STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285229	A. BUILDING _____ B. WING _____	**09/16/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
HOOPER CARE CENTER	**400 EAST BIRCHWOOD DRIVE HOOPER, NE 68031**

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 0755 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** LICENSURE REFERENCE NUMBER 175 NAC 12-006.12E1b Based on observation, staff interviews and record review, the facility failed to document on a narcotic record and reconcile the count for liquid [MEDICATION NAME] (a Schedule IV antianxiety) for 1 of 1 medication room. This affected 2 (Resident 36 and 29) of 2 residents receiving liquid [MEDICATION NAME]. The facility census was 39. Findings are: An observation on 09/16/20 at 8:02 AM, in the medication room refrigerator, indicated Resident 36's Schedule IV medication of [MEDICATION NAME] 2 mg/ml (milligrams/milliliter). There was 23 mg left in the bottle. There was no narcotic record to review for reconciling the count. An observation on 09/16/20 at 8:02 AM, in the medication room refrigerator, indicated Resident 29's Schedule IV medication of [MEDICATION NAME] 0.50 mg/ml. There was 24 mg left in the bottle. There was no narcotic record to review for reconciling the count. During an interview on 09/16/20 at 8:54 AM, the Consultant Pharmacist indicated liquid [MEDICATION NAME] required the facility to document all controlled drugs on a narcotic record and reconcile the count. During an interview on 09/16/20 at 8:18 AM, the Director of Nursing (DON) indicated there were no narcotic records for Resident 36 or Resident 29's liquid [MEDICATION NAME] and the medications were not counted or reconciled. During an interview on 09/16/20 at 10:30 AM, the Administrator was unaware the Schedule IV liquid [MEDICATION NAME] required a narcotic record or needed to be reconciled.
F 0761 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Few	**Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** LICENSURE REFERENCE NUMBER 175 NAC 12-006.12E4 Based on observations and staff interviews, the facility failed to discard expired Schedule IV liquid medications ([MEDICATION NAME], an antianxiety) for 1 of 1 medication room reviewed. This affected 2 (Resident 36 and 29) of 2 residents receiving liquid [MEDICATION NAME]. The facility census was 39. Findings are: An observation on 09/16/20 at 8:02 AM, indicated Resident 36's Schedule IV medication of [MEDICATION NAME] 2 mg/ml (milligrams/milliliter). There was 23 mg left in the bottle. The date the medication had been opened was 04/09/20. An interview with the Director of Nursing (DON) on 09/16/20 on 8:40 AM, indicated the [MEDICATION NAME] was opened on 04/09/20. An observation on 09/16/20 at 8:02 AM, indicated Resident 29's Schedule IV medication of [MEDICATION NAME] 0.50 mg/ml (milligrams/milliliter). There was 24 mg left in the bottle. The date the medication had been opened was 03/17/20. During an interview on 09/16/20 at 8:54 AM, the Consultant Pharmacist indicated that [MEDICATION NAME], after opening the medication, had a 90-day expiration date. During an interview on 09/16/20 at 10:30 AM, the Administrator indicated that all expired medications should be pulled from the refrigerator and discarded. The Administrator further stated the facility had never had a controlled drug sheet for [MEDICATION NAME] and it was never counted or reconciled.
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 12-006.11E Based on observations and staff interviews, the facility failed to store foods in accordance with professional standards for food service safety. Bulk food items were unlabeled and undated. This had the potential to affect all residents. The census was 39. Findings are: During an observation on 09/14/20 at 8:14 AM, the freezer contained opened, unlabeled, undated packages of frozen chicken, fish and meat balls. A follow up observation on 09/15/20 at 8:09 AM, the freezer contained opened, unlabeled carrots, corn and almonds. During an interview on 09/15/20 at 7:58 AM, the Dietitian indicated that everything opened should be labeled and dated. During an interview on 09/15/20 at 10:09 AM, the Dietary Manager revealed there was no written facility policy concerning labeling and dating of opened frozen food items, but staff were trained to label and date food items when opened.

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.