| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 285241 | A. Building<br>B. Wing | 01/15/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Sarah Ann Hester Memorial Home | 407 Dakota Street<br>Benkelman, NE 69021 |

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 0604<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51560<br><br>Licensure Reference Number 175 NAC 12-006.05(G)<br><br>Based on record review and interview the facility failed to ensure that one (Resident 1) of 2 sampled resident's representative were notified of restraint use, duration, and alternatives. The facility identified a census of 30.<br><br>Findings are:<br><br>A record review of an undated Restraint Policy stated the residents care plan should be updated accordingly to include the development and implementation of interventions to address any risks related to the use of the restraint. Additionally, the Restraint Policy stated the facility shall explain to the resident/residents' representative, the potential risks and benefits of using a restraint, not using a restraint, and alternatives to restraint use. Potential negative outcomes should also be explained.<br><br>A record review of Resident 1's admission record revealed an admitted [DATE].<br><br>A record review of a diagnosis list for Resident 1 dated 1/13/24 included diagnoses of Cerebral Palsy (a group of lifelong conditions that affect movement and coordination), Stroke (occurs when blood flow to the brain is blocked or a blood vessel in the brain bursts), non-traumatic brain dysfunction (brain damage that occurs without an external physical force to the head), non-traumatic spinal cord injury (damage to the spinal cord that occurs due to a non-traumatic cause), incontinence (involuntary loss of urine or stool), aphasia (a language disorder that affects a person's ability to understand and express language), and impaired cognition (difficulties with thinking, learning, remembering, and making decisions).<br><br>A record review of a Minimum Data Set (MDS-a Federally mandated tool for implementing standardized assessment and for facilitating care management in nursing homes) dated 12/18/24 for Resident 1 revealed in Section C that Resident 1's cognitive patterns were severely impaired. Section P identified the use of a restraint.<br><br>A record review of Resident 1's provider orders dated 1/13/25 revealed the following orders:<br><br>(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 |
|---|---|---|

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| F 0604<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 1. May use wheelchair with tray when up for postural support- check every 30 minutes. Release every 2 hours, dated 6/11/92.<br><br>2. Restraint- lap tray when in wheelchair for positioning and support. Release and exercise every 2 hours. dated 1/6/15.<br><br>3. Restraint- lap tray when in wheelchair for positioning and support. Visually check every 30 minutes dated 12/16/2015.<br><br>4. Restraint- remove lap tray and recline every morning after breakfast at the nurses station for 45 minutes undated.<br><br>5. Notify provider for the need for Occupational Therapy (O. T.) evaluate appropriateness and safety of lap tray annually with a date of 5/4/21.<br><br>A record review of Resident 1's care plan dated 1/14/25 identified Resident 1 had a guardian who would make decisions for Resident 1 and be notified of all appointments and doctors' orders.<br><br>A record review of Resident 1's facility records revealed no evidence of notification to Resident 1's representative regarding restraint use, risks and benefits, or restraint alternatives.<br><br>An interview with Licensed Practical Nurse (LPN)-J on 1/14/25 at 8:50 AM revealed Resident 1 uses the wheelchair tray for positioning and to assist them with staying in the chair as Resident 1 can rock back and forth at times.<br><br>An interview with the Director of Nursing (DON) on 1/14/25 at 1:32 PM confirmed there was no signed consent or other evidence that Resident 1's guardian has been notified of the use of the wheelchair tray, its purpose, its duration, or any other potential alternatives. |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49766<br><br>Licensure Reference 175 NAC 12-006.09(E)<br><br>Based on record reviews and interviews, the facility failed to develop person-centered comprehensive care plans for 3 (Residents 1, 6, and 20) of 12 sampled residents. The facility identified a census of 30.<br><br>Findings are:<br><br>A record review of a facility policy Comprehensive Care Plans with a date of 8/24/2023 indicated the facility would develop and implement comprehensive person-centered care plans for each resident. It also indicated the comprehensive care plans would include services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psycho-social well-being and resident specific interventions that reflect the resident's needs.<br><br>A. A record review of Resident 6's Admission Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used for care planning) with an Assessment Reference Date (ARD) of 11/19/2024 indicated Resident 6 had behaviors of rejection of care and wandering.<br><br>A record review of Resident 6's Care Plan revealed a problem area of psychotropic medication concerns with a date of 11/20/2024. It revealed Resident 6 was at risk for adverse reactions to psychotropic medications due to anxiety. The interventions included to give medications as ordered, monitor my Patient Health Questionnaire (PHQ-9), monitor for adverse reaction, have the pharmacy and medical director review my medications, lab testing, if I become agitated - let me rest and re-approach later, monitor for potential side effects, and consider medication reductions if appropriate. There were no resident specific interventions for Resident 6's behaviors.<br><br>An interview on 1/14/2025 at 2:10 PM with Licensed Practical Nurse (LPN) - J confirmed Resident 6 has anxiety and behaviors and is triggered by certain visitors. LPN-J revealed for Resident 6's behaviors the staff take Resident 6 for a walk or bring them out to the nurse's station, so they are not alone.<br><br>An interview on 1/14/2025 at 2:15 PM with the MDS Coordinator confirmed the care plan was not comprehensive to Resident 6's behaviors as it was a template and confirmed Resident 6's care plan should include specific interventions for their behaviors.<br><br>51560<br><br>B. A record review of Resident 1's admission record revealed an admitted [DATE].<br><br>(continued on next page) |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | A record review of a diagnosis list for Resident 1 dated 1/13/24 revealed diagnoses of Cerebral Palsy (a group of lifelong conditions that affect movement and coordination), Stroke (occurs when blood flow to the brain is blocked or a blood vessel in the brain bursts), incontinence (involuntary loss of urine or stool), aphasia (a language disorder that affects a person's ability to understand and express language), and impaired cognition (difficulties with thinking, learning, remembering, and making decisions).<br><br>A record review of a Minimum Data Set (MDS-a Federally mandated tool for implementing standardized assessment and for facilitating care management in nursing homes) dated 12/18/24 for Resident 1 revealed in Section B that Resident 1 has unclear speech, is rarely understood, and has severely poor vision. Section C revealed that Resident 1's cognitive patterns were severely impaired. A review of Section D revealed a Patient Health Questionnaire 9-OV (PHQ 9-OV-a tool used by medical staff to screen cognitively impaired individuals for depression) score of 3, indicating that Resident 1 might be infrequently experiencing symptoms of depression. Section GG revealed Resident 1 is non-ambulatory and requires maximum assistance from at least two staff for most cares. A review of Section P identified the use of a restraint.<br><br>A record review of Resident 1's care plan dated 1/14/25 revealed the following information :<br><br>-identified a concern of falls and identifies the use of a lap tray for positioning and support except for 45 min every day after breakfast as an intervention.<br><br>- no indications of restraint use as a concern with subsequent interventions.<br><br>-did not reflect guardian change from 1 family member to another family member.<br><br>- no indication of Resident 1's poor vision listed as a separate concern with subsequent interventions.<br><br>- no indication of Resident 1's aphasia diagnosis and subsequent interventions being listed as an area of concern.<br><br>An interview with LPN-J on 1/14/25 at 8:50 AM revealed in regards to Resident 1's vision, it was unclear what Resident 1 was able to see due to Resident 1's severe cognitive delays and aphasia. LPN-J stated that Resident 1's eyes will at times track images on the TV. At times Resident 1 will also track staff with eyes while staff are moving throughout the room. LPN-J stated Resident 1 will turn head to certain voices of staff that have a good rapport with Resident 1. LPN-J stated that due to Resident 1's aphasia, it would be very difficult for Resident 1 to participate in a vision exam.<br><br>An interview with the Director of Nursing (DON) on 1/14/25 at 1:32 PM confirmed Resident 1's care plan did not accurately reflecting Resident 1's correct guardian.<br><br>An interview with the MDS Coordinator on 1/15/25 at 9:11 AM confirmed care plan was not reflective of the use of restraint tray for positioning and posture and that it should have been. MDS Coordinator further confirmed Resident 1's aphasia and vision issues should have been on the care plan with interventions.<br><br>C. A record review of Resident 20's admission record revealed an admitted [DATE].<br><br>(continued on next page) |

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| F 0656<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | A record review of a diagnosis list for Resident 20 dated 1/13/24 revealed diagnoses of diabetes mellitus, atrial fibrillation, hypertension (a condition where the pressure in your blood vessels is persistently too high), benign prostatic hyperplasia (BPH- a non-cancerous condition that causes the prostate gland to enlarge), anxiety (a mental disorder that involves persistent and excessive fear or worry), and edema (swelling caused by a buildup of fluid in the body's tissues).<br><br>A record review of an MDS dated [DATE] for Resident 20 revealed in Section C ,Resident 20 had a BIMS score of 15 indicating Resident 20's cognition was intact. Review of Section N on Resident 20's MDS revealed that Resident 20 was on an antibiotic.<br><br>A record review of Resident 20's medication orders revealed an order for Trimethoprim (an antibiotic used to treat bacterial infections) 100 mg by mouth twice a day in the morning and at bedtime for urinary tract infection (UTI) prophylaxis with a start date of 9/13/24. There was no evidence of a duration or stop date for the antibiotic.<br><br>An interview on 01/14/25 at 8:50 AM with LPN-J confirmed that Resident 20 was prescribed trimethoprim 100 mg twice a day in the morning and at bedtime on 9/13/24 and that there was currently no stop date.<br><br>An interview with the MDS Coordinator on 1/15/25 at 9:11 AM confirmed that Resident 20's care plan was not updated to accurately reflect the use of a prophylactic antibiotic and should have been. |

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| F 0729<br><br>Level of Harm - Potential for minimal harm<br><br>Residents Affected - Many | Verify that a nurse aide has been trained; and if they haven't worked as a nurse aide for 2 years, receive retraining.<br><br>49766<br><br>Licensure Reference 175 NAC 12-006.04(A)(iii)(2)<br><br>Based on record reviews and interview, the facility failed to complete a nurse aide registry check for 1 of 3 sampled employees prior to the staff having unsupervised contact with the residents. The facility staff identified a census of 30.<br><br>Findings are:<br><br>A record review of a facility policy Administration/Hiring of New Employees, with a date of 12/19/2023 indicated a process to check the licensing website for proof of current licensure prior to the applicant assuming job responsibilities.<br><br>A record review of an undated facility-provided list of employees, their hire dates, and titles indicated Nurse Aide (NA) - C was hired on 8/12/2024.<br><br>A record review of NA-C's personnel file revealed a Nurse Aide Registry check with a run date of 1/13/2025.<br><br>An interview on 1/13/2025 at 2:22 PM with the Director of Nursing confirmed NA-C's first day of orientation was on 8/25/2024 and a nurse aide registry check was not completed prior to NA-C having unsupervised contact with the residents. |

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| F 0757<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure each resident's drug regimen must be free from unnecessary drugs.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51122<br><br>LICENSURE REFERENCE 175 NAC 12-006.09(H)<br><br>Based on record review and interview the facility failed to ensure that 3 (Residents 2, 17, and 20) of 6 sampled residents' antibiotics had a duration or a stop date. The facility identified a census of 30.<br><br>Findings are:<br><br>A. A record review of a facility policy titled, Antibiotic Stewardship, dated 12/4/23 revealed that all prescriptions for antibiotics shall specify dose, duration, and indications for use.<br><br>A record review of Resident 17's medication list revealed an active physician's order for Macrobid (nitrofurantoin) 100 milligrams (an antibiotic), given daily in the morning and did not have a stop date.<br><br>A record review of Resident 17's Medication Administration Record of the time period between 12/13/24 and 1/13/25 revealed the medication Macrobid was administered daily to Resident 17.<br><br>An interview on 1/14/25 at with the Director of Nursing (DON) confirmed resident has been on Macrobid for over a year without an end date. The DON confirmed the resident was not being treated for a current infection.<br><br>A record review of Center for Disease Control's (CDC) document The Core Elements of Antibiotic Stewardship for Nursing Homes APPENDIX A: Policy and Practice Actions to Improve Antibiotic Use revealed Surveys of antibiotic use have shown that (Urinary Tract Infection) UTI prophylaxis accounts for a significant proportion of antibiotic prescriptions. Very few studies support antibiotic use for UTI prophylaxis, especially in older adults, and many studies have shown this antibiotic exposure increases risk of side effects and resistant organisms. Therefore, efforts to educate providers on the potential harm of antibiotics for UTI prophylaxis could reduce unnecessary antibiotic exposure and improve resident outcomes.'<br><br>51560<br><br>B. A record review of an admission record for Resident 2 dated 1/13/25 revealed an admitted [DATE].<br><br>A record review of a Minimum Data Set (MDS-a Federally mandated tool for implementing standardized assessment and for facilitating care management in nursing homes) dated 12/25/24 for Resident 2 revealed in Section C that Resident 2 had a Brief Interview for Mental Status (BIMS-a cognitive screening tool that helps identify cognitive impairment in patients and residents) score of 15. This indicated Resident 2's cognition was intact and Resident 2 may have needed the least amount of help with memory and cognition. A review of Section N revealed Resident 2 was taking an antibiotic.<br><br>(continued on next page) |

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| F 0757<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | A record review of Resident 2's physician orders dated 1/13/25 revealed Resident 2 had a diagnosis of incontinence, diabetes mellitus type II (a chronic disease that occurs when the body doesn't produce enough insulin or doesn't use it properly), Parkinson's disease (a chronic brain disorder that causes movement problems, stiffness, and tremors), depression (a mental health condition that involves a long period of feeling sad or hopeless, and a loss of interest in activities), osteoarthritis (a chronic condition that causes joint pain, stiffness, and swelling), atrial fibrillation (a condition that causes an irregular and often rapid heartbeat in the upper chambers of the heart),<br><br>A record review of Resident 2's medication orders revealed an order for Trimethoprim (an antibiotic used to treat bacterial infections) 100 milligrams (mg) by mouth every day at bedtime for urinary tract infection (UTI) prophylaxis with a start date of 1/11/2022. There was no evidence of a duration or stop date for the antibiotic.<br><br>An interview on 01/14/25 at 8:50 AM with Licensed Practical Nurse (LPN)-J confirmed that Resident 2 was prescribed trimethoprim on 1/11/22 and that there was currently no stop date.<br><br>C. A record review of Resident 20's admission record revealed an admitted [DATE].<br><br>A record review of a diagnosis list for Resident 20 dated 1/13/24 included diagnoses of diabetes mellitus, atrial fibrillation, hypertension (a condition where the pressure in your blood vessels is persistently too high), benign prostatic hyperplasia (BPH- a non-cancerous condition that causes the prostate gland to enlarge), anxiety (a mental disorder that involves persistent and excessive fear or worry), and edema (swelling caused by a buildup of fluid in the body's tissues).<br><br>A record review of an MDS dated [DATE] for Resident 20 revealed in Section C that Resident 20 had a BIMS score of 15, indicating Resident 20's cognition was intact and Resident 20 may have needed the least amount of help with memory and cognition. A review of Section N revealed that Resident 20 was on an antibiotic.<br><br>A record review of Resident 20's medication orders revealed an order for Trimethoprim (an antibiotic used to treat bacterial infections) 100 mg by mouth twice a day in the morning and at bedtime for urinary tract infection (UTI) prophylaxis with a start date of 9/13/24. There was no evidence of a duration or stop date for the antibiotic.<br><br>An interview on 01/14/25 at 8:50 AM with LPN-J confirmed that Resident 20 was prescribed trimethoprim 100 mg twice a day in the morning and at bedtime on 9/13/24 and that there was currently no stop date. |

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| F 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49766<br><br>Licensure Reference 175 NAC 12-006.09(H)<br><br>Based on record reviews and interview, the facility failed to ensure the physician provided a written clinical rationale for declined gradual dose reductions (GDRs, tapering of a dose to determine whether or not symptoms, conditions, or risks can be managed by a lower dose or whether or not the dose or medication can be discontinued) for 6 (Residents 13, 16, 17, 20, 23, and 31) of 6 sampled residents. The facility identified a census of 30.<br><br>Findings are:<br><br>A record review of a facility policy Psychotropic Medications with a date of 12/14/2022 indicated gradual dose reductions will be done in accordance with federal regulations.<br><br>A record review of the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, version 1.18.11 with a date of October 2023 indicated physician documentation indicating dose reduction attempts are clinically contraindicated must include the clinical rationale for why an attempted dose reduction is inadvisable.<br><br>A. A record review of Resident 13's quarterly Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used for care planning) with an Assessment Reference Date (ARD) of 11/6/2024 indicated Resident 13 had a Brief Interview for Mental Status (BIMS, a screening that evaluates for cognitive impairment) score of 15/15, which indicated Resident 13 had no cognitive impairment. The MDS also revealed Resident 13 had no behaviors and had a Patient Health Questionnaire-9 (PHQ-9, an assessment for depression and the severity) of 0, which indicated Resident 13 had no symptoms of depression reported. The MDS also revealed Resident 13 was taking an antipsychotic (a class of drugs that treat psychosis, a range of mental health conditions that can include hallucinations, delusions, and thought disorders), antianxiety (drugs that treat anxiety and related conditions), and an antidepressant (drugs that treat depression) medication.<br><br>A record review of Resident 13's Physician Orders with a date of 1/14/2025 revealed the following medication orders:<br><br>- Buspar (medication to treat anxiety) 5 milligram (mg) with direction to take one tablet by mouth twice a day for Major Depressive Disorder. This medication had a start date of 5/9/2024.<br><br>- Abilify (an antipsychotic medication) 5 mg with direction to take two tablets by mouth once a day for Major Depressive Disorder.<br><br>- Duloxetine (Antidepressant) 60 mg with direction to take one tablet by mouth once a day for depression.<br><br>(continued on next page) |

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| F 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | A record review of Resident 13's Care Plan revealed a problem area with a date of 8/28/2024 for psychotropic medication concerns. It revealed Resident 13 was at risk for adverse reaction to psychotropic medications due to depression. An intervention with a date of 10/14/2023 of consider medication reductions if appropriate was listed.<br><br>A record review of Resident 13's Psychotropic Drug Evaluation with a date of 6/25/2024 revealed Buspar, Duloxetine, and Abilify were listed. The physician had marked no changes are needed. Benefits outweigh risks. The Written Clinical Rationale to Decrease/Not Decrease section was left blank.<br><br>A record review of Resident 13's Psychotropic Drug Evaluation with a date of 12/10/2024 revealed Buspar, Duloxetine, and Abilify were listed. The physician had marked no changes are needed. Benefits outweigh risks. The Written Clinical Rationale to Decrease/Not Decrease section was left blank.<br><br>B. A record review of Resident 31's Significant Change MDS with an ARD of 12/19/2024 indicated Resident 31 had a BIMS score of 0/15, which indicated Resident 31 had severe cognitive impairment. The MDS also revealed a PHQ-9 score had not been completed. Resident 13 had behaviors of delusion, verbal behaviors towards others 1-3 days, physical behaviors towards other 1 to 3 days, and rejection of care. It was indicated Resident 31's behaviors had worsened. The MDS also revealed Resident 31 was taking an antipsychotic, antianxiety, and antidepressant medication.<br><br>A record review of Resident 31's Physician Orders with a date of 1/14/2025 revealed the following medication orders:<br><br>-Seroquel ( a anti psychotic medication) 25 mg with direction to take one tablet by mouth twice a date for severe agitation. This medication had a start date of 10/17/2024.<br><br>-Lexapro (a anti-depressant medication)10 mg with direction to take one tablet by mouth every evening for depression. This medication had a start date of 8/20/2021.<br><br>- Buspar 15 mg with direction to take one tablet by mouth twice a day. This medication had a start date of 10/18/2023.<br><br>- Ativan ( a anti-anxiety medication) 0.5 mg with direction to take one tablet by mouth twice a day for anxiety and agitation. This medication had a start date of 5/4/2024.<br><br>- Ativan 1 mg with direction to take one tablet by mouth every day at noon for anxiety and agitation. This medication had a start date of 9/10/2024.<br><br>- Ativan 0.5 mg with direction to take one tablet by mouth as needed every six hours for anxiety and agitation. There was no start date listed.<br><br>- Ativan 1 mg with direction to take one tablet by mouth as needed every six hours for anxiety and agitation. There was no start date listed.<br><br>- Ativan 1 mg/ 1 milliliter (ml) cream with direction to apply topically as needed every four hours for anxiety and agitation. There was no start date listed.<br><br>(continued on next page) |

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| F 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | A record review of Resident 31's Care Plan revealed a problem area with a date of 10/21/2024 for psychotropic medication concerns. It revealed Resident 31 was at risk for adverse reaction to psychotropic medications due to depression, insomnia, and anxiety. Interventions of consider medication reductions if appropriate with a date of 10/14/2023 and monitor my PHQ-9 from my MDS and notify my physician of any changes with a date of 8/31/2021 were listed.<br><br>A record review of Resident 31's Psychotropic Drug Evaluation with a date of 1/9/2024 revealed Buspar, Lexapro, Ambien, Ativan 0.5 mg as needed every six hours, and Ativan 1 mg as needed every six hours as needed were listed. The physician had marked no changes are needed. Benefits outweigh risks. The Written Clinical Rationale to Decrease/Not Decrease section was left blank.<br><br>A record review of Resident 31's Psychotropic Drug Evaluation with a date of 5/4/2024 revealed Buspar, Ativan 0.5 mg twice a day, Lexapro, Seroquel, Ambien, Ativan 0.5 mg as needed every six hours, Ativan 1 mg every six hours as needed, and Ativan 1 mg/ml topical cream as needed every four hours were listed. The physician had marked no changes are needed. Benefits outweigh risks. The Written Clinical Rationale to Decrease/Not Decrease section was left blank.<br><br>A record review of Resident 31's Psychotropic Drug Evaluation with a date of 7/18/2024 revealed Buspar, Ativan 0.5 mg twice a day, Lexapro, Seroquel, Ambien, Ativan 0.5 mg as needed every six hours, Ativan 1 mg every six hours as needed, and Ativan 1 mg/ml topical cream as needed every four hours were listed. The physician had marked no changes are needed. Benefits outweigh risks. The Written Clinical Rationale to Decrease/Not Decrease section was left blank.<br><br>A record review of Resident 31's Psychotropic Drug Evaluation with a date of 9/10/2024 revealed Buspar, Ativan 0.5 mg twice a day, Lexapro, Seroquel, Ambien, Ativan 0.5 mg as needed every six hours, Ativan 1 mg every six hours as needed, and Ativan 1 mg/ml topical cream as needed every four hours were listed. The physician had marked no changes are needed. Benefits outweigh risks. The Written Clinical Rationale to Decrease/Not Decrease section was left blank.<br><br>An interview on 1/14/2025 at 11:15 AM with the Director of Nursing (DON) confirmed Resident 13 and 31's declined GDRs did not include a written clinical rationale from the physician and should have.<br><br>51560<br><br>C. A record review of Resident 20's admission record revealed an admitted [DATE].<br><br>A record review of a diagnosis list for Resident 20 dated 1/13/24 included diagnoses of depression (a mental health condition that involves a long period of feeling sad or hopeless, and a loss of interest in activities) and anxiety (a mental disorder that involves persistent and excessive fear or worry).<br><br>(continued on next page) |

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| F 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | A record review of a Minimum Data Set (MDS-a Federally mandated tool for implementing standardized assessment and for facilitating care management in nursing homes) dated 10-30-24 for Resident 20 revealed in Section C that Resident 20 had a Brief Interview for Mental Status (BIMS-a cognitive screening tool that helps identify cognitive impairment in patients and residents) score of 15, indicating Resident 20's cognition is intact. A review of Section C revealed a Patient Health Questionnaire 2-9 (PHQ 2-9-a tool used to screen for and diagnose depression) score of 6, indicating that Resident 20 might be experiencing symptoms of depression. A review of Section N revealed that Resident 20 received anti-psychotics and antidepressants.<br><br>A record review of Resident 20's medication list dated 1/13/25 revealed the following medications:<br><br>1. Risperidone ( a antipsychotoc medication) 3 milligrams (mg) by mouth at bedtime for Major Depressive Disorder entered 4/22/24<br><br>2. Effexor (a anti-depressant medication) 150 mg 2 caps by mouth every morning for Depression entered 11/1/22<br><br>3. Trazadone (a anti-depressant medication) 150 mg by mouth at bedtime for Insomnia entered 11/1/22<br><br>4. Clonazepam ( medication to manage seizures) 1 mg by mouth every morning for Anxiety entered 10/31/22<br><br>5. Clonazepam 2 mg by mouth at bedtime for Anxiety entered 10/31/22<br><br>A record review of Resident 20's care plan dated 1/13/25 identified psychotropic medication use as a potential concern with interventions including monitoring for adverse reactions, reviewing medications routinely, performing laboratory testing, and considering medication dose reductions.<br><br>Record review of Resident 20's Gradual Dose Reduction (GDR) request form dated 12/5/24 for Risperidone, Effexor, Trazadone, and Clonazepam revealed a checked box with the pre-typed words no changes are needed. Benefits outweigh risks. The form was noted to have all psychotropic medications listed on one form with no evidence of individualized rationales.<br><br>An interview on 1/14/24 at 12:10 PM with the DON confirmed that the GDR did not contain a written rationale for the decision not to complete a GDR and should have.<br><br>D. A record review of Resident 23's admission record revealed an admitted [DATE].<br><br>A record review of a diagnosis list for Resident 23 dated 1/14/25 included diagnoses of anxiety and depression.<br><br>A record review of Resident 23's MDS dated [DATE] revealed in Section C that Resident 23 had a BIMS score of 10, indicating Resident 23's cognition is moderately impaired. Section N revealed Resident 23 received an antianxiety and antidepressant.<br><br>A record review of Resident 23's medication list dated 1/14/25 included the following medications:<br><br>(continued on next page) |

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| F 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | 1. Ativan (a anti-anxiety medication) 0.5 mg by mouth every day at bedtime for anxiety entered on 7/10/24<br><br>2. Celexa (a anti-depressant medication) 10 mg by mouth every morning for depression entered on 12/18/23<br><br>A record review Resident 23's care plan dated 1/13/25 identified psychotropic medication use as a potential concern with interventions including monitoring for adverse reactions, reviewing medications routinely, performing laboratory testing, and considering medication dose reductions.<br><br>Record review of Resident 23's Gradual Dose Reduction (GDR) request form dated 12/17/24 for Ativan and Celexa revealed a checked box with the pre-typed words no changes are needed. Benefits outweigh risks. The form was noted to have both psychotropic medications listed on one form with no evidence of individualized rationales.<br><br>An interview on 1/14/24 at 12:10 PM with the DON confirmed that the GDR did not contain a written rationale for the decision not to complete a GDR and should have.<br><br>51122<br><br>E. A record review of Resident 16's Minimum Data Set (MDS), a federally mandated comprehensive assessment tool used for care planning, dated 12/4/24, Section I revealed Resident 16 was admitted [DATE] and had diagnoses of depression and insomnia. Section N revealed that the resident was taking the following: antipsychotic, antidepressant, antibiotic,diuretic,hypoglycemic and anticoagulant.<br><br>A record review of a facility document, Physician Orders, created 1/13/25 from Resident 16's electronic medical record revealed the resident was taking bupropion (no start date given), duloxetine for depression (started 7/30/2021), and amitriptyline ( A anti-depressant medication) for sleep and depression (no start date given).<br><br>A record review of seven facility documents from Resident 16's medical record, all titled Psychotropic Drug Evaluation (PDE), and dated 1/2/24, 2/20/24, 4/23/24, 6/18/24, 8/13/24, 10/2/24, and 11/26/24, revealed the consulting pharmacist requested gradual dose reductions for all three medications of bupropion, duloxetine, and amitriptyline on all seven of those dates. The records also revealed the physician did not change the dosage of the medications on those dates or give a clinical rationale.<br><br>An interview on 1/14/24 at 12:10 PM with the Director of Nursing (DON) confirmed there was no clinical rationale documented on Resident 16's PDEs and should have been included.<br><br>F. A record review of Resident 17's quarterly MDS, dated [DATE], revealed Resident 17 was admitted on [DATE] and had diagnoses of non-Alzheimer's dementia, anxiety disorder, and depression.<br><br>A record review of a facility document, Physician Orders, created 1/13/25 from Resident 17's electronic medical record revealed the resident was taking ziprasidone (started 11/13/2023) for major depressive disorder, and mirtazapine for depression.<br><br>(continued on next page) |

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| F 0758<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | A record review of a facility document titled, Benkelman Pharmacy Consultant Pharmacist Medication Regimen Review, revealed that Resident 17 had three medications eligible for gradual dose reduction during 2024 as follows: ziprasidone ( a anti-psychotic medication), mirtazapine ( a anti-depressant medication), and lorazepam (a anti-anxiety medication).<br><br>A record review of four facility documents from the medical record of Resident 17, titled Psychotropic Drug Evaluation (PDE), and dated 4/16/24, 6/11/24, 8/20/24, and 12/10/24, revealed that the consulting pharmacist requested gradual dose reductions for the three psychotropic medications identified above. The records also revealed the physician did not change the dosage of the medications or give a clinical rationale. Further review the PDE revealed Lorazepam did not appear on the August or December PDEs.<br><br>An interview on 1/14/24 at 12:10 PM with the Director of Nursing (DON) confirmed there was no clinical rationale documented on Resident 17's PDEs and should have been included. |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>51560<br><br>Licensure Reference Number 175 NAC 12-006.11(E)<br><br>Based on observation and interviews the facility failed to thoroughly clean and sanitize food surfaces after preparation of raw chicken. This affected all the residents. The facility identified a census of 30.<br><br>An observation of meal preparation on 1/14/25 from 10:10 AM to 10:30 AM with Cook-I revealed Cook-I obtaining raw chicken breast in a tote from the lower shelf in the refrigerator and brought the raw chicken over to a food preparation table. Cook-I retrieved a large metal baking sheet and placed it on a food preparation counter near the chicken but not directly next to the chicken. Cook-I then performed hand hygiene for 20 seconds with soap and water and applies gloves. Using scissors, Cook-I cuts the bag of raw chicken open and discards the scissors into a dirty sink. Cook-I then transfers raw chicken breasts over to the metal pan one by one. During the transfer drops of pink tinged liquid from the raw chicken was observed dripping on to the preparation table between the tote of chicken and the metal pan. Cook-I then removed gloves and performed hand hygiene for 20 seconds with soap and water. Cook-I then placed the metal pan of chicken in the oven.<br><br>An observation on 1/14/25 at 10:35 revealed Cook-I mixing sanitation solution in dedicated sink. Cook-I demonstrated how the solution was mixed with water and was observed taking the jug of solution, removing the cap and pouring an undetermined amount of solution into the sink. Above the sink, on the wall, instructions on how to mix the sanitation solution with water read pour 2 1/2 ounces (oz) of sanitizer into a full sink of water.<br><br>An observation of meal service on 1/14/25 at 11:45 AM revealed drops of pink tinged fluid from previous meal preparation remaining on the preparation table. The table was observed being used to spice foods and setting other various kitchen items on during the meal service.<br><br>An interview with Dietary Manager (DM) on 1/14/25 at 1:30 PM revealed that they mix their sanitation solution according to manufacturer instructions and that it is posted on the wall above the sink. The DM confirmed without following the direction they would not be able to determine if the mixed solution would sanitize. DM confirmed sanitation solution was not mixed according to instructions and should have been. DM also confirmed that food preparation surfaces should be sanitized after preparation and prior to food service and had not been, |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>49766<br><br>Licensure Reference 175 NAC 12-006.18<br><br>Based on observations, interviews, and record reviews; the facility staff failed to don Personal Protective Equipment (PPE) for Enhanced Barrier Precautions (EBP) during high-risk care activities for 1 (Resident 13) of 1 sampled resident. The facility identified a census of 30.<br><br>Findings are:<br><br>A record review of a facility policy Enhanced Barrier Precautions with a date implemented of 2/5/2024 indicated the following:<br><br>- A policy statement indicating it is the policy of this facility to implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms (MDRO.)<br><br>- Under section Initiation of Enhanced Barrier Precautions, it revealed an order for EBP will be obtained for residents with wounds and indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO.<br><br>- Under section Implementation of Enhanced Barrier Precautions, it revealed gowns and gloves will be donned during high-contact resident care activities, including dressing, transferring, providing hygiene, changing linens, changing briefs, device care, or wound care.<br><br>A record review of Resident 13's quarterly Minimum Data Set (MDS, (MDS), a federally mandated comprehensive assessment tool used for care planning) with an Assessment Reference Date of 11/6/2024 indicated Resident 13 had an active diagnosis of a wound infection.<br><br>A record review of Resident 13's Care Plan with a problem area of Wound Infection, dated 11/1/2024, indicated an intervention of Enhanced Barrier Precautions.<br><br>An observation on 1/13/2025 at 7:34 AM revealed a sign that stated Enhanced Barrier Precautions on Resident 13's door. The door also contained a caddy that included gowns and gloves.<br><br>An observation on 1/13/2025 at 7:41 AM revealed Nurse Aide (NA) - D entered Resident 13's room. NA-D donned gloves but no gown. NA-D began to assist Resident 13 with changing their brief. NA-D rolled Resident 13 onto their left side and grazed their clothing onto Resident 13.<br><br>An observation on 1/13/2025 at 7:44 AM revealed NA-D had removed their gloves and assisted Resident 13 with dressing. NA-D again rolled Resident 13 to their left side, grazing their clothes against Resident 13.<br><br>An observation on 1/13/2025 at 7:56 AM revealed NA-D continued to have no gloves or gown donned. NA-D assisted Resident 13 with rolling side to side to apply the full hoyer sling to underneath Resident 13. NA-D rolled Resident 13 to their right side and grazed their clothing against Resident 13.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | An observation on 1/13/2025 at 7:57 AM revealed NA-H had entered Resident 13's room to assist with transferring Resident 13 to their wheelchair. NA-H and NA-D completed a full Hoyer transfer for Resident 13 from their bed to their wheelchair without the benefit of donning gloves or a gown.<br><br>An interview on 1/13/2025 at 8:05 AM with NA-D revealed NA-D does not apply a gown or gloves during Resident 13's care as Resident 13's wound is covered and not leaking.<br><br>An interview on 1/13/2025 at 8:08 AM with NA-H revealed NA-H does not apply a gown or gloves as they are not providing wound care.<br><br>An interview on 1/13/2025 at 2:20 PM with the Infection Preventionist (IP) revealed the facility does not gown or glove for EBP unless the staff is providing wound or catheter cares. The IP was unaware of the EBP, PPE requirement during high-risk care activities. |

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| F 0947<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.<br><br>49766<br><br>Licensure Reference 175 NAC 12-006.04(B)(ii)(1)<br><br>Based on record reviews and interviews, the facility failed to ensure 3 of 5 sampled employees had completed at least 12 hours of ongoing training as required. This had the potential to affect all 30 residents residing within the facility.<br><br>Findings are:<br><br>A record review of an undated facility policy Nurse Aide Training Program indicated that each nurse aide shall be provided at least 12 hours of ongoing training annually.<br><br>A record review of an undated facility-provided list that included employee's name, their respective hire dates, and titles revealed Nurse Aide (NA) - F was hired on 5/17/2023, NA-E was hired on 10/28/1999, and NA-D was hired on 4/1/2022.<br><br>A. A record review of NA-F's Relias Transcript with a print date of 1/13/2025 revealed the following:<br><br>-The course of Minimizing Trips, Slips, and Falls for a credit of 0.25 hours was completed twice, once on 11/4/2024 and 11/1/2024.<br><br>-The course of HIPAA Basics for a credit of 0.5 hours was completed twice, once on 11/1/2024 and 9/13/2024.<br><br>-The course of Electrical Safety: The Basics for a credit of 0.25 hours was completed twice, once on 11/1/2024 and 9/13/2024.<br><br>-The course of Lockout/Tagout Procedures for a credit of 0.25 hours was completed twice, once on 11/1/2024 and 9/13/2024.<br><br>-The transcript revealed a total hour of 4.75 hours of ongoing training completed for the year; however, after the removal of the duplicate courses, NA-F had a total of 3.5 hours of ongoing training completed for the year.<br><br>B.A record review of NA-E's Relias Transcript with a print date of 1/13/2025 revealed the following:<br><br>-The course of Latex Allergies: What You Need to Know for a credit of 0.25 hours was completed twice, once on 11/8/2024 and 8/26/2024.<br><br>-The course of Dementia Care: CMS Hand in Hand Module 1: Understanding the World of Dementia: The Person and Disease for a credit of 1 hour was completed twice, once on 11/1/2024 and 8/26/2024.<br><br>(continued on next page) |

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| F 0947<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -The course of Dementia Care: CMS Hand in Hand Module 2: Being with a Person with Dementia: Listening and Speaking for a credit of 1 hour was completed twice, once on 11/1/2024 and 8/26/2024.<br><br>-The course of Dementia Care: CMS Hand in Hand Module 3: Being with a Person with Dementia: Actions and Reactions for a credit of 1 hour was completed twice, once on 11/1/2024 and 8/26/2024.<br><br>-The course of Dementia Care: CMS Hand in Hand Module 4: Being with a Person with Dementia: Making a Difference for a credit of 1 hour was completed twice, once on 11/1/2024 and 8/26/2024.<br><br>-The course of Dementia Care: CMS Hand in Hand Module 5: Preventing and Responding to Abuse for a credit of 1 hour was completed twice, once on 11/1/2024 and 8/26/2024.<br><br>-The transcript revealed a total hour of 14.5 hours of ongoing training completed for the year; however, after the removal of the duplicate courses, NA-E had a total of 9.25 hours of ongoing training completed for the year.<br><br>C. A record review of NA-D's Relias Transcript with a print date of 1/13/2025 revealed a total of 10 hours of ongoing training.<br><br>An interview on 1/13/2025 at 2:22 PM with the Director of Nursing (DON) revealed the following:<br><br>- The DON was aware of the 12-hour ongoing training requirement for the year. The DON stated the DON is responsible for tracking the training and tracks the training on a January-to-January basis.<br><br>- The DON confirmed NA-F had completed duplicate courses and had completed a total of 3.5 hours of ongoing training for the year.<br><br>- The DON confirmed NA-E had completed duplicate courses and had completed a total of 9.25 hours of ongoing training for the year.<br><br>-The DON confirmed NA-D had a total of 10 hours of ongoing training for the year. |