STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28E191	A. Building B. Wing	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Memorial Community Care	1423 Seventh Street Aurora, NE 68818

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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are fully informed and understand their health status, care and treatments. 49382 Licensure Reference Number 175 NAC 12-006.05(D)(E) Based on record reviews, observations and interviews, the facility failed to inform the resident of medication changes made by the provider for 1 (Resident 14) of 1 sampled residents, and failed to re-evaluate residents or responsible parties choices for eye care needs for 1 (Resident 17) of 1 sampled residents. The facility census was 37. Findings are: A. Review of the facility supplied document labeled Resident Rights and dated 2016 revealed the following: -The resident has the right to be informed of and participate in their treatment including the right to be fully informed of their total health status. -The resident has the right to be informed in advance of the care to be furnished. -The resident has the right to be informed in advance of the risks and benefits of proposed care of treatment and treatment alternatives or treatment options and to choose the option they prefer. Review of the facility supplied document labeled Facility Assessment and dated 08/02/2024 revealed under resident preferences the facility supports a culture of person-centered care with respect to personal preferences. In an interview on 09/18/2024 at 10:35 AM with Resident14, Resident14 expressed concern due to being started on the medication Metformin (a medication that helps regulate blood sugar levels) a while back and was not informed of the medication change. The resident stated I refused to take the medication until I got notified of why my medications changed. A review of an Admitting Record not dated revealed the facility admitted Resident 14 on 06/27/2022 with diagnoses that included diabetes (when the body has trouble controlling blood sugar and using it for energy). (continued on next page)

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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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The quarterly Minimum Data Set (MDS, a federally mandated tool used to assess the health status of residents in long-term care facilities) with an ARD of 07/17/2024 revealed Resident 14's Brief Interview for Mental Status (BIMS, a brief screening tool that aids in detecting cognitive impairment) score was 15 indicating the resident was cognitively intact. Review of Resident 14 Care Plan dated July 2024 revealed a goal stated of the resident would like to continue to direct their care and stay as independent as possible. No interventions were listed for this documented goal. Review of Resident 14's Medication Administration Record (MAR) for the month of August 2024 revealed documentation that Resident 14 declined to take the medication Metformin on August 13th, 14th, 17th, and 18th. No reason for the declination is listed in the resident's medical record. A review of Resident 14 Physican Orders dated 09/19/2024 revealed on 08/13/2024 Resident 14 Metfromin medication orders were changed increasing the dosage and frequency of this medication. A review of Resident 14's Progress Notes for the month of August 2024 revealed no progress notes reflecting Resident 14 was notified and consented to the changes in their Metformin medication. In an interview on 09/23/2024 at 4:45 PM with the Director of Nursing (DON), the DON revealed when resident orders are changed the nurse is to notify the resident and or responsible party and documentation of this notification should be present in the resident's progress notes. The DON confirmed that there was no documentation present confirming the resident was notified about the medication change prior to being administered the medication. C. In an interview on 09/18/2024 at 1:45 PM with Resident 17's responsible party revealed [gender] has a concern due to the resident not seeing an eye doctor in years. A review of an Admitting Record not dated revealed the facility admitted Resident 17 on 11/23/2018 with diagnoses that included dementia (an impaired ability to remember, think, or make decisions that interferes with doing everyday activities) and depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with one's daily activities). The comprehensive MDS with an ARD of 08/21/2024 revealed Resident 17 had adequate vision with the use of corrective lenses and had a BIMS score of 7 indicating the resident was severely cognitively impaired. Review of Resident 17's Care Plan dated August 2024 revealed under the heading Vision that the resident wore glasses, and their last appointment was probably 2-3 years ago. It is also documented that on admission to the facility the resident declined a vision exam. (continued on next page)

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F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 09/19/2024 at 1:24 PM with the Facility Administrator (FA), the FA confirmed that the resident was asked on admission about wanting an eye exam and had declined. The FA stated there was no documentation or records reflecting that the resident or their responsible party were re asked about wanting an appointment to have the residents vision checked since the resident admitted to the facility in 2018. The FA confirmed that the resident had not seen an eye doctor since being admitted to the facility.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49382 Based on record review, and interview; the facility failed to accurately code residents Minimum Data Set (MDS, a mandatory comprehensive assessment tool that measures the health status of nursing home residents and is used for care planning) for 3 (Resident 4, 14, and 17) of 4 sampled residents. The facility stated census was 37. Findings are: A. A review of an Admitting Record not dated revealed the facility admitted Resident 4 on 09/10/2019 with diagnoses that included anxiety (a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities), major depression (a mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with one's daily activities), and psychosis(a severe mental disorder that causes abnormal thinking and perceptions). A review of a document titled Nebraska Summary of Findings Preadmission Screening and resident Review (PASRR), (a screening program mandated by the federal Centers for Medicare and Medicaid Services (CMS) to ensure that nursing home applicants and residents with mental illness and intellectual/developmental disabilities are appropriately placed and receive necessary services to meet their needs), dated 10/29/2019 revealed in the section titled Is nursing facility an appropriate option for you to choose that the PASRR determination was that Resident 4 met criteria for serious mental illness based on their diagnoses of unspecified psychosis and major depression, symptoms, and treatment needs. The comprehensive MDS with an Assessment Reference Date (ARD) of 05/29/2024 revealed in section A1500 Preadmission Screening and Resident Review (PASRR) Conditions 0 indicating that the resident was not considered by the PASRR to have a serious mental illness or related condition. In an interview on 09/18/2024 at 5:37 PM with the Social Service Director (SSD), the SSD confirmed that Resident 4 had a PASRR level II completed and confirmed that the PASRR indicated Resident # had a serious mental illness and this was not coded in A1500 on the 05/29/2024 comprehensive MDS. In an interview on 09/19/2024 at 9:45 AM with the MDS Coordinator (MDSC), confirmed that Resident 4 having a serious mental illness was not coded on the Comprehensive MDS dated [DATE]. B. A review of an Admitting Record not dated revealed the facility admitted Resident 14 on 06/27/2022 with diagnoses that included anxiety (a mental health disorder characterized by feelings of worry, anxiety, or fear that are strong enough to interfere with one's daily activities) and major depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with one's daily activities). (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The quarterly MDS with an ARD of 07/17/2024 revealed in section N the resident was coded to have received antipsychotic medications and the physician had not documented that a Gradual Dose Reduction (GDR) was clinically contraindicated. Review of Resident 14 Care Plan dated July 2024 revealed in the section titled Black Box Warning/Gradual Dose Reduction (GDR) that on 12/17/2023 Resident 14's primary provider had documented that no GDR is to be done due to the resident condition being stable. In an interview on 09/24/2024 at 9:13 AM with the MDSC, the MDSC confirmed that Resident 14 provider had documented on 12/17/2023 that a GDR for this resident was contraindicated and section N of the MDS dated [DATE] was not coded correctly to reflect this. C. A review of an Admitting Record not dated revealed the facility admitted Resident 17 on 11/23/2018 with diagnoses that included dementia (an impaired ability to remember, think, or make decisions that interferes with doing everyday activities) and depressive disorder (a mood disorder that causes a persistent feeling of sadness and loss of interest and can interfere with one's daily activities). The comprehensive MDS with an ARD of 08/21/2024 revealed in section N the resident was coded to have received antipsychotic medications and the physician had not documented that a Gradual Dose Reduction (GDR) was clinically contraindicated. Review of Resident 17's Care Plan dated August 2024 revealed in the section titled Black Box Warning/Gradual Dose Reduction (GDR) that on 12/28/2023 Resident 17's psychiatric provider had documented that no GDR is to be done due to the risk of resident mood decompensation. In an interview on 09/24/2024 at 9:13 AM with the MDSC confirmed that Resident 17's provider had documented on 12/28/2023 that a GDR for this resident was contraindicated and section N of the MDS dated [DATE] was not coded correctly to reflect this.

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F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that the resident and his/her doctor meet face-to-face at all required visits. 50253 Based on record reviews and interviews, the facility failed to ensure physician visits were completed within the required time intervals for 2 (Resident 7, and 23) of 4 sampled residents. The facility census was 37. Findings are: A. Record review of the June 2024 Care Plan for Resident 7 revealed no in-person physician (or advanced practice professional) visits with Resident 7 between the dates of 12/04/2023 and 04/8/2024. This resulted in no physician or an advanced practice professional visit for a period of 126 days. Record review of a handwritten undated list of physician visitation dates presented by the Facility Administrator (FA) revealed a physician visited Resident 7 on 12/04/2023 and 4/8/2024. Interview with the Director of Nursing (DON) on 9/24/2024 at 4:35 PM revealed the resident was not seen by a physician for a period of 126 days. The DON revealed each facility resident is seen yearly by a physician for their individual health updates and physicals. The DON confirmed residents do not see a physician as mandated every 60 days. We didn't know about that regulation requirement. Interview with the FA on 9/24/2024 at 4:36 PM confirmed Resident 7 was not seen by a physician for a period of 126 days. The FA recognized there was no process in place for the required 60-day visit and stated a process would be enacted. B. Record review of the July 2024 Care Plan for Resident 23 revealed there were no in person physician (or advanced practice professional) visits with Resident 23 between the dates of 10/26/2023 and 3/21/2024. This resulted in no physician or an advanced practice professional visit for a period of 147 days. Record review of a handwritten u ndated list of physician visitation dates presented by the Facility Administrator (FA) on 9/24/2024 revealed a physician visited Resident 23 on 10/26/2023 and 3/21/2024. Interview with the Director of Nursing (DON) on 9/24/2024 at 4:35 PM Resident 23 had not been seen by a physician for a period of 147 days. The DON confirmed that residents are not seen routinely every 60 days by a physician. Interview with FA on 9/24/2024 at 4:36 PM confirmed Resident 23 was not seen by a physician for a period of 147 days.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50253 Licensure Reference Number 175 NAC 12-006.11(E) Based on record reviews, observations, and interviews, the facility failed to ensure the water temperatures of the facility dishwasher reached the required temperature while washing and rinsing dishes and utensils. This affected all residents in the facility who received food and meals from the facility kitchen. The reported census was 37. Findings are: Record Review on 9/18/2024 of the undated [NAME] automatic dishwashing machine manufacturer panel decal revealed that the dishwasher was a high temperature machine which required a minimum water temperature during the wash cycle of 160 degrees Fahrenheit (F) and the rinse cycle of 180F degrees to activate the chemicals used for sanitization. This information was located on the upper right-hand corner of the dishwashing machine. Observation in the kitchen of the [NAME] dishwashing machine while in use on 9/18/2024 at 8:45 AM revealed the water for the wash cycle reached a temperature of 148F degrees. The temperature for the rinse cycle was over 180 degrees F. Observation on 9/18/24 at 8:45 AM of four wash/rinse cycles of the dishwasher revealed no temperatures above 150F degrees for the wash cycle. Interview with Dietary Aide-D (DA-D) on 9/18/2024 at 8:55 AM revealed the temperatures are recorded on the temperature log sheet by the doorway. We can't get the temperature to go above 150 most of the time for the wash cycle. When asked if the staff use the three-sink sanitization method for washing dishes, DA-D stated that the rinse cycle gets over 180 degrees, so they have been using the dishwasher not the three-sink sanitization method. Record review of the Dishwashing Temperature Log dated September (Sept) 2024 stated the required temperatures for the wash cycle is 160 degrees Fahrenheit and for the Rinse cycle is 180 Degrees Fahrenheit at the top of the log sheet. The log revealed the following temperatures during the wash cycle: -[DATE]: PM 150F, -[DATE]: AM 147F, PM 147F, -[DATE]: PM 147F, -[DATE]: AM 155F, PM 144F, -[DATE]: AM 155F, (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-[DATE]: AM 145F, -[DATE]: AM 146F, PM 145F, -[DATE]: PM 147F, -[DATE]: PM 156F, -[DATE]: AM 150F, PM 150F, -[DATE]: AM 159F, PM 150F, -[DATE]: AM 150F, PM 159F. Record review of the Daily Dishwashing Temperature Chart for the month of August (Aug) 2024 stated the required temperatures for the wash cycle was 160 degrees Fahrenheit and for the Rinse cycle is 180 Degrees Fahrenheit at the top of the log sheet. The log revealed the following temperatures during the wash cycle: -[DATE]: AM (morning)154F degrees F: PM (afternoon)144F degrees -[DATE]: PM 150F, -[DATE]: PM 150F, -[DATE]: PM 155F, -[DATE] PM 155F, -[DATE]: AM 148F, -[DATE]: AM 150F, -[DATE]: AM 145F, -[DATE]: AM 145F, -[DATE]: PM 159F, -[DATE]: PM 153F, -[DATE]: PM 145F, -[DATE]: AM 156F, PM 152F, -[DATE]:PM 148F, -[DATE]:PM 148F, (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-[DATE]: AM 148F, PM 145F, -[DATE]: AM 158F, PM 146F, -[DATE]: AM 158F, -[DATE]: AM 146F, PM 146F, -[DATE]: AM 158F, PM 146F, -[DATE]: AM 142F, PM 148F, -[DATE]: AM 146F, -[DATE]:PM 154F, -[DATE]: PM 154F, -[DATE]: PM 146F. During the Month of August 2024; The rinse cycle did not reach the minimum required temperature of 180 Degrees Fahrenheit on the following dates: -[DATE]th 160F, -[DATE]th 160F, -[DATE]th 170F, -[DATE]st 175F, -[DATE]nd 175F, and -[DATE]th 145F. Record review of an Email sent on 1/19/2024 to the FSS (Food Service Supervisor), regarding the dietary staff training courses, revealed that kitchen staff had gone through the National Restaurant Association ServSafe Training. (ServSafe training covers a variety of topics related to food safety and beverage handling including instructions on cleaning and sanitizing: How to clean and sanitize food preparation areas and utensils.) Interview with Facility Administrator (FA) on 9/18/2024 at 9:05 AM confirmed the temperature for the wash cycle was not at or above the required 160F degrees as mandated by the manufacturer instructions seen on the [NAME] dishwasher. Kitchen staff had to use the three-sink method of cleaning and sanitizing dishes until the dishwasher was fixed. I don't care how long it takes to fix it; the staff will be using the three-sink sanitization method until our temperatures are within the correct parameters. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Interview with the Infection Control Nurse (ICC) on 9/18/2024 at 9:08 AM. When asked about the temperatures for the washing and rinse cycles, the ICC revealed that because the temperature of the Rinse cycle reached 180 degrees that the temperature for the wash cycle would not be as important. Interview with the Maintenance personnel (Maint) on 9/18/2024 at 9:15 AM confirmed the temperatures on the dishwasher didn't meet the required temperatures for the wash cycle as the temperatures did not reach the required 160 degrees F. Maint had worked on the machine. Maint is waiting on supplies and has been on the list for a technician to come to the facility for a while.