

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285228	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Rose Lane Home		STREET ADDRESS, CITY, STATE, ZIP CODE Rr 2 Box 46, 1005 North 8th Street Loup City, NE 68853	

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 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41938</p> <p>Licensure Reference Number 175NAC 12-006.09(G)(i)</p> <p>Based on record review and interview, the facility failed to ensure that a recapitulation (a concise summary of the resident's stay and course of treatment in the facility) of the resident's stay was completed as required for 1 of 1 residents reviewed (Resident 42). The facility census was 41.</p> <p>Findings are:</p> <p>Record review of the Admission Record dated 10/01/2024 for Resident 42 revealed that Resident 42 was admitted into the facility on [DATE] with a diagnosis of surgical aftercare following surgery on the circulatory system. Resident 42 had a discharge date of [DATE].</p> <p>Record review of the Care Plan for Resident 42 with a printed date of 10/01/2024 revealed that Resident 42 had a goal to return to their own home with their spouse.</p> <p>Record review of the Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used for care planning) for Resident 42 dated 6/28/2024 revealed that it was an admission assessment. The MDS revealed that Resident 42 and their spouse participated in the assessment and goal setting and that Resident 42's overall goal was to discharge to the community.</p> <p>Record review of the MDS for Resident 42 dated 7/12/2024 revealed that it was a discharge assessment. The MDS revealed that Resident 42 discharged from the facility on 07/12/2024.</p> <p>Record review of the medical record for Resident 42 revealed that it contained no documented recapitulation of Resident 42's stay in the facility.</p> <p>Interview on 10/2/2024 at 10:13 AM with the facility Director of Nursing (DON) revealed that the facility did not have a policy or procedure for resident discharge. The DON revealed that the facility used the Nursing Discharge Summary assessment to document the recapitulation of stay for discharged residents. The DON reviewed the medical record of Resident 42 and confirmed that a Nursing Discharge Summary was not completed for Resident 42. The DON confirmed that a recapitulation of stay was not completed for Resident 42 as required.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285228	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Rose Lane Home		STREET ADDRESS, CITY, STATE, ZIP CODE Rr 2 Box 46, 1005 North 8th Street Loup City, NE 68853	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41938</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)</p> <p>Based on observation, record review, and interview, the facility failed to ensure pain interventions were utilized when requested by the resident for 1 of 1 residents reviewed (Resident 3). The facility census was 41.</p> <p>Findings are:</p> <p>Record review of the undated facility Admission Agreement revealed that beginning on the resident's admitted , the facility will provide the resident with general nursing care and related services consisting of:</p> <ol style="list-style-type: none"> 1. Nursing care consisting of treatments, medications, and diets as prescribed by the physician. <p>Record review of the facility's Pain Management Standard dated 11/2023 revealed that residents will be as pain free as possible, or their pain will be managed to a level that is acceptable to the resident and allows the resident to maintain the highest level of functioning and well-being possible.</p> <p>Record review of the facility Medication Aide Procedure Checklist for Topical Medication dated 2022 revealed that after applying a topical medication the staff is to record and report the application of the topical medication.</p> <p>Record review of the Admission Record for Resident 3 dated 10/01/2024 revealed that Resident 3 was admitted into the facility on [DATE] with diagnoses of polyosteoarthritis (painful inflammation and stiffness of joints that involves 5 or more joints at the same time), chronic gout (a type of arthritis that involves repeated episodes of pain and inflammation in the joints), chronic pain, and age related physical debility (physical decline including weakness and fatigue).</p> <p>Record review of the care plan for Resident 3 dated 9/30/2024 revealed a care focus for alteration in comfort related to arthritis, chronic physical disability, and disease process. Interventions included to apply muscle cream to joints as needed per physician order; encourage resident to report pain/discomfort and ask for pain meds as needed; and pain assessments quarterly and as needed.</p> <p>Record review of the Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used for care planning) for Resident 3 dated 9/18/2024 revealed that Resident 3 required substantial to maximum assistance (the staff helping does more than half of the effort) for oral hygiene, toileting hygiene, bathing, upper body dressing, lower body dressing, putting on and taking off footwear, and personal hygiene. The pain assessment section of the MDS revealed that Resident 3 had reported occasional pain in the prior 5 days that had rarely made it hard to sleep at night. The MDS also revealed that pain had occasionally limited the day to day activities of Resident 3.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285228	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Rose Lane Home		STREET ADDRESS, CITY, STATE, ZIP CODE Rr 2 Box 46, 1005 North 8th Street Loup City, NE 68853	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the Pain Review dated 4/4/2024 for Resident 3 revealed that Resident 3 reported current pain described as aching, throbbing, and tender. Resident 3 reported that pain interfered with sleep and rest, mobility, and mood. The pain location was reported as knee, lower leg, and joint pain. The review noted Resident 3 had decreased mobility.</p> <p>Record review of the Pain Review dated 9/19/2024 for Resident 3 revealed that Resident 3 reported current pain described as aching. Resident 3 reported that the pain interfered with sleep and rest, mobility, and mood. The assessment marked that Resident 3 had topicals applied daily.</p> <p>Record review of the Physician Visit Communication for Resident 3 dated 4/1/2024 revealed that Resident 3 requested Aspercreme (a pain relief creme applied to the skin) over their entire body, neck to toes. The physician provided an order for Aspercreme to be applied to affected areas as needed for painful joints.</p> <p>Record review of the Medication Administration Record (MAR, a legal record of the medications administered to a patient at a facility by a health care professional) for Resident 3 for the month of May 2024 revealed that no applications of the ordered Aspercreme were documented.</p> <p>Record review of the MAR for Resident 3 for the month of June 2024 revealed that no applications of the ordered Aspercreme were documented.</p> <p>Record review of the MAR for Resident 3 for the month of July 2024 revealed that no applications of the ordered Aspercreme were documented.</p> <p>Record review of the MAR for Resident 3 for the month of August 2024 revealed that no applications of the ordered Aspercreme were documented.</p> <p>Record review of the MAR for Resident 3 for the month of September 2024 revealed that no applications of the ordered Aspercreme were documented.</p> <p>Record review of the MAR for Resident 3 dated 10/02/2024 for the month of October 2024 revealed that no applications of the ordered Aspercreme were documented as of 10/2/24.</p> <p>Observation on 10/1/2024 at 7:47 AM in the room of Resident 3 revealed that Resident 3 sat in a wheelchair. Resident 3 did not smile and had a light grimace on [gender] face when an unidentified staff moved Resident 3 in the wheelchair.</p> <p>Interview on 10/1/2024 at 7:47 AM with Resident 3 revealed that Resident 3 had pain, and that staff did not often help apply the Aspercreme because it took a long time to apply as much as the resident needed. Resident 3 revealed that a lot of the pain was due to spinal stenosis (a painful condition when the space inside the bones of the spine become too small) and arthritis. Resident 3 revealed that [gender] could not sleep the night prior due to pain.</p> <p>Observation on 10/1/2024 at 10:33 AM in the room of Resident 3 revealed that Resident 3 was seated in the recliner with [gender] feet on the floor. Resident 3 demonstrated that Resident 3 was slowly able to reach [gender] thighs and knees with [gender] right and left hand. Resident 3 demonstrated that Resident 3 was able to reach the left wrist and left forearm just below the elbow. Resident 3 was unable to reach [gender] lower legs, feet, back, or neck.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285228	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Rose Lane Home		STREET ADDRESS, CITY, STATE, ZIP CODE Rr 2 Box 46, 1005 North 8th Street Loup City, NE 68853	
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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 10/01/2024 at 10:33 AM with Resident 3 revealed that Resident 3's pain was mostly down the spine, neck, hips, muscles on the side of the thighs, knees, and feet. Resident 3 revealed that due to [gender] limited mobility Resident 3 was only able to apply the Aspercreme to [gender] arms, thighs, and knees by themselves. Resident 3 confirmed that Resident 3 was unable to apply the Aspercreme to [gender] back, neck, or feet for pain and needed staff to apply the Aspercreme to those areas. Resident 3 revealed that staff in the evening were too busy to apply the Aspercreme. Resident 3 revealed that staff interviewed the resident to rate [gender] pain level on a scale of 1 to 10. Resident 3 revealed that Resident 3 told them the pain was at a 33 on the scale of 1 to 10.</p> <p>Interview on 10/1/2024 at 11:23 AM with Nurse Aide-C (NA-C) revealed that Resident 3 complained of pain frequently that was basically over the resident's entire body. NA-C revealed that Resident 3 had an order for Aspercreme and asked staff to put it on if they had time. NA-C revealed that NA-C let the charge nurse know each time the resident made this request.</p> <p>Interview on 10/1/2024 at 11:44 AM with Nurse Aide-E (NA-E) revealed that Resident 3 had pain and requested Aspercreme. NA-E revealed that NA-E told the charge nurse each time the resident made this request.</p> <p>Interview on 10/2/2024 at 2:48 PM with Licensed Practical Nurse-G (LPN-G) revealed that Resident 3 had an order for Aspercreme for pain. LPN-G revealed that staff let the nurse know when Resident 3 was having pain. LPN-G revealed that Aspercreme was applied if the nurse had time. LPN-G revealed that application of the Aspercreme should be documented.</p> <p>Interview on 10/02/2024 at 3:33 PM with the facility Director of Nursing (DON) confirmed that the facility had no documentation that the Aspercreme was applied by resident or staff for Resident 3. The DON confirmed that the expectation was for administration of the Aspercreme to be provided and documented.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285228	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Rose Lane Home		STREET ADDRESS, CITY, STATE, ZIP CODE Rr 2 Box 46, 1005 North 8th Street Loup City, NE 68853	
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 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>49382</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)(vi)(2)</p> <p>Based on observation, record review, and interview; the facility failed to ensure strength-based, meaningful activities were provided for 1 resident (Resident 37) of 3 sampled residents. The facility census was 41.</p> <p>Findings Are:</p> <p>A record review of the undated facility supplied document titled Family Memory Support Highlights, revealed the memory support philosophy was to provide a secure, structured, and calm environment where residents with dementia could be engaged in meaningful social activities. The goal of the memory support household was meaningful social engagement using strengths-based activities, approach, and communication techniques.</p> <p>A record review of an Admission Record dated 9/30/2024 revealed the facility admitted Resident 37 on 3/15/2024 to the secured memory support unit of the facility with diagnoses of dementia (impaired ability to remember, think or make decisions that interfere with doing every day activities), cognitive impairment (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with one's daily activities), and anxiety (a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities).</p> <p>A record review of the comprehensive Minimum Data Set (MDS, a federally mandated comprehensive assessment tool that measures the health status of nursing home residents and is used for care planning), with an Assessment Reference Date of 7/18/2024 revealed Resident 37 had a Brief Interview for Mental Status (BIMS, a brief screening tool that aids in detecting cognitive impairment), score of 99 indicating the resident was unable to complete the interview for the assessment. The resident was coded as having short- and long-term memory problems and their daily decision-making skills were severely impaired. The resident was coded as to not have any mood or behavior problems and was able to participate in interviews. In the interview for activity preferences; having books, newspapers, and magazines to read and participating in religious services were very important to the resident. Listening to music, being around animals, keeping up with the news, doing things with groups and getting fresh air were coded as somewhat important to the resident.</p> <p>A record review of Resident 37's Care Plan dated 10/01/2024, revealed a focus of quality of life: the resident can make personal choices for engagement and recreation, leisure, social pursuits, verbalizes preferences of independent pursuits as primary focus dated 7/16/2024. Interventions listed were to initiate conversations related to the past and current interests including the resident's family, to inform, invite, encourage, and assist the resident to engage in recreational pursuits of choice such as going on walks, going outside, talking on the phone, watching television, reading, and talking with other residents, and to assist the resident to attend religious services of choice all dated 7/16/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285228	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Rose Lane Home		STREET ADDRESS, CITY, STATE, ZIP CODE Rr 2 Box 46, 1005 North 8th Street Loup City, NE 68853	
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 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview conducted on 9/30/2024 at 10:45 AM with Resident 37, the resident stated that they did not get enough to do for activities. The resident stated that they enjoyed going outdoors and watching people but since moving to the facility the resident was told by staff that they could not go outdoors without the staff being present and they (the staff) could not go outdoors with the resident due to being the only staff available on the memory unit and could not leave the other residents unattended. The resident stated they come out of their room for meals and to go out with family when they come to visit, but otherwise the resident stayed in their room.</p> <p>In an interview conducted on 10/01/2024 at 9:15 AM with Medication Aide (MA)-I, MA-I stated there was no activity calendar for the unit [NAME] Court. When asked about activities on the unit MA-I stated that at times in the afternoon the Activities Director would come to the unit and do an activity with the residents but the MA assigned to the unit did not do scheduled activities with the residents.</p> <p>In an interview conducted on 10/01/2024 at 2:15 PM with Medication Aide (MA)-J, MA-J stated Resident 37 came out of their room for meals and when they left the facility with family. MA-J stated that the outdoor patio area was secured for the memory care unit residents to be able to go outdoors and get fresh air. MA-J stated that they did not let Resident 37 go out on the patio alone due to walking with a walker, but the facility did allow other residents to go out on the patio unattended. The MA confirmed that only one staff member was staffed for the memory care unit, and this did not allow for the staff to take Resident 37 outdoors on the patio as the other residents would then be unobserved. MA-J stated that they depend on the resident's family's frequent visits for taking the resident outdoors. MA-J confirmed that there was no Activities Calendar present on the unit.</p> <p>In an observation on 10/01/2024 at 2:24 PM, no Activities Calendar was visible on the unit [NAME] Court</p> <p>In an interview conducted on 10/01/2024 at 3:00 PM with Resident 37's responsible party/spouse, the resident's spouse stated they felt that Resident 37 did not get enough activity residing on the memory care unit. They stated that the resident went out to meals and when they/family went to get the resident, other wise the resident sat in their room. The resident's spouse voiced concern with the resident's decline in mood and ability to walk as far without resting and felt it was due to the resident not getting out of their room and going for walks except when their family took the resident.</p> <p>In an observation on 10/02/2024 at 9:30 AM, it was observed that a document titled October 2024 [NAME] Court was taped to the main dining area wall under the television.</p> <p>A record review of a facility supplied document titled October 2024 [NAME] Court revealed the following scheduled activities for 10/01/2024:</p> <ul style="list-style-type: none"> -All day beauty shop, -9:30 AM Reading, -Afternoon daily chronicle, -1:00 PM videos on broadcasting TV. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285228	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Rose Lane Home		STREET ADDRESS, CITY, STATE, ZIP CODE Rr 2 Box 46, 1005 North 8th Street Loup City, NE 68853	

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 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The document also revealed the following scheduled activities for 10/02/2024:</p> <ul style="list-style-type: none"> -9:30 catholic devotions, -9:30 AM catholic services, -10:00 AM chair exercises, -10:30 basket shooting, -Afternoon daily chronicle, -2:00 PM bible study. <p>In an observation on 10/02/2024 from 9:50 AM to 10:40 AM no activity of Chair Exercise or Basket Shooting was observed. Two residents were present in the dining/commons area sitting at their dining spots. One was sleeping and one was drinking coffee.</p> <p>In an interview on 10/02/2024 at 2:50 PM with the facility Activities Director (AD), the AD stated that the staff working on the memory care unit were responsible for the activities that occurred on the memory care unit. The AD confirmed documentation that Resident 37 participated in one religious service and was assisted outdoors by staff twice during the month of September 2024, and that there were no other activities documented as being participated in by this resident for the month.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285228	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Rose Lane Home		STREET ADDRESS, CITY, STATE, ZIP CODE Rr 2 Box 46, 1005 North 8th Street Loup City, NE 68853	
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>49382</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)</p> <p>Based on record review and interview, the facility failed to notify the physician of the risk for an adverse medication reaction due to a listed allergy to a medication the resident was routinely receiving for 1 (Resident 5) of 1 sampled resident. The facility census was 41.</p> <p>Findings are:</p> <p>A record review of an Admission Record dated 9/30/2024 revealed the facility admitted Resident 5 on 1/24/2024 with a diagnosis of Atherosclerotic Heart Disease (when plaque builds up in the arteries of the heart reducing blood flow to the heart muscle), and an allergy to the medication class of Statins (a medication used to reduce the build up of plaque in the arteries), with an unknown reaction type.</p> <p>A record review of a History and Physical document for Resident 5 dated 10/27/2023 revealed a medical allergy listed as Statins with an unknown reaction type and unknown severity type.</p> <p>A review of the Medication Administration Record (MAR) for the months of August and September 2024 revealed that Resident 5 received the medication Atorvastatin Calcium (a medication in the class of Statins), 20 Milligrams (MG) every day at 8 PM. Resident 5's allergy to the Statin medication class was also documented on the MAR.</p> <p>A record review conducted on 10/2/2024 of Resident 5's medical health record revealed no evidence of the physician being notified of the resident's allergy to the Statin medication or acknowledging the risk of adverse reaction to the medication due to the allergy.</p> <p>In an interview on 10/01/2024 with Medication Aide (MA)-J, MA-J confirmed that they administered the medication Atorvastatin Calcium to Resident 5 every day.</p> <p>In an interview on 10/02/2024 at 10:30 AM with the Director of Nursing (DON), the DON confirmed that Resident 5 had an allergy to the medication class of Statins listed in their health record and the resident was being administered the medication of Atorvastatin Calcium daily. The DON confirmed that the physician had not been notified of the risk for adverse reaction to this medication due to the documented allergy.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285228	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Rose Lane Home		STREET ADDRESS, CITY, STATE, ZIP CODE Rr 2 Box 46, 1005 North 8th Street Loup City, NE 68853	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>49382</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)</p> <p>Based on observation, record review, and interview, the facility failed to ensure non-pharmacological behavioral interventions were documented and attempted prior to use of as needed psychotropic medication and as needed psychotropic medication orders were limited to 14 day use unless the prescribing practitioner documented a rationale for the extended use for 1 (Resident 5) of 3 sampled residents. The facility census was 41.</p> <p>Findings are:</p> <p>A record review of an Admission Record dated 9/30/2024 revealed the facility admitted Resident 5 on 1/24/2024 to the facility's memory support secured unit with diagnoses of dementia (impaired ability to remember, think or make decisions that interfere with doing every day activities), cognitive impairment (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life), depression (a mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with one's daily activities), and anxiety (a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities).</p> <p>The Quarterly Minimum Data Set (MDS, a federally mandated comprehensive assessment tool that measures the health status of nursing home residents and is used for care planning), with an Assessment Reference Date of 7/22/2024 revealed Resident 5 had a Brief Interview for Mental Status (BIMS, a brief screening tool that aids in detecting cognitive impairment) score of 3/15, indicating the resident was severely cognitively impaired. Resident 5 was coded to have inattention and disorganized thinking present that comes and goes and changes in severity. The resident denied feeling down or depressed during the mood interview that was completed and was not documented to have exhibited any behaviors during the look back period. The resident was coded to have received routine antipsychotic, antianxiety, and antidepressant medications.</p> <p>A.</p> <p>A record review of the facility supplied document titled Family Memory Support Highlights and dated 1/24/2020 revealed the memory support household was designed to be a supportive living environment for residents with dementia and was not a behavioral health unit. Non-pharmacological (non-medicine) approaches were to be used to prevent and manage out-of-character responses (behaviors) that may occur as the dementia progresses.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285228	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Rose Lane Home		STREET ADDRESS, CITY, STATE, ZIP CODE Rr 2 Box 46, 1005 North 8th Street Loup City, NE 68853	
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of the facility supplied document titled Out of character response prevention and medication management audit and dated 3/2022 revealed in #32 Non-Pharmacological Interventions must be attempted prior to administration of any as needed psychoactive medication with supporting documentation and in #34 every target behavior occurrence should have a corresponding entry in the Interdisciplinary (Progress) Notes to provide a thorough description of the factor leading to the behavior, interventions (non-pharmacological) attempted, the effectiveness of the attempted interventions.</p> <p>A record review of a Medication Administration Record for the month of August 2024 revealed Resident 5 was administered as needed Xanax (an anti-anxiety psychotropic medication), oral tablet 0.25 milligrams (MG) 13 times.</p> <p>A record review of Resident 5's progress notes for the month of August 2024 revealed no documentation present reflecting non-pharmacological interventions were attempted with each administration of the as needed Xanax medication for Resident 5.</p> <p>A record review of a Medication Administration Record for the month of September 2024 revealed Resident 5 was administered as needed Xanax oral tablet 0.25 milligrams (MG) 8 times.</p> <p>A record review of Resident 5's progress notes for the month of September 2024 revealed no documentation present reflecting non-pharmacological interventions attempted prior to the administrations of the as needed Xanax medication for Resident 5.</p> <p>In an interview on 10/02/2024 at 9:30 AM with Medication Aide (MA)-H, MA-H stated Resident 5 had behaviors of looking for their spouse and family members. MA-H stated staff tried re-directing the resident though it was not often successful for long, and the resident would continue to ask other residents and staff where their spouse or family was. MA-H stated that prior to administering of an as needed medication for residents, the MA would contact the nurse on duty and notify the nurse of what was occurring and request to administer an as needed medication.</p> <p>In an interview on 10/02/2024 at 1:30 PM with the Director of Nursing (DON), the DON confirmed that non-pharmacological interventions were to be attempted and documented prior to administration of as needed psychotropic medications. The DON confirmed that this documentation was to occur in the interdisciplinary (Progress) notes in the resident's health record.</p> <p>B.</p> <p>A record review of a facility supplied document titled Out of character response prevention and medication management audit and dated 3/2022 revealed in #39 as needed psychoactive medications must have a stated duration along with rationale for extending past 14 days from the provider.</p> <p>A record review of an untitled facility supplied document that was labeled with the facility's name and dated 9/11/2024 revealed communication to the provider that Resident 5's as needed Xanax 0.25 milligram every 8 hours was due to expire on 9/2/2024 and if therapy was required past a 14-day period a patient specific clinical rationale must accompany the alternate duration. The provider indicated to continue the order for 180 days and no clinical rationale was documented for the extended duration.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285228	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Rose Lane Home		STREET ADDRESS, CITY, STATE, ZIP CODE Rr 2 Box 46, 1005 North 8th Street Loup City, NE 68853	
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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 10/02/2024 at 1:30 PM with the DON, the DON confirmed that the provider did not document a rationale for extending the use of the as needed Xanax medication beyond the 14-day time limitation for Resident 5.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285228	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Rose Lane Home		STREET ADDRESS, CITY, STATE, ZIP CODE Rr 2 Box 46, 1005 North 8th Street Loup City, NE 68853	

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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>49382</p> <p>Licensure Reference Number 175 NAC 12-006.04(H)(ii)(1)</p> <p>Based on record review and interview, the facility failed to ensure the Dietary Manager (DM) met the credentialing requirements to meet the regulatory requirements for the position. This had the potential to affect food service provided to 40 residents who were served food from the kitchen. The facility census was 41.</p> <p>Findings are:</p> <p>A record review of a document labeled Personnel Review dated 9/30/2024 revealed the Food Services Supervisor was listed as the DM.</p> <p>A record review of a document labeled October 2024 revealed that the dietary supervisor was listed as the DM.</p> <p>On 9/30/2024 at 8:55 AM during an interview with the DM, the DM confirmed that they had assumed the position of the DM in 2023. The DM stated they had not yet completed the certification course.</p> <p>On 10/01/2024 at 10:15 AM during an interview with the Facility Administrator (FA), the FA confirmed that the DM had not yet completed the certification course, was not certified, and had been employed at the facility as the facility's DM for over 12 months. The FA also confirmed that the facility's Registered Dietitian (RD) was a consultant that went to the facility approximately once a month.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285228	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Rose Lane Home		STREET ADDRESS, CITY, STATE, ZIP CODE Rr 2 Box 46, 1005 North 8th Street Loup City, NE 68853	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49382</p> <p>Licensure Reference Number 175 NAC 12-006.11(E)</p> <p>Based on observation, record review, and interview; the facility failed to store and prepare food, and maintain food temperatures to prevent the potential for cross contamination and foodborne illness. This had the potential to affect food service provided to the 40 residents who were served food from the kitchen. The facility census was 41.</p> <p>Findings are:</p> <p>A.</p> <p>Record review of an undated facility policy titled Food Handling and Preparation revealed in the section labeled refrigerated storage: raw animal foods should be stored on shelves below fruits, vegetables, or other foods so that meat juices do not drip onto the other foods.</p> <p>Record review of the Nebraska Food Code dated 2017 revealed food shall be protected from cross contamination by separating raw animal foods during storage.</p> <p>In an observation completed on 9/30/2024 at 9:10 AM of the facility kitchen, in the main three door refrigerator on the third shelf, there was a large silver pan covered with aluminum foil and labeled Meat Loaf 09/29, and three pans 1/2 full of raw meat that was pink with white speckles. On the wire shelf directly below the pans with raw meat in them was sliced cheese that was wrapped in clear cellophane and two bags of shredded yellow cheese. On the bottom shelf directly below the pans with raw meat in them was an opened bag of purple grapes and an opened box labeled pasteurized eggs containing eggs on the same shelf together.</p> <p>In an interview completed on 9/30/2024 at 10:00 AM with the Dietary Manager (DM), the DM confirmed the pans that contained raw meat should not have been stored above any other food items to prevent the risk of cross contamination from the raw meat.</p> <p>B.</p> <p>Record review of an undated facility policy titled Food Handling and Preparation revealed in the section labeled safe food preparation cross contamination: cross contamination can occur when harmful substances or disease-causing microorganisms are transferred to food by hands after touching raw food and contact surfaces.</p> <p>Record review of the Nebraska Food Code dated 2017 revealed single use gloves shall be used for working with ready to eat food or with raw animal food.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285228	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Rose Lane Home		STREET ADDRESS, CITY, STATE, ZIP CODE Rr 2 Box 46, 1005 North 8th Street Loup City, NE 68853	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an observation on 10/01/2024 at 8:49 AM Dietary [NAME] (DC)-A was observed standing in front of the stove. On a cart to the left of DC-A was a white box labeled Cubed Beef Steak. DC-A was observed to be separating and removing the frozen meat patties from the box and placing them onto the stove/griddle area of the stove with their bare hands. DC-A was also observed placing their bare, contaminated left hand on the food steamer between the handling of the raw meat patties. DC-A stated [gender] was browning the beef patties for the afternoon meal.</p> <p>In an interview with DC-A on 10/01/2024 at 9:03 AM DC-A stated [gender] did not think they had to wear gloves when handling raw meat.</p> <p>In an interview on 10/01/2024 at 9:15 with the DM the DM confirmed that DC-A should not be handling the raw meat with out gloves on and should not be touching other items in the kitchen after handling the raw meat without washing their hands.</p> <p>C.</p> <p>Review of a facility policy titled Food Handling and Preparation and not dated revealed in the section final cooking temperatures cooking is a critical control point in preventing food borne illness.</p> <p>Cooking to heat all parts of food to the temperature and for the time specified will either kill dangerous organisms or inactivate them sufficiently. Monitoring the foods internal temperature for 15 seconds determines when microorganisms can no longer survive, and food is safe for consumption.</p> <p>Review of Nebraska Food Code dated 2017 revealed ready to eat food that has been commercially processed and packaged shall be heated to a temperature of at least 135 degrees Fahrenheit when being reheated.</p> <p>In an observation on 10/01/2024 at 11:55 PM DC-L obtained a can labeled chicken noodle soup. DC-L opened the can and poured the contents into a bowl. DC-L placed the bowl into a microwave and set the time for 2 minutes and pressed the start button. DC-L then returned to the microwave with it sounded removed the bowl with the can's contents in it and placed the bowl on the top of the steam table. DC-A then took the bowl placed it on a plate and handed it to a staff member who took the bowl to a resident seated in the dining area. DC-L did not check the temperature of the contents of the bowl after heating it in the microwave. DC-A did not check the temperature of the contents of the bowl after receiving it from DC-L and distributing it for resident consumption.</p> <p>In an interview on 10/01/2024 at 12:03 PM with DC-L, DC-L confirmed that they should have checked the temperature of the contents of the bowl after heating it in the microwave.</p> <p>In an interview on 10/01/2024 at 12:04 PM with the DM the DM confirmed that the temperature of the contents of the bowl should have been checked prior to distributing it to a resident for consumption.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285228	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Rose Lane Home		STREET ADDRESS, CITY, STATE, ZIP CODE Rr 2 Box 46, 1005 North 8th Street Loup City, NE 68853	
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50105</p> <p>Licensure Reference Number 175 NAC 12-006.04(A)(ii)</p> <p>Licensure Reference Number 175 NAC 1-005.06(D)</p> <p>Licensure Reference Number 175 NAC 12-006.18(B)</p> <p>Based on observation, record review, and interview; the facility failed to ensure that pre-employment health history screens were completed and reviewed to prevent the potential for transmission of contagious disease for 3 of 3 staff sampled, which had the potential to affect all facility residents; the facility failed to ensure that staff performed hand hygiene between resident rooms during laundry delivery to prevent the potential for cross contamination. This affected 9 of 9 residents observed (Residents 35, 22, 23, 194, 24, 31, 6, 32, and 195). The facility failed to ensure that staff followed Enhanced Barrier Precautions (EBP, an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Precautions involve gown and glove use during high-contact resident care activities (Dressing, Bathing/showering, Transferring, Providing hygiene, Changing linens, changing briefs or assisting with toileting) for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition such as residents with wounds or indwelling medical devices) during the care of residents on EBP for 2 of 3 residents observed (Residents 13 and 11). The facility census was 41.</p> <p>Findings are:</p> <p>A.</p> <p>Record review of the undated and untitled list of facility employees revealed that Dietary Aide (DA)-M had a hire date of 4/22/2024.</p> <p>Record review of DA-M's orientation checklist revealed a health questionnaire screening was to be completed before or on their first workday, with an area for a date to be documented which revealed a date of 4/22/2024.</p> <p>Record review of DA-M's orientation checklist revealed first employment day was on 4/22/2024 for a full day of work.</p> <p>Record review of the Medical History Questionnaire for DA-M revealed that it was signed and dated by DA-M and a parent or guardian. The area on the form stating this medical history has been reviewed with this conditional employee and for the nurse to review was undated and unsigned.</p> <p>B.</p> <p>Record review of the undated and untitled list of facility employees revealed that Housekeeper-N (HA-N) had a hire date of 6/04/2024, continued to work part time until 8/04/2024 where the employee remained on an as needed status after 8/04/2024.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285228	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Rose Lane Home		STREET ADDRESS, CITY, STATE, ZIP CODE Rr 2 Box 46, 1005 North 8th Street Loup City, NE 68853	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record review of HA-N's orientation checklist a revealed health questionnaire screening was to be completed before or on the first workday, with an area for a date to be documented which revealed no date had been documented.</p> <p>Record review of HA-N's timeclock revealed first employment day clock in was on 6/04/2024 for a full day of work.</p> <p>Record review of the personnel records for HA-N revealed no evidence of a Medical History Questionnaire being completed for this employee before or during their employment with the facility</p> <p>C.</p> <p>Record review of the undated and untitled list of facility employees revealed that Nurse Aide-M (NA-O) had a hire date of 12/13/2023.</p> <p>Record review of NA-O orientation checklist revealed health questionnaire screening is to be completed before or on the first day, with an area for a date which revealed 12/13/2023.</p> <p>Record review of the Medical History Questionnaire for NA-O revealed that it was signed by the employee and dated on 12/13/2023. The area on the form stating this medical history has been reviewed with this conditional employee and for the nurse to review was undated and unsigned.</p> <p>Interview on 10/02/2024 at 9:45 AM with Guest Relations-P (GR-P) revealed that the Medical History Questionnaire form was part of the orientation packet. The GR-P confirmed that the information on the Medical History Questionnaire form should be reviewed, dated, and accepted with a signature prior to the first day of employment and that this is also completed with a nurse.</p> <p>Interview on 10/02/2024 at 10:41 AM with Administrator (Admin) revealed that the Medical History Questionnaire form that is part of the orientation packet was not completed or reviewed for DA-M, HA-N, or NA-O prior to working with residents in the facility. The Admin confirmed that the process did not get followed up on.</p> <p>41938</p> <p>D.</p> <p>Record review of the facility Hand Hygiene Competency dated 12/2019 revealed the section titled when to wash hands. The section revealed that hands are to be washed after touching a resident or handling their belongings, whenever hands are soiled, and whenever indicated. The section titled Hand Hygiene Using Hand Sanitizer revealed alcohol based hand sanitizer can be used after contact with inanimate objects such as medical equipment in the resident's room or vicinity, and after removing gloves or between changing gloves.</p> <p>Observation on 09/30/2024 at 1:20 PM on the facility 300 hallway revealed that a sign titled Enhanced Barrier Precautions hung on the outside of the doors of the rooms of Residents 13, 22, 23, 24, and 6. The sign revealed that everyone must clean their hands including before entering and when leaving the room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285228	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Rose Lane Home		STREET ADDRESS, CITY, STATE, ZIP CODE Rr 2 Box 46, 1005 North 8th Street Loup City, NE 68853	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation on 09/30/2024 at 1:32 PM on the facility 300 hallway revealed that Laundry Aide-B (LA-B) removed clothing on hangers from the laundry cart and carried them into the room of Resident 33. LA-B carried used empty hangers out of the room and hung them on the rack inside the laundry cart. LA-B did not perform hand sanitization (hand hygiene). LA-B pushed the cart to the room of Residents 35 and 22 (roommates). LA-B removed clothes on hangers from inside the laundry cart and carried them into the room of Residents 35 and 22. LA-B carried used empty hangers out of the room and hung them on the rack inside the laundry cart. LA-B did not perform hand sanitization. LA-B pushed the cart to the room of Residents 23 and 194 (roommates). LA-B removed clothes on hangers from inside the laundry cart and carried them into the room of Residents 23 and 194. LA-B carried used empty hangers out of the room and hung them on the rack inside the laundry cart. LA-B did not perform hand sanitization. LA-B pushed the cart to the room of Resident 24. LA-B removed clothes on hangers and a small tote of clothing items from inside the laundry cart and carried them into the room of Resident 24. LA-B exited the room of Resident 24 with a stack of clothing items and carried them down the hall and into the room of Residents 35 and 22 (roommates). LA-B did not perform hand sanitization. LA-B exited the room of Residents 35 and 22 and returned to the laundry cart. LA-B did not perform hand sanitization. LA-B pushed the cart to the room of Residents 31 and 6 (roommates). LA-B removed clothes on hangers and a small tote of clothing items from inside the laundry cart and carried them into the room of Residents 31 and 6. LA-B exited the room with used empty hangers and the empty tote and placed them into the cart. LA-B removed a small tote of clothing items from inside the laundry cart and carried it into the room of residents 31 and 6. LA-B exited the room and placed the empty tote inside the cart. LA-B did not perform hand sanitization. LA-B pushed the laundry cart to the room of Resident 32. LA-B removed clothing on hangers from inside the laundry cart and carried them into the room of Resident 32. LA-B returned to the laundry cart and removed a small tote of clothing items and carried them into the room of Resident 32. LA-B exited the room and placed the empty tote inside the cart. LA-B did not perform hand sanitization. LA-B pushed the cart to the room of Resident 195. LA-B removed clothing on hangers from inside the laundry cart and carried them into the room of Resident 195. The Facility Administrator (FA) came down the hall and followed LA-B into the room of Resident 195. The FA exited the room. LA-B exited the room with used empty hangers and placed them in the laundry cart. LA-B walked down the hallway and applied alcohol based hand sanitizer to the hands and performed hand sanitization.</p> <p>Interview on 10/02/2024 at 3:33 PM with the facility Director of Nursing (DON) confirmed that staff are expected to perform hand hygiene after exiting resident rooms including during laundry delivery.</p> <p>E.</p> <p>Observation on 09/30/2024 at 1:20 PM outside the room of Resident 13 revealed that a sign titled Enhanced Barrier Precautions hung on the outside of the door. The sign revealed that everyone must clean their hands including before entering and when leaving the room. The sign revealed that providers and staff must also wear gloves and a gown for the following high-contact resident care activities: dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs, or assisting with toileting.</p> <p>Record review of the Minimum Data Set (MDS) (a mandatory comprehensive assessment tool used for care planning) for Resident 13 dated 07/17/2024 revealed that Resident 13 admitted into the facility on [DATE]. The MDS revealed that Resident 13 had an indwelling urinary catheter (a flexible plastic hollow tube inserted into the bladder to continuously drain urine).</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285228	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Rose Lane Home		STREET ADDRESS, CITY, STATE, ZIP CODE Rr 2 Box 46, 1005 North 8th Street Loup City, NE 68853	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation on 10/01/2024 at 9:16 AM in the room of Resident 13 revealed that Nurse Aide-C (NA-C) assisted Resident 13 in the bathroom. NA-C did not wear a gown or gloves. Resident 13 sat on the toilet. NA-C put on a pair of gloves. NA-C assisted Resident 13 to stand from the toilet. Resident 13 held onto the grab bar. NA-C cleaned the anal area of Resident 13 with disposable wipes. NA-C pulled up Resident 13's brief and pants. The pants became caught on the urinary catheter strap on the resident's left thigh. NA-C reached around Resident 13 and pulled the pants away from Resident 13 and pulled them up over the catheter strap. NA-C's uniform was in contact with Resident 13. NA-C assisted Resident 13 to pivot transfer into the wheelchair while holding onto Resident 13. Resident 13 backed out of the bathroom in the wheelchair. NA-C removed and discarded the gloves. NA-C went to the resident's bed and repositioned the linens with the bare hands. NA-C asked if Resident 13 if they needed anything else. Resident 13 responded no. NA-C exited the resident's room.</p> <p>Interview on 10/01/2024 at 2:35 PM with Nurse Aide-F (NA-F) revealed that NA-F provided cares for residents on the 300 hallway. NA-F revealed that the residents with the Enhanced Barrier Signs are because the residents have a catheter. NA-F revealed that the signs were a reminder that staff were to ensure the catheter was cleaned properly to prevent the resident from getting an infection. NA-F revealed that NA-F was unaware that staff were required to wear a gown and gloves when caring for the residents with enhanced barrier precautions.</p> <p>Observation on 10/02/2024 from 11:01 AM to 11:21 AM in the room of Resident 13 revealed that the sign on the door to the resident room revealed Enhanced Barrier Precautions. Nurse Aide-D (NA-D) did not wear a gown or gloves. Resident 13 sat on the toilet and tried to have a bowel movement. The urinary catheter bag hung underneath the wheelchair in front of Resident 13. Resident 13 revealed that their stomach hurt. NA-D rubbed the back of Resident 13 with the bare right hand and called the nurse on the radio to let the nurse know Resident 13 wanted something for their stomach. Resident 13 revealed that they were done sitting on the toilet. NA-D assisted Resident 13 to stand up from the toilet. NA-D put on gloves and wiped the anal area of Resident 13 with disposable wipes. Resident 13 held onto the grab bar with both hands. NA-D reached around from behind Resident 13 and pulled up the brief and pants for Resident 13. NA-D assisted Resident 13 to pivot into the wheelchair. Resident 13 backed out of the bathroom in the wheelchair. NA-D removed the gloves and exited the bathroom. NA-D asked Resident 13 if it was okay to empty the catheter bag and the resident stated yes. NA-D put on a surgical mask, gloves, gown, and face shield. NA-D placed a graduate cylinder on a paper towel on the floor next to the resident's wheelchair. NA-D removed the urinary catheter bag from under the wheelchair. NA-D removed the catheter bag drain tube from the holder and wiped the end of the tube with an alcohol wipe. NA-D opened the drain and drained the urine into the graduate cylinder. The urine was straw colored and lightly hazy. NA-D closed the drain tube and wiped the end of the drain tube with an alcohol wipe. NA-D placed the drain tube back into the holder and hung the catheter bag underneath the wheelchair of Resident 13. NA-D removed the gloves, face shield, gown, and face mask. NA-D went to the sink in the room and performed hand sanitization with soap and water. NA-D exited the room of Resident 13.</p> <p>Interview on 10/02/2024 at 1:29 PM with Nurse Aide-C (NA-C) revealed that residents with the Enhanced Barrier Precaution signs were due to them having a catheter and was mostly a reminder that a gown and gloves were to be worn when emptying the catheter. NA-C revealed that no gown or gloves were required to be worn for transferring residents or toileting residents, but only for catheter draining.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285228	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2024
NAME OF PROVIDER OR SUPPLIER Rose Lane Home		STREET ADDRESS, CITY, STATE, ZIP CODE Rr 2 Box 46, 1005 North 8th Street Loup City, NE 68853	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 10/02/2024 at 3:17 PM with Licensed Practical Nurse-G (LPN-G) revealed that the residents with the enhanced barrier precautions just means that staff have to be careful with the resident's catheter and wear gloves and face protection when doing catheter care. LPN-G revealed that LPN-G was unaware that a gown and gloves are required when performing other resident cares.</p> <p>Interview on 10/02/2024 at 3:33 PM with the facility Director of Nursing (DON) confirmed that staff are expected to wear a gown and gloves during high level resident care for residents with Enhanced Barrier Precautions including resident transfers, resident toileting, dressing, and catheter care.</p> <p>F.</p> <p>Record review of the Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used for care planning) for Resident 11 dated 7/18/2024 revealed that Resident 11 was admitted into the facility on [DATE]. The MDS revealed that Resident 11 had an indwelling urinary catheter.</p> <p>Observation on 10/02/24 at 9:12 AM at the room of Resident 11 revealed that a sign titled Enhanced Barrier Precautions hung on the door. The sign revealed that everyone must clean their hands including before entering and when leaving the room. The sign revealed that providers and staff must also wear gloves and a gown for the following high-contact resident care activities: dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs, or assisting with toileting. Nurse Aide-D (NA-D) and Nurse Aide-E (NA-E) entered the room with the sit to stand lift (a mechanical assistive device used to transfer a resident with difficulty standing up on their own from a seated position). Resident 11 sat in their motorized wheelchair in the center of the room. NA-D and NA-E did not put on a gown or gloves. NA-D positioned the sit to stand lift in front of Resident 11. The urinary catheter bag was visible with approximately 500 cc (cubic centimeters) of bright yellow urine per visual measurement. NA-E unhooked the urinary catheter bag from the wheelchair with their bare hands and hung the catheter bag on the sit to stand lift. NA-E picked up the left foot of Resident 11 and placed it on the foot plate of the sit to stand lift. NA-D knelt on the floor and picked up the right foot of Resident 11 and placed it on the foot plate of the lift. NA-E positioned the sit to stand lift sling behind Resident 11 with their bare hands. NA-D stood up and moved to the left side of the resident and secured the shin strap around the shins of Resident 11. NA-D operated the sit to stand lift and lifted Resident 11 from the motorized wheelchair. NA-E placed a bare hand on the back of the sit to stand sling and the other hand on the residents arm as Resident 11 was transferred into the bathroom. NA-D pulled down the pants and brief of Resident 11 with their bare hands. NA-D lowered Resident 11 onto the toilet. NA-D put on a gown, mask, gloves, and face shield. NA-D removed the urinary catheter bag drain from the holder and wiped the end of the drain tube with an alcohol wipe. NA-D opened the drain tube and drained 650 cc of urine into the graduate cylinder. NA-D closed the drain tube and wiped the end of the tube with an alcohol wipe. NA-D placed the graduate cylinder on a paper towel on the bathroom counter. NA-D told Resident 11 that the cylinder would be emptied into the toilet once the resident was done using the toilet. NA-E and NA-D confirmed that a gown and gloves were only required and worn for draining the catheter when caring for Resident 11.</p> <p>Interview on 10/02/2024 at 3:33 PM with the facility Director of Nursing (DON) confirmed that staff were expected to wear a gown and gloves during high level resident care for residents with Enhanced Barrier Precautions including resident transfers, resident toileting, dressing, and catheter care.</p>		