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	02/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adept Nursing & Rehab of Waverly	11041 North 137th St Waverly, NE 68462

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.19(A) Based on observations, interviews, and record reviews, the facility failed to ensure the bathroom air vents were clean in three resident rooms (rooms [ROOM NUMBER]) out of 12 resident rooms sampled. The facility census was 42 at the time of the survey. Findings are: An observation during the initial facility tour on 2.23.2026 at 10:00 AM revealed a thick, fuzzy, grey material on the bathroom air vents (removes moisture and odors to prevent mold, mildew, and damage to fixtures) in three resident rooms (rooms [ROOM NUMBER]) out of 12 rooms observed. An observation on 2.24.2026 at 12:52 PM with the Administrator (ADM), revealed a thick, fuzzy, grey material on the bathroom air vents in rooms [ROOM NUMBER]. During an interview on 2.24.2026 at 12:52 PM with the ADM, it was confirmed the resident bathroom air vents in rooms [ROOM NUMBER] were dirty and needed cleaned. During an interview on 2.24.2026 at 1:21 PM with the Housekeeping District Manager (Hsk DM) confirmed the inside of the resident bathroom air vents were dirty, needed to be cleaned, and the facility maintenance department is responsible for the cleaning of the inside of the bathroom air vents. During an interview on 2.24.2026 at 1:31 PM with the Housekeeping Account Manager (Hsk AM) confirmed the housekeeping staff are responsible for cleaning the outside of the resident bathroom air vents, and the maintenance staff are responsible for cleaning the inside of the bathroom air vents since the cover of the air vent needed to be removed. In a record review of the facility Project Calendar dated 2.2026 revealed the vent dusting was to be completed every other Monday on 2.2.2026 and 2.26.2026, and Thursday 2.26.2026. In a record review of the facility's undated Housekeeper Daily Duties revealed resident rooms are to be cleaned at 8:00 AM, 10:20 AM, and 12:30 PM until all rooms have been cleaned. In a record review of the facility's undated Cleaning Checklist it was revealed the bathroom vents are to be cleaned, wiped down, and to check for any trash in the vents. During an interview on 2.24.2026 at 2:28 PM with the Maintenance Director (MD) confirmed not being aware the resident bathroom vents needed to be cleaned by maintenance and a process will be developed going forward. MD also confirmed the facility did not have a policy or procedure for cleaning and maintaining the resident bathroom air vents.

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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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC Based on record review and interview, the facility failed to have 1 resident (Resident 2) referred for a level 2 PASARR (Preadmission Screening and Resident Review) evaluation based off of Resident 2 current medical diagnosis and failed to include a diagnosis to the level 2 PASARR for 1 resident (Resident 14) of 4 sampled residents. The facility census was 42.A.A record review of the admission Record with a printed date of 2/24/26 revealed that Resident 2 was admitted to the facility on [DATE] with the diagnosis of Diabetes (high blood sugar), cellulitis of left upper limbs (skin infection), Hypertension (High blood pressure), Atrial Flutter (fast heart rate), and Pain in Shoulder. On 11/25/25 a diagnosis was added of irritability and anger, and disorientation, On 12/23/2025 a diagnosis was added of Visual Hallucinations. On 1/28/26 a diagnosis was added of Major Depressive disorder, recurrent, severe with psychotic symptoms (experiences intense, debilitating depression alongside hallucinations or delusions). A record review of the PASARR dated 11/14/2024 for Resident 2 revealed no mental health diagnosis is known or suspected. There was no other PASARR. An interview on 2/24/26 at 11:15 AM with the Social worker confirmed the new PASARR for Resident 2 was not done due to the different dates of the facilities sale and then wouldn't have access to email and a new PASARR should of been done for Resident 2 when Resident 2 received the new diagnosis.B.A record review of the admission Record with a printed date of 2/24/2026 revealed that Resident 14 was admitted to the facility on [DATE] with the diagnosis of Generalized Anxiety Disorder (persistent, excessive fear or worry that interferes with daily life, functioning, and relationships), Schizoaffective Disorder (hallucinations, delusions with a mood disorder {depression or mania}) , Post-Traumatic Stress Disorder (Chronic) (experiencing or witnessing terrifying, life-threatening events, such as abuse, accidents, or combat), Major Depressive Disorder (sadness, hopelessness, and loss of interest in activities lasting at least two weeks), Recurrent Severe without Psychotic Features, Bipolar Disorder (intense mood swings, including extreme emotional highs {mania} and lows {depression}), and Cognitive Communication Deficit (impairment in communication) .A record review of the PASARR dated 5/22/2023 for Resident 14 revealed the diagnosis of Post-Traumatic Stress Disorder was not included in the Behavioral Health Diagnoses. A record review of the PASARR dated 11/9/23 for Resident 14 revealed the diagnosis of Post-Traumatic Stress Disorder was not included in the Behavioral Health Diagnoses.An interview on 2/24/26 at 11:15 AM with the Social worker confirmed the PTSD was not on the PASARR 2 for Resident 14 and that the diagnosis of PTSD should of been on the PASARR.

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F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure medication error rates are not 5 percent or greater. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.10(D)Based on observations, record review and interview, the facility failed to maintain a medication error rate of less than 5%, which affected 2 residents (Residents 10 and Resident 12) of 3 sampled residents. The medication error rate was 8%. The facility census was 42. Licensure Reference Number 175 NAC 12-006.10(D) A.A record review of the admission Record dated 2/25/26 for Resident 10 revealed Resident 10 was admitted to the facility on [DATE] with the current diagnosis of Hemiplegia and Hemiparesis following Cerebral Infarction (Hemiplegia (total paralysis) and hemiparesis (weakness) are common, often severe, consequences of cerebral infarction (ischemic stroke) resulting from brain tissue damage), depression (persistent sadness, loss of interest, and physical symptoms like exhaustion), anxiety (excessive, persistent fear disrupts daily life), and Cognitive communication Deficit (an impairment in communication) .An observation of medication administration pass on 2/23/2026 at 7:30 AM with Medication Aide (MA) MA-B revealed MA-B was preparing Resident 10's medications that consisted of Midodrine 5 mg with the orders reading: give 5 mg by mouth two times a day for orthostatic hypotension. Take 1 tab twice a day before meals.An observation of Resident 10 on 2/23/26 at 7:45 AM sitting up in bed with the breakfast tray which consisted of 2 omelettes, that Resident 10 had eaten.An observation of MA-B on 2/23/26 at 7:45 AM giving Resident 10 (gender) medication that consisted of Midodrine.An interview on 2/23/26 at 7:50 AM with MA-B confirmed that (gender) had given all the medications after Resident 10 had eaten breakfast. MA-B confirmed that the Midodrine instructions were to be given before meals.An interview on 2/23/26 at 1:30 PM with the Director of Nursing confirmed that the Midodrine should have been given before meals and that it had not been given before meals. The Director of Nursing confirmed that all staff on the medication cart should follow the directions on the medication package and as ordered by the physician. B.A record review of the admission Record reveals that Resident 32 was admitted to the facility on [DATE] with the diagnosis of Chronic Obstructive Pulmonary Disease (restricted airflow, shortness of breath, chronic cough, and fatigue), Bipolar (intense mood swings, including extreme emotional highs {mania} and lows), depression (persistent sadness, loss of interest, and physical symptoms like exhaustion), Chronic Respiratory Failure (difficulty breathing). and Tachycardia (abnormally fast resting heart rate).An observation on 2/23/2026 at 8:00 AM with MA-B preparing Resident 32 medication which consisted of Trelegy Ellipta inhalation Aerosol Powder, 1 puff inhale daily related to Chronic Obstructive Pulmonary Disease. Rinse mouth and spit after use.An observation on 2/23/2026 at 8:10 AM of Resident 32 resting in bed with head of bed slightly elevated.An observation on 2/23/2026 at 8:10 AM with MA-B revealed that (gender) handed Resident 32 the Trelegy Ellipta, Resident 32 took one puff and handed the Trelegy back to MA-B. MA-B then asked Resident 32 if Resident 32 needed anything and left the room. Resident 32 did not rinse or spit after the use of the Trelegy.An interview on 2/23/2026 at 8:15 AM with MA-B confirmed that Resident 32 did not rinse their mouth and spit out the water and should have.An interview on 2/23/26 at 1:30 PM with the Director of Nursing confirmed that staff should have had Resident 32 rinse out their mouth after the use of the Trelegy inhaler.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Licensure reference number 175 NAC 12.006.18(D) Based on observations, record reviews, and interviews, the facility failed to perform hand hygiene for 1 resident (Resident 7) of 1 sampled resident. Facility census was 42. Findings are: During an observation on 02/24/2026 at 1:20 PM Licensed Practical Nursing (LPN)-A gathered Personal Protective Equipment (PPE- specialized clothing or gear designed to protect workers from physical, chemical, biological or radiological hazards) to complete Resident 7's wound care. LPN-A placed PPE on an empty bed that had clean linens and then washed LPN-A hands for 20 seconds. LPN-A proceeded to tell Resident 7 that LPN-A was going to complete wound care to resident coccyx wound, Resident 7 then rolled to their left side on their own. LPN-A donned (put on) PPE in the following order: gown, mask, face shield then gloves, then began to wash Resident 7's wound with normal saline and gauze. LPN-A dried the wound, removed dirty gloves and placed them in the trash can, LPN-A then put a new pair of gloves on without performing hand hygiene. LPN-A completed wound care per current order. LPN-A then doffed (takes off) PPE by taking off gloves, face shield, mask and then gown, then covers Resident 7 up, placed bed side table by Resident 7's bed, without performing hand hygiene. LPN-A then washes hands for 15 seconds. A record review of facility's Hand Hygiene policy last revised on 01/14/2025 revealed:Hand hygiene should take 20 seconds.Staff are okay to use an Alcohol Based hand rub (ABHR) or soap and water when coming on duty, between resident contact, before applying and after removing PPE, including gloves, and before and after handling clean or soiled dressings.During an interview on 02/24/2026 at 1:40 PM with Director of Nursing (DON) confirmed that hand hygiene should be performed for 20 seconds, and before or after handling clean or soiled dressing changes.During an interview on 02/24/2026 at 2:02 PM with LPN-A confirmed that LPN-A should of performed hand hygiene after washing wound and prior to putting on new gloves to place dressing on wound.