

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/03/2026
NAME OF PROVIDER OR SUPPLIER Wauneta Care and Therapy Center		STREET ADDRESS, CITY, STATE, ZIP CODE 427 Legion Street Wauneta, NE 69045	
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)		
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Licensure Reference Number 175 NAC 12-006.11(D)Based on observation, record reviews and interviews, the facility failed to serve foods to the residents based on the serving sizes in the recipes to ensure all residents received the correct amounts of protein and other nutrients. This had the potential to affect all residents. The facility showed a census of 27.Findings are: Record review of a Recipe received from the facility for the evening meal on 8/3/26 revealed:'Steak, Onion and Cheese Submarine; Portion size 3 ounce (oz) / 1/2 oz/ 1 roll-Ingredients: Beef, Philly Steak meat, Frozen; 3 3/4 pounds (lbs) for 30 servings, 4lb 6 oz for 35 servings, and 5lbs for 40 servings. -Onion, Yellow fresh diced 1/4 or less; 2lbs 2oz for 30 servings, 2lbs, 7oz for 35 servings, and 2lbs 13 oz for 40 servings.-Cheese, Mozzarella, Shredded; 1lb for 30 servings, 1lb 2oz for 35 servings, and 1 1/4 lbs. for 40 servings.-Bun; Hot dog bun; 1 per serving. (30:30/35:35/40:40)Instructions: CCP (dietary staff) : vegetables must be washed or rinsed prior to use.CCP: Keep meat frozen until ready to use1.preheat griddle to 350F2. Grill frozen steak wafers; mix in onions gently as meat cooks. CCP: At completion of cooking, internal temperature must register 145F for 15 seconds.CCP: maintain minimum holding temperature of 135-140Assemble Sandwich: Cut rolls in half lengthwise.Place 3 oz meat/onion mixture and 1/2 oz cheese in each roll. Cut in half. Serve 1 sandwich per portion.Potato wedges:-Prepare per package instructions-Using a 4oz ?spoodle', serve 1/2 cup per portion. Discard leftovers Pickle Spear:-Drain spears-portion 1 spear per plateMaintain 41F or below Lemon-poke cake.-To serve, cut each 12x10x2 pan 4x4 for 16 servings. Each serving= 3x2 serve with a dollop of prepared whipped topping. Continuous observations between 2:58 PM and 6:00 PM revealed the following:-Cook-I Donned gloves and began peeling onions. Confirmed they are preparing 30 servings of food. Stated they have 2lbs, 2oz of onions. There are 4 onions in total - [NAME] -I weighed all 4 onions to total 2.5lbs and then began slicing the onions into strips. -Cook-I placed all sliced onions into a container and grabbed a green lid to place on the container. [NAME] then grabbed a sticker and a pen from their shirt pocket and labeled the onions, stating they would not saute the onions until they made everything together. Cook-I then placed the onions in the fridge. - Cook-I took the Lemon Poke cake out of the refrigerator and the whipped topping and then donned new gloves without performing hand hygiene and added the whipped topping to the top of the cake. -Cook- I then put the whipped topping back into a refrigerator, and then grabbed a silver pan, and placed it on the prep counter. Cook-I then stated there is no other prep work to be done because it is too early and stated they would begin again around 4:30. -There are 4 packs of 8 hot dog buns on the prep counter and one pack of 6 hot dog buns.-Cook-I removed the frozen meat from the plastic packaging and placed it on a large silver sheet pan and separated it using a spatula, with gloved hands. -Cook-I took a container off the prep counter and placed it in the sink, then grabbed tin foil and covered the frozen meat and then placed it in the oven which is set to 400F.-Cook-I removed the cake from the refrigerator, grabbed a container full of small bowls on the prep counter, then placed a few other white bowls on a silver pan (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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Department of Health & Human Services
Centers for Medicare & Medicaid Services

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure reference number 12-006.11(E)Based on observations, record reviews, and interviews, the facility to ensure that dietary personnel used hand hygiene as required in the kitchen, and the facility failed to ensure that foods in the kitchen were dated, labeled, and discarded to prevent food borne illnesses. Findings are: F812Licensure reference number 12-006.11(E)Based on observations, record reviews, and interviews, the facility to ensure that dietary personnel used hand hygiene as required in the kitchen, and the facility failed to ensure that foods in the kitchen were dated, labeled, and discarded when appropriate to prevent food borne illnesses. Observations made during the initial brief tour in the kitchen at 10:20 AM on 7/20/26 revealed the following:-2 boxes of gold metal muffin mix with a best buy date of 5/3/26-4 gallons of syrup with no best by or expiration date-4, 7 pound (lb) cans of chocolate pudding with no expiration or best by date-6, 7lb cans of butter scotch pudding with no best by or expiration dates.-5, 6.5lb cans of diced peaches with no best by or expiration dates.-3, 6.5lb cans of fruit cocktail with no best by or expiration dates.-5, 6.61lb cans mandarin oranges with no best by or expiration dates.-1, 11.3 oz container of fudge striped cookies was unsealed-1, 4.16lb can of tuna with a manufactured date of [DATE] with no best by or expiration dates.-10 bottles of 12 oz syrup with no best by or expiration dates.-11 Loaves of bread with no best by or expiration dates.-2, 64 oz containers of vanilla soft serve mix with a best by date of 7/16/26 in the standing fridge near the dry storage area. 1 large white lay down freezer in the back of the kitchen. Unable to sample all items in this freezer due to inability to access all foods but revealed the following: -2 packs of waffles with no best by or expiration dates.-2 packs of lemon squares with no best by or expiration dates.-1, 16oz pack of whipped topping with no best by or expiration dates.-5 bags of French fries with no best by or expiration dates.-2 bags of potato wedges with no best by or expiration dates.-1 bag of meatballs with no best by or expiration dates.-2 packs of red meat with no best by or expiration dates in the standing freezer in center of kitchen Record review of an undated and unlabeled document received from the Registered Dietician (RD) revealed the following statements:- Compare weekly order list against current stock in dry storage, walk-in coolers, and freezers to determine actual purchase quantities needed. - Stock Rotation: Transport items to designated storage areas immediately and restock using First-In, First-Out (FIFO) procedures-Placing newer stock behind existing stock to ensure proper rotationRecord review of an undated facility policy labeled Date Marking for Food Safety revealed information about staff being responsible for:-clearly marking food to indicate the date or day by which the food shall be consumed or discarded. -The individual opening or preparing food shall be responsible for date marking the food at the time the food is opened or prepared. -The marking system shall consist of a color-coded label, the day date of opening, and the day/date the item must be consumed or discarded-The discard date or day may not exceed the manufacturers use-by date, or four days, whichever is earliest. The date of opening or preparation counts as day 1-The head Cook-I or designee shall spot check refrigerators weekly for compliance and document accordingly. Corrective action shall be taken as needed. -Prepared foods that are delivered to the nursing units shall be discarded within two hours, if not consumed. These items shall not be refrigerated as the time/temperature controls cannot be verified. An interview at 11:05 AM on 7/20/26 with the RD confirmed all findings of expired foods, products without dates, and unsealed items as listed above. The RD confirmed they receive their food truck deliveries on Thursdays and they rotate and inventory all items. RD also confirmed that kitchen staff members are supposed to (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	use stickers available for dating all foods in the kitchen. RD confirmed that staff mark the opening date of items only. Continuous observations of the evening meal service between 2:58 PM and 6:04 PM revealed the following:-Cook-I Donned (put on) gloves and began peeling onions. Cook-I confirmed they are preparing 30 servings of food. Stated they have 2lbs, 2oz of onions. There are 4 onions in total -Cook-I Weighed all 4 onions to total 2.5lbs and then began chopping/slicing the onions into strips. -Cook-I placed all sliced onions into a container and obtained a green lid to place on the container. Cook-I-I took a sticker and a pen from their shirt pocket and labeled the onions, then placed the onions in the fridge. -Cook-I then removed their gloves without performing hand hygiene and put away the food scale.-Cook-I took the cake out of the refrigerator and the whipped topping and then donned new gloves without performing hand hygiene, then added the whipped topping to the top of the cake. -Cook-I used their gloved hand to adjust glasses on their face, and then grabbed the cake pan and covered it with plastic wrap, placed the remainder of the whipped topping into a plastic container they grabbed with gloved hands, placed a lid on the green container, then removed gloves, labeled a sticker with a pen from their shirt pocket and placed on to the container of whipped topping. -Cook-I then put the whipped topping back into a refrigerator and then obtained a silver pan and placed it on the prep counter. Cook-I then stated there is no other prep work to be done because it is too early and stated they would begin again around 4:30. -Cook-I used the back side of their gloved hand to close the refrigerator door, and did not change their gloves.-Cook-I removed one glove, used the bare hand and grabbed a rag from the sink and wiped down their shirt, and then used the rag to wipe the lid of the blender cup, and then pureed the cake. Cook-I then removed the lid of the blender cup with their bare hand and used the same bare hand and spooned the pureed cake into 2 separate bowls. Cook-I did not perform hand hygiene during this time. -Cook-I then placed the blender cup in the sink and then took the sheet of cake servings and covered it with plastic wrap and placed it in the refrigerator.-Cook-I took the onions out of the refrigerator and grabbed a large skillet, while still wearing the same singular glove on one hand. Cook-I did not perform any hand hygiene.-Cook-I then took the remaining cake and covered it with plastic wrap and placed it in the refrigerator. -Cook-I removed their one glove and did not perform hand hygiene.-Cook-I used a rag to wipe down the prep counter with their bare hands and did not perform hand hygiene after.-Cook-I then added the onions to the pan on the stove. -Cook-I used the thermometer and poked it through the tinfoil covering the meat, to measure the temperature, then removed the meat from the oven and placed it on the prep counter and felt the tin foil with their bare hands, then placed it back in the oven.-Cook-I donned gloves at 4:49 PM without performing hand hygiene. -Cook-I is wearing gloves and has their hands crossed touching their shirt. -Cook-I transferred the hot skillet to the prep counter and began putting an unmeasured amount of meat an onion mixture into each hot dog bun using a pair on tongs. -Cook-I used their bare hand to place a piece of meat into the hot dog bun after it had fallen out of the tongs.-An observation at 5:19 PM revealed Cook-I used the same pair of tongs and added an unmeasured amount of cheese to each hot dog bun. -Cook-I removed a large jar of pickle spears from the fridge, and used gloved hands to open it, then added the pickles to the silver bowl that is sitting on top of the bowl of ice that was prepped at 4:41 PM-Cook-I used their gloved hands to grab the pen from their shirt and open the binder that is used to record temperatures, then recorded the temperature of the pureed meat and onion mixture.-The instant mashed potatoes are sitting in the pot uncovered on the prep counter. -The pickle spears are sitting in the silver bowl uncovered. -Cook-I used their gloved hands to adjust their glasses and then continued to plate foods. -Cook-I adjusted their glasses with their gloved hands again. -The skillet with the onion and meat mixture is sitting on the prep counter uncovered. -Cook-I has been using their gloved hand and a spatula 4 to grab the sandwiches and plate them for the entire (continued on next page)		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	meal service, wearing the same pair of gloves they wore when they touched their glasses-The staff member that is handing out trays mentioned to Cook-I that one resident would like some ketchup and so Cook-I then opened the fridge with their gloved hands and grabbed the ketchup bottle and added it to 2 out of 3 dressing cups and handed them to the staff member to pass out. Cook-I did not change their gloves or perform hand hygiene.Record review of a facility policy last revised on 6/1/26 labeled 'Hand Hygiene' revealed:- Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table. The hand hygiene table revealed that hand hygiene should be completed before applying and after removing personal protective equipment (PPE), including gloves.- Additional considerations: The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves. An interview at 6:04 PM with Cook-I confirmed they did not realize they were touching things with their gloved hands, such as their glasses on their face.		

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.04(B)(ii)1 Based on record review and interview, the facility failed to ensure that Nurse Aides (NAs) are provided 12 hours of yearly education, and fails to follow their Facility Assessment that includes dementia management training for NAs. This affected 1 of 1 NAs sampled. The facility census was 27. Findings were: Record review of the Facility assessment dated [DATE] revealed that staff training, education, and competencies were required by in-service training for Nurse Aides and would be no less than 12 hours per year and include dementia management training among other subjects. Record review of the document Training Hours which documented ongoing yearly education for NA-A revealed that NA-A, whose date of hire was 6/11/2024, had only 10.15 hours of continuing education from 6/11/2025 to 6/11/2026 documented. No dementia management training was listed. Record review of the nursing services monthly meetings revealed that NA-A did not attend and had no further education through nurse staff meetings. Interview on 08/03/2026 at 11:05 AM with the Facility Administrator (FA) revealed that the FA reviewed all of the past nursing in-services and found that NA-A did not attend any staff in-services. The facility staff could not produce documentation of any more of the required continuing education hours except that which was shown on the education transcript for online learning. FA stated that NA-A is a student and it is hard to get the required continuing education hours for NA-A completed. FA confirmed that there was no dementia management training that was completed by NA-A in the past year. Interview on 08/03/2026 at 11:08 AM with the Director of Nursing confirmed that the total number of continuing education hours for NA-A were not equal to or greater than 12 hours for the past year and that there was no dementia management training noted on the training paperwork.		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(F)(iii) Based on record review and interview, the facility failed to ensure that the Comprehensive Care Plan (CCP, 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) was updated with a change in orders for oxygen to reflect the current order for Resident 1; and failed to ensure Residents' 5 and 7's CCPs reflected their ability and desire to self administer medications. The sample size was 12 and the facility identified a census of 27. Findings Are: A. A record review of Resident 1's admission Record dated 7/21/2026 revealed the resident was admitted to the facility on [DATE] with a primary diagnosis of malignant neoplasm of unspecified part of left bronchus or lung (a cancerous tumor). A record review of Resident 1's undated CCP revealed the resident suffered from altered respiratory status/difficulty breathing secondary to chronic obstructive pulmonary disease, chronic respiratory failure, as well as lung cancer. There was an intervention in place that stated the resident was to receive oxygen via nasal cannula at 3 liters per minute (LPM). The intervention had a start date of 10/23/2025. A record review conducted on 7/21/2026 of Resident 1's active Physician's Orders revealed an order for continuous oxygen via nasal cannula at 4L (liters)-5L. This order had a start date of 5/23/2026. An interview on 8/3/2026 at 9:35 AM with the Clinical Nurse Manager (CNM) confirmed that Resident 1's Care Plan had not been updated when their oxygen order was changed from 3 liters to 4-5 liters and should have been. B. A record review of Resident 7's admission Record revealed the resident was admitted to the facility on [DATE] with a primary diagnosis of Schizophrenia (a mental illness that is characterized by disturbances in thought, perception, and behavior, by a loss of emotional responsiveness and extreme apathy, and by noticeable deterioration in the level of functioning in everyday life). A record review of Resident 7's active Physician's Orders revealed the following medication orders: -Orajel (an over-the-counter topical medication used to temporarily numb and relieve severe toothaches, gum pain, and mouth sores) ointment every shift for pain. This order had a start date of (continued on next page)		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	5/15/2026 and stated, patient may have at bedside. -Cough drops (throat lozenges), give 1 tablet by mouth as needed for cough. This order had a start date of 3/4/2026 and stated, unsupervised self-administration, may have at bedside. -Vicks VapoRub (a medicated topical ointment used to temporarily relieve coughs from colds and minor muscle or joint aches) apply topically as needed to chest for congestion. This order had a start date of 8/1/2024 and stated, may keep at bedside. -Saline Mist spray nasal solution 0.65%, 2 sprays in both nostrils every 6 hours as needed for dry nasal passages. This order had a start date of 8/5/2024 and stated, may keep at bedside). -Abreva (an over-the-counter cream containing 10% docosanol that treats cold sores and fever blisters by blocking the herpes virus from entering healthy skin cells) external cream, apply to affected area topically as needed for oral aphthae (small, painful, non-contagious ulcers that develop on the soft tissues inside the mouth). This order had a start date of 8/5/2024 and stated, may keep at bedside. An observation and interview on 7/20/2026 at 12:52 PM with Resident 7 in their room revealed a bag of cough drops on the resident's bedside table. The resident stated, I can keep those in my room, I have an order for that. A record review of Resident 7's CCP revealed no evidence of a focus, goal, or interventions related to their self-administration of medications. An interview on 8/3/2026 at 9:45 AM with CNM confirmed Resident 7's CCP did not contain information related to their self-administered medications. A record review of the facility policy Resident Self-Administration of Medication dated 2026 revealed that the care plan must reflect resident self-administration and storage arrangements for such medications. C. Record review of Resident 5's MDS, dated [DATE] revealed an admission date of 8/31/22. This MDS also revealed a Brief Interview for Mental Status (BIMS) score of 10, which indicated moderate cognitive impairment. Record review of Resident 5's Clinical Resident Profile dated 8/3/26 revealed a listed 'Responsible Party'. Record review of Resident 5's medical diagnoses revealed a diagnosis of unspecified Dementia, and Type 2 Diabetes Mellitus. Record review of Resident 5's order summary revealed an order for Insulin Lispro Injection 100 units/ (continued on next page)		

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	milliliter (mL); Inject 4 units subcutaneously with meals related to Type 2 Diabetes Mellitus. There is no order for Resident 5 to self-administer medications. Record review of Resident 5's care plan revealed a focus of: I am at risk for complications secondary to my history of insulin dependent diabetes mellitus with a start date of 9/13/24, and no revision date. The intervention listed for this is: Administer medications as ordered with a start date of 9/13/2024 and no revision date. There is no information in the care plan about the resident self-administering medications. Record review of a facility policy with a revision date of 6/2/25 revealed no information regarding residents self-administering medications. An observation made at 11:47 AM on 8/3/26 revealed Licensed Practical Nurse (LPN)-C hand Resident 5 an alcohol wipe, which the Resident then used to clean their skin near their elbow, and then LPN_C handed the Resident a syringe with 4 units of insulin, which the Resident used to self-administer Insulin.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/03/2026
NAME OF PROVIDER OR SUPPLIER Wauneta Care and Therapy Center		STREET ADDRESS, CITY, STATE, ZIP CODE 427 Legion Street Wauneta, NE 69045	
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)		
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. Licensure reference number 175 NAC 12-006.10(A)(i)Based on observations, record reviews, and interviews, the facility failed to ensure residents who self-administer medications were competent to do so for one resident (Resident 5). The Facility showed a census of 27.Findings are:Record review of Resident 5'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 6/16/26 revealed an admission date of 8/31/22. This MDS also revealed a Brief Interview for Mental Status (BIMS) score of 10, which indicated moderate cognitive impairment.Record review of Resident 5's Medical Diagnosis section of their electronic medical record (EMR) revealed the following relevant diagnoses:-Type 2 Diabetes Mellitus-Unspecified dementia, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety.Record review of Resident 5's clinical profile revealed a listed 'responsible party' with a phone number to contact them.Record review of Resident 5's care plan revealed a focus of: I am at risk for complications secondary to my history of insulin dependent diabetes mellitus; date initiated: 9/13/24. This focus has a listed intervention of: Administer medications as ordered; date initiated 9/13/24. There is no information in Resident 5's care plan revealing that they self-administer any medications.Record review of Resident 5's order summary dated 8/3/26 revealed there is no order for the resident to self-administer medications.Record review of a facility policy last revised on 6/2/25 labeled 'Medication Administration' revealed no information about residents' self-administration of medications.An observation made at 11:49 AM on 8/3/26 revealed the resident self-administer Insulin Lispro (a rapid-acting human-made insulin used to control high blood sugar, that is given as a shot under the skin). The Licensed Practical Nurse (LPN)-C verified the resident, med, route, dose, and time then removed the insulin vial from the medication cart, donned gloves without performing hand hygiene, then cleaned the vial with an alcohol wipe and drew up the ordered 4 units of Insulin into the required syringe. LPN-C then gave Resident 5 an alcohol wipe which the Resident used to clean their skin near their elbow. LPN-C then handed Resident 5 the insulin syringe, and Resident 5 injected the insulin into a spot near their elbow.An interview with the Director of Nursing at 6:21 PM on 8/3/26 confirmed there was no assessment completed to determine if Resident 5 was competent to self-administer medications.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285220	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/03/2026
NAME OF PROVIDER OR SUPPLIER Wauneta Care and Therapy Center		STREET ADDRESS, CITY, STATE, ZIP CODE 427 Legion Street Wauneta, NE 69045	
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)		
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Licensure reference number 175 NAC 12-006.10(D)Based on record review, interview and observations, the facility failed to ensure that residents are free of significant medication errors for one resident (Resident 9). The facility showed a census of 27.Findings are: Record review of facility policy Medication Administration with a last revision date of 6/2/25 revealed that medications should be administered as ordered and in accordance with manufacturer's specifications. The policy stated to crush medications as ordered ad not to crush medications with do not crush instructions. The policy contained a list of 'Do Not Crush Medications' which included slow release and enteric coated medications. Record review of Resident 9's admission record revealed an original admission date of 4/7/20 with the following relevant diagnoses:-Chronic Diastolic Heart Failure (occurs when the main pumping chamber (left ventricle) of the heart becomes stiff and cannot relax normally between beats), and-Dysphagia (difficulty or pain when swallowing food, liquids, or even saliva) following cerebral infarction (a medical emergency where a part of the brain dies because a blood clot or narrowed artery cuts off its blood and oxygen supply). Record review of Resident 9's Physician's Orders revealed an order for Potassium Chloride extended release (ER) tablet 20 Milliequivalents (mEq (units measuring the chemical activity and electrical charge of electrolytes in a solution, equal to one-thousandth of an equivalent)), give 1 tablet by mouth two times a day for supplement related to Heart Failure, DO NOT CRUSH. Further review of Resident 9's orders revealed no evidence of an order to crush their medications. Record review of Resident 9's undated Care Plan revealed: Special Instructions: Crush pills that can be crushed, and serve in chocolate pudding on the top of the care plan. During an interview at 8:36 AM on 7/21/26, Medication Aide (MA)-G confirmed they were going to crush all of Resident 9's morning medications except for their Pantoprazole. An observation made at 8:36 AM on 7/21/26 revealed the Medication Aide (MA)-G place the following medications into a medication cup and then crush them:-Clopidogrel (an antiplatelet medication)-Potassium Chloride ER (a vitamin supplement)-Sertraline (an antidepressant medication) -Torsemide (a diuretic medication)MA-G then added pudding to the crushed medications and fed the mixture to Resident 9. Record review of Davis's Drug Guide, 19th edition revealed that potassium chloride is a High Alert Medication: This medication bears a heightened risk of causing significant patient harm when it is used in error. It also revealed instructions stating, Do not chew or crush enteric-coated or extended-release tablets or capsules. Record review of the Food and Drug Administration website https://www.fda.gov/media/169646/download revealed in section 2.1: Recommended Dosage and Administration. Swallow tablets whole. Avoid splitting, crushing, or chewing the extended-release tablets because doing so may compromise the extended-release characteristics, effectiveness, or safety of DRUG-X.		