STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285226	A. Building B. Wing	02/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookefield Park	1405 Heritage Drive St Paul, NE 68873

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. 49382 Based on record review and interview the facility failed to complete a Level II Pre-Admission Screening and Resident Review (PASRR, a process which requires that all applicants to Medicaid-certified nursing facilities be given a preliminary assessment to determine whether they might have Serious Mental Illness or Intellectual Disability), evaluation for a resident who was identified with a newly diagnosed serious mental illness and psychotropic medication change for 1 (Resident 10) of 1 sampled resident. The facility census was 58. Findings Are: A record review of the undated NE PASRR Provider Portal Frequently Asked Questions (FAQ) document on the website https://nepasrr.acentra.com/wp-content/uploads/sites/26/2024/04/NE-PASRR-Atrezzo-FAQs-1.pdf revealed that if a Level I PASRR was completed prior to resident admission to the facility and then new information is received, the nursing facility should complete a Resident Review for significant change and request a PASRR Level II evaluation and determination. A record review of a PASRR dated 05/02/2024 revealed a Level 1 PASRR was completed for Resident 10 on 05/02/2024. Documentation was present that the resident did not have a diagnosis of serious mental illness and was receiving routine antidepressant and opioid medications. A record review of Resident 10's electronic medical health record revealed Resident 10 was assigned the diagnosis of delusional disorder (a serious mental health condition characterized by persistent, false beliefs that are not based on reality) on 05/09/2024. A record review of Resident 10's electronic medical health record revealed that on 11/14/2024 Resident 10 was prescribed Seroquel (an antipsychotic medication used to treat mental health conditions by assisting to balance chemicals in the brain). In an interview completed on 02/19/2025 at 4:30 PM with the facility Social Services Director (SSD), the SSD confirmed that there was no Level II PASRR completed for Resident 10 reflecting the diagnosis of a serious mental illness or the use of an antipsychotic medication.

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 41938 Licensure Reference Number 175 NAC 12-006.11(E) Based on observation, record review, and interview the facility failed to ensure that refrigerated foods were maintained within the required temperatures to ensure food safety. This had the potential to affect 58 of 58 residents that ate food prepared by the facility kitchen. Findings are: Record review of the Nebraska Food Code, Effective date 7/21/16, 3-202.11 Temperature revealed that refrigerated, Time/Temperature Control for Food Safety (TCS, a method of preventing foodborne illness by controlling the temperature and time of TCS foods. TCS foods are also known as potentially hazardous foods (PHF) including meat, cut or sliced fruits, milk, and dairy products that must be kept at 41 degrees Fahrenheit or below), shall be at a temperature of 41 degrees Fahrenheit (F) or below when received. Observation on 2/18/25 at 9:57 AM in the facility main kitchen revealed that the thermometer inside the walk-in refrigerator displayed a temperature of 44 degrees F. Plastic gallon jugs of milk were on the shelf just inside the door of the walk-in refrigerator. Containers of cottage cheese sat on the shelf above the milk. Two tubes of raw ground beef sat in a gray tub on a bottom shelf. Observation on 2/19/25 at 12:45 PM in the facility main kitchen revealed that the thermometer inside the walk-in refrigerator displayed a temperature of 44 F. Plastic gallon jugs of milk were on the shelf just inside the door of the walk-in refrigerator. Containers of cottage cheese sat on the shelf above the milk. Observation on 2/20/25 at 7:25 AM in the facility main kitchen revealed that the thermometer inside the walk-in refrigerator displayed a temperature of 44 F. Gallon jugs of milk sat on the third shelf and containers of cottage cheese sat on the shelf above the milk. No staff had opened the door and entered the walk-in refrigerator between 7:25 AM and 7:33 AM. The thermometer inside the walk-in refrigerator displayed 43 F when checked at 7:33 AM. Interview on 2/20/25 at 8:36 AM with Dietary [NAME] (DC)-J revealed that DC-J does the recording of refrigerator and freezer temperatures on the temp log but has not yet done them that morning. DC-J confirmed that staff were to record the temperature reading displayed on the thermometer inside of the facility refrigerators and freezers. Observation on 2/20/25 at 9:06 AM in the facility main kitchen DC-J revealed that they would now check refrigeration temperatures. DC-J entered the walk-in refrigerator and read the temperature displayed on the thermometer at 44 F. DC-J recorded the temperature of 44 F on the Fridge/Freezer Temp Log. Gallons of milk sat on the 3rd shelf and containers of cottage cheese sat on the shelf above the milk inside the walk-in refrigerator. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Interview on 2/20/25 at 9:08 AM with DC-J revealed that refrigerator temperatures were to be at 40 F or below. This surveyor asked DC-J what actions DC-J would take if refrigeration temperatures were out of range. DC-J revealed that if the temperatures were out of range DC-J would circle the temperature on the temperature log. DC-J revealed that if out of range temperatures continued, the Dietary Manager was notified. Record review of the Fridge/Freezer Temp Log dated February 2025 revealed that 26 of 38 temperatures recorded on the log for the temperature of the walk-in refrigerator were above 41 F. Out of range temperatures recorded on the log were: -On 2/1/25 in the PM the temperature was 42 F, -On 2/2/25 in the AM the temperature was 45 F, -On 2/2/25 in the PM the temperature was 45 F, -On 2/4/25 in the AM the temperature was 45 F, -On 2/5/25 in the AM the temperature was 42 F, -On 2/5/25 in the PM the temperature was 44 F, -On 2/6/25 in the AM the temperature was 45 F, -On 2/6/25 in the PM the temperature was 42 F, -On 2/7/25 in the AM the temperature was 44 F, -On 2/7/25 in the PM the temperature was 42 F, -On 2/8/25 in the PM the temperature was 43 F, -On 2/9/25 in the AM the temperature was 42 F, -On 2/10/25 in the AM the temperature was 42 F, -On 2/10/25 in the PM the temperature was 44 F, -On 2/11/25 in the PM the temperature was 42 F, -On 2/12/25 in the AM the temperature was 45 F, -On 2/12/25 in the PM the temperature was 42 F, -On 2/15/25 in the AM the temperature was 45 F, -On 2/15/25 in the PM the temperature was 42 F, (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-On 2/16/25 in the AM the temperature was 42 F, -On 2/16/25 in the PM the temperature was 44 F, -On 2/17/25 in the PM the temperature was 43 F, -On 2/18/25 in the PM the temperature was 43 F, -On 2/19/25 in the AM the temperature was 42 F, -On 2/19/25 in the PM the temperature was 44 F, and -On 2/20/25 in the AM the temperature was 44 F. None of the out of range temperatures for the walk-in refrigerator documented on the Fridge/Freezer Temp Log were circled. Observation on 2/20/25 between 9:55 AM and 10:06 AM in the facility main kitchen revealed that there were no staff in the kitchen. The walk-in refrigerator door remained closed during this timeframe. At 10:06 AM this surveyor entered the walk-in refrigerator and closed the refrigerator door. The thermometer inside the walk-in refrigerator displayed a temperature of 44 F. The compressor turned on and the temperature rose to 46 F. Gallons of milk sat on the 3rd shelf and containers of cottage cheese sat on the shelf above the milk inside the walk-in refrigerator. Interview on 2/20/25 at 10:46 AM with the facility Dietary Manager (DM) revealed that refrigeration temperatures were monitored and documented on the temp log twice daily. DM revealed that the DM reviewed the refrigeration temperature logs periodically. DM revealed that the expected temperature for the facility refrigerators was 45 F or below. DM revealed that the freezers were to be at 0 to 10 degrees. Interview on 2/20/25 at 11:29 AM with the facility Registered Dietitian (RD) confirmed that refrigerated temperatures were required to be kept at 40 degrees Fahrenheit or below for food safety. The RD confirmed that approximately 2/3 of the temperatures documented on the February 2025 temperature log for the walk-in refrigerator were above 40 F. Observation with the RD at the walk-in refrigerator in the facility main kitchen confirmed that the thermometer inside the walk-in refrigerator displayed 42 F and was out of range. RD revealed that the DM would complete a work request for maintenance to fix the refrigerator.

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50105 Licensure Reference 175 NAC 12-006.04(B)(ii)(1) Based on record reviews and interview, the facility failed to ensure 3 of 5 sampled nursing aides (NA) had at least 12 hours of ongoing training. This had the potential to affect all residents residing at the facility. The facility identified a census of 58. Findings Are: A record review of a Facility Assessment for [NAME] Park with a date of 9/1/24-11/21/24 revealed under nursing staffing plans, staff are provided with the appropriate competencies and skill sets necessary to care for its residents' needs as identified through the assessment which include mental health, dementia and infectious diseases. A record review of an untitled and undated document that included a list of employees, their job titles, department, and hire date revealed the following employee hire dates: -NA-H was hired on 06/02/2021. -NA-G was hired on 03/07/2023. -NA-I was hired on 07/07/2020. A record review of a document titled, symplr learning transcript with a date range of 01/29/2024-12/02/2024 for NA-H revealed a total of 6.82 training hours over the prior 12 months. A record review of a document titled, symplr learning transcript with a date range of 03/27/2024-11/24/2024 for NA-G revealed a total of 6.38 training hours over the prior 12 months. A record review of a document titled, symplr learning transcript with a date range of 02/10/2024-12/28/2024 for NA-I revealed a total of 9.69 training hours over the prior 12 months. An interview on 02/18/2025 at 2:40 PM with the Director of Nursing Services (DNS) and Human Resources (HR) confirmed that nursing aides should have at least 12 hours of training each year. The interview also confirmed NA-H, NA-G, and NA-I had not met these requirements in the prior 12 months.