

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/08/2024
NAME OF PROVIDER OR SUPPLIER Blue Valley Lutheran Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 220 Park Avenue Hebron, NE 68370	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41938</p> <p>Licensure Reference Number 175 NAC 12-006.09</p> <p>Based on record review and interview, the facility failed to ensure that neurological checks (a series of physical tests that assess the nervous system to monitor for brain injury after a fall) were completed to monitor 1 of 3 residents reviewed (Resident 2) after an unwitnessed fall. This had the potential for resident change in condition to not be identified. The facility census was 32.</p> <p>Findings are:</p> <p>Record review of the undated facility procedure Falls and Neurological Assessments revealed that for unwitnessed falls the policy for required neurological checks to be conducted every 15 minutes x 4, every 30 minutes x 2, every hour x 2, every 2 hours x 2, every 4 hours x 2, then every shift for 72 hours. A set of vital signs (blood pressure, pulse, respirations, temperature) is required for each neurological check.</p> <p>Record review of the Admission Record dated 10/7/24 for Resident 2 revealed that Resident 2 admitted into the facility on [DATE].</p> <p>Record review of the Minimum Data Set (MDS, a mandatory comprehensive assessment tool used for care planning) for Resident 2 dated 7/28/24 revealed that Resident 2 had 1 fall with major injury since the previous assessment.</p> <p>Record review of the progress note dated 7/18/24 at 6:35 AM for Resident 2 revealed that a neighbor of Resident 2 pressed the call light to alert staff that a loud noise was heard coming from Resident 2's room. Staff observed Resident 2 sitting on their bottom in front of the bathroom sink. Resident 2 was assessed. It was noted that urine was all over the bathroom floor. Resident 2 stated that the resident stood from the toilet and slid down on their butt.</p> <p>Record review of the medical record for Resident 2 revealed no neurological checks were completed for Resident 2 following the resident's unwitnessed fall that occurred on 7/18/24.</p> <p>Interview on 10/7/24 at 3:14 PM with Registered Nurse-B (RN-B) revealed that neurological checks were to be done for all unwitnessed falls and witnessed falls with head injury.</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>Interview on 10/7/24 at 4:29 PM with the facility Minimum Data Set Coordinator (MDSC) (a facility nurse that utilizes a mandatory comprehensive assessment tool for care planning) confirmed that no neurological checks were completed for Resident 2 after the resident's fall on 7/18/24.</p> <p>Interview on 10/7/24 at 4:42 PM with the facility Director of Nursing (DON) confirmed that neurological checks were expected to be completed for all unwitnessed resident falls to monitor the resident for a change in condition.</p>		