

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285207	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Arbor Care Centers-Countryside LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  703 North Main Street Madison, NE 68748	

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 0606</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42360</p> <p>Licensure Reference Number 175 NAC 12-006.04(A)(iii)(3)(c)</p> <p>Based on record review and interview the facility failed to evaluate adverse finding regarding criminal background checks for 3 of 5 sampled staff to protect residents from potential abuse. The facility census was 34.</p> <p>Findings are:</p> <p>Review of the facility policy Abuse Neglect and Exploitation dated [DATE] revealed the following:</p> <ul style="list-style-type: none"> <li>-The facility provided protections for the health, welfare, and rights of each resident by developing and implementing policies and procedures that prohibited and prevented abuse, neglect, exploitation and misappropriation of resident property.</li> <li>-Developed policies and procedures to investigate any allegations.</li> <li>-Provided ongoing oversight and supervision of staff to assure policies were implemented.</li> <li>-Screened all potential employees for a history of abuse, neglect, exploitation or misappropriation including background, reference, and credential checks, and documented proof of the screening that occurred.</li> <li>-New employees were educated on abuse, neglect, exploitation and misappropriation during initial orientation, and all employees received annual training.</li> <li>-The facility implemented policies and procedures to prevent and prohibit all types of abuse, neglect, and misappropriation to achieve a safe environment, abuse identification, assessment and intervention to ensure resident health and safety.</li> <li>-The facility reported all alleged violation to the Administrator, state agency, adult protective services and all other required agencies within the specified time frames.</li> </ul> <p>Review of the facility policy Human Resources Background Investigations dated 10/10/20 revealed the facility conducted background investigations on each individual making application for employment.</p> <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 0606</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>-If the background investigations disclosed any material misrepresentation or omission by the applicant indicating the applicant may not have been appropriate for hiring, the company conducted further investigation to determine the applicant's suitability for the position.</p> <p>-If the company determined the applicant or team member to be unsuitable, they were not employed and/or terminated.</p> <p>Review of the following staff files revealed the following criminal background findings:</p> <p>-Nurse Aid (NA)-M, criminal background check revealed criminal findings of careless driving, possession of marijuana, and driving under suspension,</p> <p>-NA-N criminal background check revealed criminal findings or pending cases including possession of controlled substances, transporting a child while intoxicated, driving under suspension, shoplifting, and attempt of a felony.</p> <p>-Medication Aid (MA)-O, criminal background check revealed findings of Driving Under the influence of alcohol.</p> <p>-There was no evidence the facility investigated the background finding to determine if the individuals were appropriate for hiring or suitable for the positions in which they were hired in compliance with the facility Abuse and Background Investigation policies.</p> <p>During an interview on 12/4/24 at 10:07 AM the facility Administrator revealed hiring decisions were finalized through Human Resources (HR) after review of the resident's background checks. Hiring decisions were based on the nature of the conviction and how long ago a crime was committed. She was unsure how the facility recorded review of the background checks or conclusion of the hiring decisions.</p> <p>During an interview on 12/4/24 at 3:00 PM the facility Administrator confirmed the facility had not followed it's hiring, and HR policy related to criminal background check and had no documented evidence the findings on the criminal history checks were further investigated to determine if the employees were appropriate or suitable for positions on the nursing staff of the facility.</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>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>51391</p> <p>Licensure Reference Number 175 NAC 12-006.09(I)</p> <p>Based on observation, record review and interview; the facility failed to implement interventions to prevent potential falls for Resident 27. The total sample size was 3 and the facility census was 34.</p> <p>Findings are:</p> <p>A. Review of the facility Fall Prevention and Fall Leaf Program with a revised date of 2/2020 revealed the following fall prevention procedure:</p> <p>Fall Prevention Procedure:</p> <ul style="list-style-type: none"> <li>- A fall risk care plan (a written document that outlines the care and support a person needs based on their health needs) would be developed for all residents as deemed appropriate by the Care Plan Coordinator.</li> <li>- If a resident had a fall a Fall Incident &amp; Investigation report would be completed. The report would be reviewed at the next Clinical Team Meeting to determine what interventions would be added to prevent further falls.</li> </ul> <p>B. Review of Resident 27's Minimum Data Set (MDS-a federally mandated comprehensive assessment tool used for care planning) dated 11/21/24 revealed diagnoses of Non-Traumatic Brain Dysfunction, Dementia, Anxiety and Depression and indicated the resident had physical and verbal behaviors. Resident 27 was dependent on staff for assist with transfers and for wheelchair mobility. The resident had 2 falls with no injury and 2 falls with only minor injury since the last MDS was completed.</p> <p>Review of Resident 27's care plan revealed that the resident was transferred with a mechanical lift and sat in a reclining wheelchair when not laying in the bed. A fall was documented on the care plan with a date of 11/30/24 identifying Resident 27 was on the floor with the resident's pelvis positioned over the wheelchair. On 12/1/24 an intervention was initiated to not leave the resident alone in their room when in the wheelchair.</p> <p>Observations of Resident 27 in the resident's room on 12/2/24 revealed the following:</p> <ul style="list-style-type: none"> <li>-7:00 AM The resident was seated in a reclining wheelchair with eyes open and was watching television, no staff were in the room.</li> <li>-9:15 AM The resident was again seated in the reclining wheelchair and was watching television; no staff were observed in the resident's room.</li> <li>-10:30 AM The resident was laying in the reclining wheelchair with eyes closed, no staff were in the room.</li> </ul> <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>Observations of Resident 27 in the resident's room on 12/3/24 revealed the following:</p> <p>-7:25 AM The resident was seated in the reclining wheelchair. The resident was awake and had thrown the blanket covering the resident and the call light onto the floor while trying to get up from the wheelchair, no staff were available in the room.</p> <p>-7:35 AM The resident remained in the reclining wheelchair. No staff were observed in the resident's room.</p> <p>-2:30 PM The resident was seated in the reclining wheelchair and was trying to get up independently. No staff were in the resident's room at the time until the resident began to call out and then staff entered the room and provided assistance with repositioning.</p> <p>During an observation of Resident 27 on 12/4/24 at 7:10 AM, the resident was alone in the resident's room and was seated in the reclining wheelchair. The resident was attempting to get up out of the chair and was calling out looking for the resident's car. No staff responded to the resident.</p> <p>Observations of Resident 27 in the resident's room on 12/5/24 revealed the following:</p> <p>-7:15 AM The resident was seated in the reclining wheelchair. The resident was awake and alert and was calling out for staff assistance. No staff were observed in the resident's room.</p> <p>-9:35 AM The resident was seated in the reclining wheelchair in the resident's room with no staff available.</p> <p>-1:00 PM The resident was seated in the reclining wheelchair in the room. The resident was awake, and the resident's legs were to the side of the wheelchair with the resident attempting to sit forward in chair. No staff were in the room.</p> <p>During an interview with Nursing Assistant (NA)-Q on 12/5/24 at 10:00 AM, NA-Q verified the resident transferred with a mechanical lift and staff provided assistance with wheelchair mobility to meals and activities. The resident did try to get out of the bed and wheelchair at times with increased restlessness.</p> <p>During an interview with NA-F on 12/5/24 at 10:05AM, NA-F verified the resident transferred with a mechanical lift and was dependent on staff for wheelchair mobility to meals and activities and has had falls related to trying to self-transfer attempts.</p> <p>During an interview with the Director of Nursing (DON) on 12/5/24 at 11:30 AM, the DON verified that Resident 27 had been left alone in the room and was seated in the wheelchair at times. In addition, the DON verified the staff failed to follow the fall intervention which indicated the resident was not to be left alone in the wheelchair in the resident's room and that further falls may occur.</p>		

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>51391</p> <p>Licensure Reference Number 175 NAC 12-006.04(F)</p> <p>Based on record review and interview the facility failed to provide the required 8 hours of Registered Nurse (RN) coverage daily. The sample size was 14 and the facility census was 34.</p> <p>Findings are:</p> <p>A. Based on record review of the nurse's schedule for November 2024 there was not any RN coverage on 11/1/24, 11/2/24 and 11/3/24.</p> <p>During an interview on 12/5/24 at 10:00 AM with the Director of Nursing (DON) the DON confirmed that there was not any RN coverage on 11/1/24, 11/2/24 and 11/3/24.</p>

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>51391</p> <p>Based on observation, record review and interview; the facility failed to complete the required staff posting of nursing hours. This had the potential to affect all facility residents. The facility census was 34.</p> <p>Findings are:</p> <p>Review of the facility Nurse-Staffing-Posting-Information Policy with a date of January 2024 revealed the following guidelines for posting nursing hours:</p> <p>The Nurse Staffing Sheet would be posted daily containing the following information:</p> <ul style="list-style-type: none"> <li>-facility's name</li> <li>-date</li> <li>-facility's census</li> <li>-The total actual hours worked by licensed and unlicensed nursing staff directly responsible for resident care.</li> <li>-The facility would post the Nurse Staffing Sheet at the beginning of each day.</li> <li>-The information would be posted in a prominent place readily accessible to residents and visitors.</li> </ul> <p>During observation on 12/2/24 and 12/3/24 there was no staff posting observed throughout the facility.</p> <p>Based on record review the facility had no evidence of staff postings from 12/2/24- 12/3/24 and no evidence staff postings had been completed over the past 30 days.</p> <p>During an interview with Registered Nurse (RN) consultant-K on 12/4/24 at 11:00 AM RN consultant-K verified that Nurse Staff Posting had not been getting completed or posted.</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42360</p> <p>Licensure Reference Number 175 NAC 12-006.12(A)(vi)</p> <p>Based on record review and interview; the facility failed to follow the pharmacist's recommendations to address irregularities in medication regimens for Resident's 1 and 27. The sample size was 5 and the facility census was 34.</p> <p>Findings are:</p> <p>Review of the undated facility policy Medication Regimen Review (MMR) revealed the following:</p> <ul style="list-style-type: none"> <li>-The MMR was a thorough process of review and assessment conducted by a Consultant Pharmacist of the medications ordered for each resident, with a goal of promoting positive outcomes and minimizing adverse consequences associated with medications.</li> <li>-The MMR occurred monthly for each resident and recommendations were reported to the Administrator, Director of Nursing, attending physicians, and the Medical Director as it applied.</li> <li>-The Consultant Pharmacist utilized federally mandated standards of care, in addition to other applicable standards.</li> <li>-The Consultant Pharmacist provided reporting each month including documented concerns, irregularities, clinically significant risks, adverse consequences that resulted from of could be associated with medications.</li> <li>-The reports included nursing issues as well as communication to attending physicians.</li> <li>-Letters were provided to attending physicians regarding any significant potential or actual medication concerns.</li> <li>-Facility staff notified the attending physicians and obtained responses within a timely manner.</li> </ul> <p>Review of Resident 1's Minimum Data Set (MDS-federally mandated comprehensive assessment use in the development of resident care plans) dated 9/18/24 revealed the resident received antipsychotic, antianxiety, antidepressant and antibiotic medications.</p> <p>Review of Resident 1's Pharmacist Review and Recommendations revealed the following:</p> <p>5/28/24- The Pharmacist recommended a sleep assessment, Risperdal (antipsychotic medication) 0.25 milligrams (mg) at bedtime required review for a dose reduction, a stop date needed added to the Medication Administration Record (MAR) for PRN (as needed) Ativan (Anti-anxiety medication), and there was no evidence of a response, and the recommendation was to send to the provider again.</p> <p>(continued on next page)</p>		

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<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>5/31/24- The Pharmacist recommended reducing Risperdal from 0.25 mg daily to 0.25 mg every other day. The provider signed the recommendation. but did not indicate whether they agreed.</p> <p>9/23/24- The Pharmacist requested a review for a dose reduction of Risperdal and Zoloft (anti-anxiety medication), there was no evidence a response was received. In addition, a review for clarification of the resident's use of Nitrofurantoin (antibiotic) daily was generated with no evidence of documented continued need or rationale.</p> <p>10/21/24 the provider documented that the dose reductions of the Risperdal and Zoloft were clinically contraindicated, however there was no evidence clarification of the of the Nitrofurantoin was received.</p> <p>During an interview on 12/5/24 at 11:36 AM Registered Nurse (RN)-L confirmed the facility had no evidence they had been forwarding pharmacy recommendations to providers for review in a timely manner, and confirmed the facility had no evidence that recommended identified irregularities for Resident's 1 were addressed in a timely manner or in accordance with facility policy.</p> <p>51391</p> <p>C. Review of Resident 27's MDS dated [DATE] revealed the resident received antipsychotic, antianxiety and antidepressant medications.</p> <p>Review of Resident 27's Pharmacist review and recommendations revealed on 5/31/24 the Pharmacist noted that Resident 27 was on 2 antianxiety and insomnia medications and a stop date needed added to the MAR for Ativan (Antianxiety medication) 0.5 mg every 6 hours PRN. The provider documented why resident was on antianxiety medications but did not indicate whether they agreed. There was no response from the provider for the 2 insomnia medications and a stop date for the Ativan. The Pharmacist recommendations were sent to the provider again</p> <p>-On 9/23/24 the Pharmacist requested a stop date be added to the MAR for Xanax (antianxiety medication) PRN, the provider did not respond, and the recommendation was not sent again.</p> <p>-On 10/21/24 the Pharmacist requested a stop date added to the MAR for Xanax PRN and a response from the provider was received on 11/19/24 to continue Xanax PRN for 6 months.</p> <p>During an interview on 12/5/24 at 11:36 AM RN-L confirmed the facility had no evidence they had been forwarding pharmacy recommendations to providers for review in a timely manner, and confirmed the facility had no evidence that recommended identified irregularities For Resident's 27 were addressed in a timely manner or in accordance with facility policy.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>42360</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)</p> <p>Based on record review and interview; the facility failed to ensure Resident 1's long term use of an antibiotic had a clinical rationale for continued use or an ordered duration of use. The sample size was 5 and the facility census was 34.</p> <p>Findings are:</p> <p>Review of the facility policy Antibiotic Stewardship Program (ASP) with a revision date of 3/2023 revealed the following:</p> <ul style="list-style-type: none"> <li>-The facility implemented an ASP as part of the overall infection prevention and control program and the purpose was to optimize the treatment of infections while reducing adverse events associated with antibiotic use.</li> <li>-The Infection Preventionist (IP), with oversight from the Director of Nursing (DON) served as the leader of the ASP.</li> <li>-The Medical Director, Consultant Pharmacist, and attending Physicians supported the program through active participation in the development, promotion, and implementation of a facility wide system for monitoring the use of antibiotics.</li> <li>-All prescriptions for antibiotic included a specific dose, duration, and indication for use.</li> </ul> <p>Review of Resident 1's Minimum Data Set (MDS-federally mandated comprehensive assessment use in the development of resident care plans) dated 9/18/24 revealed the following:</p> <ul style="list-style-type: none"> <li>-the resident received substantial assistance with dressing and transfers and was dependent for toileting hygiene,</li> <li>-was frequently incontinent of bladder and occasionally involuntary of bowel,</li> <li>-and had received antibiotics.</li> </ul> <p>Review of Resident 1's Care Plan with a revision date of 9/24/24 revealed the resident was frequently to always incontinent of urine, had Chronic Cystitis (chronic pain bladder inflammation without evidence of active infection) and was on a scheduled antibiotic for prevention.</p> <p>Review of Resident 1's Medication Administration record dated Dec. 2024 revealed the resident was taking the antibiotic medication Nitrofurantoin Macrocrystal (antibiotic) 100 milligrams one time daily with a start date of 12/16/20.</p> <p>(continued on next page)</p>

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/4/24 at 2:47 PM the facility Infection Preventionist Registered Nurse (IP-RN) confirmed the facility had no evidence they are conducting ongoing and real time surveillance of infections or evidence they were reviewing their antibiotic use in accordance with their Antibiotic Surveillance plan. In addition, the IP confirmed the Resident 1's antibiotic order had no defined duration.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42360</p> <p>Licensure Reference Number 175 NAC 12-006.18(B)</p> <p>Based on observation, record review, and interview the facility failed to implement Enhanced Barrier Precautions (EBP-an infection control interventions designed to reduce transmission of Multi-Drug-Resistant Organisms (MRDO's) that employed targeted gown and glove use during high contact resident care activities) during the provision of care for Residents 20 and 25 and failed to maintain ongoing evidence of antibiotic surveillance in the facility.</p> <p>Findings are:</p> <p>A. Review of the facility policy Enhanced Barrier Precautions dated [DATE] revealed the following:</p> <ul style="list-style-type: none"> <li>-It was the policy of the facility to implement enhanced barrier precautions for the prevention of transmission of MRDO's.</li> <li>-EBP referred to controlled interventions designed to reduce the transmission of MRDO's that employed gown and glove use during high contact resident care activities.</li> <li>-When EBP were implemented, the facility made gowns and gloves available immediately near or outside the resident's room.</li> <li>-PPE (Personal Protective Equipment- such as gown and gloves) were necessary when performing high-contact resident care activities including dressing, bathing, transferring, providing hygiene, changing linens, changing briefs, assisting with toileting, device care, or wound care.</li> </ul> <p>B. Review of Resident 20's Minimum Data Set (MDS-federally mandated comprehensive assessment used to develop resident care plans) dated 11/7/24 revealed the resident received substantial assistance with dressing, partial assistance with transfers, and substantial assistance with hygiene. In addition, the resident was frequently incontinent of bladder, and always involuntary of bowel.</p> <p>Review of Resident 20's Diagnosis Report dated 12/5/24 revealed skin ulcers of the right and left lower extremities, and a pressure ulcer on the right heel.</p> <p>Review of the undated facility list of residents in isolation included Resident 20 and indicated the resident was on EBP for wounds.</p> <p>During an observation of the provision of care for Resident 20 on 12/5/24 at 1:24 PM Nurse Aid (NA)-I entered the resident's room, performed hand hygiene, put on gloves but did not put on a gown. NA-I proceeded to assist the resident to stand up from a wheelchair, walk to the bathroom, pull down clothing, remove a wet brief, perform toileting hygiene, change the resident's brief and pants and walk back to the wheelchair all while not wearing a gown.</p> <p>C. Review of Resident 25's MDS dated [DATE] revealed the resident received moderate assistance with transfers, and substantial assistance with dressing and hygiene.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of Resident 25's Care Plan with a revision date of 9/23/24 revealed the resident was on EBP, had an active MRDO to a wound on the left leg and staff were to wear gown and gloves for care in the resident's room. Those cares included, dressing, bathing, transferring, providing hygiene, changing bed linens, changing briefs and/or when assisting with toileting.</p> <p>During an observation on 12/3/24 at 11:40 AM NA-I entered resident 25's room to assist the resident to the bathroom. NA-I performed hand hygiene and then put on gloves but did not put on a gown, then assisted the resident by pushing the wheelchair to the bathroom and then, locked the wheelchair brakes and provide touching assistance for the resident to stand up and then assisted the resident to pull down pants and sit on the toilet. After the resident finished NA-I assisted the resident in performing perineal care and apply a skin cream to the buttocks and then removed the gloves and provided guidance back to the wheelchair. This was also completed while not wearing a gown.</p> <p>C. During an interview on 12/5/24, NA-I confirmed not using a gown during the provision of care for Resident's 20 and 25. NA-I reported being aware that both residents were on EBP but reported not being unaware of the need to wear gloves and a gown during high contact resident care.</p> <p>D. During an interview on 12/5/24 on 2:23 PM the Infection Preventionist (IP) confirmed staff were to be wearing gloves and a gown during cares with resident's on EBP which included but was not limited to transfers, dressing, and toileting.</p> <p>E. Review of the facility Infection Surveillance requested over that past 13 months revealed the facility was only able to provide one month (November 2024) of the requested surveillance. There was no evidence the required surveillance had been completed for the time frame requested.</p> <p>F. During an interview on 12/4/24 at 2:47 PM the IP confirmed the facility had no evidence they are conducting ongoing and real time surveillance of infections or evidence they were reviewing their antibiotic use in accordance with their Antibiotic Surveillance plan.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285207	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Arbor Care Centers-Countryside LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  703 North Main Street Madison, NE 68748	
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>42360</p> <p>Licensure Reference Number 175 NAC 12-006.18</p> <p>Based on record review and interview; the facility failed to follow the facility Antibiotic Stewardship Policy for Resident 1 to ensure all antibiotics ordered had stop dates and or documented clinical rationale for ongoing use.</p> <p>Findings are:</p> <p>Review of the facility policy Antibiotic Stewardship Program (ASP) with a revision date of 3/2023 revealed the following:</p> <ul style="list-style-type: none"> <li>-The facility implemented an ASP as part of the overall infection prevention and control program and the purpose was to optimize the treatment of infections while reducing adverse events associated with antibiotic use.</li> <li>-The Infection Preventionist (IP), with oversight from the Director of Nursing (DON) served as the leader of the ASP.</li> <li>-The Medical Director, Consultant Pharmacist, and attending Physicians supported the program through active participation in the development, promotion, and implementation of a facility wide system for monitoring the use of antibiotics.</li> <li>-All prescriptions for antibiotic included a specific dose, duration, and indication for use.</li> </ul> <p>Review of Resident 1's Minimum Data Set (MDS-federally mandated comprehensive assessment use in the development of resident care plans) dated 9/18/24 revealed the following:</p> <ul style="list-style-type: none"> <li>-the resident received substantial assistance with dressing and transfers and was dependent for toileting hygiene,</li> <li>-was frequently incontinent of bladder and occasionally involuntary of bowel,</li> <li>-and had received antibiotics.</li> </ul> <p>Review of Resident 1's Care Plan with a revision date of 9/24/24 revealed the resident was frequently to always incontinent of urine, had Chronic Cystitis (chronic pain bladder inflammation without evidence of active infection) and was on a scheduled antibiotic for prevention.</p> <p>Review of Resident 1's Medication Administration record dated Dec. 2024 revealed the resident was taking the antibiotic medication Nitrofurantoin Macrocrystal (antibiotic) 100 milligrams one time daily with a start date of 12/16/20.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285207	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Arbor Care Centers-Countryside LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  703 North Main Street Madison, NE 68748	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 12/4/24 at 2:47 PM the facility Infection Preventionist Registered Nurse (IP-RN) confirmed the facility had no evidence they are conducting ongoing and real time surveillance of infections or evidence they were reviewing their antibiotic use in accordance with their Antibiotic Stewardship plan. In addition, the IP confirmed the resident's Antibiotic order had no defined duration.</p>