8:59 AM that the following medications that were dispensed for Resident #199 were: Aspirin EC (Enteric coated) 81 milligrams everyday, Clopidogrel Bisulfate 75 milligrams every day, Empegliflozin 10 milligrams everyday, Lasix 40 milligrams everyday, Lisinopril 40 milligrams everyday, Pantoprazole Sodium 40 milligrams everyday, Amlodipine Besylate 5 milligrams twice a day, Breztri Aerosphere Inhalation 160-9-4.8 micrograms/act 1 puff inhale twice a day, Carvedilol 6.25 milligrams twice a day, Levetiracetam 500 milligrams twice a day, Metformin HCL 1000 milligrams twice a day, and Acetaminophen 500 milligrams 2 tabs three times a day.</p> <p>Interview on 12/5/24 at 9:44 AM with the DON confirmed that RN-I should not have administered medications as still orienting and did not dispense the medications themself.</p> <p>Medication Administration Policy dated 8/2023 revealed: Medications are administered by licensed nurses, or other staff who are legally authorized to do so in this state. As ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection. Identify resident by photo in the MAR (medication administration record).</p> <p>Ensure that the six rights of medication administration are followed:</p> <ul style="list-style-type: none"> -Right resident -Right drug -Right dosage -Right route -Right time -Right documentation <p>Review MAR to identify medication to be administered.</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 - Some</p>	<p>12. Compare medication source (bubble pack, vial, etc.) with MAR to verify resident name, medication name, form, dose, route, and time.</p> <p>14. Remove medication from source, taking care not to touch medication with bare hand.</p> <p>16. Observe resident consumption of medication.</p> <p>18. Sign MAR after administered.</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45641</p> <p>Licensure Reference Number 175 NAC 12.006.10(D)</p> <p>Licensure Reference Number 175 NAC 12.006.10(A)(ii)</p> <p>Based on observation, interview, and record review, the facility failed to ensure 2 (Residents 10 and 21) of 5 sampled resident's Insulin was administered as ordered and ensure staff followed the 5 rights for medication administration for 1 (Resident 199) of 5 sampled residents. The facility census was 47.</p> <p>Findings are:</p> <p>A.</p> <p>A record review of the facility's Timely Administration of Insulin policy dated 8/2023 revealed it was the policy of the facility to provide timely administration of insulin in order to meet the needs of each resident and to prevent adverse effects on a resident's condition. All insulin would be administered in accordance with physician's orders.</p> <p>A record review of the facility's Medication Administration policy dated 8/2023 revealed the staff should have obtained vital signs when applicable or per physician's orders. Ensure that the six rights of medication administration were followed: right resident, right drug, right dosage, right route, right time, right documentation.</p> <p>A record review of Resident 21's Clinical Census dated 12/03/2024 revealed the resident was admitted to the facility on [DATE].</p> <p>A record review of Resident 21's Medical Diagnosis dated 12/03/2024 revealed the resident had diagnoses of long-term use of insulin, type 2 diabetes mellitus (uncontrolled blood sugar), chronic obstructive pulmonary disease (COPD), obstructive sleep apnea (OSA)(closure of the airway during sleep), chronic respiratory failure with hypercapnia (too much carbon dioxide the body can't get rid of), and morbid obesity (severely overweight).</p> <p>A record review of Resident 21's Minimum Data Set (MDS)(a comprehensive assessment used to develop a resident's care plan) dated 08/21/2024 revealed the resident had a Brief Interview for Mental Status (BIMS)(a score of a residents cognitive abilities) of 14 which indicated the resident was cognitively aware. The resident was set up assistance with oral hygiene (cleaning), supervision or touching assistance with personal hygiene, dressing, and footwear, and partial/moderate assistance with toileting and bathing. The MDS revealed the resident was receiving insulin injections.</p> <p>A record review of Resident 21's Care Plan with an admitted [DATE] revealed a focus area of I am at risk for alteration (changes) in my blood sugar levels, hypoglycemia (low blood sugar) and/or hyperglycemia (high blood sugar) due to my diabetes. The interventions included blood sugar checks as ordered by doctor. Hold scheduled insulin if blood glucose (sugar) is below 100 (my blood sugars will be low a lot of the time).</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review of Resident 21's Order Summary Report dated 12/03/2024 revealed the resident had an order for Lantus SoloStar Solution Pen injector 100 unit/ml (milliliter) (Insulin Glargine), Inject 25 units subcutaneously two times a day for diabetes HOLD OF</p> <p>BLOOD GLUCOSE (BG) BELOW 100 milligrams per deciliter (mg/dl).</p> <p>A record review of Resident 21's Medication Administration Record and Treatment Administration Record (MAR & TAR) dated December 2023 revealed the resident was marked as the resident received the 25 units of Lantus SoloStar Solution Pen injector 100 unit/ml at 7:00 AM on 12/03/2024 and the BG level documented was 143 mg/dl.</p> <p>A record review of Resident 21's MAR & TAR dated October 2024 revealed the resident was administered Lantus SoloStar Solution Pen injector 100 unit/ml (Insulin Glargine), Inject 25 units on 10/02/2024 at 8:00 PM with a BG level of 93 ml/dl.</p> <p>An observation on 12/03/2024 at 7:59 AM revealed Registered Nurse (RN)-E administered 25 units of Lantus SoloStar Solution Pen injector 100 unit/ml (Insulin Glargine). The observation did not reveal that RN-E tested Resident 21's BG level prior to administering the insulin.</p> <p>An observation on 12/03/2024 at 8:03 AM revealed RN-E went back in Resident 21's room and tested the resident's BG and it was 143 ml/dl.</p> <p>In an interview on 12/03/2024 at 7:59 AM, RN-E confirmed RN-E should have tested Resident 21's BG prior to the administration of the 25 units of Lantus SoloStar Solution Pen injector 100 unit/ml (Insulin Glargine) per the provider's order.</p> <p>In an interview on 12/05/2024 at 7:53 AM, the Director of Nursing (DON) confirmed Resident 21's 10/02/2024 at 8:00 PM dose of Lantus was given with a BG of 93 ml/dl and the order had a parameter to hold if less than 100 ml/dl and should not have been administered.</p> <p>In an interview on 12/05/2024 at 6:39 AM, the DON confirmed RN-E should not have administered Resident 21's 25 units of Lantus SoloStar Solution Pen injector 100 unit/ml (Insulin Glargine) without checking the resident's BG level first to determine if the BG was above 100 ml/dl per the provider's parameter, and it would be considered a significant medication error.</p> <p>B.</p> <p>A record review of the facility's Timely Administration of Insulin policy dated 8/2023 revealed it was the policy of the facility to provide timely administration of insulin in order to meet the needs of each resident and to prevent adverse effects on a resident's condition. All insulin would be administered in accordance with physician's orders.</p> <p>A record review of the facility's Medication Administration policy dated 8/2023 revealed the staff should have obtained vital signs when applicable or per physician's orders. Ensure that the six rights of medication administration were followed: right resident, right drug, right dosage, right route, right time, right documentation.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review of Resident 10's Clinical Census dated 12/03/2024 revealed the resident was admitted to the facility on [DATE].</p> <p>A record review of Resident 10's Medical Diagnosis dated 12/03/2024 revealed the resident had diagnoses of type 2 diabetes mellitus, fall from bed, hemiplegia and hemiparesis following other cerebrovascular disease affecting left non-dominant side (a condition that is a result from damage to the right side of the brain), congestive heart failure (CHF), COPD, and peripheral vascular disease (low blood flow in the arms and legs).</p> <p>A record review of Resident 10's MDS dated [DATE] revealed the resident had a BIMS of 13 which indicated the resident was cognitively aware. The resident was supervision or touching assistance with oral hygiene and footwear. Partial moderate assistance with dressing, and substantial/maximal assistance with toileting and bathing. The MDS revealed the resident was administered insulin injections.</p> <p>A record review of Resident 10's Care Plan with an admitted [DATE] revealed a focus area of the resident had diabetes, and a goal of no complications related to diabetes through the review date.</p> <p>A record review of Resident 10's Order Summary dated 12/03/2024 revealed the resident had an order for Insulin Lispro Injection Solution 100 unit/ml (Insulin Lispro) Inject 3 unit subcutaneously before meals for diabetes. The order did not reveal parameters of do not administer if less than a specific BG level. Resident 10 also had an order for Insulin Lispro Injection Solution 100 UNIT/ML (Insulin Lispro) Inject as per sliding scale: if 150 - 199 = 1 unit 4x/daily before meals and at bedtime; 200 - 249 = 2 units; 250 - 299 = 3 units; 300 - 349 = 4 units; 350 - 399 = 5 units ; 400 - 999 = 6 units 400 or greater give</p> <p>6 units, subcutaneously before meals and at bedtime for diabetes, sliding scale insulin.</p> <p>A record review of Resident 10's MAR & TAR dated December 2024 revealed the resident's Lispro Injection Solution 100 unit/ml (Insulin Lispro) Inject 3 unit subcutaneously was not administered 12/04/2024 at 7:30 AM with a reason code of 12 indicating the blood sugar within normal parameters.</p> <p>A record review with the DON of Resident 10's MAR & TAR dated October 2024 revealed the resident's Lispro Injection Solution 100 unit/ml (Insulin Lispro) Inject 3 unit subcutaneously before meals for diabetes was not administered 10/14/2024, 10/25/2024, and 10/29/2024 at 6:30 AM and it was documented the blood sugar was within normal parameters. Resident 10's order for Insulin Lispro Injection Solution 100 unit/ml (Insulin Lispro) Inject as per sliding scale order was not administered and the resident's BG was 178 ml/dl.</p> <p>An observation on 12/04/2024 at 7:24 AM revealed Licensed Practical Nurse (LPN)-H checked Resident 10's BG and it was 97 ml/dl. The observation did not reveal any insulin was administered.</p> <p>An observation on 12/04/2024 at 7:59 AM LPN-H administered Resident 10's Lantus long-acting insulin, but did not administer the resident's Insulin Lispro Injection Solution 100 unit/ml (Insulin Lispro) Inject 3 unit subcutaneously before meals.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 12/04/2024 at 7:24 AM, LPN-H confirmed Resident 10's Insulin Lispro Injection Solution 100 unit/ml (Insulin Lispro) Inject 3 unit subcutaneously before meals or Insulin Lispro Injection Solution 100 UNIT/ML (Insulin Lispro) Inject as per sliding scale would not be administered due to the residents BG was less than 100 ml/dl.</p> <p>In an interview on 12/04/2024 at 7:59 AM, LPN-H confirmed LPN-H did not administer Resident 10's Insulin Lispro Injection Solution 100 unit/ml (Insulin Lispro) Inject 3 unit subcutaneously before because the residents BG was less than 100 ml/dl.</p> <p>In an interview on 12/04/2024 at 8:40 AM, LPN-H confirmed Resident 10's confirmed order for Insulin Lispro Injection Solution 100 unit/ml (Insulin Lispro) Inject 3 unit subcutaneously before meals did not have a parameter but LPN-H held anyway due to BG was less than 100 ml/dl.</p> <p>In an interview on 12/05/2024 at 11:28 AM, the DON confirmed Resident 10's Insulin Lispro Injection Solution 100 unit/ml (Insulin Lispro) Inject 3 unit subcutaneously before meals for diabetes should have been administered 10/14/2024, 10/25/2024, and 10/29/2024 at 6:30 AM, but nurse held due to blood sugar within normal parameters and the order did not have an order to hold if BG less than a specific value. The DON confirmed Resident 10's BG was 171 ml/dl on 10/30/2024 at 8:00 PM and the resident's Insulin Lispro Injection Solution 100 UNIT/ML (Insulin Lispro) Inject as per sliding scale was not administered per the ordered parameters and should have been.</p> <p>In an interview on 12/05/2024 at 6:39 AM, the DON confirmed LPN-H should have administered Resident 10's Insulin Lispro Injection Solution 100 unit/ml (Insulin Lispro) Inject 3 unit subcutaneously before meals on 12/04/2024 at 7:59 AM due to the order did not have parameters to hold, and it would be considered a significant medication error.</p> <p>47406</p> <p>C.</p> <p>Record review of Resident #199 admission record revealed admitted was 11/25/24.</p> <p>Observed LPN-H give a medication cup with medications in it to RN-I on 12/4/24 at 8:49 AM. Observed RN-I administer the medications to Resident #199. Surveyor did not observe if RN-I checked the 5 medication rights or checking the MARS for Resident 199 before administration.</p> <p>Interview on 12/5/24 at 8:53 AM with RN-I revealed that [gender] did not dispense the medications for Resident 199 but stood by the cart and watched LPN-H dispense them, then LPN-H gave the medication cup to RH-I to give to the resident. The ADON was standing there with us and saw RN-I administer the medications also. RN-I said that LPN-H will document given since RN-I does not have access yet as [gender] is orientating. RN-I revealed that [gender] should not administer medications that someone else dispensed.</p> <p>Interview on 12/5/24 at 8:56 AM with LPN-H revealed that LPN-H did dispense the medications and gave to the RN-I to administer them. LPN-H confirmed that [gender] should not have done this.</p> <p>(continued on next page)</p>		

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview with LPN-H on 12/4/24 at 8:59 AM that the following medications that were dispensed for Resident #199 were: Aspirin EC (Enteric coated) 81 milligrams everyday, Clopidogrel Bisulfate 75 milligrams every day, Emegliflozin 10 milligrams everyday, Lasix 40 milligrams everyday, Lisinopril 40 milligrams everyday, Pantoprazole Sodium 40 milligrams everyday, Amlodipine Besylate 5 milligrams twice a day, Breztri Aerosphere Inhalation 160-9-4.8 micrograms/act 1 puff inhale twice a day, Carvedilol 6.25 milligrams twice a day, Levetiracetam 500 milligrams twice a day, Metformin HCL 1000 milligrams twice a day, and Acetaminophen 500 milligrams 2 tabs three times a day.</p> <p>Interview on 12/5/24 at 9:44 AM with the DON confirmed that RN-I should not have administered medications as still orienting and did not dispense the medications themself.</p> <p>Medication Administration Policy dated 8/2023 revealed: Medications are administrated by licensed nurses, or other staff who are legally authorized to do so in this state. As ordered by the physician and in accordance with professional standards of practice, in a manner to prevent contamination or infection.</p> <p>3. Identify resident by photo in the MAR (medication administration record).</p> <p>10. Ensure that the six rights of medication administration are followed:</p> <ul style="list-style-type: none"> a. Right resident b. Right drug c. Right dosage d. Right route e. Right time f. Right documentation <p>11. Review MAR to identify medication to be administered.</p> <p>12. Compare medication source (bubble pack, vial, etc.) with MAR to verify resident name, medication name, form, dose, route, and time.</p> <p>14. Remove medication from source, taking care not to touch medication with bare hand.</p> <p>16. Observe resident consumption of medication.</p> <p>18. Sign MAR after administered.</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>45641</p> <p>Licensure Reference Number 175 NAC 12.006.18(D)</p> <p>Licensure Reference Number 175 NAC 12.006.18(B)</p> <p>Licensure Reference Number 175 NAC 12.006.19(A)</p> <p>Based on observation, interview, and record review, the facility failed to ensure the dietary staff performed handwashing for greater than 20 seconds to prevent foodborne illness, that the kitchen ceiling ventilation covers (vents) and light fixtures were clean to prevent cross contamination, and that all walls and the ceiling were in safe condition. The had the ability to affect 45 residents that consumed food from the kitchen.</p> <p>Findings are:</p> <p>A.</p> <p>A record review of the facility's Handwashing Guidelines for Dietary Employees policy dated 8/2023 revealed handwashing was necessary to prevent the spread of bacteria that may cause foodborne illnesses. Turn on water and moisten hands, cover with soap and rub vigorously for at least 20 seconds.</p> <p>An observation on 12/04/2024 at 09:50 AM revealed the facility's [NAME] (Cook-A) performed handwashing 8 seconds and gloved prior to food preparation. Cook-A got a knife and cut onions in quarters on cutting board, removed gloves and handwashed for 6 seconds. Cook-A put new gloves on, put onions in robot coup and blended then poured in a large mixing bowl. Cook-A took all items to dirty dish area, removed gloves, and performed handwashing for 12 seconds. Cook-A applied new gloves, got a bag, and cracked open eggs into a pitcher. Cook-A threw away the bag of eggshells, handwashed for 14 seconds and applied new gloves. Cook-A whisked eggs, poured in the large metal bowl, got a sanitizer rag, and sanitized the prep table surface. Cook-A then handwashed for 12 seconds, gloved, got a large cookie sheet, and covered with parchment paper, got a large tube of hamburger, opened, tore apart, and placed in the large metal bowl. Cook-A removed gloves, applied new gloves without handwashing, disposed of wrappers and put pan in dirty area.</p> <p>An observation on 12/04/2024 at 11:02 AM revealed Dietary Aide (DA-B) was washing dirty dishes in the sanitizer room, came into the main kitchen and performed handwashing for 14 seconds, and got clean dishes to return to the main kitchen.</p> <p>In an interview on 12/04/2024 at 10:46 AM, Cook-A confirmed [gender] was not washing hands for greater than 20 seconds and should have been.</p> <p>In an interview on 12/04/2024 at 2:10 PM, the facility's Registered Dietician (RD) confirmed the staff was not washing their hands for greater than 20 seconds and should have been.</p> <p>B.</p> <p>(continued on next page)</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>An observation on 12/02/2024 at 7:04 AM revealed the ceiling plaster was bubbled and cracked with a gray fuzzy substance around the vent as you enter the kitchen from the dining room above the prep area and steam table. There was a large crack in the wall above the food preparation sink as you enter the room with the 3-compartment sink from the main kitchen. The ceiling light fixtures above the prep tables contained a gray fuzzy substance. There was 1 ceiling vent in the room with the 3-compartment sink and 1 ceiling vent in the room with the dish sanitizer that were coated with a gray fuzzy substance and the filters were gray.</p> <p>An observation on 12/03/2024 at 8:53 AM with the RD revealed the ceiling plaster was bubbled and cracked with a gray fuzzy substance around the vent as you enter the kitchen from the dining room above the prep area and steam table. There was a large crack in the wall above the food preparation sink as you enter the room with the 3-compartment sink from the main kitchen. The ceiling light fixtures above the prep tables contained a gray fuzzy substance. There was 1 ceiling vent in the room with the 3-compartment sink and 1 ceiling vent in the room with the dish sanitizer that were coated with a gray fuzzy substance and the filters were gray.</p> <p>In an interview on 12/03/2024 at 8:53 AM, the RD confirmed the RD seen the ceiling plaster was bubbled and cracked with a gray fuzzy substance around the vent as you enter the kitchen from the dining room above the prep area and steam table. There was a large crack in the wall above the food preparation sink as you enter the room with the 3-compartment sink from the main kitchen. The ceiling light fixtures above the prep tables contained a gray fuzzy substance. There was 1 ceiling vent in the room with the 3-compartment sink and 1 ceiling vent in the room with the dish sanitizer that were coated with a gray fuzzy substance and the filters were gray. The RD confirmed the above items needed repaired, cleaned, and replaced.</p> <p>In an interview on 12/05/2024 at 12:13 PM, the DON confirmed all but 2 of the facility's census of 47 residents consume food from the kitchen.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49380</p> <p>Licensure Reference Number 175 NAC 12.006.18(B)</p> <p>Based on observation, record review, and interview, the facility failed to ensure Personal Protective Equipment (PPE) was followed in an Enhanced Barrier Precautions (EBP) room for 1 (Resident 1) of 1 sampled residents. This had the potential to affect all residents EBP. The facility failed to ensure the staff performed hand hygiene for 2 (Resident's 4 and 21) of 2 sampled residents during cares this had the potential to affect all the residents in the facility. The facility failed to ensure Resident 21's BiPAP filter was cleaned or replaced to prevent cross contamination. This had the potential to affect 1 (Resident 21) of 1 sampled resident. The facility identified a census of 47.</p> <p>Findings are:</p> <p>A.</p> <p>A review of the facility Policy: Enhanced Barrier Precautions dated 04/01/2024 revealed the following:</p> <p>It is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms (MDRO).</p> <p>Initiation of Enhanced Barrier Precautions: An order for enhanced barrier precautions will be obtained for residents with any of the following:</p> <p>-Wounds (E.g., chronic wounds such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and chronic venous stasis ulcers) and/or indwelling medical devices (e.g., central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes) even if the resident is not known to be infected or colonized with MDRO.</p> <p>Implementation of Enhanced Barrier Precautions:</p> <p>-Make gowns and gloves available immediately near or outside of the resident's room. Note: face protection may also be needed if performing activity with risk of splash or spray (i.e., wound irrigation, tracheostomy care).</p> <p>-Personal protective equipment (PPE) for enhanced barrier precautions is only necessary when performing high-contact care activities and may not need to be donned prior to entering the resident's room.</p> <p>High-Contact resident care activities include:</p> <p>-Providing hygiene.</p> <p>-Changing briefs or assisting with toileting.</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER The Mulberry at Waverly		STREET ADDRESS, CITY, STATE, ZIP CODE 11041 North 137th St Waverly, NE 68462	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes.</p> <p>-Wound care: any skin opening requiring a dressing.</p> <p>Enhanced barrier precautions should be followed outside the resident's room when performing transfers and assisting/during bathing in a shared/common shower room and when working with residents in the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility.</p> <p>A record review of Resident 1's Care Plan dated 12/02/2024, revised on 12/02/2024 revealed:</p> <p>-Focus: The resident requires Enhanced Barrier Precautions due to Ostomy, pressure injury, Urinary catheters.</p> <p>-Goal: The resident will remain free from active infection with an MDRO through the review date.</p> <p>-Interaction: Wear gowns and gloves during high-contact resident care activities</p> <p>An observation on 12/3/24 at 10:45 AM revealed Registered Nurse (RN)-E enter Resident 1's room, RN-E preformed hand hygiene, placed gloves on both hands and gathered supplies needed for the wound care. RN-E assisted Resident 1 into a position of comfort and removed the old dressing, exposing two areas to the left upper gluteal region. RN-E removes their gloves, preformed hand hygiene and placed clean gloves on both hands. RN-E cleans the wound areas as per wound care orders. RN-E removes the soiled gloves, preforms hand hygiene, and places a pair of clean gloves on their both hands. RN-E applied a clean dressings on the wound per the wound care order. RN-E removes their gloves, preformed hand hygiene and placed clean gloves on both hands. RN-E assisted Resident 1 into a position of comfort, returns the supplies not used during the interaction and cleans the platform used to house the wound care supplies while performing the wound care. RN-E preformed hand hygiene and exited the room. The observation did not reveal RN-E putting on PPE prior to performing wound care for Resident 1.</p> <p>An interview on 12/3/24 at 11:26 AM with RN-E, confirmed that when providing cares in an EBP room that include high-contact cares like wound care, staff are to preform hand hygiene, and wear gloves, gowns and at times eye shields. RN-E confirmed [gender] did not wear a gown during the wound care interaction with Resident 1.</p> <p>An interview on 12/3/24 at 11:34 AM with the Director of Nursing (DON) revealed the expectation for PPE use while providing cares in an EBP room would include the staff to wear gloves, gowns, and face shields if needed. DON confirmed that wound care is a high contact care requiring PPE.</p> <p>47406</p> <p>B.</p> <p>Record review of Resident 4's Admission record dated 12/3/24 revealed Resident 4 was admitted on [DATE].</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 4's MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 10/3/24 revealed section C- BIMS (Brief Interview for Mental Status, 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) was 15 and Section H indicated catheter.</p> <p>Record review of Resident 4s' diagnoses revealed: Retention of Urine, Obstructive and Reflux Uropathy, unspecified and Benign Prostatic Hyperplasia without Lower Tract Symptoms.</p> <p>Record review of Resident 4's Comprehensive Care Plan (CCP- written instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care) revealed that resident has a urinary indwelling catheter (used to allow urine to drain if you have an obstruction in the tube that carries urine out of the bladder) and requires Enhanced Barrier Precautions.</p> <p>Record review of Resident 4's December 2024 Medication Administration Record revealed a physician's order that started on 12/2/24 for Keflex (a medication used to treat infections) Oral Capsule 500 mg by mouth two times a day for wound for 7 days.</p> <p>Record review of Resident 4's Physician Orders revealed: L) knee wound: Cleanse with mild soap and water, apply medihoney to wound bed, cut silver alginate to wound size and place into wound bed, cover with Mepilex everyday shift for wound care and for wound care as needed for soiling.</p> <p>An observation on 12/3/24 at 9:30 AM of left knee wound cares by RN-E revealed, EBP equipment on back of the bathroom door. RN-E performed hand hygiene with soap and water for 5 seconds, and applied gloves. RN-E did not put a gown on for EBP. RN-E removed the old dressing from left knee wound. RN-E performed hand hygiene with gel and then donned (put on) gloves. RN-E cleansed the wound with soap and water and then dried the wound. RN-E performed hand hygiene with gel and donned gloves. RN-E applied medi-honey ointment using a sterile q-tip, then cut a small piece of silver alginate and placed in wound bed. RN-E performed hand hygiene with gel and donned gloves. RN-E applied Mepilex dressing and dated it. RN-E performed hand hygiene for 10 seconds with soap and water, donned gloves, then applied stump shrinker. RN-E tied up trash bag, then washed hands 3 seconds with soap and water, and took trash bag out to hopper.</p> <p>In an interview with RN-E on 12/3/24 at 9:43 AM revealed that [gender] needed to wash hands at least 20 seconds and did not.</p> <p>In an interview with the DON on 12/4/24 at 6:55 AM revealed that the expectations for hand washing is to rub hands for 20 seconds and the staff are to wear EBP when caring for wounds.</p> <p>Record review of Hand hygiene Policy dated 4/1/24 revealed:</p> <p>All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility.</p> <p>-Rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Rinse hands with water.</p> <p>-Dry thoroughly with a single-use towel.</p> <p>C.</p> <p>Record review of Resident 21's Admission record revealed admission was 4/16/20.</p> <p>Record review of Resident 21's diagnosis revealed Urinary retention.</p> <p>Record review of Resident 21's Minimum Data Set (MDS, a comprehensive assessment of each resident's functional capabilities) dated 8/21/24 revealed: Section C- 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) was 14 and Section H indicated occasional incontinence of urine.</p> <p>In an interview with Resident 21 on 12/3/24 at 11:05 AM revealed Resident 21's catheter was inserted when in the hospital but [gender] was unsure why.</p> <p>In an interview on 12/4/24 at 10:00 am with Assistant Director of Nursing revealed Resident 21 has been seeing the urologist for months for urinary retention and Urge incontinence.</p> <p>Record review of Resident 21's Physician orders revealed:</p> <p>-Foley catheter cares every day and evening shift for hygiene -Start Date- 11/07/2024.</p> <p>-Ensure dignity bag covering catheter every shift every shift -Start Date- 11/15/2024.</p> <p>An observation on 12/4/24 at 11:55 AM of catheter cares for Resident 21 by Nurse Aide (NA)-F and NA-G revealed, when both NA's entered Resident 21's room they took out a gown from the EBP (enhanced barrier precautions) supplies, looked at each other and then at surveyor and asked if they needed to put a gown on. Surveyor replied for them to do what they usually do. NA-F and NA-G donned the gowns. NA-F washed [gender] hands with soap and water for 20 seconds and donned gloves. NA-G washed [gender] hands with soap and water for 18 seconds and donned gloves. NA-F drained the catheter bag appropriately. NA-G placed catheter bag back in the privacy bag. NA-F looked at surveyor and asked if [gender] should take [gender] gloves off. Again, surveyor replied to them, to do what they usually do. NA-F then performed hand hygiene with soap and water for 18 seconds and donned gloves. NA-G did not perform hand hygiene. NA-F assisted the resident to lay on the bed, and removed slacks and the pull up brief. No hand hygiene was performed. NA-F layed the cleansing wipe container on the small dresser, took out a peri-wipe, and cleansed both groins folding wipe over between groins. NA-F obtained another wipe with using the same soiled glove and cleansed catheter at meatus area down tubing 6 inches while holding onto the catheter. NA-F obtained a clean wipe with using the same soiled glove again and cleansed catheter at meatus area down tubing 6 inches again holding onto the catheter. NA-F and NA-G assisted the resident with putting pull up and slacks back on, then they removed gloves and gown. NA-G washed hands with soap and water for 14 seconds. NA-F performed hand hygiene with soap and water for 20 seconds.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview with NA-F on 12/4/24 at 12:13 PM confirmed that [gender] should have washed [gender] hands for at least 20 seconds and before cleansing Resident 21 NA-F should have washed hands again. NA-F revealed [gender] didn't realize [gender] could not use the same glove to get the clean wipes from container.</p> <p>In an interview with NA-G on 12/4/24 at 12:14 PM revealed that [gender] should have washed [gender] hands for at least 20 seconds and should have performed hand hygiene after placing catheter bag in the privacy bag.</p> <p>In an interview with the DON on 12/4 at 12:22 PM revealed that staff have been trained regarding EBP and to perform hand washing for at least 20 seconds. DON also confirmed NA-F should have not gotten into the clean wipes with dirty gloves.</p> <p>Record review of Hand hygiene Policy dated 4/1/24 revealed: All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility. Hand hygiene technique when using soap and water:</p> <ul style="list-style-type: none"> -Wet hands with water. Avoid using hot water to prevent drying of skin. -Apply to hands the amount of soap recommended by the manufacturer. -Rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers. -Rinse hands with water. -Dry thoroughly with a single-use towel. -Use clean towel to turn off the faucet. <p>Record review of Enhanced Barrier Precautions Policy dated 4/1/24 revealed: It is the policy for this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. Implementation of Enhanced Barrier Precaution:</p> <ul style="list-style-type: none"> -PPE for enhanced barrier precautions is only necessary when performing high-contact care <p>High contact resident care activities include:</p> <ul style="list-style-type: none"> -Dressing, -Bathing, -Transferring, -Providing hygiene, -Changing linens, <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Changing briefs or assisting with toileting,</p> <p>-Device care or use: central lines, urinary catheters, feeding tubes, tracheostomy/ventilator tubes,</p> <p>-Wound care: any skin opening requiring a dressing.</p> <p>45641</p> <p>A record review of the facility's Noninvasive Ventilation (Continuous Positive Airway Pressure (CPAP), Bilevel Positive Airway Pressure (BiPAP), Average Volume-Assured Pressure Support (AVAPS), Trilogy)(all machines used to assist with breathing) policy dated 8/2023 revealed the facility would follow manufacturer's instructions for the frequency of cleaning/replacing filters and servicing the machine. Disposable filters would be replaced twice monthly.</p> <p>A record review of Resident 21's Clinical Census dated 12/03/2024 revealed the resident was admitted to the facility on [DATE].</p> <p>A record review of Resident 21's Medical Diagnosis dated 12/03/2024 revealed the resident had diagnoses of chronic obstructive pulmonary disease (COPD), obstructive sleep apnea (OSA)(closure of the airway during sleep), chronic respiratory failure with hypercapnia (too much carbon dioxide the body can't get rid of), and morbid obesity (severely overweight).</p> <p>A record review of Resident 21's Minimum Data Set (MDS, a comprehensive assessment used to develop a resident's care plan) dated 08/21/2024 revealed the resident had a Brief Interview for Mental Status (BIMS)(a score of a residents cognitive abilities) of 14 which indicated the resident was cognitively aware. The resident was set up assistance with oral hygiene (cleaning), supervision or touching assistance with personal hygiene, dressing, and footwear, and partial/moderate assistance with toileting and bathing. The MDS revealed the resident was on a noninvasive ventilator.</p> <p>A record review of Resident 21's Care Plan with an admitted [DATE] revealed a focus area of the potential and actual altered respiratory pattern due to the inability to maintain an effective airway clearance due to pneumonia and COPD and need oxygen and BiPAP at night.</p> <p>A record review of Resident 21's Order Summary Report dated 12/03/2024 revealed the resident was on a BiPAP to be worn at hours of sleep, but it did not reveal an order for filter changes.</p> <p>A record review of Resident 21's Medication Administration Record and Treatment Administration Record (MAR & TAR) dated 10/01/2024 - 12/03/2024 revealed the resident was marked at wearing the BiPAP every night except 11/07/2024, 10/13/2024, 10/15/2024, and 10/24/2024.</p> <p>An observation on 12/02/2024 at 9:44 AM revealed Resident 21's BiPAP mask was laying on the bedside table and the BiPAP's disposable filter was dark gray and had a fuzzy gray coating on it. The BiPAP was a ResMed Airtouch 10 BiPAP and the disposable filter was supposed to be white.</p> <p>An observation on 12/03/2024 at 7:59 AM revealed Resident 21's BiPAP mask was laying on the bedside table and the BiPAP's disposable filter was dark gray and had a fuzzy gray coating on it. The BiPAP was a ResMed Airtouch 10.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An observation on 12/03/2024 at 2:40 PM revealed Resident 10's BiPAP supplies had been cleaned but the filter was a dark gray and coated with a gray fuzzy substance.</p> <p>An observation on 12/05/2024 at 10:01 AM with the DON revealed Resident 21's BiPAP disposable filter was dark gray and had a fuzzy gray coating on it.</p> <p>In an interview on 12/02/2024 at 8:05 AM, Resident 21 confirmed the staff did not clean or replace the disposable filter in the BiPAP.</p> <p>In an interview on 12/05/2024 at 10:01 AM, the DON confirmed Resident 21's BiPAP disposable filter was dark gray with a gray fuzzy coating on it. The DON confirmed the filter had not been cleaned or replaced and should have been.</p>