

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285277	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Sutton Community Home, Inc.		STREET ADDRESS, CITY, STATE, ZIP CODE 1106 North Saunders Sutton, NE 68979	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>49382</p> <p>Licensure Reference Number 12-006.09(l)</p> <p>Based on record reviews, interviews, and observations the facility failed to develop, evaluate, and monitor interventions to prevent further elopement for 2 residents (Resident 11 and 12) of 5 sampled resident. The facility census was 23.</p> <p>Findings Are:</p> <p>Record review of a facility policy titled Elopements and Wandering Residents dated 6/20/2023 revealed interventions to increase staff awareness of the resident's risk, modify the resident's behavior, or to minimize risks associated with hazards will be added to the resident's Care Plan (a written interdisciplinary comprehensive plan detailing how to provide quality care for a resident).</p> <p>A record review of an Admission Record dated 9/9/2024 revealed the facility admitted Resident 12 on 10/13/2021 with diagnoses that included mild cognitive impairment (when a person had trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life), anxiety disorder (a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities), and cerebrovascular disease (a condition affecting the blood flow to a person's brain).</p> <p>A record review of Resident 12's Annual Minimum Data Set (MDS) (a mandatory comprehensive assessment tool that measures the health status of nursing home residents and is used for care planning), dated 7/17/2024 revealed Resident 12 had a Brief Interview for Mental Status (BIMS) (a brief screening tool that aids in detecting cognitive impairment) score of 4/15 which indicated the resident was severely cognitively impaired. The resident was coded to have not exhibited the behavior of wandering during the look back period of the assessment and was independent with ambulating throughout the facility without an assistive device. Resident 12 was coded to have a wander guard device present.</p> <p>A record review of Resident 12 Care Plan dated 9/9/2024 revealed a Focus of the resident tended to wander aimlessly at times and had made requests to go home, placing the resident at risk for elopement due to a diagnosis of dementia. Also, that the resident had an actual elopement on 12/10/2023. This section was dated 9/22/2023 and revised on 12/14/2023. Interventions were listed as:</p> <p>-The resident would be calm and self-assured, dated 9/22/2023.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Staff were to ensure the lighting was adequate for the resident and the resident had on proper fitting clothing and shoes, dated 9/22/2023.</p> <p>-Staff were to intervene as needed to protect the rights and safety of others and approach the resident in a calm manner, divert their attention and remove or take the resident to another location as needed, dated 9/22/2023.</p> <p>-A wander guard bracelet was placed and was to be checked twice daily and changed per expiration guidelines, dated 9/22/2023.</p> <p>There were no new interventions or changes in interventions listed on Resident 12's care plan on or after the elopement that occurred on 12/10/2023.</p> <p>A record review of Resident 12's Progress Notes revealed:</p> <p>-12/10/2023 at 1:44 PM the resident was actively exit seeking in the afternoon looking for children believing they were missing outdoors. Redirection by multiple staff members was ineffective and the nurse sat with the resident for several minutes and was able to calm the resident down.</p> <p>-12/10/2023 at 10:50 PM the resident was exit seeking and telling staff to leave the resident alone. The resident would stick their tongue out at staff when staff would not allow the resident to open the front door. No interventions were documented being attempted to assist with this behavior.</p> <p>-12/10/2023 11:29 PM the resident was observed/found walking outside the facility across the lawn. Staff were able to get the resident to return into the facility without incident. The resident had no injuries.</p> <p>-12/10/2023 2:35 AM the resident continued to be upset at staff. The resident did finally go to bed and rest with their eyes closed at that time.</p> <p>A record review of Resident 12's medical records revealed no evidence of new interventions being implemented to assist in preventing the resident from eloping from the facility after the resident was identified to be actively exit seeking. There was also no evidence of any changes to current interventions or new interventions being put into place after the resident eloped from the facility to prevent the resident from eloping again.</p> <p>In an interview on 9/11/2024 at 1:48 PM with the Director of Nursing (DON), the DON confirmed that Resident 12 had been actively exit seeking and then eloped from the facility on 12/10/2023 and no new intervention were implemented to prevent the resident from eloping from the facility when they were actively exit seeking and at risk for eloping from the facility.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>49382</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)</p> <p>Based on record reviews and interviews, the facility failed to ensure 1 (Resident 12) of 5 sampled residents were monitored to promote or maintain the resident's highest practicable mental, physical, and psychosocial well-being while taking an antipsychotic medication. The facility census was 23.</p> <p>Findings are:</p> <p>A record review of a facility policy titled Use of Psychotropic Medications and dated 12/04/2022 revealed residents who receive an antipsychotic medication will have an Abnormal Involuntary Movement Scale (AIMS, a test that measures for extra pyramidal or involuntary body movements which is a side effect of taking an antipsychotic medication), performed on admission, quarterly, with a significant change in condition, change in antipsychotic medication and as needed.</p> <p>A record review of an Admission Record dated 9/9/2024 revealed the facility admitted Resident 12 on 10/13/2021 with diagnoses that included mild cognitive impairment (when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life), anxiety disorder (a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities), and dementia (a term for several diseases that affect memory, thinking, and the ability to perform daily activities).</p> <p>A record review of Resident 12's Annual Minimum Data Set (MDS, a mandatory comprehensive assessment tool that measures the health status of nursing home residents and is used for care planning), dated 7/17/2024 revealed Resident 12 had a Brief Interview for Mental Status (BIMS, a brief screening tool that aids in detecting cognitive impairment) score of 4/15 which indicated the resident was severely cognitively impaired. The resident was coded to have not exhibited any behaviors during the look back period and received routine antipsychotic medication.</p> <p>A record review of Resident 12's Care Plan dated 9/9/2024 revealed a Focus of Resident 12 used psychotropic medications due to behavior management, dementia, mood disturbance and anxiety dated 7/24/2024. Interventions were listed as:</p> <ul style="list-style-type: none"> -Administer psychotropic medications as ordered and monitor for side effects and effectiveness every shift, dated 7/24/2024. -Consult with the pharmacy and provider to consider dosage reduction when clinically appropriate or at least quarterly, dated 7/24/2024. -Educate the resident, family, and/or caregivers about risks, benefits and side effects, dated 7/24/2024. -The resident was being seen by a provider for behavioral medication management, dated 7/24/2024. <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Staff were to monitor, document, and report any adverse reactions of psychotropic medications such as unsteady gait, tardive dyskinesia, and extra pyramidal effects, dated 7/24/2024.</p> <p>- Staff were to monitor and record occurrences of target behaviors of nervousness, irritability and on-edge, delusions, thinking people are talking about them or taking the residents items, and the resident looking for their husband or kids, dated 7/24/2024.</p> <p>A record review of Resident 12's Electronic Medical Health Record on 9/10/2024 at 9:30 AM revealed Resident 12 had an AIMS assessment completed on 7/18/2024. There was no evidence of any other AIMS assessments being completed for Resident 12.</p> <p>A record review of Resident 12's physician orders revealed Resident 12 started receiving Olanzapine (and antipsychotic medication) 2.5 milligram (mg) every night at bed time on 1/22/2024.</p> <p>In an interview on 9/11/2024 at 2:30 PM with the facility Director of Nursing (DON), the DON confirmed that Resident 12 started receiving a routine antipsychotic medication on 1/22/2024 and that no AIMS assessment had been completed until 7/18/2024. The DON confirmed the facility policy was for an AIMS assessment to be completed with a change in antipsychotic medication and this was not done for Resident 12.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49382</p> <p>Licensure Reference Number 175NAC 12-006.11(E)</p> <p>Based on observation, record review, and interview; the facility failed to ensure food items were stored and labeled per the Food Code, and failed to perform hand hygiene as required during meal service to prevent the potential for foodborne illness. This had the potential to affect all residents who ate food prepared in the kitchen. All residents residing in the facility received food and used dishes from the kitchen. The facility census was 23.</p> <p>Findings are:</p> <p>A.</p> <p>A record review of a facility policy titled Food Receiving and Storage and dated 2014 revealed all foods stored in the refrigerator or freezer will be covered, labeled, and dated. The policy also stated that wrappers of frozen foods must stay intact until the time of thawing.</p> <p>In an observation on 9/9/2024 from 9:15 AM to 9:40 AM the following was observed in the kitchen food storage areas:</p> <p>-In the main kitchen double door refrigerator: a clear round plastic container 3/4 full of light [NAME]-pink moist half-moon shaped food items. A lid was on the container and there was not date written on the container.</p> <p>-In the main kitchen double door refrigerator: a tall, clear, round plastic container 1/4 full of light [NAME]-pink moist half-moon shaped food items with the manufacture's label intact which read Grapefruit Sections. There was no opened on or use by date written on the container.</p> <p>-In the 4-door freezer: a square frozen food item that was light brown in color with orange, light cream, and green specks throughout. This substance was surrounded by clear plastic and written on the plastic was Turkey Noodle. There was no date written on the plastic surrounding the frozen substance.</p> <p>-In the 4-door freezer, in a cardboard box that had been opened then had the top folded loosely shut was a clear, white plastic bag that was open and exposed to the elements of the freezer and contained round, yellow 1/4 inch thick patties. The manufacture's label on the outside of the cardboard box read Egg Patties.</p> <p>-In the outdoor walk-in refrigerator area were limp brown, green leafy stalks in a plastic bag that was opened at the top, exposing the item to the elements of the refrigerated area. There was no label stating what the item was and there was no date on the plastic surrounding the limp discolored stalks.</p> <p>(continued on next page)</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-In the outdoor walk-in refrigerator area there was thin-sliced dark pink food items in a plastic bag sitting on the top shelf. On the shelf below this, there was a food item covered with clear plastic and labeled Bread Pudding, there was no date present on the label.</p> <p>In an interview on 9/9/2024 at 9:40 AM with the DM, the DM confirmed that the items in the double door refrigerator, the item labeled Turkey Noodle, and the item labeled Bread Pudding were not labeled or dated properly. The DM confirmed the limp brown, green leafy stalks were celery and it was not labeled or stored properly, and that the thin-sliced dark pink food items were raw sliced ham and should not have been stored above any other food item in the refrigerator.</p> <p>B.</p> <p>A record review of the Nebraska Food Code dated 2017 revealed food employees shall clean their hands after handling soiled equipment or utensils, when switching between working with raw food and working with ready to eat food, before donning gloves to initiate a task that involves working with food and after engaging in other activities that contaminate the hands.</p> <p>In an observation of meal service completed on 9/11/2024 from 11:21 AM through 12:05 PM the following was observed:</p> <p>-Dietary Manager (DM), with gloved hands used a gray scoop to scoop red apple sauce from a clear container and place in white foam dishes on a brown tray. DM then gave the tray to Dietary Cook-H (DC-H). The DM removed the gloves from both of their hands, walked over to the counter, reviewed paperwork on the counter, then returned to the meal service area and placed gloves on both of their hands and proceeded to assist DC-H with meal service.</p> <p>-DC-H, with gloved hands, walked from the steam table over to the counter and opened the cabinet doors and obtained a clear plastic bag with sliced bread in it. DC-H, with their gloved hands, reached into the clear plastic bag, took out slices of bread with their gloved hand, and then placed the slices of bread into the toaster sitting on the counter. DC-H then closed the clear plastic bag and placed it back into the cupboard and shut the cupboard door with their gloved hand. DC-H then returned to the meal service area and with the same gloved hands began scooping food items from containers and placing items on a place on a tray.</p> <p>In an interview on 9/11/2024 at 11:30 AM the DM confirmed that they did not complete hand hygiene between glove changes when they were assisting with meal service.</p> <p>In an interview on 9/11/2024 at 12:00 PM, DC-H confirmed they should have completed hand hygiene and changed gloves when going from opening the cupboard and handling the bread to returning to serving the meal.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49382</p> <p>Licensure Reference Number 175NAC 12-006.04 (A)(ii)</p> <p>Based on record reviews and interviews, and observations; the facility and failed to ensure that pre-employment health history screenings were reviewed to prevent the potential for the transmission of contagious diseases for 4 of 4 sampled staff. The facility census was 23.</p> <p>Findings are:</p> <p>A record review of an undated and untitled list of facility employees revealed that Dietary Aide-H (DA-H) had a hire date of 6/24/2024.</p> <p>A record review of a document titled Medical History and Screening Form that was undated revealed that it was signed by DA-H.</p> <p>A record review of a document titled Medical History Questionnaire revealed the document listed DA-H's name and had a date of 6/24/2024.</p> <p>A record review of an undated and untitled list of facility employees revealed that Nurse Aide-I (NA-I) had a hire date of 6/24/2024.</p> <p>A record review of a document titled Medical History and Screening Form that was undated revealed that it was signed by NA-I and not dated.</p> <p>A record review of a document titled Medical History Questionnaire revealed the document listed NA-I's name and had a date of 6/24/2024.</p> <p>A record review of an undated and untitled list of facility employees revealed that Dietary Aide-G (DA-G) had a hire date of 6/24/2024.</p> <p>A record review of a document titled Medical History and Screening Form that was undated revealed that it was signed by DA-G.</p> <p>A record review of a document titled Medical History Questionnaire revealed the document listed DA-G's name and had a date of 6/24/2024.</p> <p>A record review of an undated and untitled list of facility employees revealed that Nurse Aide-J (NA-J) had a hire date of 6/24/2024.</p> <p>A record review of a document titled Medical History and Screening Form that was undated revealed that it was signed by NA-J.</p> <p>A record review of a document titled Medical History Questionnaire revealed the document listed NA-J's name and had a date of 6/24/2024.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an interview conducted on 9/11/2024 at 9:45 AM with the facility Infection Control Coordinator (ICC), the ICC confirmed they did not review the Medical History and Screening Form or the Medical History Questionnaire that were completed and turned in by all facility employees.</p> <p>In an interview conducted on 9/11/2024 at 10:00 AM with the Facility Administrator (FADM), the FADM confirmed that the ICC was responsible for prevention of potential transmission of contagious disease by staff.</p>		