

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285166	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/25/2024
NAME OF PROVIDER OR SUPPLIER Premier Estates of Kenesaw, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 100 West Elm Avenue Kenesaw, NE 68956	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>45641</p> <p>Licensure Reference Number 175 NAC 12.006.19(A)</p> <p>Based on observation and interview, the facility failed to ensure the emergency entrance/exit door at the south end of the 100-hallway functioned correctly. The total facility census was 64.</p> <p>Findings are:</p> <p>In an interview on 06/25/2024 at 10:18 AM, Resident 1 confirmed that when the Kenesaw Fire Department (KFD) arrived at the facility on 06/21/2024 to investigate the shorted electrical receptacle (outlet) in Resident's 1 room, KFD was unable to open the door at the south end of the 100-hallway and had to go to the Main Entrance to the facility.</p> <p>An observation on 06/25/2024 at 11:05 AM revealed the code on the keypad could be used to release the door to exit the facility, but the code that was located on the keypad in the entryway did not allow entry back into the facility from the street. When the code was entered, it sounded like it released the door to allow entry but did not. The egress mechanism (designed to allow escape from a building in an emergency) on the door did release the door if it had pressure on it for 5 seconds. The observation revealed that door was the closest entry to the building from the street with the most direct access to the 100-hallway if there was an emergency on the 100 hall.</p> <p>An observation on 06/25/2024 at 11:25 AM revealed 3 repair personnel working on the door.</p> <p>An observation on 06/25/2024 at 12:10 PM revealed the door at the South end of the 100-hallway keypads would now allow exit and entrance to the 100-hallway when the codes were used on either side of the door.</p> <p>In an interview on 06/25/2024 at 12:12 PM, the Senior Administrator (SA) confirmed the door at the South end of the 100-hallway was not functioning properly prior to the repair on 06/25/2024.</p> <p>In an interview on 06/25/2024 at 3:23 PM, the Maintenance Supervisor (MS) confirmed the door was not working prior to being repaired on 06/25/2024 and should have been.</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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