| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 285185 | A. Building<br>B. Wing | 07/23/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Good Samaritan Society - Colonial Villa | 719 North Brown Street<br>Alma, NE 68920 |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>50105<br><br>Licensure Reference Number 175NAC 12-006.09(H)(iv)(5)<br><br>Based on record review and interviews; the facility failed to follow physician orders on bowel protocols for 1 (Resident 31) of 1 sampled residents. Facility census was 32.<br><br>Findings are:<br><br>A record review of the Care Plan (a written interdisciplinary comprehensive plan detailing how to provide quality care for a resident) dated 04/05/2024 revealed:<br><br>-The resident has impaired cognitive function/dementia or impaired though process related to cognitive decline evidenced by a diagnosis of dementia (a term for several diseases that affect memory, thinking, and the ability to perform daily activities.).<br><br>-The resident has an activity of daily living (ADLs) (basic everyday tasks including bathing, eating, dressing, getting in and out of bed, and toileting) self-care performance deficit related to confusion evidenced by a diagnosis of dementia.<br><br>A record review of the assessment Functional abilities dated 07/08/24 revealed the following:<br><br>-Resident 31 is independent/supervision/touch assistance for all mobility activities.<br><br>-Resident 31 is a setup or clean up assistance for- toilet hygiene, upper and lower body dressing, and personal hygiene,<br><br>Further record review of the undated Standing Orders list revealed the following medications for bowel regimen:<br><br>-Dulcolax suppository 10 milligrams (mg) rectally as needed for constipation, give daily as needed. Contact provider if there are three days without a significant bowel movement (BM),<br><br>-Fleet Enema 7-19 gram (gm)/118milliliter (mL)-insert rectally as needed for constipation one time daily as needed Contact provider if there are three days without a significant BM,<br><br>(continued on next page) |

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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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -Milk of Magnesia Suspension 400 MG/5ML give 30ml by mouth as needed for constipation give daily as needed. Contact provider/practitioner if there are 3 days without a significant BM, contraindicated for residents with renal impairment,<br><br>-Senna-S Tablet 8.6-50MG give 2 tablets by mouth as needed for constipation give up to twice daily as needed, hold for loose stool. Contact provider if there are three days without a significant BM.<br><br>Record review of Resident 31's EMR revealed a signed physician order for the standing orders.<br><br>Record review of Point of Care charting (the recording and documenting of patient information directly at the bedside or point of care) on a 30 day look back period from 06/24/2024-07/23/2024 for questions on toileting revealed the resident did not have a bowel movement for 3 or more days from 06/24/2024 through 06/29/2024, 07/11/2024 through 07/15/2024.<br><br>Review of Resident 31's Medication Administration Record (MAR) summary for the month of June 2024 and July of 2024 revealed no medication being administered from the standing order list for bowel regimen.<br><br>Review of Resident 31's Progress Notes for the month of June 2024 and July of 2024 revealed no communication from the facility to the physician regarding three or more days without a significant BM.<br><br>Record review of Resident 31's EMR did not reveal a fax communication contacting the provider regarding three or more days without a significant BM.<br><br>An interview on 07/23/2024 at 1:09 PM with Medication Aide-A (MA-A) revealed that the Nursing Assistant (NA) will chart in the electronic medical record (EMR, digital collection of medical information about a person that is stored on a computer) when a resident has a bowel movement. If a resident is independent, the NA will need to ask the resident about their bowel movement to chart accurately. The resident is asked several times a day for charting purposes. If the charting reveals the resident does not have a bowel movement for 2 days and/or more days consecutively, the nurse will get an alert in the EMR and the resident is offered a medication from the physician standing orders list named Standing Orders that is physician approved.<br><br>An interview on 07/23/2024 at 1:30 PM the Director of Nursing confirmed that no medication was given to Resident 31 for having three or more days without a significant BM and that the physician was not notified. |

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| F 0756<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.<br><br>50253<br><br>Licensure Reference Number 175 NAC 12-006.12(A)(vi)<br><br>Based on interviews and record reviews, the facility failed to ensure that the monthly medication drug reviews were received and reviewed by facility staff to identify priority irregularities which needed addressed. This affected 1 resident (Resident 6) of 3 sampled residents. The facility census was 32.<br><br>Findings are:<br><br>A record review of the facility policy titled Medication Drug Regimen Review (MRR) dated 2/28/2024 stated the review is done to prevent medication errors that could cause harm to a resident, result in resident hospitalization , and to identify potential adverse events. The Pharmacist will complete a written report noting any drug irregularities or issues of concern for each resident reviewed, complete the MRR Summary, and give a copy to the Director of Nursing (DON) upon completion of the monthly MRR. These reports must be shared with the Medical director and the attending physician and the reports must be acted upon. If the consulting pharmacist detects a potential or actual problem that requires urgent action to protect the resident, the pharmacist will promptly alert the direct care nurse for immediate action.<br><br>A record review of the Pharmacy Consultation report dated 6/30/2024 for Resident 6 revealed the report was time sensitive and had a prescriber response and facility action requirement of July 1, 2024 by 11:59 PM per the Federal Impact Act. This was a warning for potentially duplicate orders for the ropinirole (a medication that is used for restless leg syndrome) that Resident 6 was prescribed as there were three different orders in the medication administration record.<br><br>A record review of the Monthly MRR's for Resident 6 revealed that the reviews were done monthly, however the results for June 2024 were missing.<br><br>An interview on 7/22/2024 at 4:30 PM with the Director of Nurses (DON) revealed that the June 2024 MRR had been done by a consulting pharmacist. The DON revealed that the facility didn't get a copy of any of the consultation reports for June 2024. The DON assured the surveyors the reports would be available the following day.<br><br>An interview on 7/23/2024 at 9:20 AM with the DON. Consulting Pharmacist June 2024 MRR paperwork was made available for review. The DON stated the Medical Director would be in the facility the following day and be able to review all of the reports and address them at that time. None of the paperwork from the June reports had been seen by the physician and the physician wouldn't see them until the following day.<br><br>An interview on 7/23/2024 at 2:45 PM with the Consulting Pharmacist (CP). The CP always fills out the consultation reports from the monthly MRR's and sends them to the DON and the Facility Adminstrator (FA) either the same day or the day after the MRR has been completed. However, during the month of June the CP was not at the facility and another pharmacist had done the MRR.<br><br>(continued on next page) |

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| F 0756<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | An interview on 7/23/2024 at 3:40 PM with Registered Pharmacist (RP-C) who had completed the MRR on June 30, 2024. RP-C stated that once the MRR had been completed, the MRR reports were sent to the facility on the same date. The email was sent to the DON and cc'd to the Administrator. At this point, the RP-C checked the sent box of email and stated it was indeed sent from RP-C's to the facility DON. RP-C had called the facility to notify a nurse (could not recall the name of the nurse) to let that nurse know that there was an order that needed to be addressed as soon as possible.<br><br>An interview on 7/23/2024 at 4:00 PM with DON. The DON confirms that the consultation reports were not reviewed for the month of June 2024 as the DON had not received them. Today was the first time that (the DON) saw them. The physician won't see them until tomorrow. Tomorrow is a routine for the physician to be here (in the facility). |

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| F 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.<br><br>50105<br><br>Licensure Reference Number 175NAC 12-006.09(H)<br><br>Based on record review and interviews, the facility failed to implement AIMS monitoring for 1 (Resident 21) of 5 sampled residents, to identify potential adverse effects of antipsychotic medications. Facility census was 32.<br><br>Findings are:<br><br>A review of a facility policy dated 12/06/2023 titled Psychotropic Medications revealed:<br><br>-The resident will be free from any chemical restraint imposed for the purposes of discipline or convenience and not required to treat the resident's medical symptoms.<br><br>-Each resident's drug regimen must be free from unnecessary drugs. An Unnecessary drug is any drug when used without adequate monitoring and without adequate indications for use.<br><br>-Before administration of non-emergency psychotropic medications, the following must be completed: If the physician prescribes an antipsychotic for the resident, a registered nurse must complete the Initial Antipsychotic Medication Assessment and the Abnormal Involuntary Movement Scale in the electronic medical record (EMR) (digital collection of medical information about a person that is stored on a computer).<br><br>-Throughout the administration of the psychotropic medications, the following must be completed: If the resident is on an antipsychotic, a registered nurse must complete the Abnormal Involuntary Movement Scale (AIMS) in the EMR every 6 months. If there is a change in the results of the AIMS in EMR (electronic medical record), the physician and family/legal representative must be notified, and this notification must be documented in the medical record.<br><br>A record review of Resident 21's most recent Minimum Data Set (MDS, a mandatory comprehensive assessment tool used for care planning) dated April 27, 2024, revealed resident is taking an antipsychotic on a routine basis.<br><br>A record review of Resident 21's Care Plan (a written interdisciplinary comprehensive plan detailing how to provide quality care for a resident) dated 11/14/2022 with a revision date of 4/16/2024 reveals:<br><br>-The resident is on an antipsychotic medication related to dementia (a term for several diseases that affect memory, thinking, and the ability to perform daily activities) with behavioral symptoms.<br><br>-The resident has a behavior symptom related to dementia with behaviors being argumentative, striking out at staff, exit seeking, raising her voice, being disruptive, demanding large sums of money.<br><br>(continued on next page) |

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| F 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -The resident uses psychopharmacological medications related to dementia with behaviors.<br><br>A record review of Resident 21's Medication Administration Record (MAR, a legal record of the medications administered to a patient at a facility by a health care professional) revealed, an order for Geodon (antipsychotic medication) 40 milligram (mg), 1 capsule by mouth 2 times a day with date initated 11/01/2022.<br><br>A record review of Resident 21's assessments revealed no Abnormal Involuntary Movement Scale (AIMS) monitoring (an assessment used to assess for abnormal irregular, involuntary movements most commonly in areas of the face, around the eyes, and of the mouth, including the jaw, tongue, and lips) for the antipsychotic medication.<br><br>On 7/22/2024 at 3:14 PM an interview with the Minimum Data Set Coordinator (MDSC, a facility nurse that utilizes a mandatory comprehensive assessment tool for care planning) revealed that the AIMS assessment should be triggered to be completed for all residents receiving an antipsychotic medication. The MDSC confirmed that for Resident 21, it had not been initiated or completed during the duration of the prescribed antipsychotic. |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.<br><br>41938<br><br>Licensure Reference Number 175 NAC 12-006.12D(vi)<br><br>Based on observation, record review, and interviews; the facility failed to ensure that resident medications had labels that matched the physician's order for 2 (Residents 20 and 15) of 5 residents observed. This had the potential for risk to resident safety related to medication administration. The facility census was 32.<br><br>Findings are:<br><br>A.<br><br>A record review of the facility policy titled Medication: Administration Including Scheduling and Medication Aides dated 3/29/23 revealed the purpose of the policy was to administer medications correctly and in a timely manner. The section titled Procedure revealed the instruction to review the Medication Administration Record (MAR, a legal record of the medications administered to a patient at a facility by a health care professional) for medications due. Follow the Six Rights: Right medication, right dose, right resident, right route, right time, and right documentation. Perform three checks: Read the label on the medication container and compare with the MAR when removing the container from the supply drawer, when placing the medication in an administration cup, and just before administering the medication.<br><br>An observation on 7/18/24 at 8:39 AM at the medication cart just outside the facility dining room revealed that Medication Aide-A (MA-A) began medication set up for Resident 20. MA-A reviewed the MAR for Resident 20. The MAR for Resident 20 revealed that Venlafaxine HCl ER (a medication used to treat depression and anxiety) Oral Tablet Extended Release 24 Hour 150 milligrams (mg) (Venlafaxine HCl) Give 150 mg by mouth two times a day was due to be administered. MA-A removed the medication container of Venlafaxine from within the medication cart and looked briefly at the label on the medication container for the Venlafaxine. This surveyor reviewed the label on the medication container. The label read Venlafaxine 75mg and instructed to give 75mg orally daily; take with 150mg dose for total of 225mg every day. The label did not match the current physician order for Resident 20 to receive 150mg twice a day (a total of 300mg daily). Further observation on 7/18/24 at 8:39 AM at the medication cart just outside the facility dining room revealed that MA-A reviewed the MAR for Resident 20. The MAR for Resident 20 revealed that Fluticasone Propionate Suspension (a medication sprayed into the nose for relief of allergy symptoms) 50 micrograms (mcg) 1 spray in both nostrils 1 time a day was due to be administered. MA-A removed the clear plastic bag containing the Fluticasone bottle from within the medication cart. MA-A looked at the pharmacy label on the clear plastic bag. This surveyor reviewed the pharmacy label on the plastic bag for the bottle of Fluticasone spray. The label read Fluticasone Propionate 120 metered sprays 50mcg 2 sprays intranasally (into the nostril) daily. The label did not match the physician's order to administer 1 spray into each nostril.<br><br>(continued on next page) |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | A record review of the Order Summary dated 7/18/24 for Resident 20 revealed the current physician order for Venlafaxine HCL ER 150mg. Give 150mg by mouth two times a day for anxiety due to depression. Monitor for adverse effects peripheral edema (swelling in the legs, ankles, or feet from excess fluid), headache, constipation, nausea, vomiting, and back pain. The order start date was 4/15/24.<br><br>A record review of the Order Summary dated 7/18/24 for Resident 20 revealed the current physician order for Fluticasone Propionate Suspension 50mcg 1 spray in both nostrils one time a day for allergy. The order start date was 9/11/22.<br><br>An interview on 7/18/24 at 10:23 AM with the facility Director of Nursing (DON) confirmed that the label for Resident 20's Venlafaxine 75mg instructed to give 75mg orally daily; take with 150mg dose for total of 225mg every day. The DON confirmed that the label did not match the current physician's order for Venlafaxine 150 mg by mouth two times a day for a total of 300mg. The DON revealed that they would notify the pharmacy of the label discrepancy. The DON confirmed that the label for Resident 20's Fluticasone Propionate Suspension 50 mcg instructed to give 2 sprays intranasally daily. The DON confirmed that the label did not match the current physician's order for Fluticasone Propionate Suspension 50 MCG 1 spray in each nostril 1 time a day. The DON revealed that the DON would notify the pharmacy of the label discrepancy. The DON confirmed that the expectation is that the pharmacy labels for medications match the physician's order for the medication so that staff administer the medications as ordered.<br><br>B.<br><br>An observation on 7/18/24 at 8:55 AM at the medication cart just outside the facility dining room revealed that Medication Aide-B (MA-B) began medication set up for Resident 15. MA-B reviewed the MAR for Resident 15. The MAR for Resident 15 revealed that Albuterol Sulfate 108mcg (a medication inhaled into the lungs to treat breathing difficulty) 2 puffs inhale orally two times a day was due to be administered. MA-B opened the medication cart drawer and removed the Albuterol Sulfate inhaler for Resident 15. The inhaler was not in a labeled plastic bag or any other container. This surveyor reviewed the inhaler. The inhaler had a label applied to it containing the name of the resident and the name of the medication Albuterol Sulfate. The label had no instructions containing the physician's order instructions for administration. This surveyor asked MA-B where the label for the Albuterol inhaler was located. MA-B revealed that the label is normally located on a plastic bag that the inhaler is stored in. MA-B revealed that the plastic bag for the Albuterol inhaler for Resident 15 was missing. MA-B had no label containing the physician's administration order for the Albuterol inhaler to compare with the MAR as required.<br><br>A record review of the Order Summary dated 7/18/24 for Resident 15 revealed the current physician order for Albuterol Sulfate Inhalation Aerosol 108mcg 2 puffs inhale orally two times a day.<br><br>An interview on 7/18/24 at 11:29 AM with the facility DON confirmed that the facility did not have a pharmacy label with instructions for Resident 15's Albuterol inhaler. The DON confirmed that the expectation was for the Albuterol inhaler to have a pharmacy label with instructions for use matching the physician's order so that staff administered the medication as ordered. |