

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Hillcrest Millard		STREET ADDRESS, CITY, STATE, ZIP CODE 13225 Westwood Lane Omaha, NE 68144	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49164</p> <p>Licensure Reference Number 175 NAC 12.006.04(F)(i)(5)</p> <p>Based on interview and record review the facility failed to notify the physician and obtain treatment orders for a pressure ulcer for 1 (Resident 61) of 1 resident sampled. The facility census was 60.</p> <p>The findings are:</p> <p>Record review of Resident 61's Electronic Health Record (EHR, is a digital version of a patient's paper chart) revealed a nursing admission screening/history document dated 09-03-2024 revealed an admitted [DATE] and Resident 61 had diagnosis of Diabetes Mellitus and anemia, required staff assistance with bed mobility and was dependent on staff for transfers. The document also revealed Resident 61 had a history of pressure ulcers.</p> <p>Record review of a Brief Interview of Mental Status (BIMS, an assessment that aids in detecting cognitive impairment. A score of 0-7 equals severe impairment, 8-12 indicates moderate impairment and 13-15 indicates cognitively intact) dated 09-05-2024 revealed a score of 14 indicating cognitively intact.</p> <p>An interview with Resident 61 on 09-09-2024 at 9:38 AM revealed Resident 61 reported having a pressure ulcer to the buttocks.</p> <p>Record review of Resident 61's Treatment Administration Record (TAR) printed 09-10-2024 revealed a skin only assessment was scheduled for 09-03-2024 that was not signed as completed. The TAR did not have a treatment identified for the pressure ulcer to buttocks.</p> <p>An observation on 09-11-2024 at 7:39 AM of Nurse Tech (NT)B repositioning Resident 61 revealed a dressing dated 09-09-2024 on Resident 61's buttocks.</p> <p>An interview with Licensed Practical Nurse (LPN) C on 09-11-2024 revealed Resident 61 had a pressure ulcer to the coccyx (The coccyx, or tailbone, is a small triangle-shaped bone derived from the fusion of the four rudimentary coccygeal vertebrae at the bottom of the vertebral column) and was calling the doctor for treatment orders.</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: 285302
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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An observation of Resident 61 on 09-11-2024 at 8:55 AM with LPN C performing wound care revealed Resident 61 had a pressure ulcer to the coccyx.</p> <p>An interview conducted on 09-11-2024 at 12:46 PM with the facility's Regional Nurse Consultant (RNC) confirmed the physician was not notified and treatment orders were not obtained until 09-11-2024 for Resident 61.</p> <p>Record review of the facility's undated policy titled Hillcrest [NAME] Skin Integrity, Skin Injury Prevention Policy revealed the following:</p> <p>-Policy: to provide direction to the Clinical Team for obtaining correct orders for treatment in skin integrity and wound care concerns.</p> <p>All team members are responsible for preventing, caring for, and providing treatment to any patient/guest/elder/client that has altered skin integrity.</p> <p>-Purpose:</p> <ol style="list-style-type: none"> 1. To identify at risk/guests/patients/elders for potential altered skin integrity. 2. To prevent breakdown of skin tissue or ulcerations 3. To provide treatment that promotes prevention of altered skin integrity and to resolve existing areas of altered skin integrity. 4. To appropriately identify and utilize prevention techniques and pressure redistribution surfaces on guests/patients/elders at risk for altered skin integrity. <p>-Procedure:</p> <ol style="list-style-type: none"> 1. Licensed staff will perform a head-to-toe assessment upon admission/readmission and continue to do so routinely and as needed. The findings of each assessment will be documented per facility protocol on the admissions assessment form and/or skin assessment form. 2. Licensed staff members will complete a Braden Scale Assessment once the head-to-toe assessment is completed for all admissions/readmissions. 3. Any skin integrity issues identified will be documented and communicated to the physician. Areas identified will be communicated to the physician on Wound Letter communication forms. 		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50106</p> <p>Licensure Reference Number 175 NAC 12-006.19 and 12.006.19(B)</p> <p>Based on observation and interviews, the facility failed to maintain cleanliness of floors, toilets, equipment, and upkeep of the floors and walls in 4 resident rooms (157, 153, 104, and 142). The facility identified a census of 60.</p> <p>Findings are:</p> <p>Observations in room [ROOM NUMBER] on 9/9/24 at 11:28 AM and 9/10/24 at 1:40 PM revealed scratches where paint and dry wall had worn away on the bathroom door frame.</p> <p>Observations in room [ROOM NUMBER] on 9/9/24 at 11:28 AM and 9/10/24 at 1:25 PM revealed a carpet stain right inside the resident's room.</p> <p>Observations in room [ROOM NUMBER] on 9/9/24 at 1:45 PM and 9/10/24 at 1:30 PM revealed a toilet riser over the toilet with the foot pegs of the toilet riser sunken in the floor with the cement around the foot pegs worn away. The floor around the toilet was also stained.</p> <p>Observations in room [ROOM NUMBER] on 9/9/24 at 12:13 PM and 9/10/24 at 12:03 PM revealed a urinary catheter bag stained with blood in the bathroom sitting on a shower chair.</p> <p>Interview on 9/10/24 at 1:55 PM with the Maintenance Director (MD-A) confirmed room [ROOM NUMBER] had scratches where the paint and dry wall were worn away on the bathroom door frame. MD-A confirmed the carpet was stained in room [ROOM NUMBER]. MD-A confirmed the floor in room [ROOM NUMBER] needed cleaning and repaired.</p> <p>Interview on 9/10/24 at 1:47 PM with Regional Nurse Consultant (RNC) confirmed the urinary catheter bag stained with blood should have been removed from the room.</p> <p>Interview on 09/10/24 03:04 PM with the Facility Administrator (ADM) confirmed there had not been any housekeeping schedules. MD-A had accepted the position 9/10/24 after 3 months with no MD. The ADM reported that the ADM had overseen maintenance, laundry, and housekeeping for the past 3 months.</p>		

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<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** 17285</p> <p>Licensure Reference Number 175 NAC 12-006.09(F)(i)</p> <p>Based on record review and interview, the facility failed to ensure that the baseline care plan (BCP, a written plan required to be developed within 48 hours of admission detailing the instructions needed to provide initial effective and person-centered quality care for a resident) included significant medical information needed to provide care was completed for 2 (Residents 58 and 73) of 15 sampled residents reviewed for baseline care plans. The facility census was 60.</p> <p>Findings are:</p> <p>A. Record review of Resident 58's admission Face Sheet revealed an admitted [DATE]. Diagnoses included: Diabetes Mellitus Type 2 (DM insulin dependent) and Hypertension (HTN, high blood pressure), Atrial Fibrillation and Major Depressive Disorder</p> <p>Record review of Resident 58's admission Physician Orders dated 9/5/24 revealed the following orders for monitoring:</p> <ul style="list-style-type: none"> - Antidepressant behavior monitoring for signs / symptoms of target behaviors. Notify physician of increased behaviors or ineffective antidepressant medication. - Blood Glucose Monitoring four times a day for diabetes. Notify Medical Doctor [MD] of BS <70 or >400. - Hypoglycemic Episode - Conscious as needed for diabetes If patient is conscious and blood glucose level is less than 70, give 15-20 grams of carbs [carbohydrates] (IE: 4 ounces of apple juice) May give glucose gel, recheck in 15 minutes. Do not give hypoglycemic medications such as Metformin, etc. Notify MD/nurse on call. - Hypoglycemic Episode - Unconscious as needed for Hypoglycemic Episode If Patient is unconscious and blood glucose less than 70, administer injection of <p>Glucagon. Notify physician/nurse on call and/or call 9-1-1 for further medical intervention.</p> <ul style="list-style-type: none"> - Observe closely for side effects of Diuretic medication including decreased PO intake, acute confusion, agitation, delusions, aggression, lethargy, decreased sweating, tachycardia, hypotension, orthostasis, generalized weakness, sunken eyes one time a day for monitoring 'Y' if observed and select chart code 'Other/ See Nurses Notes' and write progress note of findings. 'N' if none were observed. - Observe closely for significant side effects of Antidepressant medication including drowsiness, blurred vision, dizziness, nausea, fatigue, trouble sleeping, dry mouth, hallucinations, other unusual changes in mood or behavior one time a day for monitoring 'Y' if observed and select chart code 'Other/ See Nurses Notes' and write progress note of findings. 'N' if none were observed. <p>(continued on next page)</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Pain Monitoring - Assess for pain every shift for monitoring Monitor for non-verbal S/S or C/O pain. Utilize [NAME] Scale for patients who are non-verbal. Utilize numeric scale for verbalization.</p> <p>Record review of Resident 58's Baseline Care Plan dated 9/5/24 revealed 2 problems identified on the BCP, transition needs / plans and nutritional risk. The BCP did not contain any information related to the increased need for blood pressure monitoring for HTN, blood sugar and basic monitoring for DM, use of antidepressants and monitoring for depression, bleeding risk associated with anticoagulant use [Eliquis medication], monitoring for use of diuretic medication [Torsemide] or pain monitoring for Resident 58.</p> <p>Interview on 9/11/24 at 12:42 PM with the Regional Nurse Consultant [RNC] confirmed that Resident 58's BCP did not contain significant medical information related to monitoring for Hypertension, monitoring for Diabetes Mellitus, increased bleeding risk, monitoring for diuretic use, pain monitoring and behavior monitoring for antidepressant use.</p> <p>B. Record review of Resident 73's admission Face Sheet revealed an admitted [DATE]. Diagnoses included: Diabetes Mellitus Type 2, Hypertension (HTN, high blood pressure) and Major Depressive Disorder.</p> <p>Record review of Resident 73's admission Physician Orders dated 8/29/24 revealed the following orders for monitoring:</p> <p>- Antidepressant behavior monitoring for signs / symptoms of target behaviors. Notify physician of increased behaviors or ineffective antidepressant medication.</p> <p>- Blood Glucose monitoring prn [as needed]. Call if <70 or >400 as needed for signs or symptoms of hypo or hyperglycemia [low or high blood sugar respectively].</p> <p>- Observe closely for significant side effects of Antidepressant medication including drowsiness, blurred vision, dizziness, nausea, fatigue, trouble sleeping, dry mouth, hallucinations, other unusual changes in mood or behavior one time a day for monitoring 'Y' if observed and select chart code 'Other/ See Nurses Notes' and write progress note of findings. 'N' if none were observed.</p> <p>- Pain Monitoring - Assess for pain every shift for monitoring Monitor for non-verbal signs/ symptoms or complaints of pain. Utilize [NAME] Scale for patients who are non-verbal. Utilize numeric scale for verbalization.</p> <p>Record review of Resident 73's Physicians Orders dated 8/29/24 revealed the following medications ordered for Resident 73:</p> <p>- Escitalopram Oxalate Tablet 20 MG Give 1 tablet by mouth in the morning for Depression.</p> <p>- Gabapentin Oral Capsule 100 MG (Gabapentin) Give 1 capsule by mouth two times a day for neuropathy [Nerve damage with pain symptoms].</p> <p>- Glipizide Oral Tablet 5 MG (Glipizide) Give 1 tablet by mouth in the morning for DIABETES.</p> <p>- Ibuprofen Oral Tablet 200 MG (Ibuprofen) Give 3 tablets by mouth every 8 hours for back pain</p> <p>(continued on next page)</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 73's Baseline Care Plan dated 8/29/24 revealed 1 problem identified on the BCP, fall risk. The BCP did not contain any information related to blood sugar and basic monitoring for DM, monitoring for depression or pain monitoring for Resident 73.</p> <p>Interview on 9/11/24 at 12:45 PM with the Regional Nurse Consultant [RNC] confirmed that Resident 73's BCP did not contain significant medical information related to monitoring of blood sugars for Diabetes Mellitus, pain monitoring or behavior monitoring for antidepressant use.</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49164</p> <p>Licensure Reference Number 175 NAC 12.006.09(H)(iii)(1)</p> <p>Based on observation, interview and record review the facility failed to identify, evaluate and provide treatment for a pressure ulcer for 2 (Resident 61 and 155) of 3 sampled residents. The facility census was 60.</p> <p>Findings are:</p> <p>A. Record review of Resident 155's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 06-07-2024 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> - Brief Interview of Mental Status (BIMS, an assessment that aids in detecting cognitive impairment. A score of 0-7 equals severe impairment, 8-12 indicates moderate impairment and 13-15 indicates cognitively intact) score of 15 indicating cognitively intact. -Required moderate assistance with bed mobility, transfers and lower body dressing. -Required maximal assistance with bathing. -Currently had a pressure ulcer. <p>Record review of Resident 155's Electronic Health Record ((EHR, is a digital version of a patient's paper chart)) revealed a nursing admission screening/history dated 05-31-2024 revealed Resident 155 had blanchable redness (a skin condition where redness disappears when pressure is applied to the area, and then returns when pressure is released) to the buttocks region. The EHR also revealed Resident 155 was discharged to the hospital on 06-10-2024.</p> <p>Record review of Resident 155's base line care plan dated 05-31-2024 revealed no skin issues.</p> <p>Record review of a Skin Only Evaluation Sheet dated 06-04-2024 revealed Resident 155 had unmeasured excoriation (a place where your skin is scraped or abraded) to buttocks, and an unmeasured open wound to the sacrum.</p> <p>Record review of Resident 155's Treatment Administration Record (TAR) revealed no treatment for excoriation to the buttocks or treatment for an open area to the sacrum until 06-10-2024.</p> <p>Record review of the facility's policy titled Hillcrest [NAME] Skin Integrity, Skin Injury Prevention Policy revealed the following:</p> <p>Policy: to provide direction to the Clinical Team for obtaining correct orders for treatment in skin integrity and wound care concerns.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>All team members are responsible for preventing, caring for, and providing treatment to any patient/guest/elder/client that has altered skin integrity.</p> <p>Purpose:</p> <ul style="list-style-type: none"> -To identify at risk/guests/patients/elders for potential altered skin integrity. -To prevent breakdown of skin tissue or ulcerations -To provide treatment that promotes prevention of altered skin integrity and to resolve existing areas of altered skin integrity. -To appropriately identify and utilize prevention techniques and pressure redistribution surfaces on guests/patients/elders at risk for altered skin integrity. <p>Procedure:</p> <ul style="list-style-type: none"> -Licensed staff will perform a head-to-toe assessment upon admission/readmission and continue to do so routinely and as needed. The findings of each assessment will be documented per facility protocol on the admissions assessment form and/or skin assessment form. -Licensed staff members will complete a Braden Scale Assessment once the head-to-toe assessment is completed for all admissions/readmissions. -Any skin integrity issues identified will be documented and communicated to the physician. Areas identified will be communicated to the physician on Wound Letter communication forms. -Nurse techs will complete visual body audits daily with every basic ADL (Activities of Daily Living) care and bathing occurrence. If there are concerns, the tech will notify the nurse immediately through verbal communication. -Notification to the Registered Dietician will occur with any significant skin integrity change or new admission with impaired skin integrity. -A skin integrity plan of care will be initiated for prevention and risk for development and/or reduction of impaired skin integrity. <p>An interview with the Regional Nurse Consultant (RNC) on 09-11-2024 at 12:46 PM confirmed interventions to promote healing and treatment of Resident 155's wounds to sacrum and buttocks were not obtained until 06-10-2024.</p> <p>B. Record review of Resident 61's Nursing Admission Screening/History document dated 09-03-2024 revealed Resident 61 had diagnosis of Diabetes Mellitus and Anemia, required staff assistance with bed mobility and was dependent on staff assistance for transfers. The document also revealed Resident 61 had a history of pressure ulcers.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of a Brief Interview of Mental Status (BIMS, an assessment that aids in detecting cognitive impairment. A score of 0-7 equals severe impairment, 8-12 indicates moderate impairment and 13-15 indicates cognitively intact) dated 09-05-2024 revealed a score of 14 indicating cognitively intact.</p> <p>An interview with Resident 61 on 09-09-2024 at 9:38 AM revealed Resident 61 had a pressure ulcer to the buttocks.</p> <p>Record review of a Braden Scale (The Braden Scale is a tool used to assess a patient's risk of developing pressure ulcers or injuries. The scale's total score ranges from 6-23, with lower scores indicating a higher risk of developing pressure ulcers. The risk categories are: 19-23: No risk, 15-18: Mild risk, 13-14: Moderate risk, 10-12: High risk, 9 and less: Very high risk) conducted for Resident 61 on 09-03-2024 revealed a score of 13 which indicated a moderate risk for pressure sore development. This review also revealed the absence of a skin assessment on 09-03-2024.</p> <p>Record review of Resident 61's Treatment Administration Record (TAR) printed 09-10-2024 revealed a skin only assessment was scheduled for 09-03-2024 that was not signed as completed. The TAR did not have a treatment listed for the pressure ulcer to the buttocks.</p> <p>An observation on 09-11-2024 at 7:39 AM of Nurse Tech (NT)B repositioning Resident 61 revealed a dressing dated 09-09-2024 on Resident 61's buttocks.</p> <p>An interview with Licensed Practical Nurse (LPN) C on 09-11-2024 at 8:03 AM revealed Resident 61 had an open area to the coccyx (The coccyx, or tailbone, is a small triangle-shaped bone derived from the fusion of the four rudimentary coccygeal vertebrae at the bottom of the vertebral column) and was calling the doctor for treatment orders.</p> <p>An observation of Resident 61 on 09-11-2024 at 9:15 AM with LPN C performing wound care revealed an open area to Resident 61's coccyx that was approximately 1 centimeter in length by 0.3 centimeters in width and approximately 0.1 centimeters in depth. The skin around the wound was red in color, the wound edges were pale pink in color and the wound bed was dark pink color.</p> <p>An interview with Resident 61 during the dressing change on 09-11-2024 at 9:15 AM revealed Resident 61 told the facility staff on the date of admission that (gender) had a pressure ulcer and requested an air mattress.</p> <p>A follow up observation during wound care for Resident 61 on 09-11-2024 at 9:20 AM revealed a non air mattress in use on Resident 61's bed.</p> <p>Record review of a progress note from Resident 61's healthcare practitioner dated 09-11-2024 revealed Resident 61 was seen for a stage 2 (stage 2, partial-thickness loss of skin with exposed dermis, presenting as a shallow) open ulcer pressure ulcer to the coccyx.</p> <p>An interview conducted on 09-11-2024 at 12:46 PM with the facility's Regional Nurse Consultant (RNC) confirmed a skin assessment was not conducted on admission, interventions to promote healing was not put into place and treatment orders were not obtained until 09-11-2024 for Resident 61.</p>		

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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>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49164</p> <p>Licensure Reference Number 12.006.09(1)</p> <p>Based on observation, interview and record review the facility failed to investigate and identify causal factors for injuries for 1 (Resident 56) of 5 sampled residents. The facility census was 60.</p> <p>Findings are:</p> <p>Record review of Resident 56's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) revealed an admitted [DATE] with diagnosis of Chronic Obstructive Pulmonary Disease (COPD), Respiratory Failure, Right Below the Knee Amputation (BKA) and anxiety. The MDS indicated Resident 56 required supervision with transfers, upper body dressing and hygiene and required moderate assistance with bathing and lower body dressing.</p> <p>An observation on 09-09-2024 at 9:23 AM revealed a foam island dressing to Resident 56's right elbow with the date 09-09-2024 written on the dressing.</p> <p>An interview on 09-09-2024 at 9:30 AM with Resident 56 revealed (gender) had bumped the right elbow on the handrail next to the toilet sometime last week.</p> <p>Record review of a progress note dated 09-03-2024 revealed Resident 56 had a new skin tear to the right elbow.</p> <p>Record review of a Hillcrest [NAME] communication sheet dated 09-08-2024 which revealed the staff communicated to the nurse practitioner that Resident 56 had 2 skin tears to the right upper extremity and requested treatment orders. The nurse practitioner responded with an order to cover the skin tears with a mepilex dressing, and change it every other day.</p> <p>Record review of a progress note for Resident 56 dated 09-09-2024 that indicated the facility staff received new orders from the Nurse Practitioner for wound care to right elbow. Cleanse with soap and water, pat dry, apply xeroform gauze to the skin tear and cover with mepilex every Monday, Wednesday, and Friday.</p> <p>An observation on 09-11-2024 at 10:15 AM of Licensed Practical Nurse (LPN) C performing wound care to Resident 56's right elbow, revealed 2 dressings were in place to the right elbow, dated 09-10-2024. LPN C removed the old dressings to reveal 5 skin tears. The skin tears were approximately 1 to 1.5 centimeters in length in various stages of healing.</p> <p>Record review of Resident 56's medical record revealed no measurements for the skin tears and no event report or investigation into the causal factors of the skin tears.</p> <p>An interview with the Director of Nursing (DON) on 09-12-2024 at 8:41 AM confirmed that an event report or an investigation into the causal factors of the skin tears to the right elbow was not conducted.</p> <p>(continued on next page)</p>		

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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>Record review of an undated policy titled Hillcrest [NAME] Skin Integrity, Wound, Ulcer Assessment Prevention Treatment Documentation policy revealed the following:</p> <ul style="list-style-type: none"> -Policy- to provide direction to the Clinical Team for obtaining correct orders for treatment in skin integrity and wound care concerns. -Purpose- -To identify at risk guests for potential altered skin integrity - to prevent breakdown of skin tissue or ulcerations, -to provide treatment that promotes prevention of altered skin integrity and to resolve existing areas of altered skin integrity, -to appropriately identify and utilize prevention techniques and pressure redistribution surfaces on guests at risk for altered skin integrity. -Assessment and Documentation -a licensed nurse/physician/therapist may stage a wound and determine etiology. -measurement of the wound must be completed upon identification. -if a bruise, contusion, abrasion, skin tear or laceration is observed on a guest, an event report should be completed with causal factors. 		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49164</p> <p>Licensure Reference Number 175 NAC 12.006.04</p> <p>Based on observation, interview and record review the facility failed to ensure that call lights were answered in a timely manner for 10 of 28 (Resident 103, 33, 58,56, 61, 44, 70, 156, 13 and 253) sampled residents. The facility census was 60.</p> <p>The Findings are:</p> <p>A. Record review of Resident 61's Electronic Health Record (EHR, is a digital version of a patient's paper chart) revealed a nursing admission screening/history document dated 09-03-2024 which indicated Resident 61 had diagnosis of Diabetes Mellitus and anemia, required staff assistance with bed mobility and was dependent on staff for transfers.</p> <p>Record review of a Brief Interview of Mental Status (BIMS, an assessment that aids in detecting cognitive impairment. A score of 0-7 equals severe impairment, 8-12 indicates moderate impairment and 13-15 indicates cognitively intact) dated 09-05-2024 for Resident 61 revealed a score of 14 indicating cognitively intact.</p> <p>An interview with Resident 61 on 09-09-2024 at 12:38 PM revealed Resident 61 had to wait 4 hours to be transferred out of his wheelchair.</p> <p>Record review of Hillcrest Millard's Device Activity Log (HMDAL) for Resident 61 from 09-03-24 to 09-10-2024 revealed call light response times as follows:</p> <ul style="list-style-type: none"> -09-04-2024 at 4:17 PM Call Light Response Time (CLRT) was 20 minutes. -09-04-2024 at 5:20 PM CLRT was 33 minutes. -09-05-2024 at 6:26 AM CLRT was 24 minutes. -09-05-2024 at 6:50 AM CLRT was 30 minutes. -09-05-2024 at 7:37 AM CLRT was 21 minutes. -09-05-2024 at 8:22 AM CLRT was 24 minutes. -09-06-2024 at 6:32 AM CLRT was 20 minutes. -09-06-2024 at 7:54 AM CLRT was 56 minutes. -09-06-2024 at 9:13 AM CLRT was 45 minutes. -09-08-2024 at 8:52 AM CLRT was 47 minutes. <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-required total assistance bathing and lower body dressing.</p> <p>An interview with Resident 44 on 09-09-2024 at 11:01 AM revealed call lights are not answered quickly and Resident 44 gives the staff a little time to respond and then takes (gender) to the bathroom.</p> <p>Record review of Resident 44's HMDAL from 09-01-2024 to 09-10-2024 revealed call light response times as follows:</p> <ul style="list-style-type: none"> -09-02-2024 2:12 PM CLRT was 25 minutes. -09-02-2024 8:13 PM CLRT was 22 minutes. -09-04-2024 9:00 AM CLRT was 37 minutes. -09-07-2024 8:45 AM CLRT was 34 minutes. -09-08-2024 7:59 PM CLRT was 25 minutes. -09-08-2024 10:19 PM CLRT was 20 minutes. <p>D. Record Review of Resident 70's MDS dated [DATE] revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> -Resident 70 had Arthritis, Fibromyalgia, and COPD -required moderate assistance with upper body dressing and bed mobility. -required maximal assistance with transfers. -required total assistance with toileting, bathing and lower body dressing. -was frequently incontinent of urine. <p>- Brief Interview of Mental Status (BIMS, an assessment that aids in detecting cognitive impairment. A score of 0-7 equals severe impairment, 8-12 indicates moderate impairment and 13-15 indicates cognitively intact) dated 09-06-2024 revealed a score of 15 indicating Resident 70 was cognitively intact.</p> <p>An interview with Resident 70 on 09-10-2024 at 7:57 AM revealed to go to the bathroom it was an hour wait for assistance.</p> <p>Record review of Resident 70's HMDAL from 09-01-2024 to 09-10-2024 revealed the following call light response times:</p> <ul style="list-style-type: none"> -09-06-2024 at 8:09 PM CLRT was 21 minutes. -09-06-2024 at 9:44 PM CLRT was 21 minutes. <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-09-07-2024 at 5:09 PM CLRT was 27 minutes.</p> <p>-09-09-2024 at 6:37 AM CLRT was 25 minutes.</p> <p>E. Record Review of Resident 13's MDS dated [DATE] revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> -Resident 70 was morbidly obese and had COPD -BIMS score of 15 indicated intact cognition. -required maximal assistance with toileting hygiene, bathing, and lower body dressing. -was occasionally incontinent of urine and frequently incontinent of bowel. <p>An interview with Resident 13 on 09-09-2024 at 1:20 PM revealed Resident 13 had waited a half an hour to get assistance off of the toilet.</p> <p>Record Review of Resident 13's HMDAL from 09-01-2024 to 09-10-2024 revealed the following call light response times:</p> <ul style="list-style-type: none"> -09-01-2024 at 7:54 AM CLRT was 23 minutes. -09-01-2024 at 8:05 PM CLRT was 32 minutes. -09-01-2024 at 11:37 PM CLRT was 29 minutes. -09-04-2024 at 6:06 AM CLRT was 28 minutes. -09-05-2024 at 7:49 AM CLRT was 30 minutes. -09-06-2024 at 7:37 AM CLRT was 30 minutes. -09-06-2024 at 11:01 PM CLRT was 23 minutes. -09-07-2024 at 2:18 PM CLRT was 27 minutes. -09-07-2024 at 7:19 PM CLRT was 42 minutes. -09-08-2024 at 9:02 PM CLRT was 31 minutes. -09-09-2024 at 9:14 PM CLRT was 26 minutes. <p>F. Record Review of Resident 156's MDS dated [DATE] revealed the following about the resident:</p> <ul style="list-style-type: none"> -Resident 156 admitted to the facility on [DATE] with diagnosis of Heart Failure, Respiratory Failure and COPD. <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Resident 156 had a BIMS score of 15 which indicated intact cognition.</p> <p>-required moderate assistance with bathing and bed mobility</p> <p>-required maximal assistance with lower body dressing.</p> <p>-required total assistance for transfers.</p> <p>Record Review of Resident 156's EHR revealed a discharge date of [DATE].</p> <p>Record review of the facility's grievance log revealed Resident 156's family representative had voiced concerns about call light response times on 08-14-2024 and again on 08-22-2024.</p> <p>Record review of Resident 156's HMDAL from 08-11-2024 to 08-21-2024 revealed the following call light response times:</p> <ul style="list-style-type: none"> -08-11-2024 at 7:32 PM CLRT was 31 minutes. -08-11-2024 at 8:17 PM CLRT was 48 minutes. -08-12-2024 at 3:29 PM CLRT was 33 minutes. -08-13-2024 at 6:10 PM CLRT was 36 minutes. -08-14-2024 at 9:32 AM CLRT was 27 minutes. -08-14-2024 at 5:22 PM CLRT was 26 minutes. -08-14-2024 at 6:50 PM CLRT was 41 minutes. -08-14-2024 at 7:42 PM CLRT was 79 minutes. -08-15-2024 at 5:24 PM CLRT was 49 minutes. -08-16-2024 at 5:55 PM CLRT was 25 minutes. -08-17-2024 at 11:38 AM CLRT was 43 minutes. -08-17-2024 at 6:46 PM CLRT was 44 minutes. -08-17-2024 at 8:25 PM CLRT was 27 minutes. <p>An observation on 09-12-2024 at 9:20 AM at the nurse's station on the Railroad Crossing Hallway revealed 2 cell phone pagers for the call light system at the nurse's station. Also during this observation the computer screen for the call light system revealed room [ROOM NUMBER]'s call light was on since 8:59 AM.</p> <p>(continued on next page)</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An observation on 09-12-2024 at 9:22 AM revealed Nurse Aid (NA) J walking up to the nurse's station to look at the computer screen for call lights. An interview was conducted during this observation with NA J that revealed NA J was not carrying the cell phone pager for call lights. NA J explained (gender) had been busy and forgot to pick one up. NA J confirmed that since 6:00 AM (gender) was not carrying a cell phone pager.</p> <p>An interview on 09-12-2024 at 9:45 AM with NA I revealed (gender) was not carrying a cell phone pager at that time because the battery was dead and had placed the cell phone pager on the charger at the nurse's station.</p> <p>An interview with the Director of Nursing (DON) on 09-12-2024 at 12:15 PM revealed the expectation was for call light response times of 15 minutes or less. The DON also confirmed that a performance improvement plan (PIP) had been on-going in the facility and agreed the PIP was ineffective.</p> <p>45614</p> <p>G. A record review of the call light log times for August 2024 for Resident 253 revealed the following-</p> <ul style="list-style-type: none"> -8/11/2024-Call light at 1:50 PM for 46 minutes and at 2:59 PM the call light was on for 50 minutes. -8/12-2024-Call light at 9:33 PM for 37 minutes. -8/13-2024- Call light at 11:03 AM for 26 minutes. -8/14-2024-Call light at 12:36 PM for 31 minutes. -8/17/2024-Call light at 2:41 PM for 33 minutes. <p>An interview on 9/11/24 at 2:00 PM with Licensed Practical Nurse (LPN) D revealed LPN D had not been trained on the phone pager and did not carry one.</p> <p>An interview on 9/11/24 at 2:25 PM with LPN E confirmed LPN E did not carry a phone pager and had not been trained to use a phone pager.</p> <p>An interview on 9/12/2024 at 11:15 AM with Medication Aide (MA) F confirmed they do not carry a phone pager.</p> <p>17285</p> <p>H. Observation on 09/9/24 at 10:30 AM on the Lumberyard side of the facility revealed the call light system rings through to a computer at the desk outside the nursing station and the record of the room and what time the call light was activated can be visually seen on the computer screen.</p> <p>I. Record review of Resident 33's admission Face Sheet revealed an admitted [DATE] with diagnoses that included Pneumonia, acute respiratory failure with Hypoxia, Chronic Obstructive Pulmonary Disease, muscle weakness and need for assistance with personal care.</p> <p>(continued on next page)</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident 33's Minimum Data Set (MDS - a comprehensive assessment tool used to develop a resident's plan of care) dated 8/16/24 revealed that the MDS was in progress and had not been completed.</p> <p>Interview on 09/09/24 at 11:24 AM revealed that Resident 33 was alert and oriented and had a complaint of the call light not being answered in a timely manner.</p> <p>Record review of Resident 33's call light Device Activity Records for September 2024 revealed the following long call lights:</p> <ul style="list-style-type: none"> -9/1/24-Call light at 11:39 AM for 16 minutes. -9/1/24-Call light at 11:06 AM for 27 minutes. -9/2/24-Call light at 7:30 PM for 19 minutes. -9/2/24-Call light at 5:02 PM for 26 minutes. -9/3/24-Call light at 7:39 PM for 26 minutes. -9/4/24 Call light at 3:58 PM for 31 minutes. -9/5/24-Call light at 5:59 AM for 62 minutes. -9/5/24-Call light at 7:07 AM for 19 minutes. -9/6/24-Call light at 4:47 PM for 22 minutes. -9/6/24-Call light at 10:16 AM for 17 minutes. -9/7/24-Call light at 11:56 AM for 21 minutes. <p>J. Record review of Resident 58's admission Face Sheet revealed an admitted [DATE] with diagnoses that included Acute infarction of spinal cord and Paraplegia.</p> <p>Record review of Resident 58's 5-day MDS date 09/12/24 revealed that the MDS was in progress and not completed.</p> <p>Interview on 09/09/24 at 11:59 AM revealed that Resident 58 was alert and oriented and had a complaint of call lights not being answered in a timely manner.</p> <p>Record review of Resident 58's September 2024 Device Activity Report revealed the following long call light response times:</p> <ul style="list-style-type: none"> -9/5/24-Call light on at 6:06 PM for 28 minutes. -9/6/24-Call light on at 9:24 PM for 29 minutes. <p>(continued on next page)</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-9/10/24-Call light on at 8:34 AM for 18 minutes.</p> <p>K. Record review of Resident 103's admission Face Sheet revealed an admitted [DATE] with diagnoses that included Malignant Neoplasm of Liver, Pulmonary Embolism, Heart Failure, Atrial Fibrillation, unsteadiness on feet and muscle weakness.</p> <p>Record review of Resident 103's (closed record) MDS dated [DATE] revealed a BIMS score of 14 which indicated Resident 103 was cognitively intact and the resident was independent with activities of daily living at the time of admission.</p> <p>Record review of a Concern Form for Resident 103 dated 2/3/24 revealed a grievance from the family related to long call light response time. Attached to the grievance was the following call light times on a Device Activity Report:</p> <p>-2/3/24 at 2:08 PM for 43 minutes.</p> <p>-2/3/24 at 2:54 PM for 26 minutes.</p> <p>-2/4/24 at 1:53 AM for 22 minutes.</p> <p>-2/4/24 at 5:15 AM for 24 minutes.</p> <p>-2/4/24 at 9:05 AM for 37 minutes.</p> <p>L. Interview on 09/10/24 at 07:58 AM with NA G on the Lumberyard side of the facility revealed that the call lights ring to a cell phone and the NA's all carry the cell phone pagers.</p> <p>Interview on 09/11/24 at 8:05 AM with LPN D revealed the nurses and the medication technicians did not carry cell phone pagers and the NA's were responsible for answering the call lights.</p> <p>M. Observations (continuous) on 9/12/24 from 06:41 AM to 8:10 AM of call light response times were as follows:</p> <p>-room [ROOM NUMBER]: Call light on at 6:59 AM. Call light was on for 61 minutes and continued to be on at 8:10 AM.</p> <p>-room [ROOM NUMBER]: Call light on at 7:09 AM. Call light was on for 51 minutes and continued to be on at 8:10 AM</p> <p>-room [ROOM NUMBER]: Call light on at 7:24 AM. Call light on for 36 minutes and continued to be on at 8:10 AM.</p> <p>-room [ROOM NUMBER]: Call light on at 7:51 AM. Call light on for 19 minutes and continued to be on at 8:10 AM.</p> <p>-room [ROOM NUMBER]: Call light on at 7:53 AM. Call light on for 17 minutes and continued to be on at 8:10 AM.</p> <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 09/12/24 at 10:28 AM with Registered Nurse [RN] H confirmed that the nurses do not carry the cell phone pagers, only the nurse aides carry the pagers.</p> <p>N. Interview on 09/12/24 at 12:11 PM with the DON confirmed that the expectation is that call lights should be answered in under 15 minutes. The DON confirmed the long call light times for Residents 33, 58 and 103. The DON confirmed that the nurses and the medication technicians are expected to assist with answering the call systems and that the medication technicians should carry a cell phone pager. The DON stated that the nurses don't have to wear a cell phone pager but they should assist with answering the call lights. The DON confirmed that the facility had identified this as a problem and had implemented a performance improvement project [PIP] in June 2024 to try to improve call light response times. The DON agreed that the PIP for call lights had not been effective and long call light response times continued to be an issue at the facility.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/12/2024
NAME OF PROVIDER OR SUPPLIER Hillcrest Millard		STREET ADDRESS, CITY, STATE, ZIP CODE 13225 Westwood Lane Omaha, NE 68144	
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** 17285</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)</p> <p>Based on record review and interview, the facility failed to identify and monitor specific target behaviors for the use of an antidepressant [a class of medications used to treat depression] medication for 2 (Residents 58 and 73) of 5 residents reviewed for psychotropic [a group of medications used to treat mental health disorders] medication use. The facility census was 60.</p> <p>Findings are:</p> <p>A. Record review of a facility policy entitled Psychotropic Medication dated 1/1/23 identified the following:</p> <ul style="list-style-type: none"> - A psychotropic drug is any drug that affects the brains activities associated with mental processes or behavior. Psychotropic drugs include Antidepressants. - Use of psychotropic medications in specific circumstances: b. Enduring conditions (non-acute, chronic, prolonged): The patients symptoms and therapeutic goals shall be specifically identified and documented. <p>B. Record review of Resident 58's admission Face Sheet revealed that Resident 58 was admitted to the facility on [DATE] and included a diagnosis of Major Depressive Disorder and Anxiety disorder.</p> <p>Record review of Resident 58's 5 day MDS (Minimum Data Set-a comprehensive assessment tool used to develop a resident's plan of care) dated 9/12/24 was in progress and not completed.</p> <p>Record review of Resident 58's admission Physician Orders dated 9/5/24 revealed a physician order for Mirtazapine [an antidepressant medication] 15 milligrams [mg] give 1 tablet by mouth at bedtime for Depression. The Physician orders dated 9/5/24 also included antidepressant behavior monitoring for sign / symptoms of target behaviors. No specific target behaviors were identified in the physician orders.</p> <p>Record review of Resident 58's Medication Administration Record [MAR] for September 2024 revealed that Resident 58 received Mirtazapine 15 mg 1 tablet by mouth at bedtime for Depression. The medication was ordered and started on 9/5/24. There was documentation of generalized monitoring of behaviors on the MAR but no specific individualized target behaviors were identified for Resident 58.</p> <p>Record review of Resident 58's Comprehensive Care Plan (CCP, a written interdisciplinary comprehensive plan detailing how to provide quality care for a resident) dated 9/5/24 did not identify resident specific target behaviors to be monitored for the use of an antidepressant medication.</p> <p>Record review of Resident 58's Electronic Medical Record [EMR] revealed that no specific target behaviors had been identified and no monitoring for specific target behaviors had been completed.</p> <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>C. Record review of Resident 73's admission Face Sheet revealed that Resident 73 was admitted to the facility on [DATE] and included a diagnosis of Major Depressive Disorder, recurrent moderate and Anxiety Disorder.</p> <p>Record review of Resident 73's admission MDS dated [DATE] revealed that Resident 73 had a Brief Interview for Mental Status (BIMS) (a brief screening tool that aids in detecting cognitive impairment) score of 13 which indicated that Resident 73 was cognitively intact, exhibited no behavioral symptoms, had a psychiatric diagnosis of Major Depressive Disorder and Anxiety, and used an anti-depressant medication daily.</p> <p>Record review of Resident 73's admission Physician Orders dated 8/29/24 revealed a physician order for Escitalopram Oxalate [an antidepressant medication] 20 mg 1 tablet by mouth in the morning for depression. Physician orders dated 8/29/24 also included antidepressant behavior monitoring for signs / symptoms of target behaviors. No specific target behaviors were identified in the physician orders.</p> <p>Record review of Resident 73's MAR for August and September 2024 revealed Resident 73 received Escitalopram Oxalate 20 mg 1 tablet by mouth in the morning for depression. The medication was ordered and started on 8/29/24. There was documentation of generalized monitoring of behaviors on the MAR but no specific individualized target behaviors were identified for Resident 73.</p> <p>Record review of Resident 73's CCP dated 8/29/24 did not identify resident specific target behaviors to be monitored for the use of an antidepressant medication.</p> <p>Record review of Resident 73' EMR revealed that no specific target behaviors had been identified and no monitoring for specific target behaviors had been completed.</p> <p>D. Interview on 9/11/24 at 12:52 PM with the Regional Nurse Consultant [RNC] confirmed that Resident 58 and 73 did take antidepressant medications regularly and that there were no resident specific target behaviors identified. The RNC confirmed no specific monitoring for individualized target behaviors had been completed for the continued use of the antidepressant medications.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>45614</p> <p>License Reference Number 175 NAC 12-006.09(J)</p> <p>Based on observation, record review and interview, the facility failed to ensure that food was prepared according to the recipe in order to retain nutritional value. This had the potential to affect all residents that ate foods prepared in the facility kitchen. The facility had a census of 60.</p> <p>Findings are:</p> <p>An observation on 09/11/2024 at 10:45 AM of Chef A preparing Salisbury steak patties for lunch on 09/12/24. revealed Chef A washed their hands and donned gloves. Chef A put unmeasured amounts of beef base, tomato ketchup, Worcestershire sauce, garlic, liquid eggs, mustard, breadcrumbs, onion powder, chopped onions, bell peppers and ground beef into a large pan. Chef A mixed the ingredients together while wearing gloves and then patted out unmeasured amounts of beef into patties. Chef A did not weigh the patties to ensure they met the required ounces identified in the recipe.</p> <p>An interview on 09/11/2024 at 10:55 AM with Chef A confirmed they did not measure ingredients or follow the recipe as it was written.</p> <p>A record review of the facility Recipe for Salisbury steak revealed the following information:</p> <p>Ingredients:</p> <ul style="list-style-type: none"> -Ground beef 20lbs -eggs, liquid pasteurized 3 cups 2 Tbsp -breadcrumbs, plain 1 qt -Onion, Yellow Fresh, diced 1 qt ,-Worcestershire sauce 2/3 cup - Parsley flakes, dried 2/3 cups - Seasoning Italian 2/3 cups - pepper, black ground 1 tbsp - 2 tsp. Salt, iodized. <p>An interview on 9/12/2024 at 11:32 AM with the Culinary Director (CD) confirmed that preparing food with unmeasured items not in the recipe could alter the nutritional value of the food.</p>