

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285278	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER Nye Legacy Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3210 N Clarkson Fremont, NE 68025	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(H)</p> <p>Based on record review and an interview, the facility failed to ensure an as needed psychotropic medication (work by altering brain chemistry) had a 14-day stop date as required for Resident 18. This affected 1 of 3 residents review for unnecessary medication use. The facility census was 85.</p> <p>Findings Are:</p> <p>A record review of the facility policy Use of Psychotropic Medication Guideline with a date implemented of 2023 revealed:</p> <p>-PRN orders for all psychotropic drugs shall be used only when the medication is necessary to treat a diagnosed specific condition that is documented in the clinical record for a limited duration (i.e.14 days)</p> <p>-If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she shall document their rationale in the resident's medical record and indicate the duration for the PRN order.</p> <p>A record review of the admission Record with the printed date of 4/21/25 revealed Resident 18 was admitted to the facility on [DATE] with diagnoses of malignant neoplasm of prostate (a type of cancer that originates in the prostate gland, a male reproductive organ), secondary malignant neoplasm of bone (a cancerous growth that originates in the bone or cartilage. These tumors can either be primary (starting in the bone) or secondary (spreading from another part of the body, also known as bone metastasis), and adult failure to thrive (unexplained weight loss, malnutrition, and a decline in overall physical and mental health).</p> <p>A record review of Resident 18's Clinical Physician Orders with a printed date of 4/21/25 revealed a order for PRN (as needed) Lorazepam (slowing activity in the brain to allow for relaxation) with an end date of indefinite.</p> <p>An interview on 4/22/25 at 10:30 AM with the Director of Nursing (DON) confirmed that the PRN Ativan should have had a stop date on it and it did not have a stop date on it.</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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