STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285232	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunrise Country Manor	610 224th Street Milford, NE 68405

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45641 Licensure Reference Number 175 NAC 12-006.05(S) Licensure Reference Number 175 NAC 12-006.19(A) Based on observation, interview, and review; the facility failed to ensure that the food and beverages were not served to residents with disposable dishware and cutlery to protect the residents' rights to be treated with dignity and to preserve a homelike environment. This affected the 25 facility residents who received their meals in their rooms. The facility census was 63. Findings are: A record review of the Resident Rights policy, dated 9/2019 revealed the facility would make every effort to assist each resident in exercising their rights to ensure that the resident was always treated with respect, kindness, and dignity. A record review of the facility's Resident Handbook, dated January 2024 revealed Resident Rights were included and the residents had the right to be treated with consideration, respect, dignity, and reasonable accommodation of one's needs and preferences. A record review of the facility's undated Residents who eat in their room list revealed the highlighted residents were residents who ate in their rooms, for a total of 25 residents. The list included residents who resided in room [ROOM NUMBER]-2, 103-2, 105-2, 107-2, 108-2, 109-1, 110-1, 111-1, 113-1, 113-2, 115-2, 202-2, 203-1, 207-1, 207-2, 208-2, 209-1, 209-2, 214-1, 301, 303, 304-2, 307-1, and 311-1. An observation on 02/06/2025 at 12:46 PM revealed room trays were being delivered to residents' rooms with the food and beverages in Styrofoam containers and packs of plastic utensils. An observation on 02/11/2025 at 1:02 PM revealed room trays were being delivered to residents' rooms with the food and beverages in Styrofoam containers and packs of plastic utensils. In an interview on 02/06/2025 at 2:11 PM, the Dietary Manager (DM) confirmed resident room trays were always served in Styrofoam containers. (continued on next page)

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285232	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER Sunrise Country Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 610 224th Street Milford, NE 68405	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 02/10/2025 at 3:47 PM, the facility's Administrator confirmed that food and beverages delivered to the resident's room were served in Styrofoam containers and per the regulation should not have been.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45641 Licensure Reference Number 175 NAC 12-006.05(S) Licensure Reference Number 175 NAC 12-006.19(A) Based on observation, interview, and review, the facility failed to ensure that comfortable sound levels were maintained in the facility to protect the residents' right to be treated with consideration, respect, and the choices of the residents. The facility census was 63. Findings are: A record review of the Resident Rights policy dated 9/2019 revealed the facility would make every effort to assist each resident in exercising their rights to ensure that the resident is always treated with respect, kindness, and dignity. A record review of the facility's Resident Handbook dated January 2024 revealed Resident Rights were included and the residents had the right to be treated with consideration, respect, dignity, and reasonable accommodation of one's needs and preferences. A record review of the un-named Resident 36 complaint dated 02/10/2025 revealed the resident was admitted to the facility on [DATE] and around the date of 08/04/2024 the resident complained to the Director of Nursing (DON) and the Assistant Director of Nursing (ADON) that Resident 52's music in the lobby was too loud. A record review of the following residents' Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to develop a resident's care plan) revealed: -Resident 52's 11/19/2024 MDS revealed a Brief Interview for mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) of 15/15, which indicated the resident was cognitively intact. -Resident 54's MDS dated [DATE] revealed a BIMS score of 8/15, which indicated the resident had moderately impaired cognition. -Resident 218 did not have a MDS but their 02/09/2025 Skilled Evaluation revealed the resident was alert and oriented x 3. -Resident 31's 12/24/2025 MDS revealed a BIMS score of 15/15, which indicated the resident was cognitively intact. -Resident 58's 11/26/2024 MDS revealed a BIMS of 14/15, which indicated the resident was cognitively intact. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Resident 42's 12/10/2024 MDS revealed a BIMS of 13/15, which indicated the resident was cognitively intact. -Resident 16's 10/22/2024 MDS revealed a BIMS of 13/15, which indicated the resident was cognitively intact. -Resident 36's 10/22/2024 MDS revealed a BIMS of 15/15, which indicated the resident was cognitively intact. An observation on 02/06/2025 from 7:00 AM through 9:53 AM revealed there was very loud music playing that could be heard upon entering the front door of the facility. The music was located in the sitting area across from the nurse's station where all 3 halls came together and could clearly be heard at the far end of all 3 hallways that contained resident rooms. An observation on 02/06/2025 at 7:11 AM revealed the following: -room [ROOM NUMBER] had the door open and a resident sleeping in bed 1. -room [ROOM NUMBER] had the door closed and a resident in bed 1 was trying to sleep. -rooms [ROOM NUMBERS] had the door closed and residents in bed trying to sleep. -room [ROOM NUMBER] had the door open and a resident sleeping in the recliner. -room [ROOM NUMBER] had the door open and a resident in bed 1 attempting to sleep in bed. -room [ROOM NUMBER] had the door closed and a resident was trying to sleep. -room [ROOM NUMBER] had the door open and a resident in bed 2 was trying to sleep. -room [ROOM NUMBER] had the door closed and the residents were trying to sleep. -room [ROOM NUMBER] had the door open and a resident in bed 1 was trying to sleep. -room [ROOM NUMBER] had the door open and a resident in bed 2 was trying to sleep. -rooms [ROOM NUMBER] had the room doors closed and residents trying to sleep. -room [ROOM NUMBER] had the door open and a resident in bed 2 was sleeping. -room [ROOM NUMBER] bed 1 and 2 had residents in bed trying to sleep. -room [ROOM NUMBER] had the door open and a resident in bed 2 had the lights off but was awake. Further observation on 02/06/2025 at 9:53 AM revealed Residents 52 and 54 were in the sitting area across from the nurse's station where all 3 halls came together. Resident 52 was singing with the music into a microphone and Resident 54 was unintelligibly (unable to understand) also singing in the microphone. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An observation on 02/10/2025 from 7:05 AM through 9:37 AM revealed there was very loud music playing that could be heard upon entering the front door of the facility. The music was located in the sitting area across from the nurse's station where all 3 halls came together and could clearly be heard at the far end of all 3 hallways which contained resident rooms. At 9:07 AM, Resident 52 had a microphone in hand and was singing to the song. At 9:37 AM, Resident 54 was unintelligibly singing into the microphone. An observation on 02/10/2025 at 7:50 AM revealed the following: -room [ROOM NUMBER]'s door was closed and had a sign on the door that revealed do not disturb. I prefer to be left alone from: 9pm - 8 am. -room [ROOM NUMBER]'s door was open and a resident sleeping in bed 1. -room [ROOM NUMBER]'s door was closed. -room [ROOM NUMBER], 303, and 304 had the doors closed. -room [ROOM NUMBER] had the door closed and the resident laying in bed attempting to sleep. -room [ROOM NUMBER]'s door was closed, and the resident was lying in bed attempting to sleep. -room [ROOM NUMBER]'s door was closed, and the residents were in bed trying to sleep. An observation beginning on 02/11/2025 at 6:48 AM revealed the music in the sitting area was turned to a reasonable level and by 6:56 AM the volume had gradually increased to a very loud level that could be heard at the far end of all 3 halls. At 9:38 AM, Resident 54 was unintelligibly singing in the microphone and 9:42 AM, Resident 52 was singing into the microphone. In an interview 02/06/2025 at 7:21 AM, the Assistant Director of Nursing (ADON) was at the nurse's station and confirmed the music was playing very loudly. The ADON confirmed the resident playing the music was Resident 52 but that Resident 52 does not play the music that loud everyday and that only 1 resident has complained about it. In an interview on 02/06/2025 at 7:55 AM, Resident 218 in room [ROOM NUMBER] confirmed the loud music did bother the resident and the resident had to try and keep the door to their room closed due to the noise. In an interview on 02/06/2025 at 7:57 AM, Resident 31 in room [ROOM NUMBER] confirmed that when the music was that loud in the mornings, it did disturb the resident and made it hard to sleep. In an interview on 02/06/2025 at 8:02 AM, Resident 42 in room [ROOM NUMBER] confirmed the loud music did disturb the resident and the resident could not sleep in due to the noise. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 02/06/2025 at 8:36 AM, Resident 16 in room [ROOM NUMBER] confirmed their room door was kept closed as soon as their roommate left because the loud music drove this resident nuts. Resident 16 stated they had tried to speak to Resident 52 about it and Resident 52 said the resident can play the music as loud as the resident wants if it was after 6 AM. Resident 16 confirmed Resident 54's singing was horrible. Resident 16 confirmed the resident had talked to the administration about it and nothing had been done about it. Resident 16 confirmed the music would be fine if it were quieter, but it was way too loud. Resident 16 confirmed the resident was unable to keep their room door shut until their roommate, Resident 23, had been gotten up and taken out of the room due to the roommate had seizures and the staff wanted the door left open. In an interview on 02/10/2025 at 9:28 AM, Resident 36 in room [ROOM NUMBER] confirmed the resident wanted to sleep in but the music was too loud, especially when the door was open. The resident confirmed the resident complained about the music noise level to the administration when the resident moved in to the facility and nothing was done about it. The resident confirmed the resident does not like when Resident 54 just yells in the microphone. Resident 36 confirmed the resident just keeps their room door closed and turns up their television to try and drown it out. In an interview on 02/10/2025 at 10:47 AM, the ADON confirmed Resident 36 had complained about the loud music but did not want to complete a grievance form. The ADON was unaware of another resident complaining about the loud music. In an interview on 02/10/2025 at 3:47 PM, the facility's Administrator confirmed that the music was played too loudly early in the mornings.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45641 Licensure Reference Number 175 NAC 12-006.09H Based on observation, interview, and record review, the facility failed to cleanse the resident's wounds prior to applying treatment and failed to cleanse another wound in a circular motion from the center of the wound outward for 1 (Resident 9) of 4 sampled residents. The facility census was 63. Findings are: A record review of the NursingEducation.org's article Nurse Insights: What Are the Best Practices for Wound Care in Nursing? dated 01/18/2024 revealed the best practice for cleaning a wound is to clean around the wound using the prescribed solution. This is done by gently wiping in a circular motion from the center of the wound outward. https://nursingeducation.org/insights/wound-care/ A record review of Resident 9's Clinical Census dated 02/11/2025 revealed the resident was admitted to the facility on [DATE]. A record review of Resident 9's Medical Diagnosis list dated 02/11/2025 revealed the resident had diagnoses of Non-pressure chronic (long term) ulcer (wound) on the right foot, Non-pressure chronic (long term) ulcer (wound) on the left foot, Type 2 Diabetes Mellitus (uncontrolled blood sugar), Abnormal coagulation (blood clotting), and Venous insufficiency (poor blood flow in the veins). A record review of Resident 9's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 12/31/2024 revealed the resident had a Brief Interview for mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 15/15 which indicated the resident was cognitively intact. The resident was independent for most activities of daily living (ADLs) except bathing and eating. The resident had diabetic ulcers and was receiving wound care. A record review of Resident 9's Care Plan with an admitted [DATE] revealed the resident had a focus area for actual impairment to skin integrity (condition of the skin's barrier) and interventions that included to avoid scratching and keep body parts from excessive moisture, educate on causes, encourage good nutrition and hydration, and treatments as ordered by the provider. A record review of Resident 9's Physician's Orders dated 02/11/2025 revealed on 05/01/2024 the provider ordered wound care to the right plantar (sole of the foot). The order was to apply a double layer of Therabond (a [NAME] plated wound dressing) moistened with tap water and cover with Mepilex (a foam absorbent dressing) on Mondays, Wednesdays, and Fridays. Mupirocin (an antibiotic ointment used to treat skin infections) ointment 2 percent (%) ointment, apply to open areas on the legs daily with dressing changes. A record review of the facility's Resident Listing Report dated 12/27/2024 through 01/16/2025 revealed on 01/16/2025 Resident 9 had a right plantar wound that was 1 centimeter (cm) long, 0.8 cm wide, and had no depth. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER: Sunrise Country Manor		STREET ADDRESS, CITY, STATE, ZIP CODE: 610 224th Street Milford, NE 68405	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of the facility's Weekly Skin Observation Tool dated 02/07/2025 revealed Resident 9 had a diabetic right plantar wound the was 1.5 cm long, 0.8 cm wide, and had no depth. The wound bed had granulation (reddish connective tissue on the surface of a healing wound). The wound drainage was serosanguinous (thin, watery, pale, red/pink drainage) and there was 25% dressing saturation. The resident was seeing a wound care provider for this wound. In an observation on 02/10/2025 at 12:00 PM revealed Licensed Practical Nurse (LPN)-A performed hand hygiene (cleaning), donned (put on) a gown and gloves, and took a 4 inch by 4 inch (4x4) dressing that was soaked in wound wash and cleansed the right plantar wound by rubbing from toes to mid-foot across the wound multiple times. The observation did not reveal LPN-A used a circular motion specific to the wound when cleansing the right planter wound. LPN-A took a dry 4x4 and rubbed around and between the resident's toes on the right foot, then from toes to mid-foot over the right planter wound to dry the wound. The observation did not reveal LPN-A used a clean, dry, 4x4 when drying the right plantar wound after drying the toes. LPN-A then doffed (removed) gloves, performed hand hygiene, applied new gloves, removed a piece of Therabond that was soaking in a cup of water, folded, applied to the right plantar wound and applied Mepilex over the wound. LPN-A doffed gloves, performed hand hygiene, donned new gloves, applied a small amount of Mupirocin to LPN-A's gloved right fingers, and rubbed across all 5 wounds multiple times on the shin (front part) of the left leg. The observation did not reveal LPN-A treated each of the 5 scabbed wounds separately on the shin of the left lower leg or cleansed prior to Mupirocin being applied. LPN-A then doffed gloves, performed hand hygiene, donned gloves, applied a small amount of Mupirocin LPN-A's gloved right fingers, and applied to a scabbed area on the resident's right medial malleolus (bony projection on each side of the ankle). The observation did not reveal the wound on the right medial malleolus was cleansed prior to the treatment being applied. LPN-A doffed gown and gloves and disposed of all supplies without further concern. In an interview on 02/10/2025 at 12:00 PM, LPN-A confirmed LPN-A did not cleanse the wounds due to the resident had a shower that morning. LPN-A confirmed LPN-A cleansed the right plantar wound in an up and down motion and should have done a circular motion from the center of the wound out. In an interview on 02/10/2025 at 3:47 PM, the Assistant Director of Nursing (ADON) confirmed LPN-A should have cleansed and treated Resident 9's wounds per best practice and should not have dried the wound on the right plantar with the same 4x4 used to dry around the toes.

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NAME OF PROVIDER OR SUPPLIER Sunrise Country Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 610 224th Street Milford, NE 68405	

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(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	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42861 Based on interview and record review the facility failed to ensure behavior monitoring was completed to support the use of multiple psychotropic medications (drugs that affect the brain and nervous system, influencing mood and behavior) for one (Resident 17) of two sampled residents. The facility identified a census of 63. Findings are: A record review of the facility policy titled Charting (Behaviors) with a last revision date of 1/20 revealed the following guidance related to the documentation of resident behaviors: Procedure: 1. All staff are responsible for the documentation of any observed behaviors. a. Nursing Assistants should document behaviors in the POC (Point of Care) system under the specific resident. b. Nurses and members of the Inter-disciplinary team (IDT) should document daily behaviors in PCC: i. Create a note under the Behavior category. This should include details of the behavior and the attempted interventions, including the outcome of those interventions. 1. New interventions need to be tried and documented. Non-pharmacological interventions should always be tried first. A record review of the Admission Record printed on 2/6/25 revealed Resident 17 had been admitted into the facility on [DATE] with a primary diagnosis of right above the knee amputation. A record review of the Significant Change Minimum Data Set (MDS, completed when a resident has had an improvement or a decline in 2 areas of activities of daily living (ADL's)) dated 12/13/24, Section C revealed a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 13/15 which indicated Resident 17 was cognitively intact. A record review of the Medication Administration Record (MAR) dated February 2025 revealed Resident 17 was taking the following psychotropic medications that affect mood and behaviors: -Buspirone (a medication used to treat anxiety disorder) 5 milligrams (mg) one tablet by mouth three times daily (TID) for anxiety disorder. -Duloxetine (a medication used to treat depression, anxiety and chronic muscle pain) 60 mg by mouth daily for major depressive disorder. (continued on next page)

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(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	-Lexapro (a medication used to treat depression and anxiety disorder) 20 mg by mouth daily at bedtime for major depressive disorder. -Lamictal (a medication used to treat seizures and bipolar disorder) 100 mg by mouth daily for bipolar disorder. -Ativan (a medication used to treat anxiety and seizure disorders) 1 mg by mouth every bedtime for anxiety. -Ativan 0.5 mg every 6 hours as needed (PRN) for anxiety. A record review of a document titled Admission Medication Regimen Review dated 8/29/24 for Resident 17 contained the following guidance: Residents receiving psychoactive medications should have ongoing behavior monitoring, diagnosis, target behaviors identified, and side effect monitoring. Med(s) to be monitored: Buspirone, Lexapro, Ativan, Duloxetine, and Trazadone. A record review of a document titled Note to Attending Physician/Prescriber dated 7/26/24 revealed a request for a dose reduction of the psychotropic medications for Resident 17 was declined by the physician with a note stating no gradual dose reduction (GDR) due to psychiatric instability, which would support the need for monitoring and documentation of behaviors. An interview on 2/6/25 at 2:08 PM with the Assistant Director of Nursing (ADON) revealed that the facility's process related to behavior documentation was that the nurse aides (NAs) would document the behavior in the Point Click Care (PCC), (the facility's electronic medical record system) Task charting (where a check list of behaviors that the staff can choose from is documented along with all Activities of Daily Living (ADL's)) and then were to report the behaviors to the charge nurse to document in the Progress Notes for that resident, to include interventions provided and effectiveness of the interventions. A record review of the Task: Behavior charting covering the prior 30 days (1/12/25 through 2/9/25), revealed Resident 17 had displayed wandering behavior on 1/18/25, 2/1/25, 2/8/25, and 2/9/25, with no correlating Progress Note. An interview on 2/10/25 at 1:22 PM with the ADON, after review of the Task: Behavior charting covering the prior 30 days and the correlating Progress Notes, confirmed that the charting did not relay details of the behaviors to explain what wandering looked like for Resident 17 and did not relay any interventions or redirections provided for Resident 17, and should have. The interview with the ADON also confirmed that the behavior documentation for Resident 17 did not support the use of the 6 psychotropic medications currently being used. An interview on 2/11/25 at 7:00 AM with Medication Aide (MA)-R confirmed that the NA's will document resident behaviors in the PCC Task charting and then report those behaviors to the Charge Nurse to documents further details in the Progress Notes. (continued on next page)

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Sunrise Country Manor	610 224th Street Milford, NE 68405

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview on 2/11/25 at 7:04 AM with Registered Nurse (RN)-D confirmed that the process related to behavior charting was that the NA's would document the type of behavior displayed in the PCC Task charting and report the behavior to the Charge Nurse to documents further details and interventions in the Progress Notes.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45641 Licensure Reference Number 175 NAC 12-006.11(E) Licensure Reference Number 175 NAC 12-006.18(B) Based on observation, interview, and record review, the facility failed to ensure the final cooking temperatures (temps) of the food were obtained to prevent the potential for foodborne illness. The facility also failed to ensure the dishwashing machine temps were greater than 120 degrees Fahrenheit (F) during the wash and rinse cycles, the ceiling fan and light covers were free from debris, and food temperatures were taken following microwaving food to prevent the potential for foodborne illness. This had the potential to affect all residents in the facility that consumed food from the kitchen. The facility census was 63. Findings are: In an interview on 02/11/2025 at 2:11 PM, the facility's Administrator confirmed there was only 1 resident in the facility that did not consume (eat) food from the kitchen. A. A record review of the United States Department of Agriculture's (USDA) Safe Minimum Internal Temperature Chart dated 05/11/2020 revealed that safe steps in food handling, cooking, and storage are essential in preventing foodborne illness. [NAME] all food to the following minimum temperatures as measured with a food thermometer before removing food from the heat source. Beef, Pork, Veal & Lamb Steaks, chops, roasts 145 degrees F Ground Meats 160 degrees F Ground Poultry 165 degrees F Ham, fresh or smoked (uncooked) 145 degrees F Fully Cooked Ham (to reheat) USDA inspected 140 others 165 degrees F All Poultry 165 degrees F Eggs 160 degrees F Fish & Shellfish 145 degrees F Leftovers 165 degrees F (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285232	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sunrise Country Manor	610 224th Street Milford, NE 68405

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Casseroles 165 degrees F https://www.fsis.usda.gov/food-safety/safe-food-handling-and-preparation/food-safety-basics/safe-temperature-chart A record review of the facility's Steam Table Temperature Log sheets dated 12/09/2024 - 02/09/2025 revealed there was 1 meat, 1 starch, 1 vegetable, and 1 dessert row on the log sheet, it did not reveal areas to record temperatures of the the mechanically altered diets such as puree (blended to a pudding-like consistency) and mechanical soft (blended to a easy to eat consistency). The log sheets did reveal the following: 12/09/2024 there were no dinner cooking or holding temps recorded. 12/10/2024 through 12/13/2024 there were no dinner hold temps recorded. 12/14/2024 through 12/15/2024 there were no cooking or holding temps recorded for any meals. 12/16/2024 through 12/19/2024 there were no dinner hold temps recorded. 12/18/2024 there were no lunch holding temps recorded. 12/20/2024 there were no dinner cooking or holding temps recorded. 12/21/2024 through 12/22/2024 there were no cooking or holding temps recorded for any meals. 12/23/2024 through 12/24/2024 there were no dinner cooking or holding temps recorded. 12/25/2024 through 12/26/2024 there were no cooking or holding temps recorded for any meals. 12/27/2024 there were no dinner cooking or holding temps recorded. 12/28/2024 through 12/29/2024 there were no cooking or holding temps recorded for any meals. 12/30/2024 the only dinner temp recorded was a vegetable cooking temp. 12/31/2024 there were no lunch holding temp or dinner cooking or holding temps recorded. 01/01/2025 through 01/03/2025 there were no dinner cooking or holding temps recorded. 01/04/2025 through 01/05/2025 there were no cooking or holding temps recorded for any meals. 01/06/2025 there were no dinner holding temps recorded. 01/07/2025 through 01/08/2025 there were no lunch or dinner holding temps recorded. 01/09/2025 through 01/10/2025 there were no dinner holding temps recorded. 01/11/2025 through 01/12/2025 there were no cooking or holding temps recorded for any meals. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	01/13/2025 through 01/17/2025 there were no dinner holding temps recorded. 01/15/2025 there were no lunch holding temps recorded. 01/18/2025 through 01/19/2025 there were no cooking or holding temps recorded for any meals. 01/20/2025 through 01/24/2025 there were no dinner holding temps recorded. 01/25/2025 through 01/26/2025 there were no cooking or holding temps recorded for any meals. 01/27/2025 through 01/31/2025 there were no dinner holding temps recorded. 02/01/2025 through 02/02/2025 there were no cooking or holding temps recorded for any meals. 02/06/2025 there were no cooking temps recorded. A record review of the facility's undated, un-named menus for 02/02/2024 through 02/15/2025 revealed there was a meat dish prepared for the noon and main meals everyday except the main meal on 02/05/2025 was vegetable chili. An observation on 02/06/2025 from 9:14 AM through 12:38 AM revealed the facility Cook-B prepared the lunch meal that included Beef Stroganoff, Sauteed Zucchini, Noodles, and Pineapple Upside Down Cake. Following the meal preparation, Cook-B pureed the meal items and placed in a small steam pan which was then placed on the steam table, and then blended the mechanical soft and placed in a medium sized steam pan which was then placed on the steam table. The Beef Stroganoff, and the Sauteed Zucchini were removed from the oven and placed on the steam table. The noodles were prepared on the stove in batches through the meal service and dumped in a large steam pan on the steam table. At 11:08 AM Cook-B started plating the food and the Dietary Aides (DA) delivered the food to the residents in the Dining Room. Once the residents in the Dining Room were all served, at 11:58 PM, Cook-B temped the main pan of Beef Stroganoff, Sauteed Zucchini, and Noodles and recorded on the Steam Table Temperature Log. The observation did not reveal final cooking temps were taken from the main menu items, the pureed items, or the mechanical soft items prior to being served to the residents to ensure the food items were at a safe serving temperature. In an interview on 02/06/2024 at 12:00 PM, Cook-B confirmed Cook-B did not check the final cooking temperature of any of the food items prior to being served to the residents and should have. In an interview on 02/06/2025 at 2:11 PM, the Dietary Manager (DM) confirmed that Cook-B should have temped the final cooking temperatures of all food prior to serving the food to the residents to ensure it was safe to consume. B. A record review of the facility's Cleaning (Dishes) policy dated 7/2018 revealed the staff was to check temperature during the dishwashing procedures to determine if wash and rinse temperatures were being maintained and that a wetting agent and chemical sanitizer was being dispensed. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A record review of the [NAME] Hot Water Sanitizing Upright Door Dishmachine Installation And (&) Operation Manual dated 07/10/2006 for model ES-2000HT INTL, page number 2, revealed the wash minimum temperature was 150 degrees F and the rinse minimum temperature was 180 degrees F. A record review of the undated, un-named ECOLAB sticker on the side of the dish sanitizer revealed Minimum (min) wash temp 120 degrees F, Min rinse temp 120 degrees F, Recommended Incoming water temperature was 140 degrees F. Min chlorine was 50 parts per million (ppm). An observation on 02/06/2025 from 10:20 AM to 12:38 PM revealed Cook-B completed pureed the Pineapple Upside Down Cake in the Robot Coupe blender and used a scoop to put a measured amount in 3 bowls. Cook-A then took the blender container and blade to the 3-campartment sink and sprayed it out. Cook-A placed the container parts and blade on a plastic rack and placed into the dish machine, pressed the button to start, and walked back into the kitchen. The observation revealed the wash temp only reached 78 degrees F, and the rinse temperature only reached 108 degrees F. An observation of the undated, un-named ECOLAB sticker on the side of the dish sanitizer revealed Minimum (min) wash temp 120 degrees F, Min rinse temp 120 degrees F, Recommended Incoming water temperature was 140 degrees F. Min chlorine was 50 parts per million (ppm). Cook-B then returned to the dishwashing room to get the blender parts, washed hands, returned to the food prep area and put the blender together. Cook-B then put 6 scoops of the Sauteed Zucchini in the blender and pureed, then scooped into a medium sized steam pan. Cook-B took the blender container and parts to the dishroom and sprayed out, placed the container and parts on a plastic rack, placed into the dishwasher, started the dishwasher and went back to the kitchen. The observation revealed the wash temp only reached 92 degrees F, and the rinse temperature reached 121 degrees F. An observation on 02/05/2025 at 7:40 AM revealed a sign on the front of the dishwashing machine that revealed: dish machine must be between 120-140. If temp not reading between 120-140 must run machine until it reaches a min of 120. In an interview on 02/06/2025 at 2:11 PM, the DM confirmed that Cook-B should have watched and ensured the dishwashing machine reached a temperature of at least 120 degrees F. C. A record review of the facility's Cleaning & Sanitization policy dated 1/08 revealed the staff would ensure a clean and sanitary environment for the preparation and storage of food by regular cleaning and maintaining kitchen surfaces. An observation on 02/05/2025 at 7:40 AM with the DM revealed the 6 black metal light covers above the drink station of the kitchen with a moderate amount of a gray fuzzy substance on them. An observation on 02/06/2025 at 12:38 PM with the DM revealed the ceiling fan above the dishwashing machine had a moderate amount of a gray fuzzy substance on it and the fan was running. In an interview on 02/05/2025 at 7:40 AM, the DM confirmed the 6 black metal light covers above the drink station of the kitchen with a moderate amount of a gray fuzzy substance on them and they should have been clean. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	In an interview on 02/06/2025 at 12:38 PM, the DM confirmed the ceiling fan above the dishwashing machine had a moderate amount of a gray fuzzy substance on it and the fan should have been clean. D. A record review of the Nebraska Food Code dated 07/21/2016 revealed Ready to Eat foods that had been processed and packaged in a food processing plant shall be heated to a temperature of at least 135 degrees F. An observation on 2/6/2025 at 11:33 AM revealed Cook-B opened a can of Campbell's soup and poured into a bowl. Cook-F then placed the bowl of soup in the microwave for 1 minute. When the microwave alerted it was done, Cook-B took the bowl of soup out of the microwave and served directly to the Resident 4 without temping the bowl of soup. An observation on 2/6/2025 at 11:41 AM revealed DA-C opened a can of Campbell's soup and poured into a bowl. DA-C then placed the bowl of soup in the microwave for 1 minute. When the microwave alerted it was done, DA-C took the bowl of soup out of the microwave and served directly to the Resident 24 without temping the bowl of soup. In an interview on 02/06/2025 at 12:00 PM, Cook-B confirmed Cook-B and DA-C microwaved soup and delivered directly to residents without temping and should have to ensure the food was safe to eat. In an interview on 02/06/2025 at 2:11 PM, the DM confirmed Cook-B and DA-C should have temped the food after microwaving and before delivering to the residents.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42861 Licensure Reference Number 175 NAC 12-006.18B Licensure Reference Number 175 NAC 12-006.18D The facility failed to ensure infection control measures were followed related to lack of signage indicating Enhanced Barrier Precautions (EBP, an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices) and the Personal Protective Equipment (PPE) required for cares on Residents 10,15, 24 , and 52, the storage of respiratory equipment for Residents 10, 15, 24, 25 and 52, mask cleaning for Resident 1's PAP, perform hand hygiene between glove changes and wear eye protection during catheter cares on Resident 52, and failed to carry clean linens away from the body to prevent the potential for cross contamination. The facility identified a census of 63. Findings are: A. An interview on 02/06/25 at 10:10 AM with Nurse Aide (NA)-O revealed that residents in EBP were identified by a yellow dot sticker on their name plate outside the room. When questioned how (gender) knew which PPE was to be worn with each resident, NA-O answered, well I know that Resident 15 has a catheter so I would wear a gown and gloves when emptying (gender) catheter. When questioned how visitors know that PPE they need to wear, NA-O was unable to answer this. An interview on 02/06/25 at 10:50 AM with Licensed Practical Nurse (LPN)-P confirmed that EBP signage was not posted in the room and voiced that only the PPE supplies needed to care for that patient were placed into the yellow bag hanging in each EBP room. When questioned how visitors knew what PPE was necessary for resident in EBP, LPN-P voiced that visitors did not come down to resident rooms and visited in the lobby or solarium area. An interview on 2/06/25 at 12:35 PM with the Assistant Director of Nursing (ADON) confirmed that visitors do go to the resident rooms. A record review of the facility policy titled Infection Control (Enhanced Barrier Precautions) dated 5/2024 contained the following guidance: Procedures: 1. Appropriate signage for type of precaution will be posted on room door. B. An observation on 2/06/25 at 10:53 AM revealed NA-O carrying a stack of linens into a resident room while carrying linens up against (gender) body. (continued on next page)

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	285232	A. Building B. Wing	02/11/2025

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	An interview on 2/06/25 at 10:54 AM with LPN-P confirmed that staff were to carry linens away from their body and not up against their chest. An observation on 2/06/25 at 11:27 AM revealed Medication Aide (MA) -M carrying a stack of linens into a resident room while carrying linens up against (gender) body. An interview on 2/06/25 at 11:27 AM with MA-M confirmed that linens should not be delivered to resident rooms while being held against staff's body. MA-M confirmed that linens where to be carried in a bag and away from the body. An interview on 2/6/25 at 1:21 PM with the facility Assistant Director of Nursing (ADON) confirmed that linens were to be carried away from staff's body and not up against clothing and that EBP signs should be posted in the resident rooms to indicate what PPE should be used with cares. A record review of the facility policy titled Laundry (Linen Pass) with a revision dated of 4/18 revealed it did not contain any guidance related to carrying linens and touching against the body. 47406 C) Record review of Resident 52's Admission record dated 2/6/25 revealed admission was 10/6/22. Observation on 2/5/25 at 3:06 PM revealed Resident 52's catheter tubing had slight cloudy urine. Record review of Resident 52's MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 11/29/24 revealed: -Section C: BIMS (Brief Interview for Mental Status, a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function) was 15. -Section G: Maximum assist with toileting hygiene. -Section H: indwelling catheter Record review of Resident 52's Physician Orders dated 2/10/25 revealed: -Change suprapubic catheter every 30 days. -Acetic Acid Solution 0.25 %, use as directed to flush suprapubic catheter as needed, flush liquid 60 milliliters saline as needed. -Bacitracin ointment 500/gram, apply topically to suprapubic site twice daily. Record review of Resident 52's Medical diagnosis dated 2/6/25 revealed: Pyuria, Obstructive and Reflux uropathy, Poor urinary stream, Personal history of (corrected) Hypospadias, and Retention of urine. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observation on 2/10/25 at 10:22 AM with RN-D performing suprapubic (SP) catheter cares with Resident #52. RN-D donned gown and 3 pairs of gloves without washing hands prior. RN-D removed the old SP catheter dressing. RN-D then removed the top pair of gloves and threw into trash without hand hygiene. RN-D cleansed SP catheter insertion site with an alcohol wipe, then wiped the skin surrounding the catheter where the tape and dressing was with a skin prep. RN-D removed the top set of gloves, then donned another pair over the top of the existing pair and applied Bacitracin ointment 500 gram at SP catheter site. RN-D applied a split gauze around catheter tubing and secured with paper tape. RN-D took off top pair of gloves and put on a new pair of gloves with no hand hygiene. RN-D cleansed the catheter tubing that was exposed with alcohol wipes from outside of the new dressing. RN-D removed the top gloves and flushed the catheter with Acetic Acid Solution 0.25%. RN-D did not wear goggles or a face shield during the catheter flush. RN-D attached the catheter to the catheter strap and doffed gloves. RN-D performed hand hygiene x 20 seconds. Interview with Resident 52 on 2/10/25 at 10:34 AM revealed that the staff do not clean the catheter tubing very often. Interview on 2/10/25 at 11:00 AM with the Assistant Director of Nursing confirmed that the RN should have cleaned the catheter tubing prior to applying the dressing, wear only 1 pair of gloves at a time, change gloves and preform hand hygiene when removing the gloves, and to wear goggles/shield when flushing the catheter. Record review of Indwelling Catheter Policy dated 1/20 revealed: Sunrise will assist each individual admitted to this facility with the right to become involved in their own care and to provide the services to reach their highest possible practicable, physical and psychosocial level they so choose. And indwelling catheter is not used unless there is valid medical justification for catheterization and the catheter is to be discontinued as soon as clinically warranted. Because of the risk of substantial complications with the use of indwelling urinary catheters, they should be reserved primarily for short term decompression of acute urinary retention. Sunrise Country Manor will refer the Lippincott Manual for insertion, ongoing care and removal protocols. protocols. Record review of Hand Hygiene Policy undated revealed: -Wet hands with water; -Apply enough soap to cover all hand surfaces; -Rub hands palm to palm; -Write palm over left dorsum with interlaced fingers and vice versa; -Palm to palm with fingers interlaced; -Backs of fingers to opposing palms with fingers interlocked; -Rotational rubbing of left thumb clasped in right palm and vice versa; -Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Rinse hands with water; -Dry hands thoroughly with a single use towel; -Used towel to turn off faucet; -Your hands are now safe. Your 5 moments for hand hygiene: -Before touching a patient. -Before clean/aseptic procedure. -After body fluid exposure risk. -After touching a patient. -After touching patient surroundings. Hand hygiene and medical glove use: -The use of gloves does not replace the need for cleaning your hands. -Hand hygiene must be performed when appropriate, regardless of the indication for glove use. -Remove gloves to perform hand hygiene, when an indication occurs while wearing gloves. -Discard gloves after each task and clean your hands. Gloves may carry germs. -Wear gloves only when indicated according to standard and contact precautions; otherwise they become a major risk for germ transmission. Record review of Enhanced Barrier Precautions education dated 1/14/25 revealed: -Used for anyone with (MDRO's) colonized multidrug resistant organisms. -Used with anyone who has a device: central line, urinary catheter, feeding tube, tracheostomy. -Between standard and contact precautions. Use only when performing high contact resident care. -Includes perform hand hygiene and includes a gown and gloves with high contact care delivery. -Dressing, showering, transferring, providing hygiene, changing linens, changing briefs or toileting. Record review of Infection Control (Precautions) Policy dated/revised 4/24 revealed: (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-It is the policy of Sunrise Country Manor to provide a safe and sanitary environment for residents, visitors and employees. Standard precautions will be practiced by all staff and should be used for all resident cares at all times. Sunrise Country Manor follows the guidance for Standard and Transmission-based precautions and intensified interventions as recommended by the APIC manual Infection Preventionist guide to long term care, as well as by the Centers for Disease Control. -Standard Precautions are Based on the principle that blood, all body fluids and secretions, excretions, (not including sweat), non-intact skin or lesions, and mucous membranes may contain transmissible infectious organisms. Standard precautions included hand hygiene and use of gloves, gown, mask and eye protection or face shield, depending on the anticipated exposure. Refer to the Facilities Policy on Personal protective Equipment. Standard precautions also include safe injection practices. -Hand Hygiene: Perform hand hygiene with soap and water when hands are visibly soiled. Unless hands are visibly soiled, an alcohol based hand rub is preferred over soap and water in most clinical situations. Refer to visual guidance provided by World Health Organization on how to hand rub or how to hand wash and how to hand wash. Clean your hands using an alcohol based hand rub or wash. With soap and water for the following clinical indications: -Before and after having direct contact with the patient (taking a pulse or blood pressure, performing physical examination, lifting the patient in bed). -Before performing an aseptic task. Example placing an indwelling device or handling invasive medical devices. -Before moving from work on a soiled body site to a clean body site on the same patient. -After contact with blood, body fluids or excretions, mucous membranes, non-intact skin, or wound dressings or contaminated surfaces. -If hands will be moving from a contaminated body site to a clean body site during patient care. -Immediately after glove removal. Gloves: For contact with blood, body fluids, secretions, excretions, and contaminated items; for touching mucous membranes or non-intact skin: for contact with intact skin when infection risks are identified. 3. Change gloves during patient care if the gloves will move from a contaminated body site example peroneal area to a clean body site example face. 4. Remove gloves after contact with a patient and or the surrounding environment. Including medical equipment using proper technique to prevent hand contamination. Mask Rye Protection and Face Shields: During procedures likely to generate splashes or sprays of Blood or body fluids or the splatter of debris. D) (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Record review of Resident 1's Admission records dated 2/6/25 admission was 12/9/22. Interview with Resident 1 on 2/5/25 at 12:50 PM revealed that resident changes the oxygen (O2) when [gender] thinks it needs changed. Resident 1 stated the CPAP (Continuous Positive Airway Pressure -a treatment that uses mild air pressure to keep your breathing airways open) mask it is not cleaned much. Record review of Resident 1's Physician Orders dated 2/10/25 revealed: -Weekly CPAP/Bi-Level/Auto PAP cleaning, hand wash mask, nasal pillows, and tubing with dawn dish soap and water, Rinse thoroughly, air dry. -Oxygen 3 Liters, titrate with activity to keep sats above 90%. -Oxygen nasal cannula/mask, replace nasal cannula/mask weekly -Oxygen tubing, replace oxygen tubing every 28 days. -Daily CPAP/Bi-level/auto pap cleaning, wipe mask with damp cloth to remove debris. Empty chamber, fill chamber with soapy warm water and shake vigorously, rinse, air dry. - Distilled water add distilled water per manufacture recommendations to BiPAP and humidifier. Record review of Resident 1's Medical diagnosis dated 2/6/25 revealed: Chronic obstructive pulmonary disease, chronic respiratory failure with hypoxia, chronic diastolic (congestive) heart failure, and obstructive sleep apnea. Record review of Resident 1's MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 11/12/24 revealed: -Section C: BIMS (Brief Interview for Mental Status, a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function) was 15. - Behavior present for inattention. -Section E: delusions, rejection of care 4 to 6 days. -Section G: dependent for oral hygiene and toileting hygiene -moderate assist with bathing -independent with upper body dressing, lower body dressing, footwear, personal hygiene, repositioning and transfers. -Section O: O2, Non-invasive Mechanical Ventilator (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Sunrise Country Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 610 224th Street Milford, NE 68405	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observation on 2/5/25 at 12:50 PM Resident 1's O2 concentrator revealed: 4 liters and the O2 tubing is not dated. O2 tubing that is in an open sack on top of the concentrator dated 1/2024. The CPAP mask was lying on the bed unused, and had many whitish specks of debris inside the mask and the outside of the mask has yellow-light tannish hard debris on the plastic of the mask. The CPAP tubing was light yellowish approximately 10 inches down the tubing from the mask. The O2 tubing that resident 1 is using is hardened from the cannula to around the ears. Observation on 2/6/25 at 9:20 AM Resident 1's O2 concentrator revealed: 4 liters and the O2 tubing is not dated. O2 tubing that is in an open sack on top of the concentrator dated 1/2024. The CPAP mask was lying on the bed unused, and had many whitish specks of debris inside the mask and the outside of the mask has yellow-light tannish hard debris on the plastic of the mask. The CPAP tubing was light yellowish approximately 10 inches down the tubing from the mask. The O2 tubing that resident 1 is using is hardened from the cannula to around the ears. Interview on 2/6/25 at 10:45 AM with RN-D confirmed that the inside of CPAP mask had whitish dry substance, and the outside has yellow-light tannish debris on the plastic mold of mask and approximately 10 inches of tubing from the mask was light yellow. The O2 tubing was hard from nares to around ears and I will change it. RN-D said the CPAP gets cleaned weekly on night shift and we should be wiping it clean every day, and I didn't. Interview on 2/6/25 at 11:20 AM with the Assistant Director of Nursing revealed that the staff should be cleaning the CPAP mask every day and weekly cleaning with soap and water, CPAP mask must be placed in a storage bag, date the O2 tubing, and change the O2 cannula weekly. Record review of Respiratory Care Policy dated 2/20 revealed: Respiratory care service at Sunrise Country Manor (i.e. oxygen therapy, breathing exercises, CPAP/BiPAP, nebulizers/metered dose inhalers, tracheostomy cares) will be provided with a physician's order consistent with professional standards of practice. -Cleaning Schedule: Mask, nasal pillows, and tubing-wipe daily with damp cloth or alcohol-free mask wipe. Headgear, mask, and tubing - wash weekly in a mixture of warm water and small amount of liquid dishwashing detergent or baby shampoo. Rinse thoroughly, air dry and reassemble. Documentation received titled All Nursing Staff- Oxygen, CPAP/BiPAP, Nebulizers dated 5/1/24 revealed: -If a resident wears oxygen continuously, when you get them up in the morning, after you complete their morning cares, have the med aide or the nurse unhook their tubing from the concentrator and roll it up or hook it up to the portable. -If the resident does not wear the oxygen continuously, take the cannula/mask off and roll it up and put the cannula/mask/tubing in the oxygen storage bag that is attached to the oxygen concentrator. Turn the oxygen concentrator off. -If you walk into their room, and their oxygen tubing is not in the oxygen storage bag, please roll it up and place it in the bag. -The CPAP/BiPAP mask must be placed in the storage bag. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285232	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/11/2025
NAME OF PROVIDER OR SUPPLIER: Sunrise Country Manor		STREET ADDRESS, CITY, STATE, ZIP CODE: 610 224th Street Milford, NE 68405	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Date tubing's on oxygen, and nebulizers when changed. 45641 E) A record of the facility's All Nurses Respiratory Equipment Change/Storage notification dated 2/7/25 revealed oxygen nasal cannulas (a tube that fits in the nose to deliver oxygen), masks on the concentrators (a machine used to purify oxygen), and portable canisters must be rolled up and placed in their bag on the concentrator, or portable on their wheelchair or walker when they are not using them. A record review of Resident 25's Clinical Census dated 02/10/2025 revealed the resident was admitted to the facility on [DATE]. A record review of Resident 25's Medical Diagnosis dated 02/11/2025 revealed the resident had diagnoses of Chronic Obstructive Pulmonary Disease (COPD), Shortness of breath, Obstructive Sleep Apnea (OSA), History of Pneumonia, and Morbid Obesity (severely overweight). A record review of Resident 25's Minimum Data Set (MDS)(a comprehensive assessment used to develop a resident's care plan) dated 12/03/2024 revealed the resident had a Brief Interview for mental Status (BIMS)(a score of a residents cognitive abilities) of 15 which indicated the resident was cognitively aware. The resident required setup or clean-up assistance with eating and oral hygiene (cleaning), partial/moderate assistance with person hygiene, substantial/maximal assistance with upper body dressing, and was dependent on staff for toileting, bathing, lower body dressing, and footwear. The resident was on oxygen therapy while a resident. A record review of Resident 25's Transition Orders And Information For The Continuation Of Patient Care dated 12/30/2021 revealed an oxygen order for 2-4 liter per minute (L/M). An observation on 02/05/2025 at 2:50 PM revealed Resident 25 was not in the resident's room and the oxygen nasal cannula was draped over the concentrator and the prongs that go in the nose were touching the floor. An observation on 02/10/2025 at 11:28 AM with Licensed Practical Nurse (LPN)-A revealed Resident 25's wheelchair was located in the hallway with the oxygen nasal cannula draped over the arm of the wheelchair and the nasal prongs that go in the resident's nose were touching the tire and wheel of the wheelchair 1 inch from the floor. There was a bag that the nasal cannula should have been placed in attached to the handle of the wheelchair. In an interview on 02/10/2025 at 11:28 AM, LPN-A confirmed Resident 25's nasal cannula was draped over the arm and touching the wheel and tire of the wheelchair and should not have been.