

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285271	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/15/2025
NAME OF PROVIDER OR SUPPLIER Northfield Retirement Communities Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2100 Circle Drive Scottsbluff, NE 69361	

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 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49263</p> <p>Based on record review and interview, the facility failed to provide a written summary of the baseline care plan to 1 (Resident 1) of 3 sampled residents. The facility census was 51.</p> <p>Findings Are:</p> <p>A record review of a facility policy Care Plans-Baseline with a last revised date of March 2022, revealed that a baseline plan of care to meet the resident's immediate health and safety needs is developed for each resident within 48 hours of admission. The policy also stated that the resident and/or representative are to be provided a written summary of the baseline care plan.</p> <p>A record review of Resident 1's Admission Record revealed the resident was admitted to the facility on [DATE].</p> <p>A record review of Resident 1's medical records revealed no evidence that a written summary of Resident 1's baseline care plan had been provided to the resident or their representative.</p> <p>An interview on 1/15/2025 at 1:05 PM with the Social Services Director (SSD) confirmed that a written summary of Resident 1's baseline care plan had not been provided to the resident or their representative.</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 0844</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Follow rules about disclosure of ownership requirements and tell the state agency about changes in ownership and/or administrative personnel.</p> <p>49263</p> <p>Licensure Reference Number 175 NAC 12-006.01(G)&(H)</p> <p>Based on record review and interview, the facility failed to notify the State Agency of a change in administrator within 5 working days as required. This had the potential to affect all residents who resided within the facility. The facility census was 51.</p> <p>Findings Are:</p> <p>A record review of a facility provided document titled Change of Administrator or Director of Nursing Notification Form revealed that the facility had a change in administrator on 10/11/2024.</p> <p>A record review of a facility provided email exchange revealed that the facility had emailed the Change of Administrator or Director of Nursing Notification Form related to the change in administrator that occurred on 10/11/2024 to the State Agency on 11/8/2024.</p> <p>An interview on 1/15/25 at 1:33 PM with the Administrator confirmed that the facility did not send the notification email regarding the facility's change in administrator that occurred on 10/11/2024 to the State Agency until 11/8/2024 and that this was outside of the required timeframe.</p>		