

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28E257	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/08/2025
NAME OF PROVIDER OR SUPPLIER Gordon Countryside Care		STREET ADDRESS, CITY, STATE, ZIP CODE 500 East 10th Street Gordon, NE 69343	

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>51560</p> <p>Licensure Reference Number 175 NAC 12-006.04(F)(i)(5)</p> <p>Based on record review and interviews; the facility failed to notify the family or responsible party of a change in condition for 2 (Resident 1 and Resident 2) of 3 sampled residents. The facility identified a census of 30.</p> <p>The findings are:</p> <p>A record review of an undated policy titled Notification of Changes stated the facility will notify resident representative or responsible party regardless of competency level since the resident may not be able to notify them themselves.</p> <p>A.</p> <p>A record review of an Admission Record indicated the facility admitted Resident 1 on 3/21/24. Under the Contacts section, the Emergency Contact section listed 2 people with their phone numbers.</p> <p>A record review of Resident 1's Progress Notes with a date of 10/16/24, written by Registered Nurse (RN-A) indicated that Resident 1 had no improvement to to their right lower extremity with a marked increase in redness and swelling. The physician was notified and provided an order to transfer Resident 1 to the hospital as a direct admit for intravenous (administered directly into vein) antibiotics. There was no evidence that Resident 1's emergency contact had been notified of Resident 1's change of condition</p> <p>A telephone interview on 1/8/2025 at 1:15 PM with RN-A confirmed RN-A did not notify Resident 1's emergency contact of their change of condition and should have.</p> <p>49766</p> <p>B.</p> <p>A record review of an Admission Record indicated the facility admitted Resident 2 on 9/8/2023. Under the Contacts section, an emergency contact of Resident 2's friend was listed with their emergency contact.</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: 28E257
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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>A record review of Resident 2's Progress Notes with a date of 11/25/2024, written by Registered Nurse (RN-A) indicated that Resident 2 had fallen and was found to have audible wheezing and low oxygen levels, requiring the implementation of oxygen. The physician was notified and provided an order to transfer Resident 2 to the Emergency Department for possible respiratory failure. There was no evidence that Resident 2's emergency contact had been notified of Resident 2's change of condition.</p> <p>A telephone interview on 1/8/2025 at 1:15 PM with RN-A confirmed RN-A did not notify Resident 2's emergency contact of their change of condition and should have.</p>		