

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2024
NAME OF PROVIDER OR SUPPLIER Louisville Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 410 West 5th Street Louisville, NE 68037	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>47312</p> <p>Based on record review and interview; the facility failed to submit an investigation to the state agency within the required five working days for 3 (Residents 1, 2, and 3) of 3 sampled residents. The facility census was 40.</p> <p>Findings are:</p> <p>A. Review of Resident 2's Progress Note dated 1/25/24 at 10:51 PM revealed: at 6:00 PM the writer saw two residents hitting at each other. When asked what happened, resident (Resident 2) stated the other resident (Resident 1) came over and hit [gender] on the face. Resident (Resident 2) retaliated and started hitting back. The resident was unable to say why or what happened. Resident 1 was at resident's (Resident 2) table. No injury noted at this time. Both residents were separated. Resident 1 was moved to [gender] table. Both POAs (power of attorney) called. PCP (primary care physician) and supervisor notified. APS (Adult Protective Services) called.</p> <p>Review of the facility reportable investigations in the last two months revealed no investigation was completed for Resident 1 and Resident 2.</p> <p>Interview on 3/4/24 at 11:22 AM, the Director of Nursing (DON) confirmed that a facility investigation was not submitted to the state agency on Resident 1 and Resident 2 within the required five working days.</p> <p>B. Review of Resident 3's Progress Note dated 2/8/24 at 10:16 PM revealed individuals were yelling for help. The Progress Note revealed Resident 3 was in the dining room lying on their right side on the floor with the wheelchair behind them. There was blood on the floor. Resident 3 was assisted to lying on their back and noted an approximate 3.5 centimeters (cm) laceration on their left forehead. Resident 3 complained of pain at the site. Resident 3's range of motion was normal for the resident and did not have complaints of pain to any other sites. The Progress Note revealed pressure was applied to the forehead and the resident was assisted to the wheelchair with 3 staff assist. Resident 3's bleeding to the laceration had stopped. Notifications were made to 911, the Assistant Director of Nursing, and the resident's family member. Emergency Medical Technicians arrived and resident departed to the hospital. The facility staff notified APS at approximately 8:08 PM.</p> <p>Review of the facility reportable investigations in the last two months revealed no investigation was completed for Resident 3.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 285267
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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 3/4/24 at 11:23 AM, the DON confirmed that a facility investigation was not submitted to the state agency on Resident 3 within the required five working days.</p>