

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285183	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/14/2026
NAME OF PROVIDER OR SUPPLIER Colonial Manor of Randolph		STREET ADDRESS, CITY, STATE, ZIP CODE 811 South Main Street Randolph, NE 68771	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number: 175 NAC 12-006.09H Based on record review and interview: the facility failed to administer medications for Resident 1 as ordered by the Primary Care Practitioner (PCP). The sample size was 4 and the facility census was 39. Findings are: A. Review of the facility policy Physician Orders, Pharmacy/Nursing Services with a revision date of 1/18 revealed it was the policy of this facility that medications and treatments were to be administered only upon the written order of a person who was licensed and authorized to prescribe medications. The following procedure was identified:-no drugs or biologicals were to be administered except upon the order of a person lawfully authorized to prescribe for and treat human illness.-all drug and biological orders were to be written, dated and signed by the person lawfully authorized to give such an order. -medications, treatments and procedures are to be administered per physician order. B. Review of Resident 1's Minimum Data Set (MDS-a federally mandated comprehensive assessment tool used for care planning) dated 2/19/26 revealed the resident was admitted [DATE] with diagnoses of chronic kidney disease, heart failure, high blood pressure, diabetes, Parkinson's disease, depression and anxiety. The following was assessed regarding Resident 1:-cognitively intact.-required substantial assistance with dressing, personal hygiene, bed mobility and transfers. -received insulin injections and a diuretic 7 out of 7 days of the assessment period. Review of Resident 1's physician orders revealed an order dated 9/17/25 for sliding scale insulin (method for managing blood sugar, where insulin doses are determined immediately before meals based on current blood glucose levels. It uses a predetermined, tiered chart where higher glucose readings dictate a larger dose of fast-acting insulin) which indicated the resident was to receive the following doses of Humulin insulin based on blood sugar readings: blood sugars between 151 and 200=2 units; blood sugars between 201-250=4 units; blood sugars between 251 and 300=6 units; blood sugars between 301-350=8 units; blood sugars between 351-400=10 units and blood sugars greater than 400 the resident was to receive 12 units of insulin. Review of the resident's medical record revealed the following:-10/5/25 at 5:00 PM the resident's blood sugar was 561. Review of the resident's medical record revealed no evidence any insulin was administered and if it was administered what dose was given. -10/6/25 at 11:00 AM the resident's blood sugar was 461. Review of the resident's medical record revealed no evidence the resident was given 12 units of insulin as indicated by the physician order. -10/10/25 at 7:00 AM the resident's blood sugar was 499 and at 11:00 AM the resident's blood sugar remained 499 with no evidence any insulin was administered and if it was administered what dose was given. Interview with the Director of Nursing (DON) and the Registered Nurse Consultant on 4/14/26 at 11:45 AM confirmed there was no evidence Resident 1 received the ordered sliding scale insulin on 10/5/25 at 5:00 PM, on 10/6/25 at 11:00 AM and on 10/10/25 at 7:00 AM and at 11:00 AM.</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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