

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2026
NAME OF PROVIDER OR SUPPLIER Parkside Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 607 North Main Street Stuart, NE 68780	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>Based on record review and interview the facility failed to complete the required background checks for 2 or 5 sampled staff to protect residents from potential abuse. The facility census was 27. Findings are: A. Review of the undated facility policy Parkside Manor Abuse, Neglect, and Misappropriation of Resident Property revealed the following: -It was the policy of the facility to screen employees and volunteers prior to working with residents. Screening components include verification of references, certification and verification of license and criminal background checks. -Before new employees were permitted to work with residents, references provided by the prospective employees would be verified as well as appropriate board registrations and certifications regarding the prospective employee's background. The facility would not employ or otherwise engage individuals who had been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law. -A criminal background check would be conducted on all prospective employees as provided by the facility's policy on criminal background checks. A significant finding on the background would result in denied employment consistent with the criminal background check policy in accordance with State and Federal Regulation. B. Review of Nursing Assistant (NA)-J staff file revealed that NA-J had a hire on date of 8/5/25 and a Criminal Background Check had not been completed. Review of Dietary staff (DS)-L staff file revealed that DS-L had a hire on date of 9/26/25, a Criminal Background Check and Adult and Child Registry Check had not been completed. C. An interview with the Business Office Manager (BOM)-I on 3/9/26 at 3:00 PM confirmed all new employees were to have Criminal Background Checks and Adult/Child Central Registry Checks completed upon hire. Further interview with BOM-I confirmed that NA-J and DS-L did not have a Criminal Background Check completed upon hire and DS-L did not have an Adult/Child Central Registry Check completed upon hire to ensure the residents were protected from potential abuse.</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement a program that monitors antibiotic use.</p> <p>Based on record review and interview the facility failed to ensure Resident 26's Antibiotic was ordered in Accordance with the facility Antibiotic Stewardship program. The facility census was 27. Findings are:A. Review of the undated facility Antibiotic Stewardship Policy revealed the following:-It was the policy of Parkside Manor to maintain an Antibiotic Stewardship Program (ASP) with the mission of promoting the appropriate use of antibiotics to treat infections and reduce possible adverse events associated with antibiotic use.-To meet the Antibiotic Stewardship guidelines, orders would include dose, duration, route and indication for Antibiotics prescribed for each resident and would be tracked and kept in the medical record. B. Record review of Resident 26's March 2026 Treatment Administration Record (TAR) revealed an order for Tobradexame Suspension (steroid/antibiotic combination) instill one drop to both eyes four times daily as needed for a diagnosis of Blepharitis (inflammation of the eyelid) with a start date of 08/25/25 (no stop date indicated). Further review of Resident 26's TAR revealed that Resident 26 received the eye drop on March 4th and March 5th, 2026, for red eyes. Interview completed on 3/10/26 at 11:05 AM with the Director of Nursing (DON) confirmed that all antibiotic orders were to have a duration and Resident 26's order for Tobradexame eye drops did not have a documented duration.</p>		