

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/04/2024
NAME OF PROVIDER OR SUPPLIER  Good Shepherd Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2242 Wright Street Blair, NE 68008	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 04577</p> <p>Licensure reference: 175 NAC 12-006.04C3a(6).</p> <p>Based on record review and interview, the facility failed to notify responsible party of weight loss for 1 [Resident 3] of 3 sampled residents. The facility had a total census of 69 residents.</p> <p>Findings are:</p> <p>A review of Resident 3's Admission Record revealed Resident 3 was admitted to the facility on [DATE] with a diagnosis of Alzheimer's disease.</p> <p>A review of Resident 3's 3/21/2024 annual MDS [Minimum Data Set; a comprehensive assessment used for care planning] assessment revealed a BIMS [Brief Interview for Mental Status is used to get a quick snapshot of how well you are functioning cognitively at the moment] was not completed. Resident 3 was identified as having short-term and long-term memory problems. Resident 3 was identified as having a weight loss of 5% or more in the last month or a loss of 10% or more in last 6 months.</p> <p>A review of Registered Dietitian annual assessment of Resident 3 dated 3/19/24 revealed the following:</p> <ul style="list-style-type: none"> <li>-Height 63 inches, weight 116.5 lbs. [pounds] on 3/15/24.</li> <li>-Weight trends: -8.5 lbs. (6.8%) in 30 days, -14 lbs. (10.7%) in 90 days; -15.5 lbs. (11.7%) in 180 days.</li> <li>-Resident triggered for a significant weight loss in 30 days, 90 days, and 180 days.</li> <li>-Diet is regular with pureed texture, nectar thick consistency.</li> <li>-Meal intakes are less than 25% of most meals with fair to adequate fluid intakes (60-300 cc).</li> <li>-Resident 3 is offered 30 cc Prostat [protein supplement] every day (100 calories and 15 grams protein) and 90 cc Med Pass 2.0 [nutritional supplements] twice per day (356 calories and 15 grams protein).</li> </ul> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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NAME OF PROVIDER OR SUPPLIER  Good Shepherd Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE  2242 Wright Street Blair, NE 68008	

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Resident 3 needs assistance during meals.</p> <p>-Resident 3 noted to have had a significant decline in meal intakes over the last 6 day.</p> <p>-Resident 3 has severe malnutrition related to decreased appetite as evidenced by consuming less than 75% of estimated requirements for 1 month and greater than 5% weight loss in 30 days.</p> <p>A review of response from Resident 3's physician dated 3/20/24 to annual nutrition assessment revealed the following orders:</p> <p>-Adding a diagnosis of severe malnutrition.</p> <p>-Increasing Mirtazpine [medication to increase appetite] to 15 mg every day.</p> <p>-Increasing Med Pass 2.0 to 120 cc 3 times per day between meal.</p> <p>A review of Resident 3's Electronic Medical Record did not reveal evidence that Resident 3's responsible party had been notified of Resident 3's weight loss or decreased intake.</p> <p>In an interview on 4/4/24 at 12:45 PM, the Director of Nursing confirmed there was no evidence that Resident 3's responsible party had been notified of Resident 3's weight loss or decrease in</p>