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	05/14/2026

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 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. Licensure Reference Number 175 NAC 12-006.11(E) Based on observation and interview, the facility failed to ensure surfaces in the kitchen were cleaned at a frequency to prevent the accumulation of soil or residue. This had the potential to affect all of the residents receiving food from the kitchen. The facility census was 62. Findings are:Record review of the Food and Drug Association Food Code dated 2022 revealed in 4-602.13 that non-food contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil and residues. In an observation completed on 05/12/2026 at 8:45 AM of the kitchen it was observed that the stainless-steel partition behind the stove and facility steamer had a cloudy yellow-white build up starting approximately 5 inches from the top to approximately 3 feet from the bottom in a downward V spray shape extending down the length of the partition. Record review of a document titled [NAME] Daily Cleaning Schedule dated May revealed no listing for the stainless-steel partition behind the stove and the facility steamer to be cleaned. Record review of a document titled Cooks Weekly Cleaning List and dated April/May revealed no listing for the stainless-steel partition behind the stove and the facility steamer to be cleaned. Record review of a document titled Cooks Monthly Cleaning Schedule and dated May 2026 revealed no listing for the stainless-steel partition behind the stove and the facility steamer to be cleaned. In an interview completed on 05/13/2026 at 10:30 AM with Dietary [NAME] A (DC-A), DC-A confirmed that there was a cloudy yellow-white buildup on the stainless-steel partition located behind the stove and facility steamer. The cook stated that they believed that the Maintenance staff took care of cleaning the stainless-steel partition and was not sure of the frequency. In an interview completed on 05/13/2026 at 10:40 AM with the Maintenance Supervisor (MS), the MS confirmed that there was a yellow-white buildup on the stainless-steel wall behind the stove and the facility steamer. The MS stated that they wipe down the stainless-steel wall every 3 months or so. The MS confirmed that this was not frequent enough to prevent the buildup from occurring.

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.04(G)(ii)Licensure Reference Number 175 NAC 12-006.10(A)(iii) Based on record review and interview the facility failed to ensure that medication aide competency assessments (an evaluation used to verify that a medication aide can safely, accurately, and legally administer medications to residents. It typically includes both a written knowledge test and a practical, hands-on skills demonstration overseen by a licensed healthcare professional) were documented and maintained as required for 1 of 2 medication aides reviewed. The facility census was 62. Findings are:Record review of the Facility assessment dated [DATE] section titled Services Provided Based on Resident Need revealed that the facility will have awareness of any limitations of administering medications. Administration of medications that residents need by route: oral, nasal, buccal (medications placed in the mouth between the gums and the lining of the cheek), sublingual (medications placed underneath the tongue), topical (medications applied on the skin), rectal, inhaled, vaginal, and ophthalmic (medications placed in the eye). The section titled Staff training/education and competencies revealed that staff competencies for medication administration will be assessed during orientation, annually, and as needed. Record review of the facility Competencies for Nursing Assistant, Medication Aide, and Spa Aide dated 12/2018 revealed that competencies will be completed with orientation, annually, and as needed based on performance/facility needs. The list revealed that Medication Administration competency for all routes approved by the facility will be completed for medication aides only. Record review of the untitled and undated facility list of employees revealed that Medication Aide-D (MA-D) had a hire date of 11/11/25. Record review of the facility orientation training checklist dated 3/19/25 revealed that MA-D began orientation on 11/11/25. Record review of the employee file for MA-D revealed that it contained no medication aide competency assessments for MA-D. Record review of the Nursing Staffing Assignments dated from 11/19/25-12/16/25 revealed that MA-D did floor orientation on 11/19/25, 11/20/25, medication aide orientation 11/25/26, medication aide orientation on 11/26/25, 12/11/25, medication aide orientation on 12/12/26, and medication aide orientation on 12/16/25. Interview on 5/14/26 at 11:15 AM with the facility Director of Nursing (DON) revealed that the only medication administration competency assessment for MA-D the facility could provide was a competency assessment for instilling (administering) medication into the eye dated 5/4/26. The DON confirmed that facility medication aides were allowed to administer medications by routes including the mouth, into the eye, into the nose, into the mouth, topically, and rectally. The DON revealed that the facility was to ensure that the medication aide competency all the routes of medication administration are completed during orientation. Record review of the Medication Aide Procedures Checklist Installation Medication (Eye, Ear, and Nose) dated 5/4/26 for MA-D revealed that they type of medication administration observed was marked as Eye. Ear and Nose administration were not marked as being observed. Record review of the Medication Administration Record (MAR, a legal record of the medications administered to a resident at a facility by a health care professional) dated 5/14/25 for Resident 30 revealed that MA-D administered Tylenol 500 milligrams (mg) two tablets by mouth to Resident 30 on 5/9/26. (MA-D had no documented competency assessment to administer oral medications). Record review of the MAR dated 5/14/25 for Resident 22 revealed that MA-D administered Levothyroxine 50 micrograms (a medication used to treat hypothyroid) by mouth; Zyprexa 2.5 mg (a medication to treat mental health behavior) by mouth; and Systane Complete Ophthalmic Solution 1 drop (a liquid medication used to treat dry eyes) in each eye on 5/9/26 to Resident 22. Record review of the MAR dated 5/14/25 for Resident 10 revealed that MA-D administered Donepezil 10 mg (a medication to treat dementia) by mouth; Lexapro 10 mg (an antidepressant medication) by mouth; Melatonin 3 mg (a medication used to assist with sleep) by mouth; Seroquel 150 mg (a medication used to treat mental health behavior) by (continued on next page)

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F 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	mouth; Tramadol 50 mg (a pain medication) by mouth; Vicks Baby Rub External Ointment (a topical ointment to relieve cough and congestion) applied to the nostrils topically one time a day; Depakote Sprinkles 125 mg (a medication used to prevent seizures) by mouth; Hydroxyzine 25 mg (a medication used to treat anxiety and allergies) by mouth; Senna Oral Tablet 8.6 mg (a laxative medication used to assist with bowel movement) by mouth; Acetaminophen 1000 mg (a pain medication) by mouth; and Voltaren External Gel (a topical gel to treat pain and joint stiffness) apply to the knees topically on 5/9/26 to Resident 10. (MA-D had no documented competency assessment to administer topical medications). Record review of the MAR dated 5/14/25 for Resident 37 revealed that MA-D administered Latanoprost Ophthalmic Solution (a liquid medication to treat pressure inside the eye) 1 drop into both eyes; Depakote 125 mg by mouth; Tylenol Extra Strength 500 mg by mouth; and Systane Complete Ophthalmic 1 drop into both eyes on 5/9/26 to Resident 37. Record review of the MAR dated 5/14/25 for Resident 14 revealed that MA-D administered Cyclosporine Ophthalmic Solution (an immunosuppressant medication for dry eyes) 1 drop into both eyes; Propranolol 160 mg (a medication to treat high blood pressure) by mouth; Valsartan 160 mg (a medication to treat high blood pressure) by mouth; Tylenol Extra Strength 1000 mg by mouth; and Artificial Tears Ophthalmic Solution (a liquid medication for dry eyes) 1 drop into both eyes on 5/9/26 to Resident 14. Record review of the MAR dated 5/14/25 for Resident 63 revealed that MA-D administered Gabapentin 300 mg (a medication used to treat nerve pain) by mouth; Lorazepam 1 mg by mouth; Melatonin 5 mg by mouth; Rexulti 0.25 mg (a medication used to treat agitation) by mouth; Trazodone 150 mg (an antidepressant medication) by mouth; Memantine 5 mg by mouth; and Vaseline External Gel (an ointment for skin) topically to wound on the back on 5/9/26 to Resident 63. Interview on 5/14/26 at 11:51 AM with the DON confirmed that competency assessments were to be completed during staff orientation. The DON confirmed that the facility had no medication aide competency assessments for oral medication administration or topical medication administration for MA-D orientation. The DON confirmed that the only medication aide competency the facility had for MA-D was the competency for instillation of eye medications dated 5/4/26. Interview on 5/14/26 at 12:02 PM with the DON confirmed that the facility had no documentation of the required medication aide competency assessments from orientation for MA-D.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Licensure Reference Number 175 NAC 12-006.11(D) Based on observation, interview, and record review the facility failed to check the temperature of food items served from the kitchen to ensure they were at a safe and palatable temperature when served for 5 (Resident 4, Resident 17, Resident 55, Resident 7, and Resident 32) sampled residents. The facility census was 62. Findings are:Record review of a facility policy titled Food Temperatures dated 2010 revealed temperatures of food items will be taken and properly recorded for each meal. All hot food items must be held and served at a temperature of or at least 135 degrees Fahrenheit. All cold food items must be maintained and served at a temperature of 41 degrees Fahrenheit or below. In an observation completed on 05/13/2026 at 12:01 PM Dietary [NAME] A (DC-A) opened and emptied a can of tomato soup into a blue thermal mug. The cook then placed the mug into the microwave and activated the microwave for a time of 1 minute. At the end of the 1 minute the cook removed the mug containing the soup from the microwave placed a plastic lid on top and handed the mug to another staff member to be served to Resident 4. The staff member then served the mug with the soup to the resident. The cook did not check the temperature of the soup after heating it to ensure it was at a safe and palatable temperature prior to serving it to Resident 4. In an observation completed on 05/13/2026 from 12:05 PM, DC-A removed a clear plastic bag containing packaged items from an outside food source from the facility refrigerator. DC-A removed a hamburger and cheese curds from the packaging and placed the items into a rectangle pan and placed the pan containing the items into the facility steamer. At 12:12 PM, DC-A removed the pan containing the items from the facility steamer and placed the food items onto a plate. DC-A then handed the plate to other facility staff who served the plate with the food items on it to Resident 17. DC-A did not check the temperatures of the food items ensuring they were reheated to a safe and palatable temperature prior to serving them to Resident 17. In an observation completed on 05/13/2026 at 12:17 PM, DC-A removed a bowl containing salad from a rectangular container containing ice in the bottom. DC-A then handed the bowl containing the salad to another staff member to be served to Resident 55. The staff member then served the salad to Resident 55. The cook did not check the temperature of the salad to ensure it was at a safe and palatable temperature prior to serving it to Resident 55. In an observation completed on 05/13/2026 at 12:22 PM, DC-A removed a bowl containing salad that was topped with a hardboiled egg from a rectangular container containing ice in the bottom. DC-A then handed the bowl containing the salad topped with a hard boiled egg to another staff member to be served to resident 7. The staff member then served the salad to Resident 7. The cook did not check the temperature of the salad to ensure it was at a safe and palatable temperature prior to serving it to Resident 7. In an observation completed on 05/13/2026 at 12:34 PM, DC-A placed 6 chicken nuggets onto a plate from the steam table using tongs. DC-A then removed a small plastic bowl of grapes and one of cottage cheese from a rectangular container containing ice in the bottom and placed both on the same plate. DC-A handed the plate to another staff member. The staff member served the plate with chicken nuggets, grapes, and cottage cheese to Resident 32. The cook did not check the temperature of the chicken nuggets, grapes, or cottage cheese to ensure they were at a safe and palatable temperature prior to serving them to Resident 32. In an interview completed on 05/13/2026 at 12:45 PM with DC-A, DC-A confirmed that they did not check the temperatures on the tomato soup, hamburger, cheese curds, salads, chicken nuggets, and cottage cheese to ensure they were at a safe and palatable temperature prior to serving them to the residents. In an interview completed on 05/13/2026 at 12:45 PM with the Dietary Manager (DM), the DM confirmed that all items served from the kitchen should have their temperatures checked for safety and palatability. The DM confirmed that DC-A did not check all of the temperatures of food served from the kitchen for safety and palatability and should have.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. Licensure Reference Number 175 NAC 12-006.09(D) 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 5) of 5 sampled residents. The facility census was 62. Findings are:Record review of a facility policy titled Timely Completion of MDS Assessments and dated 01/19/2017 revealed the facility would conduct accurate standardized assessment of each resident's functional capacity according to the MDS guidelines per the RAI (Resident Assessment Instrument) Manual. Record review of the 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) dated 10/2025 revealed coding instructions for N0350 Insulin (a medication used to assist in regulation of blood sugar levels) to enter the number of days during the 7 days prior to the ARD that the resident received insulin injections. To count the number of days insulin injections were received and code the number of days. Record review of Resident 5's Quarterly MDS with an ARD of 02/18/2026 revealed in section N0350 was coded 1, documenting that the resident received an insulin injection during the 7 days prior to the ARD. Record review of Resident 5's Medication Administration Record (MAR) for the month of February 2026 revealed Resident 5 had orders to receive Ozempic (an injectable medication used to help lower blood sugar levels that is not insulin). Resident 5's MAR revealed no documentation that the resident received an insulin injection during the 7-day period prior to the ARD. In an interview completed on 05/12/2026 at 2:45 PM with the MDSC, the MDSC confirmed that Resident 5 did not receive insulin during the 7 days prior to the ARD. The MDSC confirmed that the resident's receiving the Ozempic injection was coded as insulin and should not have been. The MDSC confirmed that the MDS was coded incorrectly.