

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285210	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2025
NAME OF PROVIDER OR SUPPLIER Crowell Memorial Home		STREET ADDRESS, CITY, STATE, ZIP CODE 245 South 22nd Street Blair, NE 68008	

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>(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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure reference: 175 NAC 12-006.09(H)(iv)(5)Based on record review and interview, the facility failed to ensure monitoring of bowel function for 1 [Resident 3] of 3 sampled residents. The facility had a total census of 63 residents. Findings are: A. A review of the facility Bowel Program dated 12/10 revealed the following procedure:- 1. The charge nurse is to monitor the BM [bowel movement] sheet and or caretracker every shift. - 2. On day 1 with no bowel movement, give 4 oz. of Prune juice to resident. Do not give to diabetics or no Concentrated (NCS) diets.- 3. On day 2, with no bowel movement, give prune juice and oral laxative (MOM [Milk of Magnesia], Sorbitol, Cascara, etc.) per MD [Medical Doctor] orders.- 4. On day 3 with no bowel movement, give prune juice and suppository (Dulcolax or Bisadocyl) per MD Orders. - 5. If no BM, notify the resident's physician for possible new orders.- 6. [NAME] meds given on MAR every shift.- 7. Monthly, complete the Bowel Assessment on every resident. B. A review of Resident 3's Face Sheet revealed Resident 3 admitted to the facility on [DATE] with diagnoses of Parkinson's disease and constipation. A review of Resident 3's Care Plan revealed a problem dated 7/10/24 of bowel incontinence with a diagnosis of constipation and a history of fecal impaction with an approach of ensure adequate bowel elimination with approach of administering medications promoting bowel movements. A review of Resident 3's Progress Note dated 7/14/25 revealed Resident 3 was readmitted to the facility on [DATE] at 4:10 PM. A review of Resident 3's bowel monitoring revealed the following documentation between 7/15/25 and 7/25/25:-no bowel movement record from 7/17/25 to 7/21/25, 4 days-no bowel movement recorded from 7/21/25-7/25/25, 4 days A review of Resident 3's Progress Notes dated 7/25/25 revealed Resident 3 was admitted to the hospital on [DATE]. A review of 24-hour vital sheets, a record used to determine interventions are to be implemented, between 7/15/25 and 7/25/25 revealed Resident 3 was only identified as being with a bowel movement on 2 days as follows:-for 1 day on 7/20/24 -for 2 days on 7/21/25 A review of Resident 3's 7/2025 MAR [Medication Administration Record] revealed an order for Miralax [laxative] 17 gms daily as needed for constipation. A review of Resident 3's 7/2025 MAR revealed Resident 3 was not administered Miralax during the month of 7/2025. In an interview on 8/6/25 at 2:12 PM, Registered Nurse A reported that the night charge nurse is to check the bowel movement book and make a list of residents that need follow up for bowel movements. Registered Nurse A reported the facility policy is after 1 day with no bowel movement the resident is to receive prune juice, day 2 with no bowel movement the resident is to receive milk of magnesia, and the third day with no bowel movement the resident is to receive a suppository. In an interview on 8/7/25 at 9:39 AM, Registered Nurse B reported that bowel movements were recorded in the bowel movement book and on the 24-hour report is a list of residents who have not had a bowel movement in 1, 2, or 3 days. Registered Nurse B confirmed that after 1 day with no bowel movement the resident is to receive prune juice, after the second day with no bowel movement the resident is to have milk of magnesia, and after the third day to resident is to have a suppository. Registered Nurse B reported the medication aides are given the 24-hour vital sheet in the morning and are responsible for giving the prune juice after 1 day with no bowel movement and the milk of magnesia after 2 days with no bowel movement. Registered Nurse B confirmed that a physician order is required for the bowel protocol. In an interview on 8/7/25 at 9 AM, Medication Aide C reported that the daily report sheet identified who had not had a bowel movement in 3 days and those residents are to be given bowel medication. Medication Aide C reported that the resident is given whatever medication the resident has an order for. In an interview on 8/7/25 at 9:15 AM, Medication Aide D reported that Medication Aide D would check the bowel monitoring book. Medication Aide D reported if a resident had not had a bowel movement in 3 days, Medication Aide D would give whatever medication was on the medication administration record to give. In an interview on 9/7/25 at 10:40 AM, the Dietary Manager E reported that occasionally a nurse will request a glass of prune juice for a resident. The Dietary Manager E reported that dietary staff doesn't get a list of residents that are to be served prune juice and was not aware of the facility bowel protocol. In an interview on 8/7/25 at 9:52 AM, the DON [Director of Nursing] confirmed the bowel monitoring tracking was not consistently filled out for Resident 3 during the month of 7/2025. The DON confirmed that based on the documentation that is available in the bowel monitoring book, Resident 3 should have been given something for Resident 3's bowels. The DON reported the nurse is to notify the physician if a resident has not had a bowel movement in 2 days and get an order for milk of magnesia. The DON reported if the resident has not had a bowel movement in 3 days, the nurse would get an order for a</p>		