

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/21/2026
NAME OF PROVIDER OR SUPPLIER Adept Nursing & Rehab of Grand Island		STREET ADDRESS, CITY, STATE, ZIP CODE 800 Stoecker Drive Grand Island, NE 68803	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Licensure Reference Number 175 NAC 12-006.09. Based on record reviews and interviews, the facility failed to follow standards of practice for diabetes management for 2 (Resident 1 and Resident 2) of 3 sampled residents. The facility census was 60. Findings are: Record review of the facility policy titled Blood Glucose Monitoring dated 1/8/26 revealed that the facility will perform blood glucose monitoring to diabetic residents as per physician's orders. The nurse will perform the blood glucose testing utilizing the facility's glucometer as per manufacturer's instructions. Report critical test results to the physician timely. Record review of the facility policy titled Timely Administration of Insulin dated 1/8/26 revealed that the facility will provide timely administration of insulin in order to meet the needs of each resident and to prevent adverse effects on a resident's condition. All insulin will be administered in accordance with physician's orders. Insulin administration will be coordinated with mealtimes and bedtime snacks unless otherwise specified in the physician's order. Prepare the insulin dose and perform two nurse verification of correct resident, dose calculations, and correct route of administration before administering the insulin. Administer insulin at appropriate times. Document on the medication administration records the time and location of the insulin injection. Record review of Resident 1's Medication Administration Record (MAR; the official legal document used in healthcare facilities to track all drugs administered to a patient) and Treatment Administration Record (TAR; the official legal document used in healthcare facilities to track all treatments administered to a patient), which revealed Resident 1's treatment and/or monitoring and medications for diabetes management:- Trulicity Subcutaneous Solution Autoinjector 3 milligram (MG)/0.5 milliliter (ML), one time a day every Tuesday related to type 2 diabetes (condition where your body either resists the effects of insulin or doesn't produce enough) with hyperglycemia (high blood sugar).- Lantus Solostar Subcutaneous Solution Pen-injector 100 UNIT/ML Inject 20 unit subcutaneously one time a day for diabetes related to type 2 diabetes with hyperglycemia.- For blood glucose 70 or below: If resident is alert and responsive give 15 grams of carbohydrates or 1 tube of Glucose gel (simple sugar) check in 15 minutes if still below repeat the regimen for blood glucose 70 or below: If resident is not alert give glucagon (hormone produced by the pancreas) intramuscularly (IM) once and contact MD (Medical Doctor) one time a day every Sunday, Monday, Wednesday, and Friday for diabetes management. Record review of Resident 1's MAR and TAR for June 2026 revealed four (4) blank spots for administration of Trulicity and revealed 11 blank spots or administration of Lantus. No chart code or follow up codes available for either medication whether administered or not. Record review of Resident 1's MAR and TAR for July 2026 revealed three (3) blank spots for administration of Lantus. No chart code or follow up codes available for either medication whether administered or not. Record review of Resident 1's TAR for June and July 2026 revealed blank spots for blood glucose monitoring (simple blood test to monitor levels of glucose in the blood). No chart code or follow up codes available stating whether obtained or not. Record review of Resident 2's MAR and TAR which (continued on next page)		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	revealed Resident 2's treatment and/or monitoring and medications for diabetes management:- Humalog Kwik Pen Subcutaneous Solution Pen injector 100 UNIT/ML (Insulin Lispro) Inject as per sliding scale: if 150 - 200 = 2 units subcutaneous injection; 201 - 250 = 4 units subcutaneous injection; 251 - 300 = 6 units subcutaneous injection; 301 - 350 = 8 units subcutaneous injection; 351 - 400 = 10 units subcutaneous injection Greater than 400 give 10 units and recheck in 2 hours, subcutaneously three times a day for diabetes management.- Insulin Glargine Subcutaneous Solution 100 UNIT/ML Inject 50 unit subcutaneously in the morning for diabetes management- Insulin Lispro Injection Solution 100 UNIT/ML (Insulin Lispro) Inject 12 unit subcutaneously three times a day for diabetes management inject 0.12ml (12 units total). Record review of Resident 2's MAR and TAR for July 2026 revealed six (6) blank spots for administration of Humalog- , four (4) blank spaced for Insulin glargine(Lantus) and six (6) blank spots for Insulin Lispro. No chart code or follow up codes available for either medication whether administered or not. An interview on 7/21/26 at 1:30 PM with the Director of Nursing (DON) confirmed that the facility staff did not follow the medical practitioner's orders when not documenting whether or not a medication was given and/or following up with the medical practitioner when a medication was omitted.		