STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28E271	A. BUILDING _____ B. WING _____	**08/13/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
GENOA COMMUNITY HOSPITAL/LTC	**P O BOX 310, 606/706 EWING AVENUE GENOA, NE 68640**

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 0607 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Develop and implement policies and procedures to prevent abuse, neglect, and theft.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure reference number 175 NAC 12-006. Based on record reviews, interviewss and facility policy review, the facility failed to submit a five-day investigation report of alleged abuse to the state agency for 1 (Resident 13 and 29) of 5 allegations of abuse reviewed. Findings are: Review of the facility's abuse policy, titled, Abuse and Neglect, dated 08/13/20, read in part, The results of the investigation must be documented and submitted to the following agencies within five working day period. If additional time is needed to finish your investigation, call the Health and Human Services, Regulation and Licensure, Facility Investigation Program. Copies of the investigation report shall be emailed to: Department of Health and Human Services (dhhs.healthcarefacilities@nebraska.gov). Resident 13 was admitted with [DIAGNOSES REDACTED]. The resident's quarterly Minimum Data Set assessment (MDS: a federally mandated comprehensive assessment tool used for care planning), dated 05/23/20, revealed the resident's cognition was moderately impaired. The MDS indicated the resident had no behaviors. Resident 29 was admitted with mild cognitive impairment, dementia and [MEDICAL CONDITION]. The resident's annual MDS, dated [DATE], revealed the resident's cognition was severely impaired. The MDS indicated the resident was delusional. A review of the facility's abuse investigation report, dated 03/23/19, completed by a charge nurse (no longer employed at facility) indicated Resident 29 hit Resident 13 on the head and bit Resident 13's left hand. Resident 13 responded by grabbing Resident 29's wrist and twisting it. Resident 13 had a skin tear to the top of the scalp. Resident 29 denied injury or pain. A record review revealed there was no documentation that indicated the five-day investigation report was emailed to the state agency. An interview with the Administrator on 08/12/20 at 2:05 PM confirmed after going through the sent emails, the five-day investigation report, dated on 03/23/19, was never emailed to the state agency. The Administrator indicated it was an oversight. An interview with the Director of Nursing on 08/13/20 at 6:30 AM confirmed the five-day investigation report was not emailed to the state agency. The DON further indicated it was oversight.
F 0756 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Some	**Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure reference number 175 NAC 12-006. Based on record reviews and interviews, it was determined the facility failed to act on pharmacy recommendations for 1 (Resident 14) of 6 sampled residents. Findings are: Resident 14 had [DIAGNOSES REDACTED]. A physician's orders [REDACTED]. (an antianxiety drug) from 0.50 mg to 0.25 mg every day at bedtime. Resident 14's Medication Administration Records for June 2020, July 2020 and August 2020 documented the resident was to receive [MEDICATION NAME] 200mg, with an additional [MEDICATION NAME] 50mg, to equal 250mg every day at bedtime. Resident 14's Medication Administration Records for June 2020, July 2020 and August 2020 documented the resident was to receive Klonopin 0.5mg every day at bedtime. A pharmacy note, dated 06/04/20, indicated the facility was notified the [MEDICATION NAME] order on the June 2020 MAR indicated [REDACTED]. On 08/12/20 at 10:00 AM, the Director of Nurses (DON) stated the MAR indicated [REDACTED]. The DON had not been able to review the pharmacy notifications. The DON stated the facility was responsible for correcting the MARs to reflect the current physician orders. It was determined the resident had been administered the correct medications with the correct doses. On 08/12/20 at 12:33 PM, the Pharmacy Consultant was interviewed about the resident's doses of [MEDICATION NAME] and Klonopin. The Pharmacy Consultant stated (gender) had written a note to the facility to remove the [MEDICATION NAME] 50mg order from the MARs, to remove the Klonopin 0.5mg order from the MARs, and add the 0.25mg order. On 08/13/20 at 10:41 AM, the Administrator stated the nurses were responsible for removing the orders from the MARs and adding the new orders. The pharmacists would review the MARs and report irregularities to the DON. The Administrator added the DON had been very busy and had failed to review the pharmacist's recommendations.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.