

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285262	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/19/2025
NAME OF PROVIDER OR SUPPLIER  Heritage Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  909 17th Street Fairbury, NE 68352	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 47312</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)</p> <p>Based on interview and record review; the facility failed to notify the medical practitioner of a positive rapid COVID-19 (COVID-a mild to severe respiratory illness that is caused by a coronavirus) POC (point of care) test result in a timely manner for two (Resident 1 and Resident 4) and incorrectly notified the medical practitioner of a residents COVID-19 test result for one (Resident 3) of four sampled residents. The facility census was 48.</p> <p>Findings are:</p> <p>Review of facility provided list of residents COVID positive last 3 months, undated, revealed: Resident 1 and Resident 4 both tested positive on 12/27/24. Resident 3's name was not on the list.</p> <p>A.</p> <p>Review Resident 1's December 2024 Electronic Medication Administration Record (EMAR) revealed that on 12/27/24 Resident 1 had a positive COVID POC test.</p> <p>Review of Resident 1's progress notes revealed a note on 12/27/24 at 7:53 PM that revealed: Resident representative [name] updated of resident testing positive for COVID-19 today and is isolation at this time.</p> <p>Review of Resident 1's Physician Visit/Communication Form (PV/C), dated 12/27/24 3:19 PM revealed documentation that Resident 1 had tested positive for COVID that morning. Remains to have a cough and wheezes (abnormal lung sounds) to bilateral upper anterior/posterior (front/back) lobes, clear/diminished to bilateral lower anterior/posterior lobes (referring to lungs). Was seen in clinic on Tuesday and Dx (diagnosis) with Pneumonia (infection of the lungs) is on Xopenex (medication used to treat wheezing and shortness of breath) neb (nebulizer) txs (treatments) TID (three times a day) and Levofloxacin (antibiotic to treat infection) 750 milligrams (mg) daily for 7 days. Do we want to start [gender] on Paxlovid (medication used to treat COVID)?</p> <p>Review of Resident 1's Electronic Health Record (EHR) revealed no documentation that the medical practitioner had addressed the above form.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 2/19/24 at 1:39 PM, the Licensed Practical Nurse (LPN) confirmed that when a resident tests positive for COVID their medical practitioner along with family is to be notified at that time.</p> <p>In an interview on 2/19/24 at 2:39 PM, the Director of Nursing (DON) confirmed that there was no documentation in Resident 1's EHR that [gender] medical practitioner had addressed the PV/C Form from 12/27/24 that [gender] had tested positive for COVID. The DON revealed that [gender] reached out to the office and the office had no record of the form being received.</p> <p>B.</p> <p>Review Resident 4's December 2024 EMAR revealed that on 12/27/24 Resident 4 had a positive COVID POC test.</p> <p>Review of Resident 4's progress notes revealed a note on 12/27/24 at 6:18 AM that stated: Resident COVID tested . Results positive. No s/s (signs/symptoms) of COVID at this time. No nausea or vomiting. No c/o (complaints of) not feeling well, pain or discomfort or body aches.</p> <p>Review of Resident 4's EHR revealed [gender] medical practitioner was notified on 1/25/25 via a PV/C form that read: Resident is c/o cough since recovering from being COVID + (positive). The form revealed the medical practitioner dated, signed and returned the fax on 1/27/25.</p> <p>In an interview on 2/19/24 at 1:39 PM, the LPN confirmed that when a resident tests positive for COVID their medical practitioner along with family is to be notified at that time.</p> <p>In an interview on 2/19/24 at 2:39 PM, the DON confirmed that Resident 4's medical practitioner was not notified of [gender] testing positive for COVID until 1/25/25 and that the medical practitioner should have been notified at the time of the positive test on 12/27/24.</p> <p>C.</p> <p>Review of the facility Resident List Report, dated 2/19/25, revealed that Resident 3 and Resident 4 share a room.</p> <p>In an interview on 2/19/25 at 1:34 PM, Resident 3 confirmed that [gender] had not tested positive for COVID, and that Resident 4 had tested positive for COVID.</p> <p>Review Resident 3's December 2024 EMAR revealed that on 12/27/24 Resident 3 had a negative COVID POC test.</p> <p>Review of Resident 3's EHR revealed [gender] medical practitioner was sent a PV/C form on 12/27/24 at 15:30 (3:30 PM) that included: Resident tested positive for COVID this morning. May we have an order for Paxlovid? The form revealed the medical practitioner dated, signed and returned the fax on 12/27/24 with an order for Paxlovid.</p> <p>In an interview on 2/19/24 at 2:39 PM, the DON confirmed that Resident 3 did test negative for COVID, and that [gender] medical practitioner was incorrectly notified of [gender] COVID test result that resulted in a new order for Paxlovid.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>47312</p> <p>Licensure Reference Number 175 NAC 12-006.04(f)(i)(5)</p> <p>Based on interview and record review; the facility administered Paxlovid (a medication used to treat COVID-19 (COVID-a mild to severe respiratory illness that is caused by a coronavirus)) that was not positive of COVID per a rapid COVID POC (point of care) test for one (Resident 3) of 4 sampled residents. The facility census was 48.</p> <p>Findings are:</p> <p>In an interview on 2/19/25 at 1:34 PM, Resident 3 confirmed that [gender] had not tested positive for COVID and that [gender] received a medication for COVID. Resident 3 further confirmed that Resident 4 is [gender] roommate and that [gender] had tested positive for COVID.</p> <p>A.</p> <p>Review Resident 4's December 2024 Electronic Medication Administration Record (EMAR) revealed that on 12/27/24 Resident 4 had a positive COVID POC test.</p> <p>Review of Resident 4's progress notes revealed a note on 12/27/24 at 6:18 AM that revealed: Resident COVID tested . Results positive. No s/s (signs/symptoms) of COVID at this time. No nausea or vomiting. No c/o (complaints of) not feeling well, pain or discomfort or body aches.</p> <p>B.</p> <p>Review of Resident 3's electronic health record (EHR) revealed [gender] medical practitioner was sent via fax a Physician Visit/Communication form on 12/27/24 at 15:30 (3:30 PM) that included: Resident tested positive for COVID this morning. May we have an order for Paxlovid? The form revealed the medical practitioner dated, signed and returned the fax on 12/27/24 with an order for Paxlovid 300 milligram (mg)/100mg convenience pack one dose PO (by mouth) BID (twice a day) for 5 days.</p> <p>Review Resident 3's December 2024/January 2025 EMAR revealed that on 12/27/24 Resident 3 had a negative COVID POC test and an order for Paxlovid (300/100) oral tablet therapy pack 20x150mg and 10x100mg, give 1 packet by mouth twice a day for COVID s/s (signs/symptoms) until 1/3/25 with a start date of 12/27/24. Further review revealed that the Paxlovid was signed out as given twice a day from 12/27-12/31/24 and once a day at 0800 (8:00 AM) from 1/1-1/3/25.</p> <p>In an interview on 2/19/25 at 2:23 PM, the Social Services (SS) Supervisor confirmed that a fax was sent to Resident 3's medical practitioner on 12/27/24 that stated [gender] was positive for COVID and that a new order for Paxlovid was received.</p> <p>In an interview on 2/19/25 at 3:29 PM, the Director of Nursing confirmed that Resident 3 had received the doses of Paxlovid as indicated on [gender] December and January EMARs and should not had because [gender] was not positive for COVID and that Resident 4 had been the one that tested positive for COVID.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the Paxlovid.com website revealed the following: What is Paxlovid? Paxlovid is a prescription medicine used to treat mild-to-moderate coronavirus disease 2019 (COVID-19) in adults who are at high risk for progression to severe COVID-19, including hospitalization or death. Paxlovid is not approved for use as pre-exposure or post-exposure treatment for prevention of COVID-19.</p>		