

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50105</b></p> <p>Based on record review and interview; the facility staff failed to ensure the resident choice for advance directive (a written statement of a person's wishes regarding medical treatment, made to ensure those wishes are carried out should the person be unable to communicate), and code status (an instruction from you to your medical team about what the medical team should do if you have a cardiac or respiratory arrest) was documented accurately throughout the resident medical record for 2 (Resident 27 and 23) of 16 residents reviewed. The facility staff identified a census of 34.</p> <p>Findings are:</p> <p>The undated facility policy titled, Medical Emergency Response revealed under policy explanation and compliance guidelines:</p> <p>-The employee who first witnesses or is first on the site of a medical emergency, that are trained, will initiate immediate action, including CPR as appropriate, basic first aid and summon for assistance.</p> <p>-CPR will continue unless:</p> <ol style="list-style-type: none"> <li>a. there is a DNR order in place.</li> <li>b. there are obvious signs of clinical death (rigor mortis, dependent lividity, decapitation, transection, or decomposition).</li> <li>c. initiating CPR could cause injury or peril to the rescuer.</li> </ol> <p>-If the resident experiences cardiac arrest, the facility must provide basic life support, including CPR, prior to the arrival of emergency medical services, and:</p> <ol style="list-style-type: none"> <li>a. in accordance with the resident's advance directives, or</li> <li>b. in absence of advance directives or a Do Not Resuscitate (DNR) order, and</li> <li>c. if the resident does not show signs obvious signs of clinical death.</li> </ol> <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A.</p> <p>A record review of Resident 27's admission record dated [DATE] revealed the resident Code Status as Full Code (if a person's heart stopped beating and/or they stopped breathing, all resuscitation procedures will be provided to keep them alive).</p> <p>A record review of Resident 27's active Physician Orders dated revealed the order for Full Code with an order start date of [DATE].</p> <p>A record review of Resident 27's advance directive dated [DATE] with a physician signature on [DATE] revealed the request for Resident 27's wish to not have Cardiopulmonary Resuscitation (CPR, a lifesaving attempt combination of rescue breathing and chest compressions when someone's heart has stopped).</p> <p>On [DATE] at 4:23 PM an interview was conducted with the Director of Nursing (DON) on the process for checking code status. The DON indicated that the admission record is the first place to verify for a code status because it is quickest to locate, and the resident orders is another location for confirmation. During the interview, the DON was asked about the code status for Resident 27, which revealed the advance directive found in the Electronic Medical Record (EMR). The DON verified dates and confirmed the advance directive with a request to be DNR (A type of advance directive in which a person states that health care providers should not perform cardiopulmonary resuscitation (restarting the heart) if his or her heart or breathing stops), was not updated timely and should have been changed to reflect the Resident's wishes.</p> <p>49382</p> <p>B.</p> <p>Review of an Admission Record indicated the facility admitted Resident 23 on [DATE] with diagnoses that include Chronic Obstructive Pulmonary Disease, which is a lung disease that causes restricted airflow in the lungs and breathing problems, and Absence of the Left Leg above the Knee.</p> <p>The Admission Minimum Data Set (MDS, which is a mandatory comprehensive assessment tool that measures the health status of nursing home residents and is used for care planning), with the Assessment Reference Date of [DATE], revealed that Resident 23 had a Brief Interview for Mental Status (BIMS) score of 15 indicating the resident was cognitively intact. The MDS reflected that staff provided set up and clean up assistance with eating, and supervision or touching assistance with bed mobility, transfers, and toilet use.</p> <p>A review of Resident 23's Care Plan, which is a written interdisciplinary comprehensive plan detailing how to provide quality care for a resident, dated [DATE] revealed Resident 23 had physician orders indicating the resident was a full code.</p> <p>A record review of the facility supplied document labeled Advance Directive Information dated [DATE] revealed Resident 32 indicated they did not want Cardiopulmonary Resuscitation (CPR), which is an emergency lifesaving procedure performed when the heart stops beating, performed. This document revealed Resident 23's signature dated [DATE] and a physician's signature dated [DATE].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of the facility supplied document labeled Order Summary Report dated [DATE] revealed a physician order dated [DATE] for a Full Code status for Resident 23.</p> <p>In an interview on [DATE] at 4:07 PM with the facility Director of Nursing (DON), the DON confirmed that the resident and the residents physician had signed indicating the resident did not want CPR to be performed on [DATE] and the residents Care Plan and Physician order did not accurately reflect the residents wishes to not have CPR performed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>50105</p> <p>Licensure Reference Number 175 NAC 12-006.05(1)</p> <p>Based on record review and interviews; the facility failed to provide 2 (Resident 88 and Resident 91) of 3 sampled residents with the cost of continuing to receive skilled Medicare Services, a choice of whether to appeal the facilities Medicare determination to discontinue services, or the reason for the discharge from skilled Medicare services. The facility census was 34.</p> <p>Findings are:</p> <p>A review of the policy Advance Beneficiary Notices dated 08/02/2023 revised on 08/29/2023 state:</p> <ul style="list-style-type: none"> <li>-It is the policy of this facility to provide timely notices regarding Medicare eligibility and coverage.</li> <li>-The Business Office Manager is the contact person for information regarding Medicare eligibility, coverage, and applying for benefits.</li> <li>-The facility shall inform Medicare beneficiaries of his or her potential liability for payment.</li> <li>-Additional notices shall be issued to Medicare beneficiaries when appropriate.</li> </ul> <p>a. If a reduction in care occurs and the beneficiary wants to continue to receive the care that is no longer considered medically reasonable and necessary, the facility shall issue an ABN prior to furnishing non-covered care.</p> <p>b. If services are being terminated and the beneficiary wants to continue receiving care that is no longer considered medically reasonable and necessary, the facility shall issue an ABN prior to furnishing non-covered care.</p> <p>c. If a resident has skilled benefit days remaining and elects the Hospice benefit, the facility shall issue an ABN and NOMNC when the coverage criteria for dual eligibility for Part A skilled and Hospice are not met.</p> <p>-To ensure the resident, or representative has enough time to make a decision whether or not to receive the services in question and assume financial responsibility, the notice shall be provided at least two days before the end of a Medicare covered Part A stay or when all or Part B therapies are ending.</p> <p>A.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 88's SNF Beneficiary Notification Review revealed, the Resident was admitted under Medicare A services on 04/01/2024. Further review revealed that the facility initiated the discharge from Medicare Part A services when benefit days were remaining. A review of Resident 88's Advanced Beneficiary Notice (ABN- form provided to inform the resident/representative of the reason Medicare would not continue to pay, the cost of continuing to receive skilled services, and an option to appeal the facilities decision about coverage) was not offered to the resident or representative. Resident remained in the facility as private pay starting on 04/05/2024.</p> <p>During an interview on 05/21/2024 at 1:24 PM the Business Office Manager (BOM) confirmed the facility did not offer or present Resident 88 or their responsible party with the cost of receiving skilled care once the facility determined services would no longer be covered by Medicare.</p> <p>B.</p> <p>A review of Resident 91's SNF Beneficiary Notification Review revealed, the Resident was admitted under Medicare A services on 12/03/2023. Further review revealed that the facility initiated the discharge from Medicare Part A services when benefit days were remaining. A review of Resident 91's Notice of Medicare Non-Coverage (NOMNC) revealed the resident/resident representative was not notified of their appeal options. The resident discharged home on 12/15/2023.</p> <p>During an interview on 05/21/2024 at 1:24 PM the Business Office Manager (BOM) confirmed that an appeal option was not offered or presented to Resident 91 or their responsible party.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41938</p> <p>Licensure Reference Number 175NAC 12-006.05(5)a</p> <p>Based on record review and interviews; the facility failed to notify the resident/resident representative of the facility decision to discharge the resident from the facility for 1 (Resident 89) of 3 sampled residents. This prevented the resident from returning to the facility. The facility census was 34.</p> <p>Findings are:</p> <p>Record review of the facility policy titled Transfer and Discharge (including AMA- against medical advice) dated 8/1/23 revealed it is the policy of the facility to permit each resident to remain in the facility and not initiate transfer or discharge for the resident from the facility except in limited circumstances. The facility will evaluate and determine the level of care needed for the resident prior to admission to ensure the facility's ability to meet the resident's needs. Once admitted, the resident has the right to remain at the facility unless the transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility, or the health of individuals in the facility would be endangered. The facility's transfer/discharge notice will be provided to the resident and the resident's representative. Generally, the notice must be provided at least 30 days prior to a facility-initiated transfer or discharge of the resident. Exceptions to the 30-day requirement include when an immediate transfer or discharge is required by the resident's urgent medical needs; or the resident has not resided in the facility for 30 days. In these exceptional cases, the notice must be provided to the resident, resident's representative, and Long-Term Care Ombudsman (a state appointed advocate for residents of nursing homes) as soon as practicable before the transfer or discharge. The facility will maintain evidence that the notice was sent to the ombudsman. The section titled Emergency Transfers/Discharges revealed that for emergency transfers/discharges that are initiated by the facility for medical reasons to an acute care setting such as a hospital for the immediate safety and welfare of a resident the facility will: g. Provide a notice of transfer and the facility's bed hold policy to the resident and representative. h. The Social Services Director will provide copies of notices for emergency transfers to the Ombudsman. i. The resident will be permitted to return to the facility upon discharge from the acute care setting. j. In a situation where the facility initiates discharge while the resident is in the hospital following emergency transfer the facility will have evidence that the resident's status at the time the resident seeks return to the facility meets one of the specified exemptions of the policy. k. In situations where the facility has decided to discharge the resident while the resident is still hospitalized the facility will send a notice of discharge to the resident and resident representative before the discharge and send a copy of the discharge notice to a representative of the State Long-Term Care Ombudsman. l. the resident has the right to return to the facility pending an appeal of any facility-initiated discharge unless the return would endanger the health or safety of the resident or other individuals in the facility. The facility will document the danger that the failure to transfer or discharge would pose.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the Admission Record dated 5/21/24 for Resident 89 revealed that Resident 89 admitted into the facility on [DATE]. The Admission Record documented a discharge date of [DATE] for Resident 89.</p> <p>Record review of the Care Plan dated 5/21/24 for Resident 89 revealed that Resident 89 is in the facility for long-term care placement as a result of a continued need for the services of skilled nursing staff and discharge planning is not needed.</p> <p>Record review of the Admission Agreement for Resident 89 dated 5/6/24 revealed that it was signed and dated by the resident representative for Resident 89 on 5/6/24. The Admission Agreement was signed by the facility Social Services Director (SSD) on 5/6/24. Item 4 of the Admission Agreement revealed that if a doctor orders the resident to be transferred to a hospital, the facility will hold the bed for the resident. Item 5 of the Admission Agreement revealed that if the resident leaves the facility to go into a hospital the facility will not charge the resident past the day the resident leaves, unless the resident wishes to reserve the bed for when the resident returns.</p> <p>Record review of the facility Bed Hold Authorization for Resident 89 dated 5/6/24 revealed that the resident representative documented that they wished to hold the bed until they inform the facility otherwise.</p> <p>Record review of the Progress Note for Resident 89 dated 5/12/24 at 11:28 PM revealed that the nurse spoke to the spouse of Resident 89 who gave authorization to send Resident 89 to the emergency room for evaluation due to concerns about the resident's heart and the resident leaning to the right.</p> <p>Record review of the Progress Note for Resident 89 dated 5/13/24 at 12:01 AM revealed that Resident 89 left the facility per ambulance for evaluation of possible stroke.</p> <p>Record review of the Progress Note for Resident 89 dated 5/13/24 at 5:51 AM revealed that the facility received a report from the hospital that Resident 89 was admitted to the hospital with possible stroke.</p> <p>Record review of the Minimum Data Set (MDS, a mandatory comprehensive assessment tool used for care planning) for Resident 89 dated 5/13/24 revealed that the assessment was a discharge assessment with resident return to the facility anticipated.</p> <p>Record review of the current census report for Resident 89 revealed that the facility stopped billing Resident 89 on 5/12/24 due to discharge.</p> <p>Interview on 5/22/24 at 3:15 PM with the facility Social Services Director (SSD) revealed that Resident 89 went to the emergency room for an acute issue. The SSD revealed that Resident 89 came to the facility as a wanderer and was always at a door. The SSD stated that Resident 89 didn't sign a bed hold. The SSD revealed that the Facility Administrator (FA) and the SSD determined Resident 89 was too much of an elopement risk (unsupervised wandering that leads to the resident leaving the facility without staff knowledge) so they decided to discharge Resident 89. The SSD confirmed that the facility did not give notification of discharge to the resident or resident representative. The SSD revealed that the facility automatically discharges a resident when they don't sign a bed hold.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the medical record for Resident 89 revealed no documentation of notification of discharge for Resident 89. The medical record contained no documentation of the facility decision to discharge Resident 89.</p> <p>Interview on 5/22/24 at 4:20 PM with the FA confirmed that the medical record for Resident 89 contained no notification of discharge for Resident 89.</p> <p>Interview on 5/23/24 at 12:17 PM with the FA confirmed that no notification of the facility decision to discharge Resident 89 had been provided to the resident or resident representative.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41938</p> <p>Licensure Reference Number 175NAC 12-006.05(5)</p> <p>Based on record review and interviews; the facility failed to provide the resident/resident representative with written notice of transfer and discharge from the facility. This affected 1 (Resident 89) of 3 sampled residents. The facility census was 34.</p> <p>Findings are:</p> <p>Record review of the facility policy titled Transfer and Discharge (including AMA- against medical advice) dated 8/1/23 revealed it is the policy of the facility to permit each resident to remain in the facility and not initiate transfer or discharge for the resident from the facility except in limited circumstances. The facility's transfer/discharge notice will be provided to the resident and the resident's representative. Generally, the notice must be provided at least 30 days prior to a facility-initiated transfer or discharge of the resident. Exceptions to the 30-day requirement include when an immediate transfer or discharge is required by the resident's urgent medical needs; or the resident has not resided in the facility for 30 days. In these exceptional cases, the notice must be provided to the resident, resident's representative, and Long-Term Care Ombudsman as soon as practicable before the transfer or discharge. The facility will maintain evidence that the notice was sent to the ombudsman. The section titled Emergency Transfers/Discharges revealed that for emergency transfers/discharges that are initiated by the facility for medical reasons to an acute care setting such as a hospital for the immediate safety and welfare of a resident the facility will: a. Obtain physician's order for emergency transfer or discharge, stating the reason the transfer or discharge is necessary on an emergency basis. g. Provide a notice of transfer and the facility's bed hold policy to the resident and representative. h. The Social Services Director will provide copies of notices for emergency transfers to the Ombudsman. i. The resident will be permitted to return to the facility upon discharge from the acute care setting. j. In a situation where the facility initiates discharge while the resident is in the hospital following emergency transfer the facility will have evidence that the resident's status at the time the resident seeks return to the facility meets one of the specified exemptions of the policy. k. In situations where the facility has decided to discharge the resident while the resident is still hospitalized the facility will send a notice of discharge to the resident and resident representative before the discharge and send a copy of the discharge notice to a representative of the State Long-Term Care Ombudsman. l. the resident has the right to return to the facility pending an appeal of any facility-initiated discharge unless the return would endanger the health or safety of the resident or other individuals in the facility. The facility will document the danger that the failure to transfer or discharge would pose.</p> <p>Record review of the Admission Record dated 5/21/24 for Resident 89 revealed that Resident 89 admitted into the facility on [DATE]. The Admission Agreement documented a discharge from the facility date of 5/12/24 for Resident 89.</p> <p>Record review of the Care Plan dated 5/21/24 for Resident 89 revealed that Resident 89 is in the facility for long-term care placement as a result of a continued need for the services of skilled nursing staff and discharge planning is not needed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 5/21/24 at 2:59 PM with Licensed Practical Nurse-A (LPN-A) revealed that for resident transfer to the emergency room the nurse is to notify the Facility Administrator (FA), Director of Nursing (DON), Assistant Director of Nursing (ADON), Business Office Manager (BOM), resident's family, and the resident's physician. LPN-A revealed that the interact Transfer Form assessment is completed. LPN-A revealed that the Transfer Form contains documentation of the notifications provided. LPN-A confirmed that the Transfer Form assessment should be completed when a resident is sent to the emergency room .</p> <p>Record review of the progress note for Resident 89 dated 5/12/24 at 11:28 PM revealed that the nurse spoke to the spouse of Resident 89 who gave authorization to send Resident 89 to the emergency room for evaluation due to concerns about the resident's heart and the resident leaning to the right.</p> <p>Record review of the progress note for Resident 89 dated 5/13/24 at 12:01 AM revealed that Resident 89 left the facility per ambulance for evaluation of possible stroke.</p> <p>Record review of the progress note for Resident 89 dated 5/13/24 at 5:51 AM revealed that the facility received a report from the hospital that Resident 89 was admitted to the hospital with possible stroke.</p> <p>Record review of the Minimum Data Set (MDS, a mandatory comprehensive assessment tool used for care planning) for Resident 89 dated 5/13/24 revealed that the assessment was a discharge assessment with resident return to the facility anticipated.</p> <p>Record review of the current census report for Resident 89 revealed that the facility stopped billing Resident 89 on 5/12/24 due to discharge.</p> <p>Record review of the medical record for Resident 89 revealed no documentation of written notification of transfer for Resident 89. The medical record contained no interact Transfer Form Assessment for the transfer of Resident 89 to the emergency roiaqnom on [DATE]. The medical record revealed no documentation of notification of discharge for Resident 89.</p> <p>Interview on 5/22/24 at 3:15 PM with the facility SSD revealed that Resident 89 went to the emergency room for an acute issue. The SSD revealed that Resident 89 came to the facility as a wanderer and was always at a door. The SSD revealed that Resident 89 didn't sign a bed hold. The SSD revealed that the Facility Administrator (FA) and the SSD determined Resident 89 was too much of an elopement risk (unsupervised wandering that leads to the resident leaving the facility without staff knowledge) so they decided to discharge Resident 89. The SSD confirmed that the facility did not give notification of discharge to the resident or resident representative.</p> <p>Interview on 5/22/24 at 3:26 PM with the facility Medical Records staff (MR) reviewed the file of paper medical records for Resident 89 and confirmed that there was no transfer form present for Resident 89 and no written notice of transfer.</p> <p>Interview on 5/23/24 at 10:46 AM with MR confirmed that the facility had no documented order for the transfer to the emergency roiaqnom on [DATE] for Resident 89.</p> <p>Interview on 5/22/24 at 4:20 PM with the FA confirmed that the medical record for Resident 89 contained no notification of discharge for Resident 89.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 5/23/24 at 12:17 PM with the FA confirmed that no written notice of transfer and discharge was found for Resident 89. The FA confirmed that no notification of the facility decision to discharge Resident 89 had been provided to the resident or resident representative.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49382</p> <p>Licensure Reference Number 175NAC 12-00-09B</p> <p>Based on record review and interviews; the facility failed to accurately complete resident assessments for 2 (Resident 23 and Resident 1) of 4 sampled residents. The facility stated census was 34.</p> <p>Findings are:</p> <p>Review of a facility policy labeled Minimum Data Set (MDS, which is a mandatory comprehensive assessment tool that measures the health status of nursing home residents and is used for care planning) 3.0 Completion dated 08/01/2023 revealed persons completing part of the assessment must attest to the accuracy of the section they completed by signature and indication of the relevant sections.</p> <p>Review of the Resident Assessment Instrument manual dated 10/2023 revealed Parenteral Feeding, (which is an introduction of a nutritive substance into the body by means other than the intestinal tract) and Feeding Tube (which is the presence of any type of tube that can deliver nutritional substances directly into the gastrointestinal system).</p> <p>A.</p> <p>Review of an Admission Record dated 05/21/2024 indicated the facility admitted Resident 23 on 02/21/2024 with diagnoses that include Chronic Obstructive Pulmonary Disease, (which is a lung disease that causes restricted airflow in the lungs and breathing problems), and Absence of the Left Leg above the Knee.</p> <p>The Admission MDS, dated [DATE] revealed Resident 23 had a Brief Interview for Mental Status (BIMS) score of 15 indicating the resident was cognitively intact. The MDS also revealed that the resident required set up and clean up assistance with eating. Section K0710 was coded as the resident received 25 percent or less of their calories through parenteral or tube feeding while a resident and during the entire 7 day look back period. Review of Section Z0400 revealed that the MDSC signed attesting to the accuracy of Section K of the MDS on 02/29/2024.</p> <p>In an interview on 04/23/2024 at 10:38 AM with the Minimum Data Set Coordinator (MDSC), confirmed that Section K0710 was coded incorrectly for Resident 23. MDSC confirmed that the resident did not received parenteral or tube feeding.</p> <p>B.</p> <p>A review of an Admission Record dated 05/23/2024 indicated that the facility admitted Resident 1 on 04/12/2024 with diagnoses of osteomyelitis, an infection in the bone, of the right ankle and foot, peripheral vascular disease, which is a condition where blood vessels narrow and reduce blood flow to the limbs of the body, and pressure ulcers which are skin and tissue injury due to pressure over a bony prominence, of the right and left heels.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The 5 Day Minimum Data Set (MDS), which is a mandatory comprehensive assessment tool that measures the health status of nursing home residents and is used for care planning, dated 04/14/2024 revealed Resident 1 had a Brief Interview for Mental Status (BIMS) score of 8 indicating the resident was moderately cognitively impaired. The MDS also revealed that the resident required substantial or maximal assistance with eating. Section K0710 was coded as the resident received 25 percent or less of their calories through parenteral or tube feeding while a resident and during the entire 7 day look back period and Resident #1 received 500 cubic centimeters (cc) or less of fluids by parenteral or tube feeding while a resident and during the entire 7 day look back period. Section N0300 item E anticoagulant which is a medication that prevents the blood from thickening and forming clots, was coded as the resident received the medication while and while not a resident. N0300 section I antiplatelet a medication that helps stop blood cells from sticking together and forming a blood clots, was not coded as the resident receiving this medication while or while not a resident. Review of Section Z0400 revealed that the MDSC signed attesting to the accuracy of Section K and Section N of the MDS on 04/15/2024.</p> <p>The Medication Administration Record (MAR) for the month of April revealed Resident 1 received the medication Clopidogrel 75 milligrams once daily which is an antiplatelet medication. The MAR revealed no administrations or orders for an anticoagulant medication.</p> <p>In an interview on 04/23/2024 at 10:38 am with the MDSC, confirmed that Section K0710 was coded incorrectly for Resident 1. MDSC confirmed that the resident did not receive parenteral or tube feeding. MDSC confirmed that Section N0300 for Resident 1 was coded incorrectly, and that the resident received an antiplatelet medication and not an anticoagulant medication.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50105</b></p> <p>Based on record review and interview; the facility failed to ensure a Preadmission Screening Resident Review (PASARR- federally mandated screening program to ensure Nursing Home residents with mental illness and/or developmental disabilities receive the care and services they need in the most appropriate settings) screen was accurately completed or a new PASSAR initiated to determine if a Level II PASARR review was warranted for 1 (Resident 42) of 2 sampled residents. The facility census was 34.</p> <p>Findings are:</p> <p>Review of Resident 3's admission Minimum Data Set (MDS-a mandatory assessment tool used for care planning) dated 05/03/2024 revealed the resident was admitted [DATE] with the diagnoses of psychotic disorder (a severe mental disorder that causes abnormal thinking and perceptions) and depression (a mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with one's daily activities). In addition, the assessment indicated the resident received an antipsychotic (a type of psychoactive medication which alters chemicals in the brain to effect changes in behavior, mood, and emotion).</p> <p>Review of a PASARR level 1 screening form dated 04/16/2024 revealed Resident 3 was assessed as having no mental health diagnosis known or suspected despite the resident's diagnosis of depression and psychosis.</p> <p>Review of Resident 3's Care Plan dated 04/29/2024 with a revision date of 05/15/2024 revealed Resident 3 is at risk for impaired psychosocial well-being and impaired mood and behaviors related to a diagnosis of depression and psychosis. Further review of Resident 3's Care Plan revealed the resident is taking a psychotropic medication related to a diagnosis of depression and psychosis.</p> <p>Review of Resident 3's Medication Administration Record (MAR) for April 2024 revealed the resident had an order for Quetiapine Fumarate (antipsychotic medication) 100 milligrams (mg) three times a day and 300 mg at bedtime for diagnoses of unspecified symptoms and signs involving cognitive functions and awareness. Olanzapine 5 mg every 12 hours as needed for psychosis related to unspecified symptoms and signs involving cognitive functions and awareness. Duloxetine 60 mg 1 cap every morning and at bedtime related to depression, unspecified.</p> <p>A review of the facilities policy titled Resident Assessment - Coordination with PASARR Program dated 08/01/2023 and revised on 09/18/2023 states:</p> <p>-This facility coordinates assessments with the preadmission screening and resident review (PASSAR) program under Medicaid (a government insurance program that provides health care services to low-income families, seniors, and individuals with disabilities), to ensure that individuals with a mental disorder, intellectual disability, or a related condition receives care and services in the most integrated setting appropriate to their needs.</p> <p>-All applicants will be screened for serious mental disorders or intellectual disabilities and related conditions in accordance with the State Medicaid rules for screening.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The facility will only admit individuals with a mental disorder or intellectual disability who the State mental health or intellectual disability authority has determined as appropriate for admission.</p> <p>An interview on 05/22/2024 at 10:19 AM with the Social Services Director (SSD) revealed that the facility is responsible for all PASRR screenings if the resident is admitted from another location other than the hospital. SSD reported Resident 3 admitted from an Assisted Living and therefore the facility completed the PASRR screening. During the interview, the SSD stated the facilities process for identifying residents with a possible Mental Disorder (MD), Intellectual Disability (ID) or a related condition prior to admission to the facility is to review the scheduled and as needed medications, diagnosis and revealed they did not look for Resident 3 and was not aware of the diagnosis listed prior to admission and did not list the diagnosis or medications on the preadmission screening tool. The SSD confirmed a PASSAR level 1 evaluation was not completed accurately, and the diagnosis and medications should have been listed for the State to make an accurate decision.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>49382</p> <p>Licensure Reference Number 175NAC 12-006.09D2b</p> <p>Based on observation, record review, and interviews; the facility failed to perform wound care consistent with professional standards of practice to promote wound healing for 1 (Resident 1) of 4 sampled residents. The facility stated census was 34.</p> <p>Findings are:</p> <p>Review of a facility policy titled Negative Pressure Wound Therapy dated 08/01/2024 revealed Negative pressure wound therapy will be provided in accordance with physician orders. Clean technique shall be utilized unless otherwise specified by the physician. Use and application of the therapy shall be in accordance with manufacturer's recommendations.</p> <p>Review of 3M Vacuum Assisted Closure (VAC) Therapy Clinical Guidelines dated 2021 revealed under foot wound application technique item #2 to protect intact skin, apply drape or vapor-permeable adhesive film dressing from the wound edge to the anterior aspect of the wound. Item #4 ensure the foam does not come in contact with intact skin.</p> <p>Review of facility policy titled Clean Dressing Change dated 08/01/2024 revealed it is the policy of this facility to provide wound care in a manner to decrease potential for infection and or cross-contamination. Item #5 set up clean field on the over bed table with needed supplies for wound cleansing and dressing application. #12 cleanse the wound as ordered, taking care not to contaminate other skin surfaces or other surfaces of the wound, clean outward from the center of the wound.</p> <p>A review of a Admission Record dated 05/23/2024 indicated that the facility admitted Resident 1 on 04/12/2024 with diagnoses of osteomyelitis (which is an infection in the bone), of the right ankle and foot, peripheral vascular disease (which is a condition where blood vessels narrow and reduce blood flow to the limbs of the body), and pressure ulcers (which are skin and tissue injury due to pressure over a bony prominence), of the right and left heels.</p> <p>The 5 Day Minimum Data Set (MDS, which is a mandatory comprehensive assessment tool that measures the health status of nursing home residents and is used for care planning), dated 04/14/2024 revealed Resident 1 had a Brief Interview for Mental Status (BIMS) score of 8 indicating the resident was moderately cognitively impaired. The resident required substantial or maximal assistance with eating was dependent on staff for bed mobility and transfers and did not use the toilet or commode. The resident was coded as not having an indwelling urinary catheter or ostomy and was always incontinent of bowel and bladder. The MDS was coded as resident had one stage two pressure ulcer (which is a partial thickness loss of tissue over a bony prominence), one stage four pressure ulcer (which is full thickness tissue loss with exposed bone, tendon, or muscle over a bony prominence), and one unstageable pressure ulcer (which is a wound over a bony prominence where the underlying tissue cannot be seen or visualized). All pressure ulcers were coded as being present upon admission to the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 1's Care Plan dated 05/21/2024 revealed a focus of potential impairment to skin integrity, right heel stage four wound and left heel unstageable wound. Listed interventions included treatments to wounds per physician orders, wound vac applied to right heel wound, and follow facility protocols for treatment of wounds.</p> <p>A review of Resident 1's Electronic Medical Record (EMR) for the month of May 2024 revealed physician orders for right heel: Cleanse wound with either Vashe (which is a wound cleanser that helps inhibits microbial growth), or Hibiclense (which is a cleanser that inhibits bacterial growth), remove Hibiclense with water, Skin prep to peri wound (which is the skin immediately surrounding the wound), apply Duoderm (which is a flexible water proof dressing), thin to peri wound, apply Adaptic Touch (which is a silicone dressing that helps prevent other dressings from sticking to the wound bed), over the wound bed, place black foam to wound bed but not to cover pressure injury to plantar deep tissue injury on foot, apply drape.</p> <p>In an observation of wound care on Resident 1 on 05/22/2024 from 1:12 PM to 2:14 PM the following was observed:</p> <ul style="list-style-type: none"> <li>-The Director of Nursing (DON) took dressing change supplies from the treatment cart located in the hall outside of Resident 1's room and placed them on the over bed table located inside the resident's room. The DON did not clean the over bed table or place a clean field down on the table prior to placing the clean dressing supplies on the table. Visible on the overbed table was a gray plastic basin with cloudy liquid and white cloths in it.</li> <li>-The DON opened two packages and removed square pieces of white gauze and placed one into a clear medicine cup with pink liquid in it and a clear medicine cup with clear liquid in it. With gloved hands the DON took the white gauze out of the pink liquid and squeezed it the used the gauze to wipe the wound located to the back and bottom of the right heel. The DON wiped the wound in an up and down fashion going from the back of the heel to the ball of the foot using the same portion of the cloth for each wipe. The DON did not cleanse the wound from the center working their way outward of the wound.</li> <li>-The DON opened a package labeled Adaptic Touch and placed the dressing from the package to the bottom of the resident's right heel. The DON did not visualize the positioning of the Adaptic Touch to ensure the dressing was placed to the wound bed as ordered.</li> <li>-The DON opened a package labeled Duoderm and placed the dressing from the package directly over the bottom of the resident's right heel. The DON did not visualize the positioning of the Duoderm to ensure the dressing was placed to the peri wound as ordered.</li> <li>-The DON opened a package labeled GranuFoam Dressing. The DON removed a piece of gray oval thick, porous foam material and unrolled the oval shape to a long strip of the gray material with a round section at one end. The DON cut the non-round end of the material decreasing the size of the strip and placed it directly onto the back of Resident 1's heel and extended the material onto the resident's intact skin around and up the ankle. The DON cut a piece of drape adhesive dressing and secured the foam to the resident's heel and ankle. The DON did not protect intact skin by applying drape or a vapor-permeable adhesive dressing. The DON did not ensure the foam did not come in contact with intact skin.</li> </ul> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 05/23/2024 at 10:01 AM with the Infection Preventionist (IP) who was also the Assistant Director of Nursing, the IP confirmed that the over bed table should have been cleaned and a clean field placed on the over bed table prior to the dressing supplies being put on the table. The IP confirmed that the placement of the Adaptic Touch dressing and Douderm dressing should have been placed per the dressing change orders and this should have been confirmed visually. The IP confirmed that the Duoderm should have been placed to the skin surrounding the wound and not over the Adaptic Touch dressing over the wound bed. The IP confirmed that the gray foam dressing placement over the wound should have been visually confirmed as correct and should not have been placed over intact skin with out a vapor-permeable adhesive dressing over the intact skin.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49382</p> <p>Licensure Reference Number 175NAC 12-006.09D8b1</p> <p>Licensure Reference Number 175NAC 12-006.09D8b</p> <p>Based on record review and interviews; the facility failed to evaluate, revise, and implement interventions for weight loss and the nutritional needs for 3 (Resident 1, 4, and 28) of 8 sampled residents. The facility census was 34.</p> <p>Findings are:</p> <p>Review of a facility policy titled Weight Monitoring dated 08/01/2023 revealed based on the resident's comprehensive assessment the facility will ensure that all residents maintain acceptable parameters of nutritional status, such as usual body weight, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise. Weight can be a useful indicator of nutritional status. Significant unintended changes in weight (loss or gain) or insidious weight loss (gradual unintended loss over a period of time) may indicate a nutritional problem. The facility will utilize a systemic approach to optimize a resident's nutritional status. This process includes identifying and assessing each resident's nutritional status and risk factors, evaluating, and analyzing the assessment information, developing, and consistently implementing pertinent approaches, monitoring the effectiveness of interventions, and revising them as necessary. Interventions will be identified, implemented, monitored, and modified, consistent with the resident's assessed needs, choices, preferences, goals and current professional standards to maintain acceptable parameters of nutritional status. A weight monitoring schedule will be developed upon admission for all residents. Newly admitted residents' weights will be monitored weekly for four weeks. Residents with weight loss will have weights monitored weekly. The physician should be informed of a significant change in weight and order nutritional interventions. The physician should be encouraged to document the diagnosis or clinical conditions that may be contributing to the weight loss. The registered dietitian or dietary manager should be consulted to assist with interventions and actions should be recorded in the nutrition progress notes. A significant change in weight is defined as: a 5% change in weight in 30 days, a 7.5% change in weight in 90 days, and a 10% change in weight in 180 days.</p> <p>A.</p> <p>A review of a Admission Record dated 05/23/2024 indicated that the facility admitted Resident 1 on 04/12/2024 with diagnoses of osteomyelitis (which is an infection in the bone), of the right ankle and foot, peripheral vascular disease (which is a condition where blood vessels narrow and reduce blood flow to the limbs of the body), and pressure ulcers (which are skin and tissue injury due to pressure over a bony prominence), of the right and left heels.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The 5 Day Minimum Data Set (MDS, which is a mandatory comprehensive assessment tool that measures the health status of nursing home residents and is used for care planning), dated 04/14/2024 revealed Resident 1 had a Brief Interview for Mental Status (BIMS, (a brief screening tool that aids in detecting cognitive impairment)) score of 8 indicating the resident was moderately cognitively impaired. The resident required substantial or maximal assistance with eating and the resident had a weight loss of 5% or more in the last month or 10% or more in the last six months and was not on a physician prescribed weight loss regimen.</p> <p>Review of Resident 1's Care Plan dated 05/21/2024 revealed a focus of at risk for alteration in nutritional status requiring assistance with eating due to functional limitations dated 08/09/2023, and a focus of palliative care, Resident 1 had a terminal illness and was receiving palliative care initiated on 04/18/2024. Interventions were listed as:</p> <ul style="list-style-type: none"> <li>-Staff are to encourage the resident to go to the dining room for meals revised on 08/23/2023.</li> <li>-Staff will assist resident if the resident requests to be fed in bed revised on 08/09/2023.</li> <li>-Monitoring of weights revised on 08/09/2023.</li> <li>-The registered dietitian is to evaluate monthly revised on 08/09/2023.</li> <li>-Report abnormal results to the physician as needed initiated on 04/18/2024.</li> </ul> <p>A review of Resident 1's Electronic Medical Record (EMR) revealed the resident was weighed on 12/15/2023 was 163 pounds, weight on 01/05/2024, was 162 pounds, weight on 02/16/2024 was 156 pounds, weight on 03/11/2024 was 153.5 pounds, weight on 03/17/2024 was 153.3 pounds, weight on 04/24/2024 was 154.4 pounds.</p> <p>In an interview on 5/21/2024 at 12:31 PM with Nurse Aide-D (NA-D), revealed that residents are weighed weekly with their baths. NA-D further revealed staff know who needs weighed that day due to the nurse tells them sometimes or gives them a list. Staff would notify the nurse if the resident did not eat or drink at least 50% of food and fluids offered.</p> <p>In an interview on 05/22/2024 at 9:45 AM with the Dietary Manager (DM), revealed residents with weight loss are weighed weekly. The DM stated that they review each residents weights every week for weight loss, weight gain, and if a weight has not been obtained for a resident. DM stated if a weight or re weight is needed, they communicate that to the charge nurse on duty. Reviewed weights obtained for Resident 1 in the last 180 days. DM confirmed Resident 1 was having weight loss and should have been weighed weekly. DM confirmed Resident 1 was not weighed each week after their admission to the facility on [DATE]</p> <p>In an interview on 05/23/2024 at 12:34 PM with the facility Assistant Director of Nursing (ADON), confirmed that Resident 1 was having weight loss and was not being weighed weekly over the last 180 days. The IP also confirmed that the resident was not weighed every week after their admission on 04/12/2024.</p> <p>B.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A review of a Admission Record dated 05/21/2024 revealed the facility admitted Resident 4 on 02/24/2023 with diagnoses of Laminectomy (which is a surgical procedure where a portion of a vertebra in the spine is removed), Intervertebral disc degeneration (which is a condition where the discs between the vertebrae lose cushioning resulting in chronic pack pain), Gastero-Esophageal Reflux (GERD, which is condition where the stomach contents move up into the esophagus) , and Osteoporosis (which is condition in which the bones become weak and brittle).</p> <p>The Significant Change Minimum Data Set (MDS), dated [DATE] revealed Resident 4 had a BIMS Score of 15 indicating the resident was cognitively intact. Staff provided set up and clean up assistance with eating and substantial or maximal assistance with bed mobility, transfers, and toilet use. The resident was not coded for having a weight loss of 5% or more in 30 days or 10% or more in 180 days. The resident did receive a mechanically altered diet and complained of difficulty or pain with swallowing.</p> <p>Review of Resident 4's Care Plan dated 05/21/2024 revealed a focus of poor intake, unintentional weight loss, and the resident was at nutritional risk, all revised on 04/01/2024. Interventions were listed as:</p> <ul style="list-style-type: none"> <li>-Monitor vital signs per order or protocol notify provider of significant changes date revised of 08/202023.</li> <li>-Refer the resident to the registered dietitian as needed for evaluation of my nutritional needs initiated 08/16/2023.</li> <li>-Provide fortified cereal at breakfast initiated 04/17/2024.</li> <li>-Supplement as ordered of 180 cubic centimeters (cc) of nutritious juice three times a day revised on 04/01/2024.</li> <li>-Weights as ordered revised 08/23/2023.</li> </ul> <p>A review of Resident 4's Electronic Medical Record on 05/21/2024 revealed the resident was weighed on 12/9/2023 and weighed 101.5 pounds, weight on 02/07/2024 was 96.5 pounds, weight on 03/08/2024 was 93.5 pounds, weight on 03/11/2024 was 93.5 pounds, weight on 04/25/2024 was 94 pounds. No weight recorded for the month of January 2024.</p> <p>In an interview on 5/21/2024 at 12:31 PM with Nurse Aide-D (NA-D), NA-D revealed residents are weighed weekly with their baths. NA-D further revealed staff know who needs weighed that day due to the nurse tells them or sometimes gives them a list. Staff would notify the nurse if the resident did not eat or drink at least 50% of food and fluids offered.</p> <p>In an interview on 05/22/2024 at 9:45 AM with the DM, revealed residents with weight loss are weighed weekly. The DM stated that they review each residents weights every week for weight loss, weight gain, and if a weight has not been obtained for a resident. DM states if a weight or re weight is needed, they communicate that to the charge nurse on duty. Reviewed weights obtained for Resident 4 in the last 180 days. DM confirmed Resident 4 was having weight loss and should have been weighed weekly. DM confirmed Resident 4 was not being weighed weekly or monthly.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 05/23/2024 at 12:34 PM with the facility ADON confirmed that Resident 4 was having weight loss and was not being weighed weekly or monthly over the last 180 days.</p> <p>50105</p> <p>C.</p> <p>During an interview on 05/20/2024 at 12:35 PM with Resident 28, the resident revealed weight loss has been significant.</p> <p>Record review of Resident 28's MDS dated [DATE] revealed Resident admitted on [DATE] for left hip prosthetic infection. A review of the MDS revealed that Resident 28 weighed 146 pounds (lbs.) at 65 inches of height at admission. According to the MDS, no issues of nutrition were triggered, however care planning decision was listed to be discussed. The MDS also revealed a diagnosis of nausea and vomiting. Resident scored a 15/15 on the BIMS assessment, resulting in having no cognitive impairment. Resident is independent with eating and meal set up. No issues for oral mucosa, gums, or teeth.</p> <p>Record review of Resident 28's Baseline Care Plan (BCP, a written plan required to be developed within 48 hours of admission detailing the instructions needed to provide initial effective and person-centered quality care for a resident) dated 01/11/2024 revealed under section 4 dietary/nutritional status, Resident has an order for a regular diet with thin liquids. Resident 28's dietary goal is to prevent weight loss.</p> <p>Record review of an assessment titled Mini Nutrition dated 01/15/2024 states Resident 28 has no decrease in food intake in the last 3 months. The mini nutritional assessment is designed to provide a single, rapid assessment of nutritional status. A score of 12-14 points indicates a normal nutritional status; 8-11 points indicate someone at risk of malnutrition; and 0-7 points indicate someone malnourished. Resident 28 scored 7 points.</p> <p>Record review of a food preference assessment dated [DATE] for Resident 28 revealed a general diet, regular texture, thin liquids, eating independently, no known food allergies. Enjoys coffee with cream and sugar and tea, and further revealed there are no food dislikes.</p> <p>Record review of the Registered Dietician's (RD) comprehensive assessment dated [DATE] commented on continuing the current plan of care, if intakes decline, recommend offering fortified foods/drinks at meals. RD available as needed.</p> <p>Record review of Resident 28's MDS dated [DATE] revealed that resident weighs 132 lbs. and that it is 5% or more of a loss and this is not due to a physician-prescribed weight loss regimen. Further review of the MDS revealed that the resident is on a parenteral/intravenous line (IV) a soft, flexible tube placed inside a vein, used to give a person medicine or fluids) feeding due to an infection. No therapeutic diet is offered. The MDS revealed that the portion of total calories the resident received through parenteral feeding is 25% or less and the average fluid intake by IV is 501 cubic centimeter (cc)/a day or more. No nutritional interventions are listed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident 28's Care Plan (CP) a written interdisciplinary comprehensive plan detailing how to provide quality care for a resident) dated 01/15/2024 listed a Focus problem for impaired nutrition, related to left hip prosthetic infection, depression, PTSD. Among the interventions listed for this focus were to assist with meals, having a dietician as needed, and to evaluate oral cavity. The CP for Resident 28 was revised on 04/04/2024 with a recent intervention listed on 04/22/2024 as having a general regular diet with thin liquids.</p> <p>Record review of interdisciplinary progress notes from the RD and the Dietary Manager (DM) revealed a note on 01/17/2024 indicating an initial nutritional assessment of Resident 28. A note on 01/29/2024 indicating a review on nutrition/weight stating weight is down 7.9% since admission on 01/11/2024, MD was faxed for an order of carnation Instant Breakfast drink (CIB) and to continue current plan of care, RD available as needed. A note on 02/20/2024 from the RD states a recommendation of fortified foods, magic cup and an offering of additional kcal a day. A note on 04/18/2024 for readmission from the hospital states on 4/11/2024 resident weighed 133 lbs. Record review of the last weight obtained was on 04/22/2024, resident 28 weighed 127 lbs. The progress notes did not reveal a physician was notified of the weight loss for Resident 28</p> <p>Record review of active orders for Resident 28 revealed a general diet, regular texture, and thin consistency. Order date was 04/18/2024 with a start date of 04/18/2024. No other dietary orders or supplements were listed for Resident 28.</p> <p>An interview with the DM on 05/22/2024 at 2:56 PM confirmed the following:</p> <ul style="list-style-type: none"> <li>-The resident continues to have a significant weight loss.</li> <li>-The resident was not monitored/weighed on a weekly routine per the facility policy</li> <li>-The facility is not providing Resident 28's recommended interventions from the RD to prevent weight loss</li> <li>-The facility did not provide Resident 28 new interventions to ensure the resident's weight was maintained</li> <li>-The facility did not notify the physician on continued weight loss of Resident 28, per the facility policy</li> </ul> <p>An interview with the DM on 05/23/2024 at 10:25 AM revealed there is a new RD for the facility who has not seen or reviewed Resident 28's nutritional status.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49382</p> <p>Licensure Reference Number 175NAC 12-006.09</p> <p>Based on observation, record review, and interviews; the facility failed to assess and manage pain during wound care for 1 (Resident 1) of 4 sampled residents. The facility census was 34.</p> <p>Findings are:</p> <p>A review of a Admission Record dated 05/23/2024 indicated Resident 1 admitted to the facility on [DATE] with diagnoses of: osteomyelitis (which is an infection in the bone), of the right ankle and foot, peripheral vascular disease (which is a condition where blood vessels narrow and reduce blood flow to the limbs of the body), and pressure ulcers (which are skin and tissue injury due to pressure over a bony prominence), of the right and left heels.</p> <p>Resident 1's 5 Day Minimum Data Set (MDS, which is a mandatory comprehensive assessment tool that measures the health status of nursing home residents and is used for care planning), dated 04/14/2024 revealed Resident 1 had a Brief Interview for Mental Status (BIMS) score of 8 indicating the resident was moderately cognitively impaired. The MDS identified Resident 1 received a routine pain medication. The MDS identified Resident 1 revealed frequent pain which interfered with sleep and day to day activities. The MDS revealed Resident 1 rated their pain at a level 10 on a zero (no pain) to ten (worst pain can imagine) scale.</p> <p>A review of Resident 1's Care Plan dated 05/21/2024 revealed Resident 1 was at risk for alteration in comfort. The Care Plan identified Resident 1 will be free of pain and discomfort through the next review date. The Care Plan identified the following interventions:</p> <ul style="list-style-type: none"> <li>- administer pain medications per order if non medication interventions are ineffective,</li> <li>- evaluate effectiveness of pain-relieving interventions,</li> <li>- evaluate for nonverbal indicators of pain, and utilize position and relaxation techniques for comfort.</li> </ul> <p>Further, the Care Plan revealed Resident 1 had a terminal illness and was receiving palliative care. The Care Plan identified a goal that Resident 1 would be kept comfortable and pain free with in one hour of provided interventions. The Care Plan identified the following interventions:</p> <ul style="list-style-type: none"> <li>- coordinate with palliative care provider to ensure the resident's needs are met,</li> <li>- monitor the resident for signs and symptoms of increased pain and discomfort,</li> <li>- administer medications and treatments for pain as ordered and monitor for relief.</li> </ul> <p>A review of Resident 1's Electronic Medical Record (EMR) dated May 2024 revealed the following active orders:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> <li>- Neurontin (which is a medication used to treat nerve pain) 300 milligram(mg) capsule twice daily for pain management,</li> <li>- Oxycodone (which is a narcotic pain medication) 5 mg two tablets twice daily for pain management,</li> <li>- Acetaminophen (which is a pain medication) 325 mg two tablets three times a day,</li> <li>- Acetaminophen extra strength tablet 500 mg two tablets by mouth every 6 hours as needed for pain,</li> <li>- Morphine Sulfate (which is a narcotic pain medication) 0.25 milliliters (ml) 5 mg every two hours as needed for severe pain or breakthrough pain.</li> </ul> <p>Observation on 5/22/2024 from 1:12 PM to 2:14 PM revealed Resident 1 was lying in bed and received wound care by the Director of Nursing (DON) and assistance from Nursing Assistant (NA)-C. The observation revealed the DON was providing personal cares to Resident 1's sacrum and Resident 1 jolted in the bed and was stating owww in addition to verbalizing profanity. Resident 1's body was tense and [gender] face grimaced. The DON responded to Resident 1 [gender] was almost done cleansing. The DON then removed Resident 1's wound dressing from their left heel in which resident stated owww, was verbalizing profanity, and attempting to withdraw [gender] leg from the DON grasp. The DON informed Resident 1 after cares were completed [gender] would administer something for pain. Then, the DON cleansed Resident 1's left heel in which Resident 1 verbalized discomfort and attempted to move their left foot away from the DON. Then, NA-C asked Resident 1 if [gender] would like to hold their hand for the remainder of cares in which Resident 1 responded yes and held the resident's hand. Then, the DON removed the wound dressing from Resident 1's right heel and completed wound care in which Resident 1 was calling out, moaning, using profanity, attempting to withdraw the right lower extremity from the DON, face was reddened, and lifting their head and truck of their body off of the bed. The DON did not stop cares to assess or treat Resident 1's pain throughout the duration of the observation.</p> <p>In an interview on 5/22/2024 at 2:16 PM with NA-C, revealed that depending on the care being provided NA-C would stop the action and report to the nurse a resident was in pain or would report to the nurse after cares are provided.</p> <p>In an interview on 5/22/2024 at 2:18 PM with Resident 1, revealed [gender] would like to not be in pain during wound care.</p> <p>In an interview on 5/22/2024 at 2:20 PM with the DON, revealed Resident 1 always had pain during wound care. The DON revealed Resident 1 received an analgesic (pain medication) one and a half hours prior to wound care being completed. The DON denied needing to stop the wound care to assess Resident 1's pain. The DON revealed [gender] would inform staff to administer pain medication after the completion of the wound care.</p> <p>In an interview on 5/22/2024 at 2:28 PM the Regional Nurse Consultant (RNC) revealed Resident 1's pain should have been addressed during the wound care that was provided by the DON.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of a facility policy titled Pain Management dated 08/01/2023 revealed the facility must ensure that pain management is provided to residents who require such services, consistent with professional standards of practice, the comprehensive person-centered care plan, and the resident's goals and preferences. To help a resident attain or maintain their highest practicable level of physical mental and psychosocial well being and to prevent or manage pain the facility will:</p> <ul style="list-style-type: none"> <li>-Recognize when the resident is experiencing pain and identify circumstances when the pain can be anticipated.</li> <li>-Evaluate the resident for pain and the causes upon admission, during ongoing scheduled assessments, and when a significant change in condition or status occurred, i.e New pain or an exacerbation of pain.</li> <li>-Manage or prevent pain, consistent with the comprehensive assessment and plan of care, current professional standards of practice and the resident's goals and preferences.</li> <li>-Facility staff will observe for nonverbal indicators which may indicate the presence of pain including negative vocalizations, skin conditions, behaviors such as resisting care, irritability, depressed mood, difficulty eating or loss or appetite, weight loss.</li> <li>-Based upon the evaluation the facility in collaboration with the attending physician other health care professionals and the resident will develop implement and monitor and revise as necessary interventions to prevent or manage each individual's resident's pain.</li> <li>-The interventions for pain management will be incorporated into situations that may be associated with pain or may be included as a specific pain management need.</li> <li>-The facility will consider administering medications in combination using longer acting medications with as needed medications for breakthrough pain.</li> <li>-If re assessment findings indicate pain is not adequately controlled, the pain management regimen and plan of care will be revised as indicated.</li> </ul>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41938</p> <p>Licensure Reference Number 175NAC 12-006.10D</p> <p>Based on observation, record review, and interviews; the facility failed to ensure a medication error rate of less than 5%. Observations of 32 medications administered revealed 4 errors resulting in an observed medication error rate of 12.5%. The errors affected 3 residents (Residents 19, 5, and 16) of 6 residents observed during medication administration. The facility census was 34.</p> <p>Findings are:</p> <p>A.</p> <p>Record review of the facility policy titled Insulin Pen dated 4/24/24 revealed it is the facility policy to use insulin pens in order to improve the accuracy of insulin dosing. Insulin pens will be primed prior to each use to avoid collection of air in the insulin reservoir. The section titled Procedure revealed instructions to attach the pen needle: Remove the pen cap from the insulin pen; wipe the rubber seal with an alcohol pad; screw the pen needle onto the insulin pen; twist open and remove the outer cover from the pen needle. The instructions for priming the insulin pen revealed to dial 2 units by turning the dose selector clockwise; with the needle pointing up, push the plunger and watch to see that at least one drop of insulin appears on the tip of the needle (if not, repeat until at least one drop appears). The next step of the instructions revealed to set the insulin dose. Turn the dose selector to the ordered dose. A click will be heard for each unit dialed. Check dose a second time.</p> <p>Record review of the Admission Record dated 5/23/24 for Resident 19 revealed that Resident 19 admitted into the facility on [DATE]. Diagnoses included type 2 diabetes mellitus (a medical condition characterized by high levels of sugar in the blood).</p> <p>Record review of the Treatment Administration Record (TAR, a legal record of the administration of scheduled treatments or performance of other scheduled medical tasks for a resident by a health care professional such as a licensed nurse) dated 5/21/24 for Resident 19 revealed that Resident 19 had a physician's order for 3 units of insulin to be administered before meals. The TAR revealed an additional physician's order for insulin per sliding scale with meals to administer: none for blood sugar of 180-250; 2 units for blood sugar of 251-300; 3 units for blood sugar of 301-350; 4 units for blood sugar of 351-400; and 5 units for blood sugar of above 400 and call the physician.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An observation on 5/21/24 at 11:20 AM outside the room of Resident 19 revealed that Licensed Practical Nurse-A (LPN-A) reviewed the insulin order for Resident 19. LPN-A entered the room of Resident 19 and obtained a blood glucose (blood sugar) result of 195 for Resident 19. LPN-A exited the room and returned to the medication treatment cart. LPN-A reviewed the sliding scale insulin order (an insulin order that varies the dose of insulin based on the blood glucose level. The higher your blood glucose the more insulin you take) for the blood glucose reading of 195. LPN-A revealed that no extra insulin was to be administered per the sliding scale order and that only the routine order for 3 units of insulin was to be given. LPN-A put on gloves and applied a needle to the insulin pen. LPN-A dialed (turning of the dose selector) the insulin pen to 3 units. LPN-A did not prime the needle prior to setting the insulin dose. LPN-A entered the room of Resident 19. LPN-A injected the insulin from the insulin pen into Resident 19's right upper arm at 11:29 AM.</p> <p>In an interview on 5/22/24 at 3:05 PM with the facility Director of Nursing (DON) confirmed that after applying the needle to an insulin pen, the pen is required to be primed to remove air to ensure the correct dose of insulin is administered. The DON confirmed that the expectation is for staff to apply the needle to the pen. The insulin pen is to be dialed to 2 units after the needle is attached. The plunger is to be pushed to prime the pen and needle prior to dialing the ordered amount of insulin.</p> <p>B.</p> <p>Record review of the Admission Record dated 5/22/24 for Resident 5 revealed that Resident 5 admitted into the facility on [DATE]. Diagnoses included diabetes mellitus.</p> <p>Record review of the TAR dated 5/21/24 for Resident 5 revealed that Resident 5 had a physician's order for 12 units of insulin to be administered 2 times a day. The TAR revealed an additional physician's order for insulin per sliding scale three times a day to administer: 1 unit for blood sugar of 150-199; 2 units for blood sugar of 200-249; 3 units for blood sugar of 250-299; 4 units for blood sugar of 300-349; 5 units for blood sugar of 350-399; and 6 units for blood sugar of 400-450 and call the physician.</p> <p>An observation on 5/21/24 at 11:39 AM outside the room of Resident 5 revealed that LPN-A reviewed the insulin order for Resident 5. LPN-A entered the room of Resident 5 and obtained a blood glucose (blood sugar) result of 161 for Resident 5. LPN-A exited the room and returned to the medication treatment cart. LPN-A reviewed the sliding scale insulin order for the blood glucose reading of 161. LPN-A revealed that 1 unit of insulin was to be administered per the sliding scale order to Resident 5 along with the routine order for 12 units of insulin. LPN-A applied the needle to the insulin pen and dialed the insulin pen to 13 units. LPN-A did not prime the needle prior to setting the insulin dose. LPN-A entered the room of Resident 5 and injected the insulin from the insulin pen into the resident's left upper arm at 11:46 AM.</p> <p>C.</p> <p>Record review of the Admission Record dated 5/23/24 for Resident 16 revealed that Resident 16 admitted into the facility on [DATE]. Diagnoses included type 2 diabetes mellitus.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the TAR dated 5/21/24 for Resident 16 revealed that Resident 16 had a physician's order for sliding scale insulin to be administered three times a day before meals: 2 units for blood sugar of 150-200; 4 units for blood sugar of 201-250; 6 units for blood sugar of 251-300; 8 units for blood sugar of 301-350; 10 units for blood sugar of 351-400; and 12 units for blood sugar of 401-450.</p> <p>An observation on 5/21/24 at 12:01 PM outside the room of Resident 16 revealed that LPN-A reviewed the insulin order for Resident 16. LPN-A entered the room of Resident 16 and obtained a blood glucose result of 248 for Resident 16. LPN-A exited the room and returned to the medication treatment cart. LPN-A reviewed the sliding scale insulin order for the blood glucose reading of 248. LPN-A revealed that 4 units of insulin was to be administered per the sliding scale order for Resident 16. LPN-A put on gloves and applied a needle to the insulin pen. LPN-A dialed the insulin pen to 4 units. LPN-A did not prime the needle prior to setting the insulin dose. LPN-A entered the room of Resident 16. LPN-A injected the insulin from the insulin pen into Resident 16's abdomen at 12:07 PM.</p> <p>D.</p> <p>Record review of the Admission Record dated 5/23/24 for Resident 16 revealed that Resident 16 admitted into the facility on [DATE]. Diagnoses included type 2 diabetes mellitus.</p> <p>Record review of the TAR dated 5/22/24 for Resident 16 revealed that Resident 16 had a physician's order for sliding scale insulin to be administered three times a day before meals: 2 units for blood sugar of 150-200; 4 units for blood sugar of 201-250; 6 units for blood sugar of 251-300; 8 units for blood sugar of 301-350; 10 units for blood sugar of 351-400; and 12 units for blood sugar of 401-450.</p> <p>An observation on 5/22/24 at 11:29 AM outside the room of Resident 16 revealed LPN-B obtained the glucometer (a medical device used to measure and display the amount of sugar in the blood for residents with diabetes) from the medication treatment cart. LPN-B entered the room of Resident 16 and obtained a blood glucose result of 282 for Resident 16. LPN-B exited the room and returned to the medication treatment cart. LPN-B reviewed the sliding scale insulin order for the blood glucose reading of 282. LPN-B revealed that 6 units of insulin was to be administered per the sliding scale order for Resident 16. LPN-B applied a needle to the insulin pen. LPN-B dialed the insulin pen to 6 units. LPN-B did not prime the needle prior to setting the insulin dose. LPN-B entered the room of Resident 16. LPN-B injected the insulin from the insulin pen into Resident 16's abdomen at 11:44 AM.</p> <p>In an interview on 5/22/24 at 2:06 PM with LPN-B revealed that LPN-B was unaware of the requirement for priming the insulin pen before selecting the ordered insulin dose. LPN-B confirmed that LPN-B did not prime the insulin pen prior to dialing the insulin dose for Resident 16 on 5/22/24 at 11:44 AM.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	

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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41938</p> <p>Licensure Reference Number 175NAC 12-006.10D</p> <p>Based on observations, record review, and interviews; the facility failed to ensure that staff followed procedure for blood glucose (blood sugar) monitoring which had the potential for inaccurate blood glucose results, and failed to ensure that staff followed procedure for priming of insulin pens to ensure residents received the physician ordered dose of insulin to prevent significant medication errors. This affected 3 of 3 residents observed (Residents 19, 5, and 16). The facility census was 34.</p> <p>Findings are:</p> <p>A.</p> <p>Record review of the facility policy titled Blood Glucose Monitoring dated 11/28/23 revealed that the nurse will perform the blood glucose test utilizing the facility's glucometer (a medical device used to measure and display the amount of sugar in the blood for residents with diabetes) as per manufacturer's instructions. The section Procedure revealed perform hand hygiene and put on gloves. Select the puncture site. Clean the intended site with an alcohol pad and allow to dry completely. Collect blood sample from the fingertip using the lancet (a small sterile blade used to obtain a small amount of blood for testing). Wipe away the first drop of blood using a gauze pad or cotton ball. Touch a drop of blood to the test area of the test strip. Read the digital display to receive the blood glucose result.</p> <p>Record review of the facility policy titled Insulin Pen dated 4/24/24 revealed it is the facility policy to use insulin pens in order to improve the accuracy of insulin dosing. Insulin pens will be primed prior to each use to avoid collection of air in the insulin reservoir. The section titled Procedure revealed instructions to attach the pen needle: Remove the pen cap from the insulin pen; wipe the rubber seal with an alcohol pad; screw the pen needle onto the insulin pen; twist open and remove the outer cover from the pen needle. The instructions for priming the insulin pen revealed to dial 2 units by turning the dose selector clockwise; with the needle pointing up, push the plunger and watch to see that at least one drop of insulin appears on the tip of the needle (if not, repeat until at least one drop appears). The next step of the instructions revealed to set the insulin dose. Turn the dose selector to the ordered dose. A click will be heard for each unit dialed. Check dose a second time.</p> <p>Record review of the Admission Record dated 5/23/24 for Resident 19 revealed that Resident 19 admitted into the facility on [DATE]. Diagnoses included type 2 diabetes mellitus (a medical condition characterized by high levels of sugar in the blood).</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 5/21/24 at 11:20 AM outside the room of Resident 19 revealed that Licensed Practical Nurse-A (LPN-A) reviewed the insulin order for Resident 19. LPN-A entered the room of Resident 19. LPN-A wiped the tip of Resident 19's right middle finger with an alcohol prep pad. LPN-A activated the lancet and obtained a drop of blood from Resident 19's right middle finger. LPN-A wiped the drop of blood away with the alcohol prep pad (LPN-A did not use a gauze pad or cotton ball to wipe away the first drop of blood). LPN-A obtained a second drop of blood and applied it to the glucometer test strip. LPN-A revealed a blood glucose (blood sugar) result of 195 for Resident 19. LPN-A exited the room and returned to the medication treatment cart. LPN-A reviewed the sliding scale insulin order (an insulin order that varies the dose of insulin based on the blood glucose level. The higher your blood glucose the more insulin you take) for the blood glucose reading of 195. LPN-A revealed that no extra insulin was to be administered per the sliding scale order and that only the routine order for 3 units of insulin was to be given. LPN-A put on gloves and applied a needle to the insulin pen. LPN-A dialed (turning of the dose selector) the insulin pen to 3 units. LPN-A did not prime the needle prior to setting the insulin dose. LPN-A entered the room of Resident 19. LPN-A injected the insulin from the insulin pen into Resident 19's right upper arm at 11:29 AM.</p> <p>Record review of the Treatment Administration Record (TAR, a legal record of the administration of scheduled treatments or performance of other scheduled medical tasks for a resident by a health care professional such as a licensed nurse) dated 5/21/24 for Resident 19 revealed that Resident 19 had a physician's order for 3 units of insulin to be administered before meals. The TAR revealed an additional physician's order for insulin per sliding scale with meals to administer: none for blood sugar of 180-250; 2 units for blood sugar of 251-300; 3 units for blood sugar of 301-350; 4 units for blood sugar of 351-400; and 5 units for blood sugar of above 400 and call the physician.</p> <p>Interview on 5/22/24 at 3:05 PM with the facility Director of Nursing (DON) confirmed that when performing a test for blood glucose using the glucometer, the first drop of blood obtained is to be wiped away and the second drop used for testing. The DON confirmed that the first drop of blood should be wiped away with a cotton ball or gauze. The DON confirmed that the first drop of blood obtained should never be wiped away with an alcohol prep pad as it could cause an inaccurate blood sugar result. The DON confirmed that after applying the needle to an insulin pen, the pen is required to be primed to remove air to ensure the correct dose of insulin is administered. The DON confirmed that the expectation is for staff to apply the needle to the pen. The insulin pen is to be dialed to 2 units after the needle is attached. The plunger is to be pushed to prime the pen and needle prior to dialing the ordered amount of insulin.</p> <p>B.</p> <p>Record review of the Admission Record dated 5/22/24 for Resident 5 revealed that Resident 5 admitted into the facility on [DATE]. Diagnoses included diabetes mellitus.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 5/21/24 at 11:39 AM outside the room of Resident 5 revealed that Licensed Practical Nurse-A (LPN-A) reviewed the insulin order for Resident 5. LPN-A entered the room of Resident 5. LPN-A wiped the tip of Resident 5's left ring finger with an alcohol prep pad. LPN-A activated the lancet and obtained a drop of blood from Resident 5's left ring finger. LPN-A wiped the drop of blood away with the alcohol prep pad (LPN-A did not use a gauze pad or cotton ball to wipe away the first drop of blood). LPN-A obtained a second drop of blood and applied it to the glucometer test strip. LPN-A revealed a blood glucose (blood sugar) result of 161 for Resident 5. LPN-A exited the room and returned to the medication treatment cart. LPN-A reviewed the sliding scale insulin order for the blood glucose reading of 161. LPN-A revealed that 1 unit of insulin was to be administered per the sliding scale order to Resident 5 along with the routine order for 12 units of insulin. LPN-A applied the needle to the insulin pen and dialed the insulin pen to 13 units. LPN-A did not prime the needle prior to setting the insulin dose. LPN-A entered the room of Resident 5 and injected the insulin from the insulin pen into the resident's left upper arm at 11:46 AM.</p> <p>Record review of the TAR dated 5/21/24 for Resident 5 revealed that Resident 5 had a physician's order for 12 units of insulin to be administered 2 times a day. The TAR revealed an additional physician's order for insulin per sliding scale three times a day to administer: 1 unit for blood sugar of 150-199; 2 units for blood sugar of 200-249; 3 units for blood sugar of 250-299; 4 units for blood sugar of 300-349; 5 units for blood sugar of 350-399; and 6 units for blood sugar of 400-450 and call the physician.</p> <p>C.</p> <p>Record review of the Admission Record dated 5/23/24 for Resident 16 revealed that Resident 16 admitted into the facility on [DATE]. Diagnoses included type 2 diabetes mellitus.</p> <p>Observation on 5/21/24 at 12:01 PM outside the room of Resident 16 revealed that Licensed Practical Nurse-A (LPN-A) reviewed the insulin order for Resident 16. LPN-A entered the room of Resident 16. LPN-A wiped the tip of Resident 16's right index finger with an alcohol prep pad. LPN-A activated the lancet and obtained a drop of blood from Resident 16's right index finger. LPN-A wiped the drop of blood away with the alcohol prep pad (LPN-A did not use a gauze pad or cotton ball to wipe away the first drop of blood). LPN-A obtained a second drop of blood and applied it to the glucometer test strip. LPN-A revealed a blood glucose (blood sugar) result of 248 for Resident 16. LPN-A exited the room and returned to the medication treatment cart. LPN-A reviewed the sliding scale insulin order for the blood glucose reading of 248. LPN-A revealed that 4 units of insulin was to be administered per the sliding scale order for Resident 16. LPN-A put on gloves and applied a needle to the insulin pen. LPN-A dialed the insulin pen to 4 units. LPN-A did not prime the needle prior to setting the insulin dose. LPN-A entered the room of Resident 16. LPN-A injected the insulin from the insulin pen into Resident 16's abdomen at 12:07 PM.</p> <p>Record review of the TAR dated 5/21/24 for Resident 16 revealed that Resident 16 had a physician's order for sliding scale insulin to be administered three times a day before meals: 2 units for blood sugar of 150-200; 4 units for blood sugar of 201-250; 6 units for blood sugar of 251-300; 8 units for blood sugar of 301-350; 10 units for blood sugar of 351-400; and 12 units for blood sugar of 401-450.</p> <p>D.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of the Admission Record dated 5/23/24 for Resident 16 revealed that Resident 16 admitted into the facility on [DATE]. Diagnoses included type 2 diabetes mellitus.</p> <p>Observation on 5/22/24 at 11:29 AM outside the room of Resident 16 revealed that Licensed Practical Nurse-B (LPN-B) obtained the glucometer from the medication treatment cart. LPN-B entered the room of Resident 16. LPN-B asked Resident 16 which finger the resident wanted LPN-B to poke. Resident 16 stuck out their right middle finger. LPN-B wiped the fingertip of the resident's right middle finger with an alcohol prep pad. LPN-B activated the lancet and squeezed the resident's fingertip to obtain a drop of blood. LPN-B applied the drop of blood to the glucometer test strip (LPN-B did not wipe away the first drop of blood as required). LPN-B revealed a blood glucose (blood sugar) result of 282 for Resident 16. LPN-B exited the room and returned to the medication treatment cart. LPN-B reviewed the sliding scale insulin order for the blood glucose reading of 282. LPN-B revealed that 6 units of insulin was to be administered per the sliding scale order for Resident 16. LPN-B applied a needle to the insulin pen. LPN-B dialed the insulin pen to 6 units. LPN-B did not prime the needle prior to setting the insulin dose. LPN-B entered the room of Resident 16. LPN-B injected the insulin from the insulin pen into Resident 16's abdomen at 11:44 AM.</p> <p>Record review of the TAR dated 5/22/24 for Resident 16 revealed that Resident 16 had a physician's order for sliding scale insulin to be administered three times a day before meals: 2 units for blood sugar of 150-200; 4 units for blood sugar of 201-250; 6 units for blood sugar of 251-300; 8 units for blood sugar of 301-350; 10 units for blood sugar of 351-400; and 12 units for blood sugar of 401-450.</p> <p>Interview on 5/22/24 at 2:06 PM with LPN-B revealed that LPN-B stated that the first drop of blood can be used for the glucometer test strip. This surveyor asked LPN-B about the procedure to wipe away the first drop of blood prior to obtaining a drop of blood for the glucometer test strip. LPN-B confirmed that LPN-B forgot to wipe away the first drop of blood when performing the blood glucose test for Resident 16. LPN-B revealed that LPN-B was unaware of the requirement for priming the insulin pen before selecting the ordered insulin dose. LPN-B confirmed that LPN-B did not prime the insulin pen prior to dialing the insulin dose for Resident 16 on 5/22/24 at 11:44 AM.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49382</p> <p>Licensure Reference Number 175 NAC 12-006.11E</p> <p>Based on observation, record review, and interview; the facility failed to maintain a sanitary environment for food storage and preparation. This had the potential to affect all residents receiving food from the facility kitchen. The facility stated census was 34.</p> <p>Findings Are:</p> <p>Review of a facility policy titled Kitchen Sanitization dated 10/2008 revealed Kitchen and dining room surfaces not in contact with food shall be cleaned on a regular schedule and frequently enough to prevent accumulation of grime. The food services manager will be responsible for scheduling staff for regular cleaning of kitchen and dining areas.</p> <p>During an observation completed on 05/19/2024 at 8:50 AM the following was observed:</p> <ul style="list-style-type: none"> <li>-Three cupboards missing doors in the kitchen storage meal prep area of the kitchen exposing dishes stored in these cupboards to be exposed.</li> <li>-Black, brown sticky substance to the handle area of all cupboard doors along the back wall of the main kitchen area.</li> <li>-Cloudy yellow white adhered substance to the stainless steel hood above the stove in the kitchen.</li> <li>-Black, brown fuzz coating to the orange pipe suspended from the ceiling of the kitchen in the stove and meal prep area.</li> <li>-Black, brown fuzz coating to the outside, top, and vent areas of the heat and air-conditioning unit installed in the back wall near the ceiling of the main kitchen area.</li> </ul> <p>In an interview on 05/22/2024 at 8:40 am with the Dietary Manager (DM), the DM confirmed the missing doors on the cupboards and that the outside of the cupboards, stainless steel hood above the stove, the orange pipe, and the air conditioning unit were all soiled. The dietary manager confirmed that routine cleaning schedules for the kitchen and these areas were established and posted with no documentation reflecting completion of the tasks for the month of May 2024</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 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>49382</p> <p>Licensure Reference Number 175NAC 12-006.017D</p> <p>Based on observation, record review, and interviews; the facility failed to adhere to infection control practices to prevent the potential for cross contamination and infection prevention during wound care for 1 (Resident 1) of 4 sampled residents. The facility stated census was 34.</p> <p>Findings are:</p> <p>Record review of a facility policy titled Clean Dressing Change dated 08/01/2023 revealed to loosen the tape and remove existing dressing, remove gloves, wash hands, and put on clean gloves, cleanse the wound as ordered, remove gloves, wash hands, and put on clean gloves, apply and secure new dressing, remove gloves and wash hands.</p> <p>Record review of document labeled CDC Clinical Safety: Hand Hygiene for Healthcare Workers dated 02/27/2024 revealed hands should be sanitized with soap and water or alcohol-based hand sanitizer (ABHS), immediately after glove removal. Gloves should be used when needed for when you anticipate that you will encounter blood or other infections materials, mucous membranes, non-intact skin, potentially contaminated skin, or contaminated equipment. Gloves should be changed if become soiled with blood or body fluids after a task, if moving from work on a soiled site to a clean site on the same resident or if clinical indication for hand hygiene occurs.</p> <p>Record review of an Association for Professionals in Infection Control and Epidemiology APIC document labeled Clean vs Sterile: Management of Chronic Wounds dated March 2001 revealed clean technique involves meticulous hand washing, maintain a clean environment by preparing a clean field, using clean gloves, sterile instruments, and prevention of direct contamination of materials and supplies.</p> <p>A review of a Admission Record dated 05/23/2024 indicated that the facility admitted Resident 1 on 04/12/2024 with diagnoses of osteomyelitis (which is an infection in the bone), of the right ankle and foot, peripheral vascular disease (which is a condition where blood vessels narrow and reduce blood flow to the limbs of the body), and pressure ulcers (which are skin and tissue injury due to pressure over a bony prominence), of the right and left heels.</p> <p>The 5 Day Minimum Data Set (MDS, which is a mandatory comprehensive assessment tool that measures the health status of nursing home residents and is used for care planning), dated 04/14/2024 revealed Resident 1 had a Brief Interview for Mental Status (BIMS) score of 8 indicating the resident was moderately cognitively impaired. The resident required substantial or maximal assistance with eating was dependent on staff for bed mobility and transfers and did not use the toilet or commode. The resident was coded as not having an indwelling urinary catheter or ostomy and was always incontinent of bowel and bladder. The MDS was coded as resident had one stage two pressure ulcer which is a partial thickness loss of tissue over a bony prominence, one stage four pressure ulcer which is full thickness tissue loss with exposed bone, tendon, or muscle over a bony prominence, and one unstageable pressure ulcer which is a wound over a bony prominence where the underlying tissue cannot be seen or visualized. All pressure ulcers were coded as being present upon admission to the facility.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285144	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/23/2024
NAME OF PROVIDER OR SUPPLIER  The Pines at Blue Hill		STREET ADDRESS, CITY, STATE, ZIP CODE  414 North Willson Street Blue Hill, NE 68930	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 1's Care Plan dated 05/21/2024 revealed a focus of potential impairment to skin integrity, right heel stage four wound and left heel unstageable wound. Listed interventions included treatments to wounds per physician orders, wound vac applied to right heel wound, and follow facility protocols for treatment of wounds.</p> <p>In an observation of wound care on Resident 1 on 05/22/2024 from 1:12 PM to 2:14 PM the following was observed:</p> <p>-Resident 1 lying in bed on their right side. The Director of Nursing (DON) using a disposable wipe, wiped between the resident's buttocks. Visible brown material was present on the wipe. The DON obtained another disposable wipe and wiped between the resident's buttocks again. The DON obtained a clean moist white square cloth from Nurse Aide-C (NA-C) and used the cloth to wipe Resident 1's upper then lower back then both buttocks. The DON did not change gloves and did not perform hand sanitization between working on a soiled area and clean area of the resident's body.</p> <p>-With the same soiled gloves the DON removed the dressing present on Resident 1's left heel. The DON then opened two packages and removed white square pieces of gauze, moistened the gauze in med cups of fluid, and used the gauze to cleanse the wound on residents left heel. The DON then returned to the treatment cart outside of Resident #1's door, opened the treatment cart and obtained a package from the cart and returned to the resident's bed side. The DON opened the package containing a square dressing removed the backing from the adhesive side of the dressing and touching both sides of the dressing. The DON then placed the dressing over the residents wound located to the back of the left heel. The DON did not change gloves and did not perform hand sanitization between cleaning of the wound (a soiled site of exposure to possible contaminants) and placing the clean dressing on to the residents left heel. The DON touched the clean surface of the dressing possibly contaminating the dressing from the soiled gloves then applied the dressing to the residents wound.</p> <p>-The DON then removed their gloves and completed ABHS. The DON applied new gloves.</p> <p>-With gloved hands the DON removed the dressing present on Resident #1's right heel. The DON then opened two packages and removed white square pieces of gauze, moistened the gauze in med cups of fluid, and used the gauze to cleanse the wound on the resident's right heel. The DON opened a sealed dressing package and placed the dressing to Resident #1's wound, the DON then opened another package and removed the adhesive backing from the dressing and placed the dressing to the residents wound, the DON then opened another dressing package and placed the thick porous black material to the wound. The DON used the clear film sheets obtained from this dressing package to secure the dressing onto the resident's right heel. The DON did not change gloves or perform hand sanitization between cleaning of the wound (a soiled site of exposure to possible contaminants) and placing the clean dressing items on the resident's right heel.</p> <p>In an interview on 05/23/2024 at 10:01 AM with the facility Infection Preventionist (IP) who also acts as the facility Assistant Director of Nursing, the IP confirmed that gloves should be changed when moving from working in a potentially soiled area to a clean area and that hand sanitization should be performed between glove changes.</p>		