

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/13/2024
NAME OF PROVIDER OR SUPPLIER Holmes Lake Rehabilitation & Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 6101 Normal Blvd Lincoln, NE 68506	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48271</p> <p>Licensure Reference Number 175 NAC 12-006.09D7b</p> <p>Based on record review and interview; the facility staff failed to implement and re-evaluate interventions to prevent ongoing falls for 1 (Resident 1) of 3 sampled residents. The facility staff identified a census of 50.</p> <p>Findings are:</p> <p>A record review of the facility policy titled Fall Prevention Program dated October 2021 revealed the following:</p> <ul style="list-style-type: none"> -All residents identified at risk for falls will have deficits and interventions care planned -Reassess risk factors following a fall in order to evaluate and identify the root cause of fall and care plan interventions -Updates of fall prevention interventions will be communicated to staff <p>Record review of Resident 1's Admission Record dated 3/13/2024, revealed the resident was admitted into the facility on [DATE] with diagnoses of:</p> <ul style="list-style-type: none"> - Wernick's Encephalopathy (a condition that is similar to dementia and is caused by drinking too much alcohol). - acquired absence of the right toes (amputation). - depression. - alcohol abuse. - generalized Anxiety Disorder. - hypertension. <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - repeated falls. - encephalopathy (brain disease the alters brain function). - hypotension. - muscle weakness. - history of falling. <p>Record review of Resident 1's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 7/03/2023 revealed Resident 1's Brief Interview of Mental Status (BIMS a brief cognitive screening measure that focuses on orientation and short-term word recall) score was 13 which indicated Resident 1 was cognitively intact.</p> <p>Record review of Resident 1's Comprehensive Care Plan (CCP) dated 5/04/2023 revealed Resident 1 had fallen on 3/06/2024 with an injury which resulted in Resident 1 being sent to the emergency room . Resident 1's CCP identified Resident 1 sustained a fractured nose, multiple bruises and a laceration to their face. Further review of Resident 1's CCP revealed there were no indications a new intervention had been implemented to prevent ongoing falls related to the fall on 3/06/2024.</p> <p>A record review of Resident 1's Morse Fall Scale (tool used assess a residents likelihood of falling) assessments done on 8/12/22, 11/10/22, 2/9/2023, 6/18/2023, 9/18/2023 and 12/17/2023 revealed that Resident 1 was a high risk for falling.</p> <p>Record review of the Fall Investigation Report for Resident 1 was completed on the following dates of 1/1/2024, 1/7/24, 1/10/24 1/15/25, 1/19/24, 1/23/24, 1/27/24, 1/31/24 revealed the root cause of the falls were Resident 1 was self transferring. The initial interventions to prevent falls dated 1/7/2024 was to continue the current safety measures. No new interventions were put into place to prevent ongoing falls.</p> <p>A record review of the Fall investigation Reports completed on 2/1/24, 2/2/24, 2/5/24, 2/5/24, 2/8/24, 2/13/24, 2/14/24, 2/16/24, 2/17/24, 2/18/24, 2/25/24, 2/26/24, 2/27/24, revealed the root cause of the fall was Resident 1 was self transferring. The initial interventions to prevent falls was to continue current safety measures and frequently monitoring. There were no new interventions put in place to prevent future falls for Resident 1.</p> <p>Record review of Resident 1's Progress Notes (PN) revealed:</p> <ul style="list-style-type: none"> - 3/6/2024 Resident 1 had fallen with no documentation of root cause, intervention, or a fall investigation report. - 3/7/2024 at 10:45 AM Resident 1 had fallen with no documentation of root cause, intervention, or a fall investigation report. - 3/7/2024 at 7:10 PM Resident 1 had fallen with no documentation of root cause, intervention, or a fall investigation report. <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- 3/8/2024 at 9:39 PM Resident 1 had fallen with no documentation of root cause, intervention, or a fall investigation report.</p> <p>- 3/11/2024 at 10:23 PM Resident 1 had fallen with no documentation of root cause, intervention, or a fall investigation report.</p> <p>A record review of Resident 1's Safety Monitoring sheet indicated the facility staff were to complete hourly safety checks on Resident 1 related to their frequent falls. The facility staff were to initial when the checks were completed.</p> <p>The Safety Monitoring Sheet revealed the below where initials were not completed.</p> <p>-1/5/2024, 1/6/2024, 1/7/2024, and 1/8/2024 in a 24 hour period revealed that there was 16 blank blanks where staff did not initial</p> <p>-1/9/2024 in a 24 hour period revealed that there was no staff initials</p> <p>-1/10/2024 in a 24 hour period revealed that there was 10 blanks with no staff initials</p> <p>-1/11/2024 in a 24 hour period revealed that there was 13 blanks with no staff initials</p> <p>-1/12/2024 in a 24 hour period revealed that there was 9 blanks with no staff initials</p> <p>-1/13/2024 in a 24 hour period revealed that there was 15 blanks with no staff initials</p> <p>-1/14/2024 in a 24 hour period revealed that there was 15 blanks with no staff initials</p> <p>-1/15/2024 in a 24 hour period revealed that there was 15 blanks with no staff initials</p> <p>-1/16/2024 in a 24 hour period revealed that there was 7 blanks with no staff initials</p> <p>-1/17/2024 in a 24 hour period revealed that there was 15 blanks with no staff initials</p> <p>-1/18/2024 in a 24 hour period revealed that there was 10 blanks with no staff initials</p> <p>-1/19/2024 in a 24 hour period revealed that there was 15 blanks with no staff initials</p> <p>-1/20/2024 in a 24 hour period revealed that there was 7 blanks with no staff initials</p> <p>-1/21/2024 in a 24 hour period revealed that there was 8 blanks with no staff initials</p> <p>-1/22/2024 in a 24 hour period revealed that there was 8 blanks with no staff initials</p> <p>-1/23/2024 in a 24 hour period revealed that there was 10 blanks with no staff initials</p> <p>-1/24/2024 in a 24 hour period revealed that there was 15 blanks with no staff initials</p> <p>-1/25/2024 in a 24 hour period revealed that there was 16 blanks with no staff initials</p> <p>(continued on next page)</p>

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