

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/12/2025
NAME OF PROVIDER OR SUPPLIER  Community Memorial Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1015 F Street Burwell, NE 68823	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Licensure Reference Number 175 NAC 12-006.09 (H) iii</p> <p>Based on observation, record review, and interview, the facility failed to complete skin assessments per facility policy and standards of practice for 1 resident (Resident 3), of 4 sampled residents. The facility census was 62.</p> <p>Findings are:</p> <p>A record review of a document from the Wound Care Education Institute and titled Best Practices for Wound Assessment and Documentation dated 04/17/2025 revealed that a foundational element of wound assessment is accurate wound measurements using a standardized method like length, width, and depth. To be time sensitive and consistent documenting the wound assessment at consistent intervals based on facility protocol.</p> <p>A record review of a facility policy titled Skin Assessment and dated 06/12/2025 revealed it is the facility policy to perform skin assessment weekly if the resident has a notable wound or has a Braden assessment score deemed as high risk.</p> <p>Review of an admission Record revealed the facility admitted Resident 3 on 03/05/2024 with diagnoses of chronic kidney disease (a condition where the kidneys are damaged and can not filter blood as well as they should), and actinic keratosis (a rough, scaly patch or bump on the skin caused by damage from ultraviolet radiation, typically from the sun).</p> <p>The Comprehensive (MDS), a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 03/22/2025 revealed Resident 3 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 13 indicating that the resident was cognitively intact.</p> <p>In an observation completed on 06/12/2025 at 11:15 AM Resident 3 was observed to have a discolored area to their right cheek. This area in the center was purple black fading into shades of maroon then fading into yellowing and light red color. The area covered the entirety of the upper half of the resident's cheek and had a small oval Band-Aid present at the center.</p> <p>In an interview completed on 06/12/2025 at 11:50 with Resident 3, Resident 3 when asked about their right cheek stated they were told by their provider that they, the resident, was applying their cream too hard in this area and that had probably caused the discolored area to their cheek and the cream was discontinued at this time. The residents denied incident, accident, or trauma to the area.</p> <p>(continued on next page)</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 - Few</p>	<p>In an interview completed on 06/12/2025 at 1:55 PM with Registered Nurse B (RN-B), RN-B stated that the resident had been self-administering a steroid cream to the Right cheek and the staff were applying an Urea cream (a cream that helps soften dry, rough or thick skin). The RN stated the resident developed the discoloration to the Right cheek and the provider was notified and the creams were discontinued. The RN confirmed that the facility completed skin assessments with documentation of alterations in skin integrity on a weekly basis. The RN stated these assessments are documented on the facility document titled Non-Pressure Skin Condition Report.</p> <p>A record review of a facility supplied document titled Non-Pressure Skin Condition Report and labeled with Resident 3 name on 06/12/2024 at 2:05 PM revealed on 05/05/2025 documentation including measurements and brief description of resident having a 4 centimeter (CM) circle on the right side below the resident's ear and a 1 CM X 3 CM area to the resident's right cheek that was documented as being dark red/purple in color. On 05-12-2025 documentation was present that the area behind the resident's ear was resolved. There was no documentation present for the area to the resident's right cheek.</p> <p>A record review of a facility supplied document titled Progress Notes revealed on 05/21/2024 documentation of the resident having bruising to most of the right side of the resident's face without rash. There was no documentation of measurements for this area.</p> <p>A record review of a facility supplied document titled Non-Pressure Skin Condition Report and labeled with Resident 3's name revealed on 05/26/2025 and 06/02/2025 documentation including measurements of right cheek. On 06/09/2025 documentation of discoloration and bruising to right face. There is no documentation of measurements for this area.</p> <p>In an interview completed on 06/12/2025 at 2:30 PM with the Director of Nursing (DON) the DON confirmed that a skin assessment is completed on residents with alterations in skin integrity weekly. The DON stated that the discoloration to Resident 3 right cheek was from an incident that occurred on 05/01/2025. The DON confirmed the initial documentation of this area on the 05/05/2025 Non-Pressure Skin Condition report, 05/21/2025 Progress Note, 05/26/2025, 06/02/2025, and 06/09/2025 Non-Pressure Skin Condition reports. The DON confirmed there was no documentation on this area from 05/05/2025 to 05/21/2025 and this time frame was greater than one week. The DON also confirmed that there were no measurements for this area present on the 06/09/2025 assessment.</p>