

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 05/21/2025
NAME OF PROVIDER OR SUPPLIER The Cedars at Broadwell		STREET ADDRESS, CITY, STATE, ZIP CODE 800 Stoeger 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)
<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** C.</p> <p>Record review of the admission Record dated 5/20/25 for Resident 9 revealed that Resident 9 admitted into the facility on 4/1/25 with diagnoses of schizophrenia (a serious mental illness in which people interpret reality abnormally), anxiety, and major depression.</p> <p>Record review of the Order Summary Report (a concise listing of physician ordered treatments and medications) dated 5/19/25 for Resident 9 revealed an active order for Paliperidone (an antipsychotic medication used to treat schizophrenia) with a start date of 4/2/25; Quetiapine (an atypical antipsychotic medication used to treat a range of mental health conditions) with a start date of 4/1/25; and Vraylar (an atypical antipsychotic medication used to treat several mental health conditions) with a start date of 4/2/25.</p> <p>Record review of the Care Plan dated 5/18/25 for Resident 9 revealed that Resident 9 uses psychotropic medications, antidepressants, and antipsychotics related to Schizophrenia.</p> <p>Record review of the MDS dated [DATE] for Resident 9 revealed that Resident 9 took antipsychotic medications.</p> <p>Record review of Resident 9's medical record conducted on 5/19/25 revealed no Psychotropic Medication Informed Consent forms for Resident 9.</p> <p>Interview on 5/20/25 at 2:15 PM with the Regional Nurse Consultant (RNC) this surveyor requested the Psychotropic Medication Informed Consent for Resident 9.</p> <p>Record review of a Psychotropic Medication Informed Consent form for Resident 9 provided to this surveyor on 5/20/25 at 5:04 PM revealed that the consent form was dated 5/19/25. The form had spaces for the name of the resident's physician, room number, and medical record number; these were left blank. The consent form listed the medications diazepam (an antianxiety medication), quetiapine (Seroquel- an atypical antipsychotic medication used to treat a range of mental health conditions), and mirtazapine (an antidepressant). The consent form did not list Resident 9's current psychotropic medications of Paliperidone or Vraylar. The consent form documented that verbal consent was received from the guardian of Resident 9 and was signed by the facility Social Services director (SS) and dated 5/19/25.</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 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 5/21/25 at 9:07 AM with the SS revealed that the SS could not explain why the facility had a Psychotropic Medication Informed Consent form for Resident 9 dated 5/19/25 when the resident admitted into the facility on 4/1/25. The SS revealed that the Director of Nursing (DON) took resident Psychotropic Medication Informed Consent forms to the SS to complete as needed.</p> <p>Record review of a copy of a Psychotropic Medication Informed Consent form for Resident 9 dated 4/1/25 that was provided by the facility on 5/21/25 revealed that the consent form listed the resident's psychotropic medications diazepam, Seroquel, Vraylar, Paliperdone, and mirtazapine. The form documented that verbal consent was obtained from the guardian of Resident 9. The consent form was signed by the facility DON and dated 4/1/25. The documentation of the guardian's name and the DON signature were not in original ink. The signature of the facility SS was documented on the bottom of the page in original ink on the copy of the consent form.</p> <p>Interview on 5/21/25 at 11:56 AM with the facility SS revealed that the Director of Nursing provided the Psychotropic Medication Informed Consent forms to the SS to complete. The SS revealed that the SS emails the guardian of Resident 9 to inform the guardian of any issues or information that is required to be shared with the guardian. The SS did not have any emails to the guardian of Resident 9 regarding psychotropic medication consent. The SS had emails to the guardian for other admission documents with the attached documents in the emails. There was no email for 5/19/25 to the guardian of Resident 9. There was no email to the guardian of Resident 9 for the Psychotropic Medication Informed Consent dated 4/1/25.</p> <p>Interview on 5/21/25 at 12:12 PM with the DON revealed that the facility Social Services found the Psychotropic Medication Informed Consent dated 4/1/25 for Resident 9 on that date and it had not been scanned into the resident medical record. The DON had the original Psychotropic Medication Informed Consent dated 4/1/25 for Resident 9 sitting on the DON's desk. This surveyor requested to review it with the DON. The original did not have the signature of the SS on it. This surveyor asked the DON why the copy of the Psychotropic Medication Informed Consent dated 4/1/25 for Resident 9 provided to this surveyor had the original ink signature of the SS and the original of the consent form did not. The DON revealed that the DON was not sure. The DON confirmed that the copy of the Psychotropic Medication Informed Consent dated 4/1/25 for Resident 9 provided to this surveyor had the original ink signature of the SS on it. The DON confirmed that the original of the Psychotropic Medication Informed Consent dated 4/1/25 for Resident 9 did not contain a signature of the SS.</p> <p>Interview on 5/21/25 at 12:23 PM with the SS confirmed that the SS did not find a Psychotropic Medication Informed Consent dated 4/1/25 for Resident 9. The SS confirmed that the SS did not provide a Psychotropic Medication Informed Consent form dated 4/1/25 to the DON on 5/21/25. The SS confirmed that the Director of Nursing brought the Psychotropic Medication Informed Consent dated 4/1/25 to the SS this morning and had the SS sign it. The SS revealed that the SS did not realize that they were signing a copy of the consent form. The SS confirmed that the facility is expected to obtain consent for the use of psychotropic medications prior to the start of the medications.</p> <p>Licensure Reference Number 175 NAC 12-006.05(D)</p> <p>Licensure Reference Number 175 NAC 12-006.05(E)</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Based on record review and interview, the facility failed to ensure that a psychotropic medication informed consent was obtained prior to residents receiving psychotropic medications for 3 (Residents 8, 54, and 9) of 5 sampled residents. The facility census was 58.</p> <p>Findings are:</p> <p>A record review of a facility policy titled Use of Psychotropic Medications dated 02/05/2025 revealed prior to initiating or increasing a psychotropic medication the resident and or representative must be informed of the benefits, risks, and alternatives for the medication. The facility will document that the resident or representative was informed in advance of the risks and benefits of the proposed care, the treatment alternatives, or other options and the preferred options.</p> <p>A.</p> <p>A record review of an admission Record indicated the facility admitted Resident 8 on 05/24/2021 with diagnoses of hemiplegia (total or partial paralysis on one side of the body that results from disease or injury to the motor centers of the brain) of the left side, type 2 diabetes mellitus (a common form of diabetes mellitus that develops especially in adults and most often in obese individuals and that is characterized by hyperglycemia resulting from impaired insulin utilization coupled with the body's inability to compensate with increased insulin production), dementia (a usually progressive condition marked by the development of multiple cognitive deficits (such as memory impairment, aphasia, and the inability to plan and initiate complex behavior), and history of stroke (a disruption of the blood flow to the brain leading to brain cell damage or death).</p> <p>A record review of Resident 8's comprehensive 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 04/04/2025 revealed Resident 8 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 6/15 indicating severe cognitive impairment. The resident required substantial or maximum staff assistance with activities of daily living. The MDS was coded to reflect the resident received antidepressant and antipsychotic medications on a routine basis.</p> <p>A record review of Resident 8's Medication Administration Record for the months of April 2025 and May 2025 revealed Resident 8 had physician orders and was administered the following medications on a routine basis:</p> <p>-Escitalopram (and antidepressant medication) 10 milligram(mg) tablet one time daily with a start date of 11/08/2024.</p> <p>-Quetiapine Fumerate (an antipsychotic medication) 25 mg tablet at bedtime with a start date of 03/05/2025.</p> <p>In an interview completed on 05/20/2025 at 11:30 AM with the facility Social Services (SS), the SS stated psychotropic medication consents are completed and documented in the resident's medical health record. The SS confirmed there was no documentation present in Resident 8's medical health record indicating the resident or their responsible party were informed of the benefits, risks, and alternatives for the use of antidepressant and antipsychotic medications.</p> <p>(continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview completed on 05/20/2025 at 2:35 PM with the Director of Nursing (DON), the DON confirmed that there was no documentation present reflecting the resident or their responsible party were informed of the benefits, risks, and alternatives for the use of the antidepressant and antipsychotic medications that Resident 8 was receiving on a routine basis. The DON confirmed that documentation of this should be found in Resident 8's medical health record and was not.</p> <p>B.</p> <p>A record review of an admission Record indicated the facility admitted Resident 54 on 03/07/2025 with diagnoses of Hydrocephalus (an buildup of fluid in the cavities of the brain putting pressure on the brain potentially causing damage), type 2 diabetes mellitus (a common form of diabetes mellitus that develops especially in adults and most often in obese individuals and that is characterized by hyperglycemia resulting from impaired insulin utilization coupled with the body's inability to compensate with increased insulin production), dementia (a usually progressive condition marked by the development of multiple cognitive deficits (such as memory impairment, aphasia, and the inability to plan and initiate complex behavior).</p> <p>A record review of Resident 54's comprehensive 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 03/11/2025 revealed Resident 54 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 13/15 indicating the resident was cognitive intact. The resident required substantial or maximum staff assistance with activities of daily living. The MDS was coded to reflect the resident received antidepressant medication on a routine basis.</p> <p>A record review of Resident 54's Medication Administration Record for the month of April 2025 and May 2025 revealed Resident 8 had physician orders and was administered the following medications on a routine basis:</p> <p>-Lexapro (an antidepressant medication) 10 mg tablet one time a day with a start date of 03/08/2025.</p> <p>-Mirtazapine (an antidepressant medication) 15 mg tablet at bedtime with a start date of 04/02/2025.</p> <p>In an interview completed on 05/20/2025 at 11:30 AM with the facility Social Services (SS), the SS stated psychotropic medication consents are completed and documented in the resident's medical health record. The SS confirmed there was no documentation present in Resident 54's medical health record indicating the resident or their responsible party were informed of the benefits, risks, and alternatives for the use of antidepressant and antipsychotic medications.</p> <p>In an interview completed on 05/20/2025 at 2:35 PM with the Director of Nursing (DON), the DON confirmed that there was no documentation present reflecting the resident or their responsible party were informed of the benefits, risks, and alternatives for the use of the antidepressant and antipsychotic medications that Resident 54 was receiving on a routine basis. The DON confirmed that documentation of this should be found in Resident 54 medical health record and was not.</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175NAC 12-006.05(E)</p> <p>Based on record review and interview the facility failed to ensure a resident wishes in regard to code status was accurately reflected in the resident's electronic medical health record for 1 resident, Resident 23 of 23 sampled residents. The facility census was 58.</p> <p>Findings are:</p> <p>A review of a facility policy titled 'Communication of Code Status and dated [DATE] revealed it is the facilities policy to adhere to the resident's rights to formulate advanced directives and to implement procedures to communicate a resident's code status. The designated sections of the medical record where a resident's code status will be documented include order entry, profile header, and care plan.</p> <p>A review of an admission Record revealed the facility admitted Resident 23 on [DATE] with diagnoses that included metabolic encephalopathy (a brain dysfunction caused by and underlying metabolic disorder or systemic illness, resulting in changes in mental status), obesity (a chronic disease characterized by having too much body fat), and schizoaffective disorder (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).</p> <p>The comprehensive 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 [DATE] revealed Resident 23 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 14 indicating the resident was cognitively intact. The residents needed supervision or touching assistance by staff with activities of daily living.</p> <p>Review of Resident 23's Care Plan[DATE] revealed a focus of the resident had physician orders that included a status of full code dated [DATE] with interventions listed to begin Cardiopulmonary Resuscitation (CPR, an emergency lifesaving procedure performed when the heart stops beating) if the resident has and arrest dated [DATE].</p> <p>In an interview conducted on [DATE] at 2:45 PM with Resident 23 the resident stated they did not wish to have CPR performed on them.</p> <p>Review of Resident 23's electronic medical health record revealed on [DATE] Resident 23's responsible party signed the document titled Advanced Directive Information indicating the resident did not want to have CPR performed.</p> <p>Review of Resident 23's Order Entry/Provider orders on [DATE] revealed the resident had a order indicating the resident was to have CPR performed on them in event of arrest.</p> <p>(continued on next page)</p>		

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<p>F 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of Resident 23's profile header on [DATE] revealed the resident was to have CPR performed on them in event of arrest.</p> <p>In an interview on [DATE] with the facility Director of Nursing (DON), the DON confirmed that Resident 23's electronic medical health record reflected that Resident 23 wished to have CPR performed on them. The DON confirmed that on [DATE] the residents responsible party had indicated that the resident did not want to have CPR performed on them and that the resident's electronic medical health record did not accurately reflect the residents wishes to not have CPR performed on them.</p>		

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<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(D)</p> <p>Based on record review and interview, the facility failed to ensure psychotropic medications had approved indications for use for 2 (Residents 7 and 54) of 5 sampled residents. The facility census was 58.</p> <p>Findings are:</p> <p>A record review of the facility policy titled Use of Psychotropic Medications dated 02/05/2025 revealed that psychotropic medications are to be used only when a practitioner determines that the medication is appropriate to treat a resident's specific, diagnosed, and documented condition.</p> <p>A.</p> <p>A record review of a document titled Quetiapine (an antipsychotic/psychotropic medication medication) by the National Library of Medicine dated 08/28/2023 revealed Quetiapine is Food and Drug Administration (FDA) approved for use in indications of schizophrenia, acute manic episodes, and adjunctive treatment for major depressive disorder.</p> <p>A record review of an admission Record indicated the facility admitted Resident 8 on 05/24/2021 with diagnoses of hemiplegia (total or partial paralysis on one side of the body that results from disease or injury to the motor centers of the brain) of the left side, type 2 diabetes mellitus (a common form of diabetes mellitus that develops especially in adults and most often in obese individuals and that is characterized by hyperglycemia resulting from impaired insulin utilization coupled with the body's inability to compensate with increased insulin production), dementia (a usually progressive condition marked by the development of multiple cognitive deficits (such as memory impairment, aphasia, and the inability to plan and initiate complex behavior), and history of stroke (a disruption of the blood flow to the brain leading to brain cell damage or death).</p> <p>A record review of Resident 8's comprehensive 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 04/04/2025 revealed Resident 8 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 6/15 indicating severe cognitive impairment. The MDS was coded to reflect the resident received antidepressant and antipsychotic medications on a routine basis.</p> <p>A review of Resident 8's Medication Administration Record for the months of April 2025 and May 2025 revealed Resident 8 had physician orders for, and was administered Quetiapine Fumerate 25 mg tablet at bedtime with a start date of 03/05/2025 with an indication for use of anxiety.</p> <p>In an interview completed on 05/20/2025 at 2:00 PM with the Director of Nursing (DON), the DON confirmed that anxiety was not an approved indication for the use of the antipsychotic medication.</p> <p>B.</p> <p>(continued on next page)</p>		

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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of a document titled Mirtazapine (an antidepressant/psychotropic medication) by the Mayo Clinic and dated 04/01/2025 revealed the medication is used to treat an indication of depression.</p> <p>A record review of an admission Record indicated the facility admitted Resident 54 on 03/07/2025 with diagnoses of Hydrocephalus (an buildup of fluid in the cavities of the brain putting pressure on the brain potentially causing damage), type 2 diabetes mellitus (a common form of diabetes mellitus that develops especially in adults and most often in obese individuals and that is characterized by hyperglycemia resulting from impaired insulin utilization coupled with the body's inability to compensate with increased insulin production), dementia (a usually progressive condition marked by the development of multiple cognitive deficits (such as memory impairment, aphasia, and the inability to plan and initiate complex behavior).</p> <p>A record review of Resident 54's comprehensive MDS dated [DATE] revealed Resident 54 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 13/15 indicating the resident was cognitive intact. The MDS was coded to reflect the resident received antidepressant medication on a routine basis.</p> <p>A review of Resident 54's Medication Administration Record for the months of April 2025 and May 2025 revealed Resident 8 had physician orders for, and was administered Mirtazapine 15 mg tablet at bedtime with a start date of 04/02/2025 with an indication for use of insomnia.</p> <p>In an interview completed on 05/20/2025 at 2:00 PM with the Director of Nursing (DON), the DON confirmed that anxiety was not an approved indication for the use of the antidepressant medication. The DON further confirmed that the resident did not have a diagnosis of insomnia in their medical health record.</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>Licensure Reference Number 175 NAC 12-006.04(A)(iii)(2)(a)</p> <p>Based on observation, record review, and interview; the facility failed to ensure that Nurse Aide Registry Checks (a state required record of a successful completion of training and competency to be a nurse aide and any findings of abuse, neglect, or misappropriation of property) were completed prior to hire as required for 4 of 5 sampled staff. This had the potential for residents to be cared for by staff with adverse findings related to abuse or neglect. The facility census was 58.</p> <p>Findings are:</p> <p>Record review of the facility policy titled Abuse, Neglect and Exploitation dated 1/14/25 revealed that it is the policy of the facility to provide protections for the health, welfare and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation, and misappropriation of resident property. Potential employees will be screened for a history of abuse, neglect, exploitation, or misappropriation of resident property. Background, reference, and credentials' checks shall be conducted on potential employees. The facility will maintain documentation of proof that the screening occurred.</p> <p>A.</p> <p>Observation on 5/21/25 at 8:36 AM outside of the room of Resident 28 revealed that Nurse Aide (NA)-D exited the resident's room.</p> <p>Record review of the undated and untitled list of facility employees revealed that NA-D had a hire date of 1/9/25.</p> <p>Record review of the employee file (a file containing required employee registry and criminal background checks and other facility employee records) for NA-D revealed that it contained a Nurse Aide Registry Check for NA-D dated 5/1/25 (this was almost 4 months after NA-D started working in the facility). The employee file contained documentation of initial orientation training dated 1/9/25 for NA-D.</p> <p>Interview on 5/19/25 at 4:18 PM with the Facility Administrator (FA) confirmed that pre-employment background and registry checks for potential employees means the expectation is for the checks to be completed before they start working in the facility. The FA confirmed that this included Nurse Aide Registry checks.</p> <p>Interview on 5/19/25 at 4:25 PM with the FA confirmed that the nurse aide registry check for NA-D was not completed prior to their hire date as required.</p> <p>B.</p> <p>Observation on 5/20/25 at 2:24 PM near the room of Resident 8 revealed that Medication Aide (MA)-B stood at the medication cart and assisted Resident 8.</p> <p>(continued on next page)</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record review of the undated and untitled list of facility employees revealed that MA-B had a hire date of 2/19/25.</p> <p>Record review of the employee file for MA-B revealed that it contained a Nurse Aide Registry check for MA-B dated 4/1/25 (this was almost 2.5 months after MA-B started in the facility). The employee file contained documentation of initial orientation training dated 2/19/25 for MA-B.</p> <p>Interview on 5/19/25 at 4:25 PM with the FA confirmed that the nurse aide registry check for MA-B was not completed prior to their hire dated as required.</p> <p>C.</p> <p>Record review of the undated and untitled list of facility employees revealed that Licensed Practical Nurse (LPN)-F had a hire date of 1/20/25.</p> <p>Record review of the employee file for LPN-F revealed that it did not contain a Nurse Aide Registry Check for LPN-F. The employee file contained documentation of initial orientation training dated 1/20/25 for LPN-F.</p> <p>Interview on 5/19/25 at 4:25 PM with the FA confirmed that the facility did not perform a check of the Nurse Aide Registry for LPN-F as required.</p> <p>D.</p> <p>Observation on 5/20/25 at 3:10 PM at the facility courtyard/vending area revealed that Hospitality Aide (HA)-E informed the 5 residents in the area that HA-E would assist them out to smoke. HA-E opened the courtyard door and allowed self-mobile residents to enter the courtyard. HA-E returned to assist Resident 18 to the courtyard by pushing the resident out to the courtyard in the resident's wheelchair.</p> <p>Record review of the undated and untitled list of facility employees revealed that HA-E had a hire date of 2/24/25.</p> <p>Record review of the employee file for HA-E revealed that it did not contain a Nurse Aide Registry Check for HA-E. The employee file contained documentation of initial orientation training dated 2/24/25 for HA-E.</p> <p>Interview on 5/19/25 at 4:25 PM with the FA confirmed that the facility did not perform a Nurse Aide Registry check for HA-E as required.</p>		

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NAME OF PROVIDER OR SUPPLIER The Cedars at Broadwell		STREET ADDRESS, CITY, STATE, ZIP CODE 800 Stoeger Drive Grand Island, NE 68803	
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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 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 interviews, the facility failed to report and submit an investigation for an injury of unknown origin to the State Agency and adult protective services within the required time frames for 1 (Resident 8) of 1 sampled resident. The facility census was 58.</p> <p>Findings are:</p> <p>A record review of a facility supplied policy titled Abuse, Neglect and Exploitation and dated 01/14/2025 revealed the facility will report all alleged violations to the administrator, state agency, adult protective services and to all other required agencies within specified time frames. 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 not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.</p> <p>A record review of an admission Record revealed the facility admitted Resident 8 on 05/24/2021 with diagnoses of hemiplegia (total or partial paralysis on one side of the body that results from disease or injury to the motor centers of the brain) of the left side, type 2 diabetes mellitus (a common form of diabetes mellitus that develops especially in adults and most often in obese individuals and that is characterized by hyperglycemia resulting from impaired insulin utilization coupled with the body's inability to compensate with increased insulin production), dementia (a usually progressive condition marked by the development of multiple cognitive deficits (such as memory impairment, aphasia, and the inability to plan and initiate complex behavior), and history of stroke (a disruption of the blood flow to the brain leading to brain cell damage or death).</p> <p>A record review of Resident 8's comprehensive 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 04/04/2025 revealed Resident 8 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 6/15 indicating severe cognitive impairment. The resident required substantial or maximum staff assistance with activities of daily living. The MDS was coded to reflect that the resident had a fall without injury since the prior assessment (in the past 90 days).</p> <p>A review of Resident 8 Care Plan on 05/19/2025 revealed the resident had a focus of being at risk and having current falls with dates listed as 07/02/024, 10/27/2024, 12/30/2024, 02/05/2025, and 04/13/2025 all were stated to be without injury.</p> <p>A record review of Resident 8 Progress Notes revealed on 04/23/2025 at 2:50 PM a progress note was entered stating the resident had returned from primary health care provider and had an X-Ray completed that showed a humerus (arm) fracture with healing present to both sides of the bone though not connected. The fracture was documented as being stable.</p> <p>A record review of Resident 8's medical health record revealed no probable/possible source of the fracture.</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>In an interview with the Assistant Director of Nursing (ADON) on 05/20/2025 at 1:25 PM the ADON confirmed the resident's provider notified the facility of the findings of the fracture. The ADON stated that a facility's investigation led to the probable cause of the injury being a fall prior to admitting to the facility per report from the resident's responsible party. The ADON denied notification of the state agency or adult protective services and denied submitting the facility's investigation to the state agency.</p> <p>In an interview on 5/20/2025 at 2:00 PM with the facility Regional Director of Operations (RDO), the RDO confirmed that the facility did not report the fracture of unknown origin and did not submit a written report or investigation confirming probable/possible source of the injury.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(D)</p> <p>Based on record review and interviews, the facility failed to accurately code the 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), for 1 (Resident 41) of 13 sampled residents. The facility census was 58.</p> <p>Findings are:</p> <p>A record review of a facility policy titled MDS 3.0 Completion revealed under the section Coding of Assessments, all disciplines shall follow the guidelines in Chapter 3 of the current Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual (RAI Manual, a document published by the Centers for Medicare & Medicaid Services (CMS) to facilitate accurate and effective resident assessment practices in long-term care facilities) for coding of each assessment.</p> <p>A record review of an admission Record revealed the facility admitted Resident 41 on 12/07/2023 with diagnoses of absence of left leg below the knee, chronic pain, and type 2 diabetes mellitus (a common form of diabetes mellitus that develops especially in adults and most often in obese individuals and that is characterized by hyperglycemia resulting from impaired insulin utilization coupled with the body's inability to compensate with increased insulin production).</p> <p>A.</p> <p>A record review of the RAI Manual Version 1.18.11 and dated October 2023 revealed in Chapter 3, GG0120 Mobility Devices, record the type(s) of mobility devices the resident normally uses for locomotion in the room and in the facility. Check all that apply during the 7-day observation period (the 7 days prior to the assessment reference date).</p> <p>A record review of Resident 41's quarterly MDS dated [DATE] revealed section GG0120 to be coded that the resident used a walker for mobility. The use of a wheelchair for mobility was not coded on the MDS.</p> <p>In an interview conducted on 05/18/2025 at 11:30 AM with Resident 41, the resident stated that they used a wheelchair for mobility throughout the facility. The resident stated they did not walk or use any other assistive device.</p> <p>In an interview conducted on 05/19/2025 at 10:00 AM with Nurse Aide (NA)-C, NA-C stated Resident 41 rarely got out of bed. When the resident did get up the resident used a wheelchair propelled by staff or someone else for mobility throughout the facility.</p> <p>In an interview conducted on 05/19/2024 at 3:30 PM with the facility Regional Nurse Consultant (RNC), the RNC confirmed that the resident did not use the mobility device of a walker as coded on the MDS. The RNC confirmed that the MDS was not coded correctly reflecting the resident used a wheelchair for mobility.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>B.</p> <p>A record review of the RAI Manual Version 1.18.11 and dated October 2023 revealed in Chapter 3, J0100, received scheduled pain medication regimen with coding instructions to determine all interventions for pain provided to the resident any time in the last 5 days (5 days prior to the ARD), code yes if the medical record contains documentation that a scheduled pain medication was received.</p> <p>A record review of Resident 41's quarterly MDS dated [DATE] revealed section J0100 to be coded No that Resident 41's medical record did not contain documentation that a scheduled pain medication was received during the look back period (5 days prior to the ARD of 05/01/2025).</p> <p>A record review of Resident 41's physician orders on 05/19/2025 revealed Resident 41 had a physicians order for Hydrocodone-Acetaminophen (a combination pain medication containing an opioid and acetaminophen (Tylenol), 10-325 milligram tablet with directions for the resident to receive one tablet three times daily routinely for an indication of pain dated 12/20/2024.</p> <p>A record review of Resident 41's Medication Administration Record for the month of April 2025 revealed that the resident received Hydrocodone-Acetaminophen tablets routinely three times a day during the month of April 2025 including the 5 days prior to the ARD (04/27/2025-05/01/2025).</p> <p>In an interview conducted on 05/19/2024 at 3:30 PM with the facility RNC, the RNC confirmed that the resident had orders for and received a scheduled pain medication during the look back period and this was coded incorrectly on the MDS.</p> <p>C.</p> <p>A record review of the RAI Manual Version 1.18.11 and dated October 2023 revealed in Chapter 3, N0415 High-Risk Drug Classes directions to code 1 if the resident is taking the medication during the last 7 days (7 days prior to the assessment reference date), code 2 if there is an indication noted for taking that medication.</p> <p>A record review of Resident 41's quarterly MDS dated [DATE] revealed section N0415 to not be coded 1 or 2 indicating the resident did not receive an opioid medication during the look back period (7 days prior to the ARD of 05/01/2025) and that the resident did not have an indication for an opioid medication.</p> <p>A record review of Resident 41's physician orders revealed Resident 41 had a physician's order for Hydrocodone-Acetaminophen 10-325 milligram tablet with directions for the resident to receive one tablet three times daily routinely for an indication of pain, with a start date of 12/20/2024.</p> <p>A record review of Resident 41's Medication Administration Record for the month of April 2025 revealed that the resident received the Hydrocodone-Acetaminophen tablets routinely during the month of April 2025 including the 7 days prior to the ARD (04/25/2025-05/01/2025).</p> <p>In an interview conducted on 05/19/2024 at 3:30 PM with the facility RNC, the RNC confirmed that Resident 41 had orders for and received a scheduled pain medication that contained an opioid during the look back period and this was coded incorrectly on the MDS.</p>		

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<p>F 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>Licensure Reference Number 175 NAC 12-006.09(A)(i)</p> <p>Based on record review and interview the facility failed to ensure that a Preadmission Screening and Resident Review (PASRR) Nebraska Level 1 Form (an initial pre-screening for mental illness and intellectual/developmental disabilities prior to admission) screening was completed prior to resident admission into the facility for 1 (Resident 9) of 1 sampled residents. The facility census was 58.</p> <p>Findings are:</p> <p>Record review of the facility policy titled Coordination with PASARR Program dated 1/14/25 revealed that the facility coordinates with the preadmission screening and resident review (PASARR) program under Medicaid to ensure that individuals with a mental disorder, intellectual disability, or a related condition receives care and services in the most integrated setting appropriate to their needs. All applicants to this facility will be screened for serious mental disorders or intellectual disabilities in accordance with the State's Medicaid rules for screening. PASARR Level 1 is an initial pre-screening that is completed prior to admission.</p> <p>Record review of the admission Record dated 5/20/25 for Resident 9 revealed that Resident 9 admitted into the facility on 4/1/25 with diagnoses of schizophrenia (a serious mental illness in which people interpret reality abnormally), anxiety, and major depression.</p> <p>Record review of the medical record for Resident 9 revealed that it did not contain a completed Level 1 PASRR evaluation for Resident 9.</p> <p>Interview on 5/20/25 at 12:24 PM with the facility Director of Nursing (DON) confirmed that a PASRR Level 1 screening should have been completed prior to allowing Resident 9 to admit into the facility. The DON confirmed that the facility did not complete a PASRR level 1 screening for Resident 9 as required.</p>		

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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>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09</p> <p>Based on interview and record review the facility failed to ensure bowel care services were provided for 3 residents (Residents 8, 54, and 26) of 5 sampled residents. The facility census was 58.</p> <p>Findings are:</p> <p>A.</p> <p>A record review of an admission Record revealed the facility admitted Resident 8 on 05/24/2021 with diagnoses of hemiplegia (total or partial paralysis on one side of the body that results from disease or injury to the motor centers of the brain) of the left side, type 2 diabetes mellitus (a common form of diabetes mellitus that develops especially in adults and most often in obese individuals and that is characterized by hyperglycemia resulting from impaired insulin utilization coupled with the body's inability to compensate with increased insulin production), dementia (a usually progressive condition marked by the development of multiple cognitive deficits (such as memory impairment, aphasia, and the inability to plan and initiate complex behavior), and history of stroke (a disruption of the blood flow to the brain leading to brain cell damage or death).</p> <p>A record review of Resident 8's comprehensive 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 04/04/2025 revealed Resident 8 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 6/15 indicating severe cognitive impairment. The resident required substantial or maximum staff assistance with activities of daily living. The MDS was coded to reflect the resident was frequently incontinent of bowel, not on a bowel toileting program, and constipation was not present at the time of the assessment.</p> <p>A record review of Resident 8's POC Response History conducted on 05/19/2025 revealed that the resident had no documented bowel movement on 05/11/2025, 05/12/2025, 05/13/2025, 05/14/2025, 05/15/2025, 05/16/2025, or 05/17/2025.</p> <p>A record review of Resident 8's Progress Notes revealed no documentation present of interventions or assessments related to Resident 8 not having a bowel movement from 05/11/2025 through 05/17/2025.</p> <p>A record review of Resident 8's Medication Administration Record (MAR) for the month of May 2025 revealed no documentation of administration of as needed cathartic (a medication used to increase bowel movements) medication during the month.</p> <p>In an interview completed on 05/21/2025 at 3:25 PM with the Assistant Director of Nursing (ADON), the ADON confirmed that Resident 8 had no documented bowel movement from 05/11/2025 through 05/17/2025. The ADON also confirmed that the resident's Medical Health Record also contained no documentation of an intervention to promote a bowel movement or documentation of a bowel assessment being completed were present for Resident 8. The ADON confirmed that both should be present in the resident's Medical Health Record.</p> <p>(continued on next page)</p>		

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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>B.</p> <p>A record review of an admission Record indicated the facility admitted Resident 54 on 03/07/2025 with diagnoses of Hydrocephalus (an buildup of fluid in the cavities of the brain putting pressure on the brain potentially causing damage), type 2 diabetes mellitus (a common form of diabetes mellitus that develops especially in adults and most often in obese individuals and that is characterized by hyperglycemia resulting from impaired insulin utilization coupled with the body's inability to compensate with increased insulin production), dementia (a usually progressive condition marked by the development of multiple cognitive deficits (such as memory impairment, aphasia, and the inability to plan and initiate complex behavior).</p> <p>A record review of Resident 54's comprehensive MDS, dated [DATE] revealed Resident 54 had a BIMS score of 13/15 indicating the resident was cognitive intact. The resident required substantial or maximum staff assistance with activities of daily living. The MDS was coded to reflect the resident was frequently incontinent of bowel, not on a bowel toileting program, and constipation was not present at the time of the assessment.</p> <p>A record review of Resident 54's POC Response History conducted on 05/19/2025 revealed that the resident had no documented bowel movement on 04/23/2025, 04/24/2025, and 04/25/2025. Resident 54 also had no documented bowel movement on 05/04/2025, 05/05/2025, 05/06/2025, and 05/07/2025.</p> <p>A record review of Resident 54's Progress Notes revealed no documentation present of interventions or assessments related to Resident 54 not having a bowel movement from 04/23/2025 through 04/25/2025 or 05/04/2025 through 05/07/2024.</p> <p>A record review of Resident 54's MAR for the month of April 2025 revealed no documentation of administration of as needed cathartic (a medication used to increase bowel movements) medication during the month.</p> <p>A record review of Resident 54's MAR for the month of May 2025 revealed no documentation of administration of as needed cathartic medication during the month.</p> <p>In an interview completed on 05/21/2025 at 3:25 PM with the Assistant Director of Nursing (ADON), the ADON confirmed that Resident 54 had no documented bowel movement from 04/23/2025 through 04/25/2025 and 05/04/2025 through 05/07/2024. The ADON also confirmed that the residents Medical Health Record also contained no documentation of an intervention to promote a bowel movement or documentation of a bowel assessment being completed were present for Resident 54. The ADON confirmed that both should be present in the resident's Medical Health Record.</p> <p>C.</p> <p>A record review of an admission Record dated 05/19/2025 for Resident 26 revealed an admission date of 09/18/2024, with an admitting diagnosis of Type 2 Diabetes Mellitus with foot ulcer (open wound on the foot that occurs in people with diabetes), and palliative care (specialized medical care for individuals with serious illnesses, focusing on relieving symptoms, managing pain, and improving quality of life).</p> <p>(continued on next page)</p>		

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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>A record review of Resident 26's MDS dated [DATE] revealed Resident 26's BIMS score was 15/15, indicating the resident was cognitively intact.</p> <p>During an interview on 05/18/2025 at 8:30 AM, Resident 26 reported not having a bowel movement (BM) in the last 2 weeks. When asked if they are aware of when they need to have a BM or if they are aware of when they have had a BM, Resident 26 reported; yes I am aware.</p> <p>A record review of Point of Care (POC; documentation of care that happens at the moment of occurrence) dated 5/19/2025 of bowel movements for Resident 26 revealed a look back period of 30 days ending on 05/18/2025, the last documented BM was dated 05/03/2025.</p> <p>A record review of an order summary for Resident 26, dated 05/19/2025 revealed the following orders:</p> <ul style="list-style-type: none"> -Bisacodyl Laxative Rectal Suppository 10 MG (milligram), insert 1 suppository rectally every 72 hours as needed for constipation. Give on day 3 if no BM; order start date of 04/14/2025. -Miralax Oral Powder 17 GM (grams)/Scoop. Give 1 scoop by mouth every 48 hours as needed for constipation. Give on day 2 if no BM, mix in 4-6 OZ of liquid of choice; order start date of 05/02/2025. <p>A record review of Medication Administration Review (MAR; summary of daily medication administrations) dated 5/19/2025 for May 2025 revealed:</p> <ul style="list-style-type: none"> - Bisacodyl Laxative Rectal Suppository: not provided in the month of May 2025. - Miralax Oral Powder 17 GM/SCOOP: not provided in the month of May 2025. <p>A record review of a Care Plan Report dated 05/19/2025 revealed a focus of Nutritional Status: Resident is on a Consistent or Controlled Carbohydrate diet (CCHO; diet that regulates blood sugar levels and prevents large fluctuations). Hospice Care-4/2025.</p> <p>The care plan revealed a constipation goal of: Resident will maintain a normal bowel elimination pattern.</p> <p>There was an intervention of: Monitor and record bowel movements (BM) daily. For absence of BM for 3 or more days, follow physician's orders, if present, for administration of a laxative. If no subsequent BM after PRN (as needed) administration of laxative, notify physician for further orders. Care plan focus/goal/intervention initiation date of 05/18/2025.</p> <p>A record review of a Hospice Plan of Care dated 04/29/2025 revealed:</p> <ul style="list-style-type: none"> -Order Description: Skilled Nurse to provide instructions regarding measures to control constipation. -Goals: Patient/Caregiver will verbalize bowel program to prevent constipation complications within 2 days. <p>(continued on next page)</p>		

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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>An interview with the Director of Nursing (DON) on 5/19/2025 at 12:41 PM revealed the bowel protocol is whatever the doctor orders, the resident is to follow.</p> <p>In an interview completed on 05/21/2025 at 3:25 PM with the Assistant Director of Nursing (ADON), the ADON confirmed that the resident had no documented bowel movment. The ADON also confirmed that the residents Medical Health Record also contained no documentation of an intervention to promote a bowel movement or documentation of a bowel assessment being completed were present for Resident 26. The ADON confirmed that both should be present in the residents Medical Health Record.</p> <p>In an interview completed on 05/20/2025 at 10:30 AM with the facility Regional Nurse Consultant (RNC), the RNC stated the facility did not have a written bowel protocol. The RNC stated that an intervention to promote a bowel movement and an assessment by the nurse on day 3 of the resident not having a bowel movement was the expectation of the facility and documentation reflecting this should be present in the residents Medication Administration Record and or Progress Notes.</p> <p>In an interview completed on 05/21/2025 at 1:20 PM with Registered Nurse (RN)-K, RN-K stated the night shift runs the bowel movement list. Residents who have not had a bowel movement in 3 days documented are to receive an intervention to promote them to have a bowel movement and this is to be recorded in the residents Medication Administration Record and a bowel assessment is to be documented in the resident's progress notes with the intervention provided to the resident.</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 observation and interview the facility failed to ensure 1 (Resident 41) of 1 sampled resident maintained their range of motion (full movement potential of a joint) to promote the resident's highest practicable level of independence. The facility census was 58.</p> <p>Findings are:</p> <p>A record review of a facility policy titled Prevention of Decline in Range of Motion dated 2024 revealed residents who enter the facility without limited range of motion will not experience a reduction in range of motion unless the resident's clinical condition demonstrated that a reduction in range of motion is unavoidable.</p> <p>A record review of an admission Record revealed the facility admitted Resident 41 on 12/07/2023 with diagnoses of absence of left leg below the knee, chronic pain, and type 2 diabetes mellitus (a common form of diabetes mellitus that develops especially in adults and most often in obese individuals and that is characterized by hyperglycemia resulting from impaired insulin utilization coupled with the body's inability to compensate with increased insulin production).</p> <p>A record review of Resident 41'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), dated 05/01/2025 revealed Resident 41 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 14/15 indicating the resident was cognitive intact. The resident needed supervision or touching assistance with eating and oral hygiene and was dependent on staff assistance with bed mobility and transfers using a full body lift. The MDS was coded that the resident had impaired range of motion to one upper extremity and both lower extremities.</p> <p>A record review of Resident 41's Care Plan conducted on 05/19/2025 revealed no focus area or interventions related to the resident's impaired range of motion to their upper and lower extremities.</p> <p>In an interview completed on 05/18/2025 at 11:15 AM with Resident 41, Resident 41 stated they were gradually losing the ability to use their hands. The resident held up their left hand and stated, indicating to their middle and third finger, see those two fingers are just curling and I can not straighten them any longer. The resident also stated due to progressively losing the use of their hands they had a more difficult time feeding themselves and pulling themselves from side to side and up in bed. The resident stated they used to be able to do these things.</p> <p>In an observation completed on 05/18/2025 at 12:35 PM of Resident 41 eating, it was observed that Resident 41 was having difficulty using their hands to grasp items from their dining tray. The resident would attempt to grasp their fork and use the fork to bring food to their mouth. The resident would lose their grip on the fork and the food would fall off the fork and back onto their food tray. It would often take the resident 2 or 3 attempts to get a bite of food into their mouth.</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>In an observation completed on 05/19/2025 at 1:10 PM Nurse Aide (NA)-C lowered the head of Resident 41's bed. The NA encouraged the resident to grasp their trapeze bar and use their arms to assist to adjust their position in their bed. The resident attempted to grasp the bar independently with both of their hands and was unable to do this. The NA had to assist the resident to grasp the bar. The NA then grasped the resident's sheet and pulled the resident up in their bed.</p> <p>In an interview completed on 05/19/2025 at 1:25 PM with NA-C, NA-C stated Resident 41 was having a more difficult time holding their spoon or fork to feed themselves. The NA stated the resident used to be able to use their arms and help staff adjust their position in bed, but they could no longer do this and the resident told staff it was due to their hands not working and arms being weak.</p> <p>In an observation completed on 05/19/2025 at 1:45 PM of wound care being provided to Resident 41 by the Assistant Director of Nursing in Training (ADT), the ADT assisted the resident onto their left side the ADT encouraged the resident to hold their position on their left side by using their right arm and holding on to the positioning bar at the left side of their bed. The resident stated their arm was too weak and they could not hold themselves over. The Assistant Director of Nursing (ADON) placed their hands on the resident's back and assisted to hold the resident over on their left side.</p> <p>In an interview completed on 05/20/2025 at 9:40 AM with the facility Director of Rehab (DOR), the DOR stated that each resident is screened for therapy needs and changes in activities of daily living every 90 days following the resident's MDS schedule. The DOR confirmed that Resident 41 had been due for a quarterly review at the beginning of May 2025. The DOR stated an eye on therapy screen/evaluation was not completed for Resident 41. The DOR stated a meeting was held and that nursing staff reported no changes in the level of care provided by staff to Resident 41. The DOR confirmed that the resident was dependent on staff assistance for bed mobility and a decline in this level of function would not be detected in documentation only. The DOR denied knowledge of Resident 41's fingers on their left-hand curling/contracting inwards towards their palm and knowledge of the resident having weakness and decrease in function of their arms/upper extremities. The DOR confirmed that this is a change for the resident since their prior level of function.</p>		

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175NAC 12-006.08(B)(i)</p> <p>Based on observation, record review, and interview the facility failed to ensure that the physician completed the initial post-admission visit (30 day visit) for 2 of 4 residents reviewed (Residents 38 and 25). The facility census was 58.</p> <p>Findings are:</p> <p>A.</p> <p>Record review of the facility policy titled Physician Visits and Physician Delegation dated 4/1/24 revealed that it is the policy of the facility to ensure that the physician takes an active role in supervising the care of residents. The physician should see the resident within 30 days of initial admission to the facility. The resident must be seen at least once every 30 calendar days for the first 90 calendar days after admission. Required visits after the initial visit may alternate between personal visits by the physician and visits by a physician assistant, nurse practitioner, or clinical nurse specialist under the supervision of a physician. The section titled Authority for Non-Physician Practitioners to Perform Visits revealed that the Physician Assistant, Nurse Practitioner, or Clinical Nurse Specialist may not perform the initial comprehensive visit in a skilled nursing facility.</p> <p>Observation on 5/20/25 at 2:32 PM at the facility C-D area nurse's station revealed that Physician Assistant (PA)-I sat at the nurse's station and visited with an unidentified nurse.</p> <p>Interview on 5/20/25 at 2:32 PM with PA-I confirmed that PA-I was a Physician Assistant. PA-I revealed that PA-I was in the facility a couple of times a week.</p> <p>Record review of the admission Record dated 5/20/25 for Resident 38 revealed that Resident 38 admitted into the facility on [DATE].</p> <p>Record review of the progress note dated 12/20/24 at 2:10 PM for Resident 38 revealed that the note documented the visit by PA-I (a non-physician provider) for care management with the Chief complaint documented as new admit. The progress note revealed a care code identifying the visit by PA-I as the skilled nursing initial nursing facility care visit. (The initial visit after resident admission was completed by the non-physician provider and not by the physician).</p> <p>Interview on 5/21/25 at 4:06 PM with the facility Director of Nursing (DON) confirmed that provider PA-I is a Physician Assistant and not a physician. The DON confirmed that the initial provider visit for Resident 38 on 12/20/24 was performed by PA-I and not by a physician as required.</p> <p>B.</p> <p>Record review of an admission Record dated 05/19/2025 for Resident 25 revealed an admission date of 02/07/2025. Further review revealed Resident 25 admitted from another nursing facility.</p> <p>(continued on next page)</p>		

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 25's files revealed no evidence Resident 25 was seen within the 30-day initial visit.</p> <p>A record review of a 30 day from admission physician visit for Resident 25 was revealed to have happened on 03/19/2025.</p> <p>A record review of a 60 day from admission physician visit for Resident 25 was revealed to have happened on 4/25/2025.</p> <p>An interview on 05/21/2025 at 4:39 PM with the Regional Nurse Consultant (RNC) confirmed a physician visit was not completed within the required 30 days for Resident 25.</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation, record review, and interview the facility failed to ensure that the Daily Nurse Staff posting was posted as required. This had the potential to affect all residents residing within the facility. The facility census was 58.</p> <p>Findings are:</p> <p>Record review of the facility policy titled Nurse Staffing Posting Information dated 2/5/25 revealed that it is the facility policy to make nurse staffing information readily available in a readable format to residents, staff, and visitors at any given time. The Nurse Staffing Sheet will be posted on a daily basis and will contain the following information:</p> <p>Facility name; the current date; current resident census; the total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift-Registered Nurses, Licensed Practical Nurses, and Nurse Aides.</p> <p>The policy also revealed that the facility will post the Nurse Staffing Sheet at the beginning of each shift. The information posted will be in a prominent place readily accessible to residents, staff, and visitors. Nursing schedules and posting information will be maintained in the Human Resources Department for review for a minimum of 18 months.</p> <p>Observation on 5/18/25 at 10:00 AM during a facility walk-through revealed no daily nursing staff posting in the facility.</p> <p>Observation on 5/19/25 from 7:29 AM through 7:39 AM during a facility walk-through revealed no daily nurse staffing posting present in the facility. A daily nurse staffing post was not in place anywhere in the facility including at entry doors, at nurse's stations, or any other locations within the facility.</p> <p>Observation on 5/19/25 at 3:34 PM throughout all areas of the facility including the administrative front office area, front lobby, dining room, C-D hall and nurse's station, Administrator's office wall across from laundry, A-B hall and nurse's station, and transport entrance revealed no daily nurse staffing posted in the facility.</p> <p>Observation on 5/20/25 from 7:43 AM through 7:52 AM revealed no daily nurse staff posting in the front lobby, administrative offices area, dining room, C-D unit halls, C-D nurse's station, area outside administrator's office, or the facility A-B unit halls or nurse's station.</p> <p>Observation on 5/20/25 at 11:57 AM this surveyor asked the Facility Administrator (FA) to show this surveyor where the daily nurse staffing is posted for residents and visitors to see. The FA went to the Regional Director of Operations (RDO) to ask the RDO about the daily nurse staff posting. The RDO took this surveyor to the C-D nurse's station to point out the location for the posting. A plexiglass frame on the outside of the nurse's station wall revealed no posting of daily nurse staffing.</p> <p>(continued on next page)</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 5/20/25 at 11:57 AM with the RDO confirmed that the daily nurse staffing was not posted in the facility as required. The RDO revealed that the RDO would post the daily nurse staffing. The RDO confirmed that there was the frame at the C-D nurse's station for the daily nurse staffing to be posted as well as the one at the A-B nurse's station.</p> <p>Observation on 5/20/25 at 12:59 PM at the C-D nurse's station revealed that the daily nurse staff posting had not been posted.</p> <p>Observation on 5/20/25 at 1:01 PM at the A-B nurse's station revealed that the daily nurse staff posting had not been posted.</p> <p>Observation on 5/21/25 at 7:51 AM outside the C-D nurse's station revealed that the holder for the daily nurse staff posting did not contain the daily nurse staffing posting.</p> <p>Observation on 5/21/25 at 7:53 AM outside the A-B nurse's station revealed that the holder for the daily nurse staff posting did not contain the daily nurse staffing posting. (the facility had not posted the daily nurse staffing as required at any time during the facility recertification survey).</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Licensure Reference Number 175 NAC 12-006.12(E)(1)</p> <p>Based on observation, interview, and record review the facility failed to ensure stock medication bottles were labeled with the date indicating when they bottle was opened or should be discarded for 2 (Residents 17 and 23) of 3 sampled residents and the facility failed to store medication in a sanitary manner which had the potential to affect all the residents receiving medications from the facility. The facility census was 58.</p> <p>Findings are:</p> <p>A.</p> <p>A record review of a facility policy titled Labeling of Medications and Biologicals dated 2025 revealed labels for stock medications must include the original manufacturer's or pharmacy applied label and the expiration date.</p> <p>In an observation of medication administration on 05/19/2025 from 8:15 AM to 9:15 AM by Medication Aide (MA)-B the following was observed:</p> <p>-MA-B removed a white bottle with purple lid from the medication cart. The MA emptied white powder into the purple lid then poured the white powder into a clear 8 ounce cup. The MA then placed the cap back on the bottle and placed to bottle on top of the medication cart. The MA poured water into the cup and stirred to mix the powder in the cup. The MA then took the mixture to Resident 17 and the resident drank the solution. There was no date written on the bottle reflecting when the bottle was opened.</p> <p>-MA-B removed a white stock medication bottle from the medication cart. The MA removed a pill from the bottle and placed it in a clear medication cup with other medications prepared for Resident 23. The MA placed the bottle on top of the medication cart. There was no date written on the bottle reflecting when the bottle was opened.</p> <p>In an interview completed on 05/19/2025 at 9:00 AM with MA-B, MA-B confirmed that the date the bottle was opened should be written on the bottles. The MA confirmed that no date was written on the bottles.</p> <p>In an interview completed on 05/19/2025 at 9:15 AM with the Assistant Director of Nursing (ADON), the ADON confirmed that the date the bottle was opened should be written on each bottle. The ADON confirmed that the bottles did not have the date written on them and it should have been.</p> <p>B.</p> <p>A record review of a facility policy titled Medication Storage dated 2025 revealed it is the policy of the facility to ensure all medications housed in the facility will be stored to ensure proper sanitation.</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an observation completed on 05/19/2025 at 9:10 AM of the facility medication storage room the following was observed:</p> <ul style="list-style-type: none"> -The floor of the room to have dried black splatters present in front of the dormitory sized refrigerator. Debris visible on the floor small pieces of paper scattered throughout the floor area. -The sink of the room to have brown, black thick sticky substance with black fuzzy particles in a thick layer to the bottom of the sink. -The counters of the room to have dried liquid splatters present around the skink area and into the area where medications are being stored on top of the counter. <p>In an interview completed on 05/19/2025 at 9:15 AM with the ADON, the ADON confirmed that the medications storage room should be cleaned daily. The ADON confirmed the floor sink and counters to the medication room were soiled and not sanitary.</p> <p>In an interview completed on 05/19/2025 at 9:20 AM with the Regional Nurse Consultant (RNC), the RNC confirmed that the medication storage had soiled floor sink and counters and was not sanitary.</p>		

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<p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or obtain dental services for each resident.</p> <p>Licensure Reference Number 175 NAC 12-006.14</p> <p>Based on observation, interview, and record review; the facility failed to promptly provide and obtain dental services for 1 (Resident 41) of 4 sampled residents. The facility census was 58.</p> <p>Findings are:</p> <p>In an interview completed on 05/18/2025 at 11:50 PM with Resident 41, Resident 41 stated they had multiple broken teeth. The resident denied seeing a dentist since being admitted to the facility in 2023. The resident voiced discomfort to mouth/teeth only when chewing tough or hard items and would like to see the dentist. Resident stated they had not been asked about needing or wanting to see the dentist.</p> <p>In an observation completed on 05/18/2025 at 11:55 PM of Resident 41's teeth, it was observed on the lower left side of the resident's mouth, their back teeth had holes present to the top of 2 of the teeth.</p> <p>A record review of an admission Record revealed the facility admitted Resident 41 on 12/07/2023 with diagnoses of absence of left leg below the knee, chronic pain, and type 2 diabetes mellitus (a common form of diabetes mellitus that develops especially in adults and most often in obese individuals and that is characterized by hyperglycemia resulting from impaired insulin utilization coupled with the body's inability to compensate with increased insulin production).</p> <p>A record review of Resident 41'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), dated 05/01/2025 revealed Resident 41 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 14/15 indicating the resident was cognitive intact. The resident needed supervision or touching assistance with eating and oral hygiene and was dependent on staff assistance with bed mobility and transfers using a full body lift. The MDS was coded that the resident did not have broken or loosely fitting full or partial dentures or mouth or facility pain or discomfort.</p> <p>A record review of Resident 41's Care Plan on 05/19/2025 revealed a focus of the resident being at risk for oral or dental health problems with a goal of the resident will be free of infection, pain or bleeding in the oral cavity through the review date, both dated 12/26/2023. Interventions were listed to provide mouth care and provide oral hygiene daily. The resident had a focus area stating the resident was at risk for alteration in nutrition due to chronic periodontitis (a chronic inflammation that damages the tissues and bone supporting the teeth).</p> <p>In an interview completed on 05/20/2025 at 2:30 PM with the Regional Nurse Consultant (RNC), the RNC confirmed that the resident had not been seen by a dentist since admission to the facility.</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p>Licensure Reference Number 175 NAC 12-006.0911(A)</p> <p>Based on observation, record reviews, and interviews; the facility failed to ensure 1 resident, (Resident 52) of 1 sampled resident received diet and preferences as requested. The facility census was 58.</p> <p>Findings are:</p> <p>An observation on 05/20/2025 at 1:10 PM, Resident 52 sat in their room in front of a meal provided by the kitchen.</p> <p>During an interview on 05/20/2025 at 1:10 PM, Resident 52 reported wanting to go to the bank to get money to buy their own food. Resident 52 further revealed they cannot eat the food; the hot dog has pork in it.</p> <p>A record review of a meal ticket on 05/20/2025 for Resident 52 revealed:</p> <p>Diet: Renal (A renal diet is one that is low in sodium, phosphorous and protein; a diet that cuts down on the amount of waste in their blood)</p> <p>Texture: Regular</p> <p>Diet/Other: No Added Salt (NAS), No Pork or Pork by Products</p> <p>Fluid Restriction: 1500</p> <p>Beverages: Fluid Restriction: 8 oz fruit drink</p> <p>Menu:</p> <p>Roasted Pork Loin</p> <p>Buttered Noodles</p> <p>Broccoli & Cauliflower</p> <p>Diced Peaches</p> <p>Dinner Roll/2 teaspoon (tsp) margarine</p> <p>Beverage</p> <p>Other Menu Options:</p> <p>Pork Patty on Bun</p> <p>(continued on next page)</p>		

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<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Hamburger on Bun</p> <p>Renal Vegetable Soup</p> <p>Grilled Swiss Cheese Sandwich</p> <p>Below the ticket revealed handwritten, HD for Hot Dog</p> <p>An observation on 05/20/2025 at 1:10 PM, Resident 52's tray and plate revealed the items:</p> <p>Hot Dog on a bun,</p> <p>O'Brien Potatoes,</p> <p>Broccoli and Cauliflower,</p> <p>Dinner Roll with 2 tsp margarine,</p> <p>Diced Peaches,</p> <p>Cup of Red Fruit Juice.</p> <p>An interview on 05/20/2025 at 1:15 PM, the Certified Dietary Manager (CDM) revealed knowledge of Resident 52 and the type of diet and preferences to which they have requested. Further interview the CDM revealed that the resident had a hot dog and the hot dogs they purchase are made of beef products. This surveyor requested access to the hot dogs to determine its contents.</p> <p>On 05/20/2025 at 1:20 PM the CDM searched for the hot dog contents in the fridge, which did not display its contents, the freezer box of hot dogs stated, all meat not displaying its contents. The CDM stated they will pull up the contents on the computer from the site in which they order the products. The order number was referenced to the product which revealed the hot dog products were called Frankfurter All Meat 8x1x6 inch (in). Made of Beef and Pork blend.</p> <p>An interview on 05/20/2025 at 2:51 PM with Resident 52's Power of Attorney (POA; authorizes another person to make decisions concerning your property and/or healthcare decisions) revealed the family has strict dietary guidelines reverred towards religious restrictions to not ingest any pork or pork by-products; this must be adhered to under any circumstance. When asked if they spoke with anyone regarding dietary restrictions, the POA stated yes, but unsure who it was.</p> <p>A record review of Resident 52's admission Record revealed an admission date of 02/19/2025 with an admitting diagnosis of nontraumatic intracerebral hemorrhage (a type of stroke), dysphasia (a disorder that affects a person's ability to understand or express language), malnutrition, and dependence on renal dialysis.</p> <p>A record review of Resident 52'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 02/23/2025 revealed Resident 52's Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score: 7/15</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER The Cedars at Broadwell		STREET ADDRESS, CITY, STATE, ZIP CODE 800 Stoeger 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)		
<p>F 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>13-15: cognitively intact,</p> <p>8-12: moderately impaired,</p> <p>0-7: severe impairment.</p> <p>A record review of Resident 52's Care Plan dated 02/20/2025 revealed:</p> <p>-Dietary Manager to discuss food preferences with resident or family upon admission and then as needed to meet resident's dietary needs.</p> <p>An interview on 05/20/2025 1:20 PM the CDM revealed that dietary staff were not following dietary restrictions listed on Resident 52's meal ticket.</p> <p>An observation on 05/21/2025 at 8:45 AM revealed Resident 52 lying in bed and a breakfast tray on the side table. On the breakfast tray has two empty bowls of breakfast cereal, uneaten toast, a banana, 2 empty cups of milk and a full glass of orange juice. When asked are you going to eat the remaining items, the resident stated, no, I cannot.</p> <p>A record review of a meal ticket on 05/21/2025 at 8:45 AM for Resident 52 revealed:</p> <p>Diet: Renal</p> <p>Texture: Regular</p> <p>Diet/Other: No Added Salt (NAS), No Pork or Pork by Products</p> <p>Fluid Restriction: 1500</p> <p>Beverages: Fluid Restriction: 8-ounce (oz) milk, 6 oz orange juice</p> <p>Menu:</p> <p>Assorted Juice (No Citrus)</p> <p>Hot or Cold Cereal</p> <p>Scrambled Egg Sandwich</p> <p>Fruit Cup (No Citrus or Banana)</p> <p>Milk, Whole</p> <p>An interview with the CDM on 05/21/2025 at 8:51 AM revealed that dietary staff were not following dietary restrictions listed on the resident meal ticket. The CDM agreed that other options should have been offered or provided to Resident 52 due to dietary restrictions and renal diet.</p>		

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<p>F 0838</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies.</p> <p>Based on interview, observation, and record review; the facility failed to review and revise the Facility Assessment as needed to assure the facility had the resources to meet the needs of 1 (Resident 26) of 1 sampled resident. The facility census was 58.</p> <p>Findings are:</p> <p>Record review of the Facility Assessment received from the facility on 05/21/2025 revealed a revision date of 04/15/2025 and a review date with the Quality Assurance (QA) committee on 04/16/2025 revealed the following:</p> <p>-The Facility Assessment included all residents within their population, however, did not include ventilation services.</p> <p>Record review of Resident 26 physician orders dated May 2025 revealed an order:</p> <p>-Trilogy Non-invasive ventilator - Resident to wear at bedtime or napping; Not to be worn 24 hours per day, resident to be up in chair as needed for while napping; order date 11/27/2024</p> <p>An interview on 05/18/2025 at 8:30 AM with Resident 26 reported use of the Trilogy Non-invasive ventilator 24 hours a day 7 days a week and only takes off when the hoses are cleaned and/or changed.</p> <p>An interview on 05/20/2025 at 3:45 PM, Licensed Practical Nurse-F (LPN-F) revealed no direct training from the facility on the Trilogy Non-invasive ventilator.</p> <p>During an interview on 05/21/2025 at 1:54 PM, the Regional Nurse Consultant (RNC) confirmed the Facility Assessment should have been updated and/or revised to include ventilator services.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Licensure Reference Number 175NAC 12-006.04(A)(ii)</p> <p>Licensure Reference Number 175NAC 12-006.17</p> <p>Licensure Reference Number 175NAC 12-006.17D</p> <p>Based on observations, record review, and interviews; the facility failed to ensure that the pre-employment health history screening (a medical evaluation conducted on prospective employees before they start working to identify any infectious disease or health risks) was completed as required for 1 of 5 sampled staff; the facility failed to follow enhanced barrier precautions when providing high contact resident care for 2 of 3 sampled residents (Residents 17 and 41); and failed to perform hand hygiene during wound care for 1 of 1 residents (Resident 41). The facility census was 58.</p> <p>Findings are:</p> <p>A.</p> <p>Record review of the facility policy titled Pre-Employment Health Assessment Policy dated 8/1/23 revealed that the purpose is to ensure that all new employees are medically fit to perform the duties of their role safely and without risk to themselves, residents, or colleagues. The policy supports a safe, healthy, and compliant work environment in accordance with public health guidelines and industry standards. The policy applies to all individuals offered employment at the facility. All offers of employment are conditional upon the successful completion of a pre-employment health assessment. Human resources will ensure assessments are completed before the start date and maintain records securely.</p> <p>Record review of the undated and untitled list of facility employees revealed that Hospitality Aide-E (HA-E) had a hire date of 2/24/25.</p> <p>Record review of the employee file for HA-E revealed that it contained a Health Questionnaire for HA-E (a pre-employment health history screen). The section of the Health Questionnaire titled Test Information (performed by nurse) contained spaces to document blood pressure, temperature, pulse, respiration, lung sounds, and whether follow-up with a medical provider was recommended. All spaces in the section were left blank. The section for the employee signature and date to certify that all the information provided by the employee on the Health Questionnaire was true and correct was left blank. HA-E did not sign or date the Health Questionnaire. The line for the signature of the Director of Nursing (DON) was signed by the DON and dated 2/24/25 to certify that the DON certified that they had reviewed the document for completeness. The employee file contained documentation of initial orientation training dated 2/24/25 for HA-E.</p> <p>Observation on 5/20/25 at 3:10 PM at the facility courtyard/vending area revealed that Hospitality Aide-E (HA-E) informed the 5 residents in the area that HA-E would assist them out to smoke. HA-E opened the courtyard door and allowed self-mobile residents to enter the courtyard. HA-E returned to assist Resident 18 to the courtyard by pushing the resident out to the courtyard in the resident's wheelchair.</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 - Many</p>	<p>Interview on 5/19/25 at 4:27 PM with the Facility Administrator (FA) confirmed that the pre-employment Health Questionnaire for HA-E was not completed as required.</p> <p>B.</p> <p>A record review of a facility policy titled 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)) dated 02/05/2025 revealed it is the policy of the facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. An order for enhanced barrier precautions will be obtained for residents with chronic wounds. Precautions will be used during high contact resident care activities including providing hygiene, wound care, and transferring.</p> <p>In an observation completed on 05/19/2025 at 11:24 AM it was observed that a sign indicating Enhanced Barrier Precautions to be hanging in the hall outside Resident 17's door to their room.</p> <p>In an observation completed on 05/19/2025 at 11:25 AM Nurse Aide C (NA-C) and Nurse Aide D (NA-D) were using the full body lift to transfer Resident 17 from their bed into their recliner. NA-C did not have personal protective equipment of gloves and gown on during the transfer of the resident. NA-D did not have personal protective equipment of gloves and gown on during the transfer of the resident.</p> <p>In an interview completed on 05/19/2025 at 11:45 AM with NA-C, NA-C confirmed Resident 17 had a wound and was on EBP which meant during high contact resident cares personal protective equipment of gloves and gowns should be worn. The NA confirmed that transferring residents was a high contact resident care. The NA confirmed that they did not use to proper personal protective equipment required per the EBP when transferring resident 17.</p> <p>In an interview completed on 05/19/2025 at 01:25 PM with NA-D, NA-D confirmed the sign EBP meant during high contact resident cares gloves and gowns should be worn. The NA confirmed that transferring residents was a high contact resident care. The NA confirmed that they did not use to proper personal protective equipment required per the EBP when transferring resident 17.</p> <p>In an interview completed on 05/19/2025 at 2:10 PM the Assistant Director of Nursing (ADON) confirmed that Resident 17 was on EBP due to having a chronic wound. The ADON confirmed that gloves and gowns should have been worn by the NA's when assisting to transfer Resident 17 to their wheelchair.</p> <p>C.</p> <p>In an observation completed on 05/19/2025 at 1:29 PM it was observed that a sign indicating Enhanced Barrier Precautions to be hanging in the hall outside Resident 41's door to their room.</p> <p>In and observation completed on 05/19/2025 at 1:30 PM of cleansing and application of medicated shampoo to Resident 41's hair (personal hygiene) by the Assistant Director of Nursing in Training (ADT) the ADT did not have personal protective equipment of a gown on.</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 - Many</p>	<p>In an interview completed on 05/19/2025 at 1:35 PM with the ADT, the ADT confirmed Resident 41 had a wound and was on EBP. The ADT confirmed they should have had the personal protective equipment including a gown on when providing the personal hygiene care of cleansing the resident's hair and application of the medicated shampoo and did not.</p> <p>In an interview completed on 05/19/2025 at 2:10 PM the ADON confirmed that Resident 41 was on EBP due to having a wound. The ADON confirmed that the ADT should have worn a gown during the personal hygiene care of washing the resident's hair and applying the medicated shampoo.</p> <p>D.</p> <p>A record review of a facility policy titled Hand Hygiene and dated 05/29/2024 revealed Hand Hygiene should be performed before applying and after removing personal protective equipment including gloves.</p> <p>In an observation completed on 05/19/2025 at 1:50 PM the ADT was providing wound care to Resident 41 coccyx area. With gloved hands the ADT applied a white powder over the entirety of the resident's coccyx area then placed the clear plastic cup containing the powder on a Kleenex on top of the resident's bed side table. The ADT then picked up a clear plastic cup containing a yellow brown clear gel substance and with the same gloved hand applied the substance from the cup over the resident's coccyx area. The ADT did not change gloves and perform hand hygiene between glove changes from application of the white powder to the application of the gel substance to the resident's coccyx.</p> <p>In an interview completed on 05/19/2025 at 2:10 PM with the ADT the ADT confirmed they should have changed gloves and completed hand hygiene between the powder and the gel application to resident 41's coccyx.</p> <p>In an interview completed on 05/19/2025 at 2:10 PM the ADON confirmed that the ADT should have changed gloves and completed hand hygiene between the application of the powder and the gel.</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p>Licensure Reference Number 175 NAC 12-006.04(B)</p> <p>Based on record reviews, and interviews; the facility failed to trained staff on Trilogy Non-invasice ventilator. This had the potential to affect 1 (Resident 26) of 1 sampled resident in the facility. The facility census was 58.</p> <p>Record review of the Facility Assessment received from the facility on 05/21/2025 revealed a revision date of 04/15/2025 and a review date with the Quality Assurance (QA) committee on 04/16/2025.</p> <p>Record review of the Facility Assessment included all residents within their population, however, did not include ventilation services.</p> <p>Record review of Resident 26 physician orders dated May 2025 revealed an order:</p> <p>-Trilogy Non-invasive ventilator - Resident to wear at bedtime or napping; Not to be worn 24 hours per day, resident to be up in chair as needed for while napping; order date 11/27/2024</p> <p>An interview on 05/18/2025 at 8:30 AM with Resident 26 reported use of the Trilogy Non-invasive ventilator 24 hours a day 7 days a week and only takes off when the hoses are cleaned and/or changed.</p> <p>An interview on 05/20/2025 at 3:45 PM, Licensed Practical Nurse-F (LPN-F) revealed no training to the Trilogy Non-invasive ventilator or facility training for dialysis signs and/or symptoms to watch for and important reminders.</p> <p>An interview on 05/20/2025 at 3:45 PM, Licensed Practical Nurse-F (LPN-F) revealed no direct training from the facility on the Trilogy Non-invasive ventilator or facility training for dialysis signs and/or symptoms to watch for and important reminders.</p> <p>During an interview on 05/21/2025 at 4:39 PM, the Regional Nurse Consultant (RNC) confirmed training on ventilator services and dialysis services signs and/or symptoms to watch for and important reminders were not completed for review.</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>Licensure Reference Number 175NAC 12-006.04(B)(ii)(1)</p> <p>Based on record review and interview; the facility failed to ensure that nurse aides completed a minimum of 12 hours of continuing education annually as required for 2 of 5 sampled staff. This had the potential to prevent residents from receiving competent care. The facility census was 58.</p> <p>Findings are:</p> <p>A.</p> <p>Record review of the facility policy titled Nurse Aide Training Program dated 1/14/25 revealed that the facility maintains an appropriate and effective nurse aide in-service training program for the purpose of ensuring the continuing competence of nurse aides. Each nurse aide shall be provided at least 12 hours of in-service training annually based on his/her employment date, not calendar year. Minimum training will include dementia management and care of the cognitively impaired; abuse, neglect, and exploitation prevention; resident rights and facility responsibilities; facility infection prevention and control program; safety and emergency procedures; behavioral health; and identification of changes in condition.</p> <p>Record review of the undated and untitled list of facility employees revealed that Nurse Aide-G (NA-G) had a hire date of 10/15/14.</p> <p>Record review of the undated and untitled list of training completed for NA-G between 10/15/23 through 10/15/24 (the current full annual training period based on the hire/employment date for NA-G) revealed that NA-G completed zero hours of continuing education.</p> <p>Interview on 5/19/25 at 4:29 PM with the Facility Administrator (FA) revealed that NA-G is extremely Per Diem (a flexible work arrangement where the employee does not have a regular work schedule and works when needed).</p> <p>Record review of the facility Punches Report (a record of an employee clocking in and out of work) for NA-G dated 5/19/25 for the period of 10/1/23 through 10/15/24 revealed that NA-G worked in the facility on 10/25/23, 11/12/23, 12/4/23, 12/9/23, 12/10/23, 12/17/23, 12/19/23, 12/25/23, 1/1/24, 1/2/24, 1/4/24, 1/11/24, 1/18/24, 1/21/24, 1/28/24, 2/3/24, 2/10/24, 2/22/24, 2/25/24, 3/2/24, 3/9/24, 3/10/24, 4/5/24, 4/16/24, 5/5/24, 5/19/24, 6/2/24, 6/23/24, 7/6/24, and 8/13/24.</p> <p>Interview on 5/19/25 at 4:29 PM with the FA revealed that the facility is responsible for ensuring that any nurse aide that might work in the facility completes at least 12 hours of continuing education per year based on their hire/anniversary date. The FA confirmed that the facility did not ensure that NA-G completed a minimum of 12 hours of continuing education as required.</p> <p>B.</p> <p>Record review of the undated and untitled list of facility employees revealed that Nurse Aide-H (NA-H) had a hire date of 6/12/18.</p> <p>(continued on next page)</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record review of the undated and untitled list of training completed for NA-H between 6/12/23 through 6/12/24 (the current full annual training period based on the hire/employment date for NA-H) revealed that NA-H completed a total of 8 hours of continuing education.</p> <p>Interview on 5/19/25 at 4:29 PM with the FA confirmed that NA-H did not complete a minimum of 12 hours of continuing education as required. The FA revealed that the FA would look for any additional documentation of in-service hours completed by NA-H.</p> <p>Record review of the additional in-person in-service trainings for NA-H provided by the FA revealed in-service dates of 9/26/24, 11/14/24, 1/11/25, and 2/13/25. These were not completed during the current annual training year based on the hire date of 6/12/18 for NA-H. (none were in the last full annual training period based on the hire/employment date for NA-H).</p>		