

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 06/12/2025
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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Licensure Reference Number 175 NAC 12-006.05(G)</p> <p>Based on record reviews and interviews, the facility failed to provide a rationale for not conducting a Gradual Dose Reduction (GDR, Stepwise tapering of a dose to determine whether or not symptoms, conditions, or risks can be managed by a lower dose or whether or not the dose or medication can be discontinued) for 1 (Resident 2) of 3 residents sampled. The facility census was 62.</p> <p>Findings are:</p> <p>Record review of Resident 2's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 5/11/2025 revealed Resident 2 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 13/15. The MDS manual identified a score of 13 as cognitively intact.</p> <p>Record review of Resident 2's medication order summary revealed Risperidone solution 1 milligram per milliliter (mg/mL) was ordered and the amount to be administered was 0.5 mL to be taken 3 times per day for bipolar disorder. A pharmacy review of the medication was conducted by a pharmacist on 11/26/2024 with a recommendation to gradually reduce the amount to be administered to 0.25 mL in the morning and 0.5 mL in the afternoon and evening. The primary physician disagreed with the recommendation for a dose reduction and did not provide a rationale for disagreement.</p> <p>An interview with the Director of Nursing (DON) on 06/12/25 at 9:16 AM confirmed there was no rationale provided by the doctor regarding not conducting the GDR of risperidone for Resident 2.</p> <p>Record review of Consonus Pharmacy's policy on Medication Regimen Review dated August 2024 revealed:</p> <p>H. Recommendations are acted upon and documented by the facility staff and or the prescriber.</p> <p>1) a physician accepts and acts upon suggestion or rejects and provides an explanation for disagreement.</p> <p>2) If there is potential for serious harm and the attending physician does not concur, or the attending physician refuses to document an explanation for disagreeing, the director of nursing contacts the medical director.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 285210
		If continuation sheet Page 1 of 10

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Licensure Reference Number 175 NAC 12-006.02(H)</p> <p>Based on record review and interview, the facility failed to report an allegation of misappropriation within the required timeframe to Adult Protective Services [APS] and the Department of Health and Human Services [DHHS] for 1 (Resident 39) of 5 facility investigations reviewed. The facility census was 61.</p> <p>Findings are:</p> <p>Record review of facility policies and procedures entitled Abuse, Neglect and Exploitation and dated 9/23/22 revealed the following information:</p> <p>The definition of an alleged violation is a situation or occurrence that is observed or reported by staff, resident, relative, visitor or others but has yet to be investigated and , if verified, could be an indication of noncompliance with the federal requirements related to mistreatment, exploitation, neglect or abuse, including injuries of unknown source and misappropriation of resident property.</p> <p>Reporting and response:</p> <p>A. The facility will have written procedures that include:</p> <p>1. Reporting of all alleged violations to the admin, state agency, adult protective services and to all other required agencies within the specified timeframe's</p> <p>a. Immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse, or result in serious bodily injury, or</p> <p>b. Not later than 24 hours if the events that cause the allegation do not involve abuse or do not result in serious bodily injury.</p> <p>B. The Administrator will follow up with government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation within 5 working days of the incident, as required by state agencies.</p> <p>(continued on next page)</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 39's quarterly Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) revealed an admission date of 10/5/22 with diagnoses that included unspecified psychosis not due to a substance or known physiological condition, major depressive disorder, recurrent, severe with psychotic symptoms, personality disorder, unspecified(History of), Anxiety disorder, unspecified, adjustment disorder with mixed anxiety and depressed mood, type 2 diabetes mellitus without complications, Schizophrenia, unspecified, age-related osteoporosis without current pathological fracture, stress incontinence, unsteadiness on feet, and unspecified abnormalities of gait and mobility. The MDS identified that Resident 39 had a BIMS (Brief interview Mental Status, a brief screener that aids in detecting cognitive impairment) score of 13/15. The MDS Manual identified that a score of 13-15 indicated intact cognition. The MDS identified that Resident 39 had a mood score of 10 (moderate depression is a score of 10-14 according to the MDS manual), had exhibited no behaviors and required partial to moderate assist with activities of daily living.</p> <p>Record review of complaint intake information received by APS on 5/23/25 revealed a report was called into Adult Protective Services [APS] on 5/23/25 by an anonymous reporter. The APS report indicated that the person that called the report into APS revealed that Resident 39 identified that a nurse aide [NA-B] at the facility told Resident 39 that they owed the NA 5 dollars. The resident did not give the NA-B five dollars and Resident 39 told NA-A to leave [gender] alone. The APS report revealed that NA-B allegedly told Resident 39 see if I do anything for you anymore. The reporter said that Resident 39 was now fearful of the NA and stated that Resident 39 had reported this incident to a nurse and had also left a voice mail for the Director of Nursing [DON].</p> <p>Interview on 06/10/25 at 01:18 PM with the DON confirmed knowledge of the incident and that the DON had talked to Resident 39 and NA-B on 05/23/25 and instructed the NA to no longer go into Resident 39's room. The DON stated that NA-B had been joking and didn't mean anything by it. The DON stated I did not think it was abuse and did not need to be reported as the resident didn't want to file a grievance. The DON confirmed that the incident had not been reported to APS or DHHS.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Licensure Reference Number 175 NAC 12-006.02(H)</p> <p>Based on record review and interview, the facility failed to thoroughly investigate an allegation of misappropriation for 1 (Resident 39) of 5 facility investigations reviewed. The facility census was 61.</p> <p>Findings are:</p> <p>Record review of facility policies and procedures entitled Abuse, Neglect and Exploitation and dated 9/23/22 revealed the following information:</p> <p>The definition of an alleged violation is a situation or occurrence that is observed or reported by staff, resident, relative, visitor or others but has yet to be investigated and , if verified, could be an indication of noncompliance with the federal requirements related to mistreatment, exploitation, neglect or abuse, including injuries of unknown source and misappropriation of resident property.</p> <p>Investigation of abuse, neglect and exploitation:</p> <p>a. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur.</p> <p>B. Written procedures for investigations include:</p> <ol style="list-style-type: none"> 1. Identifying staff responsible for the investigation. 3. Investigating different types of alleged violations 4. Identifying and Interviewing all involved people, including the alleged victim, alleged perpetrator, witnesses or others who might have knowledge of the allegations 5. Focusing the investigation on determining if abuse, neglect or exploitation and or mistreatment occurred, the extent and cause 6. Providing complete and thorough documentation of the investigation. <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 39's quarterly Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) revealed an admission date of 10/5/22 with diagnoses that included unspecified psychosis not due to a substance or known physiological condition, major depressive disorder, recurrent, severe with psychotic symptoms, personality disorder, unspecified(History of), Anxiety disorder, unspecified, adjustment disorder with mixed anxiety and depressed mood, type 2 diabetes mellitus without complications, Schizophrenia, unspecified, age-related osteoporosis without current pathological fracture, stress incontinence, unsteadiness on feet, and unspecified abnormalities of gait and mobility. The MDS identified that Resident 39 had a BIMS (Brief interview Mental Status, a brief screener that aids in detecting cognitive impairment) score of 13/15. The MDS Manual identified that a score of 13-15 indicated intact cognition. The MDS identified that Resident 39 had a mood score of 10 (moderate depression is a score of 10-14 according to the MDS manual), had exhibited no behaviors and required partial to moderate assist with activities of daily living.</p> <p>Record review of complaint intake information received by APS on 5/23/25 revealed a report was called into Adult Protective Services [APS] on 5/23/25 by an anonymous reporter. The APS report indicated that the person that called the report into APS revealed that Resident 39 identified that a nurse aide [NA-B] at the facility told Resident 39 that they owed the NA five dollars. The resident did not give NA-B five dollars and Resident 39 told NA-A to leave [gender] alone. The APS report revealed that NA-B allegedly told Resident 39 see if I do anything for you anymore. The reporter said that Resident 39 was now fearful of the NA and stated that Resident 39 had reported this incident to a nurse and had also left a voice mail for the Director of Nursing [DON].</p> <p>Interview on 06/10/25 at 1:18 PM with the DON confirmed knowledge of the incident and that the DON had talked to Resident 39 and NA-B on 05/23/25 and instructed the NA to no longer go into Resident 39's room. The DON stated that NA-B had been joking and didn't mean anything by it. The DON stated I did not think it was abuse and did not need to be reported as the resident didn't want to file a grievance. The DON confirmed that a thorough written investigation had not been completed into the incident with Resident 39 and NA-B.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)(v)</p> <p>Based on record reviews and interviews, the facility failed to provide services as care planned to help prevent further decrease in range of motion for 2 (Residents 40 and 8) out of 2 residents sampled. The facility census was 61.</p> <p>Findings are:</p> <p>A.</p> <p>Record review of Resident 40's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 04/25/2025, revealed Resident 40 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) blank score. The MDS manual identified a score of blank as resident was unable to complete the interview.</p> <p>Record review of Resident 40's diagnoses revealed muscle wasting and atrophy, contracture of left hand and anoxic brain damage.</p> <p>Record review of Resident 40's restorative care plan dated 05/12/2025 revealed staff should be performing bed mobility and passive range of motion (PROM, range of motion that is performed by the staff moving the resident's body parts) exercises with the resident at least 2-3 times per week.</p> <p>Record review of Resident 40's Restorative Nursing Program Flow Sheet dated June 2025 revealed Resident received these exercises on 06/09/2025 and 06/10/2025.</p> <p>On 06/12/2025 at 9:18 AM the Director of Nursing (DON) confirmed there were only two days marked for restorative care for the month of June.</p> <p>B.</p> <p>Record review of Resident 8's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 05/02/2025 revealed a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 15/15. The MDS manual identified a score of 15 as cognitively intact.</p> <p>Record review of Resident 8's diagnoses revealed a diagnosis of hemiplegia and hemiparesis following cerebral infarction affecting the right dominate side.</p> <p>Record review of Resident 8's restorative care plan dated 5/12/2025 revealed staff should be performing bed mobility and PROM exercises with the resident at least 2-3 times per week.</p> <p>Record review of Resident 8's Restorative Nursing Program Flow Sheet dated June 2025 revealed Resident received these exercises on 06/09/2025 and 06/10/2025.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 06/12/2025 at 9:18 AM the Director of Nursing (DON) confirmed there were only two days marked for restorative care for the month of June for Resident 8. The DON also confirmed that the facility did not have a restorative care policy.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.18(B) & 12-006.09(H)(vi)(3)(g)</p> <p>Based on observation, record review and interview; the facility failed to date oxygen tubing for 1 (Resident 11) of 1 sampled resident. The facility also failed to utilize Personal Protective Equipment (PPE, includes clothing, gloves, face shields, goggles, facemask's, respirators, and other equipment to protect front-line workers from injury, infection, or illness) for Enhanced Barrier Precautions (EBP, an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices) for 1 (Resident 51) of 5 sampled residents and failed to perform hand hygiene prior to donning gloves during the provision of medication administration for 1 (Resident 39) of 1 sampled resident. The facility census was 61.</p> <p>Findings are:</p> <p>A.</p> <p>Record review of Resident 11's Face Sheet printed 06/11/2025 revealed the facility admitted the resident on 5/20/2025. Further review of the Face Sheet revealed that Resident 11 had diagnoses which included dyspnea (difficulty breathing), congestive heart failure, obstructive sleep apnea, and acute and chronic respiratory failure.</p> <p>Record review of Resident 11's admission Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and help nursing home staff identify health problems) dated 06/02/2025 revealed the resident had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 14/15. According to the MDS Manual, a score of 14 indicated that the resident was cognitively intact. Further review of the MDS revealed that Resident 11 received oxygen while a resident at the facility.</p> <p>Record review of Resident 11's Orders printed 6/11/2025 revealed an order for oxygen at four liters per nasal canula as needed for dyspnea.</p> <p>An observation on 06/09/2025 at 1:18 PM revealed Resident 11's oxygen tubing connected to the concentrator in the resident room. The tubing was not marked with a date it was placed.</p> <p>An observation on 06/10/2025 at 9:35 AM revealed Resident 11's oxygen tubing connected to the concentrator in the resident room. The tubing was not marked with a date it was placed.</p> <p>An observation on 06/11/2025 at 11:40 AM revealed Resident 11 in the hallway going to lunch with oxygen nasal cannula in place. The nasal cannula was not dated.</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 - Few</p>	<p>An interview on 06/11/2025 at 11:40 AM with Registered Nurse (RN)-A confirmed that the tubing attached to the portable oxygen tank was undated. RN-A returned to Resident 11's room and further confirmed that the oxygen tubing attached to the concentrator was undated and should have been dated. RN-A revealed that oxygen tubing was to be changed weekly on the night shift.</p> <p>An interview on 06/11/2025 at 12:10 PM with the Director of Nursing (DON) confirmed that oxygen tubing is to be changed weekly.</p> <p>An interview on 06/12/2025 at 8:18 AM with the DON further confirmed that there was no method for tracking the change of respiratory supplies.</p> <p>B.</p> <p>Record review of a policy entitled Enhanced Barrier Precautions dated 2019 revealed the following information:</p> <p>Definitions:</p> <p>Enhanced barrier Precautions refer to the use of gowns and gloves for certain residents during specific high contact resident care activities that have been found to increase the risk for transmission of multi drug-resistant organisms.</p> <p>1 c: Clear signage will be posted on the door or wall outside of the residents room indicating the type of precautions, required personal protective equipment (PPE) and the high contact resident care activities that require the use of gowns and gloves.</p> <p>2 b: An order for enhanced barrier precautions will be obtained for residents with any of the following: indwelling medical devices (feeding tube) etc.</p> <p>High-contact resident care activities include: transferring, providing hygiene and changing briefs or assisting with toileting, device care including feeding tube.</p> <p>Residents on EBP will have a station for PPE donning and hand hygiene directly outside the door. If staff entering the residents room will be doing any of the following, they should follow posted instructions prior to entering:</p> <p>High-contact resident care activities include: transferring, providing hygiene and changing briefs or assisting with toileting, device care including feeding tube.</p> <p>Record review of Resident 51's quarterly MDS dated [DATE] revealed an admission date of 3/13/24 and diagnoses that included Parkinson, gastrostomy, anxiety and bipolar disorder. The MDS identified that resident 51 had a BIMS score of 15/15. The MDS manual identified that a score of 13-15 indicated intact cognition. The MDS identified that resident 51 exhibited, no behaviors and required assistance from staff for all activities of daily living needs including toileting and transfers.</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 - Few</p>	<p>Record review of Resident 51's Comprehensive Care Plan (a document that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment) dated revised 6/10/25 revealed that Resident 51 had a Gastrostomy Tube (a surgically placed tube that provides direct access to the stomach for feeding and hydration) present and staff were to follow EBP.</p> <p>Observation on 06/09/25 at 9:15 AM revealed a sign was present on the outside of the door that identified Resident 51 was in Enhanced Barrier Precautions. The sign identified that providers and staff must: Wear gloves and a gown for the following high contact activities: transferring, providing hygiene, changing briefs, assisting with toileting.</p> <p>Observation on 06/09/25 at 9:15 AM revealed a Hospice Nurse Aide (NA-E) present in Resident 51's room. With no gown in place, NA-E entered the restroom in Resident 51's room and assisted with completing toileting hygiene for Resident 51.</p> <p>Observation on 06/11/25 between 9:50 AM and 10:00 AM revealed Hospice NA-E brought the sit stand lift into Resident 51's room and provided transferring assistance and then took Resident 51 into the bathroom to toilet. NA-E did not don a gown before entering Resident 51's room.</p> <p>Interview on 06/11/25 at 10:05 AM with Hospice NA-E confirmed that toileting, a brief change and transfer assistance had been provided to Resident 51. NA-E confirmed that a gown was not donned prior to entering the room or used during the provision of personal hygiene cares, toileting or transfer assistance and should have been according to the EBP sign outside the door.</p> <p>Interview on 06/11/25 at 10:21 AM with the facility Wound Nurse confirmed that the Hospice NA did not follow EBP precautions and did not don a gown when toileting assistance, personal hygiene and transfer assistance was provided to Resident 51.</p> <p>C.</p> <p>Record review of an undated facility policy entitled Hand Hygiene revealed:</p> <p>-6. Additional Considerations:</p> <p>-a. The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning (applying) gloves, and immediately after removing gloves.</p> <p>An observation on 06/11/2025 at 7:15 AM with Nurse Consultant (NC)-D revealed Medication Aide (MA)-C prepared Resident 39's medications to be administered. When completed, MA-C collected Resident 39's medications, opened the medication cart and returned the medications, closed the drawer, and locked the medication cart. Without the benefit of hand hygiene, MA-C donned gloves and proceeded to administer eye drops in both of Resident 39's eyes.</p> <p>In an interview on 06/11/2025 at 7:30 AM MA-C confirmed that [gender] did not perform hand hygiene prior to donning gloves and should have.</p>		