STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28E300	A. Building B. Wing	12/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oglala Sioux Lakota Nursing Home	7835 Elders Drive, State Highway 87 Rushville, NE 69360

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 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. Licensure Reference Number 175 NAC 12-006.11(E) Based on observation, record review, and interview; the facility failed to dispose of foods by their best by dates and failed to store the scoops for the flour, breadcrumbs, and sugar in a manner to prevent the potential for cross contamination. This had the potential to affect all residents who ate foods prepared in the kitchen. The facility census was 36.A.A record review of the 2022 Food Code from the United States Food and Drug Administration revealed in Annex 3 that it is recommended that food establishments consider the manufacturer's information as good guidance to follow to maintain the quality (taste, smell, and appearance) and salability of the product. An observation on 12/15/2025 at 9:56 AM in the dry storage area of the kitchen revealed: -A jug of apple cider vinegar that was half empty, labeled best if used by 12/4/25, and-A plastic container labeled Barley and had a use by date of 10/29/25. An interview on 12/15/2025 at 10:10 AM with the Dietary Manager (DM) confirmed the two items were beyond their use by dates and should be disposed of. B.A record review of the 2022 Food Code from the United States Food and Drug Administration revealed in section 3-304.12 that during pauses in food preparation or dispensing, food preparation and dispensing utensils shall be stored with their handles above the top of the food within containers of equipment that can be closed, such as bins of sugar, flour, or cinnamon. An observation on 12/15/2025 at 9:56 AM in the kitchen revealed the following: -A Rubbermaid container labeled Flour had a plastic scoop laying in the flour. -A Rubbermaid container labeled Breadcrumbs had a plastic scoop laying in a bag of breadcrumbs within the Rubbermaid container. -A plastic container labeled Sugar located in the dry storage area with a plastic scoop laying in the sugar. An interview on 12/15/2025 at 10:10 AM with the DM confirmed the plastic scoops were laying with their handles in the flour, breadcrumbs, and sugar.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Licensure Reference Number 175 NAC 12-006.02(H) Based on record review and interview, the facility failed to submit their investigation within 5 working days for 1 (Resident 41) of 3 sampled residents' fall with injury. The facility census was 36. A record review of the facility's undated Abuse Prevention Policy revealed a written report will be provided to the State within five working days of the Administrator receiving the report. A record review of an undated, facility provided document titled List of Reportables revealed there had been a fall with injury on 10/26/2025. A record review of Resident 41's Progress Note dated 10/26/2025 revealed the resident had a fall with a laceration to their forehead and a skin tear to their left elbow that day. The resident was sent to the emergency room and returned to the facility the same day with sutures to their forehead. A record review of an untitled facility-provided document revealed details of Resident 41's fall that occurred on 10/26/2025. The document revealed Today's Date was 11/3/2025, which was 6 working days after the incident occurred. An interview on 12/16/25 at 2:00 PM with the Director of Nursing confirmed that the untitled document provided by the facility was the investigative report sent into the State Agency regarding Resident 41's fall on 10/26/2025 and the date of 11/3/2025 was the date it was submitted.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to submit accurate Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and help nursing home staff identify health problems) for 2 (Residents 6 and 32) of 12 sampled residents. The facility identified a census of 36 residents. A. A record review of Resident 6's care plan in Point Click Care (PCC- an electronic medical record platform) revealed Resident 6 was admitted [DATE].Record review of Resident 6's annual MDS assessment dated [DATE], Section K, item K0200 Resident's most recent weight was given as 132 pounds. Item K0300 was marked yes for weight loss and, the resident was not on a physician-prescribed weight-loss regimen. Weight loss was further defined in MDS Item K0300 as 5% or more in the last month or 10% or more in the last six months.Record review of Resident 6's weights as documented in the facility's electronic medical record (EMR) showed Resident 6 weighed 132 pounds on 9/6/25. Record review of Resident 6's weights as documented in the facility's EMR showed Resident 6 weighed 133.5 pounds on 8/5/25, which is a 1.1% weight loss over one month. Record review of Resident 6's weights as documented in the facility's EMR showed Resident 6 weighed 136.4 pounds on 3/8/25, which is a 3.2% weight loss over six months.An interview on 12/17/25 at 2:30 PM with the MDS-Registered Nurse (MDS-RN) confirmed the weights in the electronic medical record for Resident 6 were representative of the resident's actual weights, and that the MDS submitted 9/8/25 should not have been marked with a Yes for weight loss. B.Record review of Resident 32's electronic medical record in PCC revealed they were admitted on [DATE]. A record review of Resident 32's Medication Administration Record (MAR) for the month of September 2025 revealed that the resident received the following medications:- Bumetanide (a diuretic) once daily for hypertension (high blood pressure), with a start date of 3/10/25 (24 of 30 days in September 2025).- Quetiapine (an antipsychotic) daily at bedtime, with a start date of 4/2/25 (29 of 30 days).- Trazodone (an antidepressant) daily for anxiety disorder with a start date of 9/29/2025 (2 of 30 days after the medication was scheduled regularly, and 15 of 30 days given on an as-needed basis).- Rivaroxaban (an anticoagulant) daily for atrial fibrillation with a start date of 11/22/23 (26 of 30 days).- Bactrim DS (an antibiotic) twice daily from 9/18/25 to 9/28/25. Record review of Resident 32's quarterly MDS assessment dated [DATE] Section N High-risk drug classes: Use and indication, revealed that during the 7 days prior to the assessment, Resident 32 took an antidepressant, anticoagulant, and an antibiotic. Additionally, Section N item N0450A revealed Resident 32 had not received an antipsychotic medication since the prior MDS assessment, which was 7/8/25.An interview on 12/17/25 at 2:30 PM with the MDS-RN confirmed Resident 32's MDS assessment dated [DATE] (Section N) should have reflected that Resident 32 was taking a diuretic and an antipsychotic during the assessment period in addition to the antidepressant, anticoagulant, and antibiotic.