

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285287	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/10/2025
NAME OF PROVIDER OR SUPPLIER  Mitchell Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1723 23rd Street Mitchell, NE 69357	

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 0607</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 175 NAC 12-006.04(A)(iii)(2)(a) Based on record review and interview, the facility failed to ensure a nurse aide registry check was completed as required for two of five sampled employees. This had the potential to affect all residents who resided within the facility. The facility census was 42. Findings Are: A record review of the facility's Abuse, Neglect, Mistreatment and Misappropriation of Resident Property policy with a review date of 6/17/2025 revealed in the Screening Components section that board registrations and certifications will be verified regarding the prospective employee's background. A record review of the [NAME] Care Center Employee Hire and Release Dates document dated 9/7/2025 revealed Licensed Practical Nurse (LPN)-A was hired on 7/11/2025 and Maintenance (Maint)-B was hired on 8/5/2025 as a Maintenance Assistant. A record review of LPN-A's employee files revealed no evidence of a Nurse Aide Registry check being completed. A record review of Maint-B's employee files revealed no evidence of a Nurse Aide Registry Check being completed. A record review of the Nebraska License Information System Search website revealed no results for Maint-B and revealed no disciplinary action had been taken against LPN-A's Nurse Aide certification. An interview on 9/8/25 at 11:15 AM with the Administrator confirmed a Nurse Aide registry check had not been completed for LPN-A or Maint-B. The Administrator confirmed both employees did have the potential to have unsupervised access to all residents.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)(iv) Based on record review and interview, the facility failed to implement an effective bowel management program to prevent constipation for 2 (Residents 4 and 9) of 5 sampled residents. The facility census was 42. Findings Are:</p> <p>A record review of the facility's undated Policy and Procedure for Bowel Care Program revealed in the Steps section:</p> <ol style="list-style-type: none"> <li>1) If no BM (Bowel Movement) for 3 days, perform full GI (gastrointestinal) assessment and document in progress note. Administer Milk of Magnesia 30 milliliters (ML) by mouth. Document effectiveness.</li> <li>2) If no BM for 4 days, perform full GI assessment and document in progress note. Administer Dulcolax suppository rectally. Document effectiveness.</li> <li>3) If no BM for 5 days, perform full GI assessment, contact provider for recommendations, and document in progress note.</li> </ol> <p>A.</p> <p>A record review of Resident 9's Significant Change Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 6/10/2025 revealed the resident was always incontinent of bowels</p> <p>A record review of Resident 9's undated care plan revealed the resident had an Activities of Daily Living (ADL) self-care performance deficit, was to be checked/changed per protocol, and was dependent on staff for proper toileting hygiene. The Care Plan also revealed the resident was taking antidepressant, antipsychotic, and opioid pain medications and staff was to monitor the resident for side effects of each medication, which included constipation.</p> <p>A record review of Resident 9's Medication Administration Record (MAR) for August 2025 revealed the resident had an order for Magnesium Hydroxide Suspension 400 milligrams (MG)/5 milliliters (ML), give 30 ML by mouth for constipation. The order was in place for one day, 8/6/2025, and was administered that day. There were no other medications for bowel movements on the MAR.</p> <p>A record review conducted on 9/9/2025 of Resident 9's MAR for September 2025 revealed there were no medications for bowel movements on the MAR.</p> <p>A record review of Resident 9's Task: B&amp;B- Bowel Elimination documentation from 8/10/2025 through 9/8/2025 revealed the resident had no bowel movements on the following dates:</p> <ul style="list-style-type: none"> <li>-From 8/10/2025 through 8/13/2025, which was 4 days,</li> <li>-From 8/15/2025 through 8/18/2025, which was 4 days,</li> <li>-From 8/21/2025 through 8/25/2025, which was 5 days, and</li> </ul> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-From 9/1/2025 through 9/3/2025, which was 3 days.</p> <p>A record review of Resident 9's Progress Notes from 8/5/2025 through 9/9/2025 revealed there were no progress notes related to assessing Resident 9's bowels or interventions related to the resident's bowels.</p> <p>A record review of the Assessments section of Resident 9's electronic medical records from 8/5/2025 through 9/9/2025 revealed there were no assessments related to the resident's bowels.</p> <p>An interview on 9/9/2025 at 2:08 PM with the Director of Nursing (DON) confirmed Resident 9 had not had any bowel movements during the referenced timeframes. The DON also confirmed the facility had not followed their bowel protocol when Resident 9 had gone 3 or more days without a bowel movement.</p> <p>B</p> <p>A record review of Resident 4's Bowel and Bladder Elimination Record from 8/11/2025 through 9/9/2025 revealed documentation Resident 4 had No Bowel Movement for the following dates:</p> <p>-From 8/12/2025 through 8/15/2025, which was 4 days, and</p> <p>-From 9/7/2025 through 9/9/2025, which was 3 days</p> <p>A record review conducted on 9/8/2025 of Resident 4's active physicians' orders revealed the following order:</p> <p>-Senna-Docusate Sodium Oral Tablet 8.6-50 MG (give 1 tablet by mouth every 12 hours as needed for constipation, dated 5/31/2025</p> <p>A record review of Resident 4's Progress Notes from 8/11/2025 through 9/11/2025 revealed no evidence that the resident had been assessed related to lack of bowel movements during this timeframe.</p> <p>A record review of a Care Plan on ADL/S/Mobility Function section revealed under interventions I am continent of bowel with supervision/touching assist of one. Care Plan entry dated 9/07/2025 revised under nutrition, resident is under fluid restriction of 2 liters in 24 hours.</p> <p>A record review of Progress Notes from 8/13/2025 through 8/30/2025 revealed no evidence that the resident had been assessed related to their lack of bowel movements during this timeframe. There was also no charted evidence in the progress notes of Resident 4's chart being provided with physician ordered PRN medication Senna for constipation dated 5/31/2025.</p> <p>A record review of the Comprehensive Minimum Data Set (MDS, a federally mandated assessment tool for nursing homes) dated 7/07/2025 Section H: Bowel Continence, revealed resident is continent of bowel and is not on a toileting program.</p> <p>An interview with Registered Nurse (RN)-H was conducted on 9/09/2025 at 4:00 PM. During the interview RN-H confirmed the Bowel management documentation showed Resident 4 had not had a bowel movement in 4 days, and further confirmed the Medication Administration Record did not reflect that the as needed (PRN) medication Senna had been given for constipation during this time.</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 175 NAC 12-006.04(B)(ii)Licensure Reference Number 175 NAC 12-006.04(B)(ii)(1) Based on record review and interview, the facility failed to ensure 2 of 5 sampled nurse aides (NA) completed the required 12 hours of ongoing training annually and failed to ensure 5 of 5 sampled NAs had completed 4 hours of Alzheimer's care and dementia care training annually. This had the potential to affect all residents who reside within the facility. The facility census was 42. Findings Are: A record review of a facility document [NAME] Care Center Employee Hire and Release Dates dated 9/7/2025 revealed the following:-NA-C was hired on 6/25/2024,-NA-D was hired on 5/9/2024,-NA-E was hired on 8/10/2023,-NA-F was hired on 7/17/2023, and -NA-G was hired on 7/10/2019. A.A record review of a facility provided document Employee Training Tracker for NA-F for the timeframe of 7/10/2024-7/10/2025 revealed NA-F had completed 8 hours of ongoing training. A record review of a facility provided document Employee Training Tracker for NA-G for the timeframe of 7/17/2024-7/17/2025 revealed NA-G had completed 1 hour of ongoing training. An interview on 9/9/2025 at 9:55 AM with the Director of Nursing (DON) confirmed NA-F and NA-G had not completed the required 12 hours of ongoing training annually. B.A record review of a facility provided document Employee Training Tracker for NA-C for the timeframe of 6/25/2024 through 6/25/2025 revealed NA-C had not completed any Alzheimer's care or dementia care training. A record review of a facility provided document Employee Training Tracker for NA-D for the timeframe of 5/9/2024 through 5/9/2025 revealed NA-D had not completed any Alzheimer's care or dementia care training. A record review of a facility provided document Employee Training Tracker for NA-E for the timeframe of 8/10/2024 through 8/10/2025 revealed NA-E had not completed any Alzheimer's care or dementia care training. A record review of a facility provided document Employee Training Tracker for NA-F for the timeframe of 7/17/2024 through 7/17/2025 revealed NA-F had not completed any Alzheimer's care or dementia care training. A record review of a facility provided document Employee Training Tracker for NA-G for the timeframe of 7/10/2024 through 7/10/2025 revealed NA-G had not completed any Alzheimer's care or dementia care training. An interview on 9/9/2025 at 9:55 AM with the Director of Nursing (DON) confirmed NA-C, NA-D, NA-E, NA-F, and NA-G had not completed the required 4 hours of Alzheimer's care and dementia care training annually.</p>