

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Ponderosa Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 755 First Street Crawford, NE 69339	

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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>50105</p> <p>Licensure Reference Number 175 NAC 12-006.17(D)</p> <p>Based on record review and interview, the facility failed to ensure that quarterly statements of Resident Trust Accounts were sent to residents/residents' representatives as required for 1 (Resident 9) of 1 sampled resident. The facility identified a census of 24.</p> <p>Findings are:</p> <p>An interview on 11/18/2024 at 11:25 AM with Resident 9 revealed they had a resident trust account, and they were not receiving quarterly statements.</p> <p>A record review of an undated facility policy titled; Resident Personal Funds revealed the following:</p> <p>Accounting and Records:</p> <p>3. The individual financial record must be available to the resident through quarterly statement and upon request.</p> <p>An interview on 11/21/2024 at 8:06 AM with the Office Manager (OM) revealed they did not provided residents with accounting statements on a quarterly rotation.</p> <p>An interview on 11/21/2024 at 9:11 AM with the Administrator revealed they were aware that personal fund accounting statements were not being provided to residents.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49766</p> <p>Licensure Reference 175 NAC 12-006.09(H)(iv)(5)</p> <p>Based on record reviews and interviews, the facility failed to ensure bowel management was provided for 3 (Resident 12, 17, and 18) of 3 sampled residents. The facility identified a census of 24.</p> <p>Findings are:</p> <p>A record review of a facility policy, Constipation Management Policy with a date of 1/1/2024 revealed steps would be taken when a resident is experiencing constipation. The steps identified were: on day 2 - give prune juice, day 3 - give milk of magnesia, day 4 - give suppository, and day 5 - give an enema. The policy also revealed the facility was to monitor residents for changes in bowel habits, all bowel movements are to be charted, and interventions to treat constipation are to be charted.</p> <p>A.</p> <p>A record review of a Face Sheet revealed Resident 18 was admitted to the facility on [DATE] for acute cholecystitis (inflammation of the gallbladder).</p> <p>A record review of Resident 18's quarterly Minimum Data Set (MDS, a standardized assessment tool that measures health status in nursing home residents) with an Assessment Reference Date of 10/10/2024 revealed Resident 18 had short- and long-term memory impairment. It also revealed Resident 18 was dependent for toileting.</p> <p>A record review of Resident 18's Care Plan with a date of 9/17/2024 revealed a problem area stating that Resident 18 was terminally ill and had been admitted to hospice care on 7/12/2024. Interventions in this section stated to assess bowel function and administer medications, evaluating efficacy and adverse effects.</p> <p>A record review of Resident 18's physician's orders with a date of 11/19/2024 revealed Resident 18 was currently taking Senokot-S (a laxative) daily, Miralax (a laxative) daily as needed, and Morphine Sulfate (a pain medication) every hour as needed.</p> <p>A record review of Resident 18's bowel documentation from 7/12/2024 to 11/14/2024 revealed the following:</p> <ul style="list-style-type: none"> -Resident 18 had no bowel movement from 7/18/2024-7/23/2024 (6 days), -Resident 18 had no bowel movement from 8/12/2024-8/18/2024 (7 days), -Resident 18 had no bowel movement from 9/2/2024-9/4/2024 (3 days), -Resident 18 had no bowel movement from 9/27/2024-9/29/2024 (3 days), -Resident 18 had no bowel movement from 10/7/2024-10/9/2024 (3 days), <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>51122</p> <p>B.</p> <p>A record review of Resident 17's care plan revealed the following statements:</p> <p>-Problem, End of Life decline in ADLs, manifested by, Unable to ambulate. One of the approaches listed was, Nurses - Assess bowel function. The problem and approach were dated 8/22/24.</p> <p>-Problem, Indwelling urinary catheter, related to pressure ulcer of sacral region. One of the approaches listed was, Nurse aide - Record bowel movements. The problem and approach were dated 8/22/24.</p> <p>-Problem, Potential for adverse side effects, related to use of hypnotic medication. One approach listed was, Nurses - Monitor for adverse effects, one of the adverse effects listed was constipation. The problem and approach were dated 8/22/24.</p> <p>A record review of Resident 17's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used for care planning), dated 10/29/24, in Section GG revealed that Resident 12 was dependent on staff for toileting hygiene. Section H revealed that Resident 12 was always incontinent of bowel, that they did not have a toileting program, and that the resident had constipation.</p> <p>A record review of Resident 17's physician's orders revealed the following active as needed medication orders to treat constipation:</p> <p>-Bisacodyl (a laxative) 10 milligrams (mg) rectal suppository daily as needed for constipation, the order start date was 5/8/24.</p> <p>-Milk of Magnesia 30 milliliters (ml) suspension by mouth daily as needed for 3 days of no BM, the order start date was 5/28/24.</p> <p>-Senokot S (sennosides-Docusate 8.6 mg/50 mg) 1 tablet by mouth daily as needed for constipation, the order start date was 5/8/24.</p> <p>-Senokot (sennosides 8.6 mg) tablet by mouth twice a day as needed for constipation, the order start date was 6/24/24.</p> <p>A record review of Resident 17's untitled bowel output report from 8/2/24 to 11/20/24 revealed the resident had the following time periods without a bowel movement:</p> <p>-8/6/24 through 8/11/24 (6 days),</p> <p>-9/10/24 through 9/16/24 (7 days),</p> <p>-9/30/24 through 10/5/24 (6 days),</p> <p>-10/23/24 through 10/28/24 (6 days), and</p> <p>-10/30/24 through 11/4/24 (6 days).</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review of Resident 17's medication administration record (MAR) for the period between 8/1/24 and 11/20/24 revealed the following:</p> <ul style="list-style-type: none"> -The as needed Milk of Magnesia had not been administered. -The as needed Senokot had not been administered. -The as needed Bisacodyl was given once on 10/29/24 at 9:00 PM. -The as needed Senokot S was administered once on 11/16/24 at 9:05 AM. <p>An interview on 11/21/24 at 9:06 AM with the Director of Nursing (DON) confirmed there was no documentation of a bowel movement or any additional bowel interventions for Resident 17, (pharmaceutical or non-pharmaceutical), assessments, or notifications to the resident's provider during the identified time periods.</p> <p>C.</p> <p>A record review of Resident 12's care plan revealed the following:</p> <ul style="list-style-type: none"> -Problem and description, Functional incontinence - (Resident 12) is frequently incontinent of bladder and always continent of bowel, related to cognitive deficit. Approaches listed included, Nurses - Assist with toilet hygiene and toilet transfer as needed, and Nurses - Record bowel movements. The problem and approaches were dated 8/17/22. -Problem, Potential for Bleeding, related to anticoagulant therapy. One of the approaches listed was, Evaluate for constipation and employ preventative measures. The problem and approach were dated 8/18/22. -Problem and description, Potential for fluid volume deficit, manifested by, concentrated urine, and constipation. One approach listed was, Nurses - Monitor indicators of hydration, with an indicator listed of, stool output. All items were dated 8/18/22. -Problem, Potential for adverse side effects, related to use of antidepressant medication. One approach listed was, Nurses - Monitor for adverse effects, with an effect listed of constipation. The problem and approach were dated 8/18/22. <p>A record review of Resident 12's MDS dated [DATE], in Section GG revealed that Resident 12 was dependent on staff for toileting hygiene and toilet transfer. Section H revealed that Resident 12 was always continent of bowel, and that they did not have a toileting program. Section I revealed the resident had a diagnosis of constipation.</p> <p>A record review of Resident 12's active physician's orders revealed the following medications to treat constipation:</p> <ul style="list-style-type: none"> -Polyethylene glycol (Miralax) 17 grams by mouth daily, with an order start date of 5/7/24. <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>51560</p> <p>Licensure Reference 175 NAC 1-009.04(D)(i)(2)</p> <p>Based on observations, record review, and interview; the facility failed to ensure that 3 (Residents 5, 14, and 21) of 3 sampled residents' bathroom sinks maintained a water temperature of 120 degrees Fahrenheit or less. The facility identified a census of 24.</p> <p>Findings are:</p> <p>A record review of an undated facility policy titled Safe Water Temperatures revealed water temperatures will be set to a temperature of no more than 120 degrees Fahrenheit or the state's allowable maximum water temperature in resident rooms.</p> <p>A.</p> <p>An observation on 11/18/24 at 08:10 AM revealed a water temperature reading of 140 degrees Fahrenheit in Resident 5's bathroom sink.</p> <p>49766</p> <p>B.</p> <p>An observation on 11/18/2024 at 8:14 AM revealed a water temperature reading of 136 degrees Fahrenheit in Resident 14's bathroom sink.</p> <p>C.</p> <p>An observation on 11/18/2024 at 8:20 AM revealed a water temperature reading of 135 degrees Fahrenheit in Resident 21's bathroom sink.</p> <p>On 11/18/2024 from 10:42 AM to 10:54 AM, a walk through with the Administrator and the Maintenance Director was completed to confirm facility water temperatures.</p> <p>-Resident 5's bathroom sink water temperature was confirmed to be 141 degrees Fahrenheit.</p> <p>-Resident 14's bathroom sink water temperature was confirmed to be 139.4 degrees Fahrenheit.</p> <p>-Resident 21's bathroom sink water temperature was confirmed to be 139.6 degrees Fahrenheit.</p> <p>An interview conducted during the facility walk through on 11/18/24 with the Administrator and the Maintenance Director confirmed the water temperatures in the residents' bathroom sinks should not exceed 120 degrees Fahrenheit.</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50105</p> <p>Licensure Reference Number 175 NAC 12-006.09(J)(i)(1)</p> <p>Based on observation, record review, and interviews; the facility failed to provide dietitian services and ensure nutritional interventions were implemented to prevent further weight loss for 1 sampled resident (Resident 10). The facility identified a census of 24.</p> <p>Findings are:</p> <p>Record review of Resident 10's admission record revealed the resident was admitted to the facility on [DATE] with a diagnosis of heart failure, unspecified.</p> <p>Record review of Resident 10's Care Plan (a written interdisciplinary comprehensive plan detailing how to provide quality care for a resident) dated 5/03/2023 revealed a problem indicating that the resident was at nutritional risk. The care plan also revealed that the resident had been on Hospice and had since been discharged from Hospice services on 5/15/2024. The care plan identified nutritional strengths of the resident which revealed the resident could sometimes tell staff what they wanted to eat and that the resident was able to self-feed. Goals of the resident revealed that the resident would have foods they enjoyed. Approaches identified on the care plan revealed to monitor and record food intake, offer food substitutions as needed, and to provide small portions at lunch and supper. Another approach identified revealed for all staff to encourage the resident to eat and drink.</p> <p>Record review of Resident 10's weights in the medical record revealed the following weights:</p> <ul style="list-style-type: none"> -On 12/14/2023 the resident's weight was 183.8 pounds. -On 03/08/2024 the resident's weight was 171 pounds. -On 05/10/2024 the resident's weight was 174 pounds. -On 07/29/2024 the resident's weight was 169 pounds. -On 10/27/2024 the resident's weight was 161.5 pounds. -On 11/18/2024 the resident's weight was 158.8 pounds. <p>There were no other weights recorded for Resident 10 for the year 2024.</p> <p>Record review of Resident 10's dietician note on 04/04/2024 revealed that the resident has had a significant weight loss in the prior 90 days and that the resident had shown an insidious weight loss in the prior year. There was no evidence of any additional dietician's notes since that date.</p> <p>Record review of Resident 10's 60-day physician review on 09/20/2024 revealed that resident's sleeping had increased, intake had decreased, and that weight loss was identified as a 10 pound loss in 90 days. There were no new physician orders or interventions related to the resident's weight loss.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 10's 60-day physician review on 11/05/2024 revealed that the resident was not eating and weight continued to decline. There were no new physician orders or interventions related to the resident's weight loss.</p> <p>Record review of Resident 10's progress notes on 10/28/2024 revealed a quarterly review of dietary intakes at an average of 13% for breakfast, 42% for lunch and 71% for supper.</p> <p>An observation conducted on 11/18/2024 from 8:00 AM until 12:15 PM revealed Resident 10 was in bed during breakfast and mid-morning snack pass and was not offered a meal or a snack. Resident 10 was observed to be up at 12:15 PM at the lunch table waiting for lunch to be served, sleeping off and on. No assistance from staff was observed during the meal.</p> <p>A record review of Resident 10's intake on 11/18/24 for breakfast was documented at 0%, snack at 0%, and lunch was documented at 25%.</p> <p>An observation on 11/19/2024 at 8:00 AM revealed Resident 10 to be up and sitting at the table for breakfast. No assistance from staff was observed during the meal.</p> <p>A record review of Resident 10's intake on 11/19/24 was documented at 15% of their meal and 0% for their morning snack.</p> <p>Further observation on 11/19/24 from 12:30 PM until 1:30 PM revealed Resident 10 had remained up for lunch where a meal was provided, no assistance from staff was observed during the meal, and intake was documented at 5%.</p> <p>An observation on 11/20/2024 from 8:00 AM until 12:05 PM revealed Resident 10 was in bed during breakfast and mid-morning snack pass and was not offered a meal or snack during this time. Resident was observed to be up at 12:05 PM coming out to visit with family. Resident was observed at the lunch table eating, staying awake while family was nearby.</p> <p>A record review of Resident 10's intake on 11/20/24 for breakfast was documented at 0%, morning snack at 0%, and lunch was documented at 25%.</p> <p>An interview with the Dietary Manager (DM) on 11/20/2024 at 11:30 AM revealed that the Registered Dietician (RD) comes into the facility monthly and is alerted to review a set number of identified residents that require interventions, weight loss or gains, or who've had a change a condition. The DM also revealed that the amount of intake for all meals and snacks are documented daily by the Certified Nursing Assistant (CNA) in the CNA documentation portal on the Electronic Medical Record system, and that that this information was reviewed by the facility at quarterly conferences. The DM confirmed that they did not alert the RD that Resident 10 had not been receiving Hospice services since 05/15/2024 and that the resident was last seen by the RD on 04/04/2024. The DM confirmed that the RD was not made aware of the resident's weight loss and decrease of intakes.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50105</p> <p>Licensure Reference Number 175 NAC 12-006.19(C)(i)</p> <p>Licensure Reference NUMBER 175 NAC 12-006.18(D)</p> <p>Based on observation, interview, and record the facility failed to ensure that staff performed hand hygiene between resident rooms during laundry delivery to prevent the potential for cross-contamination. This affected 10 residents (Residents 2, 4, 6, 8, 12, 13, 15, 17, 20, and 21), and the facility failed to ensure nursing staff changed gloves and performed hand hygiene during wound care for 1 resident (Resident 17). The facility identified a census of 24.</p> <p>Findings are:</p> <p>A.</p> <p>An observation on 11/18/2024 at 12:45 PM revealed that Laundry Aide (LA)-G pushed a covered laundry cart into the 100 hallway. LA-G removed some folded clothing from a bin in the laundry cart and delivered the clothing into the room of Resident 13 and then exited the room. LA-G pulled back the cover on the laundry cart and removed some clothing on hangers and clothing from a bin in the cart, then re-covered the cart. LA-G carried the clothing into the room of Resident 6 and Resident 2 (roommates sharing the same room), left the laundry in the room and then exited the room. LA-G then pushed the cart in front of the room of Resident 8 and Resident 15 (roommates sharing the same room), opened the cover on the cart, removed some folded clothing from a bin in the cart, and some clothing on hangers in the cart. LA-G closed the cover on the cart and delivered the clothing into the room of Resident 8 and Resident 15. LA-G hung the clothes in the resident closet in the resident room and removed an empty hanger from inside the closet and carried the empty hangers out of the resident room and hung it on the rack inside the laundry cart. LA-G removed some folded clothing from a bin inside the laundry cart and some clothing on hangers from the cart and delivered them into the room of Resident 21 and placed the folded clothing into a drawer of the freestanding dresser in the resident's room and then hung the clothing on hangers in the resident's closet. LA-G removed 2 empty hangers from the resident closet and exited the resident room and placed the empty hangers on the rack inside the laundry cart. LA-G did not perform hand hygiene as required while delivering laundry to these resident rooms.</p> <p>An observation on 11/19/2024 at 1:36 PM revealed that LA-G pushed the covered laundry cart into the 100 hallway. LA-G uncovered the side of the cart and removed some clothing on hangers from the cart. LA-G put the cover back in place and delivered the clothes into the room of Resident 20 and hung the clothes in the closet. LA-G removed some empty hangers from the closet in the resident's room and carried the hangers to the laundry cart and placed the hangers on the rack in the laundry cart. LA-G did not perform hand hygiene. LA-G then pushed the covered laundry cart into the 200 hallway. LA-G removed some folded clothing from a bin in the laundry cart and delivered the clothing into the room of Resident 12 and then exited the room. LA-G did not perform hand hygiene as required while delivering laundry to these resident rooms.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Ponderosa Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 755 First Street Crawford, NE 69339	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview on 11/19/2024 at 1:49 PM with LA-G revealed that the facility provided education on washing hands, Alcohol Based Hand Rub (ABHR), and when to complete each. LA-G revealed that hand hygiene should be performed after leaving each resident room with hand sanitizer (ABHR).</p> <p>Record review of the undated facility policy titled, Monitoring Compliance with Infection Control revealed in section 3, Monitoring includes hand hygiene practices and availability of hand hygiene supplies.</p> <p>Interview on 11/21/2024 at 9:54 AM with the facility Director of Nursing (DON) revealed that the facility had an open Performance Improvement Plan (PIP) which included monthly audits of hand hygiene and hand sanitization, however, the PIP did not include the delivery of laundry. The DON stated that the facility had failed to audit the process of delivering laundry, hanging clothes in closet or placing in dresser and keeping laundry away from staff clothes, and well as hand sanitizing between room delivery.</p> <p>Interview on 11/21/23 at 10:00 AM with the facility DON confirmed that staff were expected to perform hand sanitization when going between resident rooms, including during laundry delivery.</p> <p>51122</p> <p>B.</p> <p>A record review of a facility policy titled, Wound Care, last revised in October 2010, revealed the procedure for changing a wound dressing. According to the policy, after discarding a soiled dressing with used gloves, the nurse is instructed to, Wash and dry your hands thoroughly, then put on new gloves prior to handling new dressings.</p> <p>A record review of Resident 17's physician's orders revealed that the resident had an active physician's order dated 11/15/24 which read, Nursing order: Clean both buttocks with wound cleanser, pat dry. Apply A&D ointment. Cover with ABD dressing twice a day.</p> <p>An observation of wound care on 11/19/24 at 2:20 PM for Resident 17 revealed that Licensed Practical Nurse (LPN)-H wore a gown and gloves while performing wound care for Resident 17. LPN-H removed a soiled dressing from the sacrum of Resident 17 while the resident was lying on their left side, cleansed the wound with a cleansing spray, applied A&D ointment, and put a new dressing on the resident while wearing the same pair of gloves throughout the procedure. No hand hygiene was performed and gloves were not changed between the removal of the soiled dressing and application of the new dressing.</p> <p>An interview with LPN-H on 11/19/24 at 2:30 PM confirmed the nurse did not change their gloves or perform hand hygiene between removing the soiled dressing and applying a new one for Resident 17.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285250	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/21/2024
NAME OF PROVIDER OR SUPPLIER Ponderosa Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 755 First Street Crawford, NE 69339	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49766</p> <p>Licensure Reference 175 NAC 12-006.04(B)(ii)(1)</p> <p>Based on record reviews and interview, the facility failed to ensure 4 of 4 sampled nurse aides had at least 12 hours of ongoing training including dementia and abuse training. This had the potential to affect all residents residing at the facility. The facility identified a census of 24.</p> <p>Findings are:</p> <p>A record review of a Facility Assessment for Ponderosa Villa with a date of 7/30/2024 revealed ongoing training is provided for all existing staff and includes topics of abuse and dementia.</p> <p>A record review of City of [NAME] dba Ponderosa Villa, a document that included a list of employees, their job titles, department, hire date, and license number revealed the following employee hire dates:</p> <ul style="list-style-type: none"> -Medication Aide (MA)-B was hired on 3/6/1998. -Nurse Aide (NA)-E was hired on 10/17/2022. -NA-A was hired on 9/1/2008. -NA-C was hired on 9/13/2023. <p>A record review of a document, User Learning with a date of 11/20/2024 for MA-B revealed a total of 5.25 training hours and no training regarding abuse or dementia over the prior 12 months.</p> <p>A record review of a document, User Learning with a date of 11/20/2024 for NA-E revealed a total of 6.75 training hours over the prior 12 months.</p> <p>A record review of a document, User Learning with a date of 11/20/2024 for NA-A revealed no training regarding abuse in the prior 12 months.</p> <p>A record review of a document, User Learning with a date of 11/20/2024 for NA-C revealed a total of 8.5 training hours over the prior 12 months.</p> <p>An interview on 11/21/2024 at 9:20 AM with the Office Manager (OM) confirmed the nurse aides should have at least 12 hours of training each year, including on the topics of abuse and dementia. The interview also confirmed MA-B, NA-E, NA-A, and NA-C had not met these requirements.</p>		