

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285290	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/01/2020
NAME OF PROVIDER OF SUPPLIER SIDNEY REGIONAL MEDICAL CENTER-EXTENDED CARE		STREET ADDRESS, CITY, STATE, ZIP 549 KELLER DRIVE SIDNEY, NE 69162	
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 0684 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Licensure Reference Number: 175 NAC 12-006.09D2C Based on observations, record reviews, and interview, the facility failed to identify and assess an abrasion for one sampled resident (Resident 17). Facility census was 46. Sample size was 16 current residents. Findings are: Observation on 08/26/20 at 10:30 a.m. Resident 17 was sitting in the wheelchair in own room. Resident 17 had an abrasion on the top right side of the head. Observation on 08/27/20 at 2:42 p.m. Resident 17 had been laid down in the room on the bed and Resident 17 had an abrasion on the top right side of the head. Record review of Resident 17 progress notes and assessments verified that this abrasion to the right side of Resident 17's head had not been identified or assessed by staff. Resident observation on 08/31/20 Resident 17 was sitting in the wheelchair in the doorway of own room and Resident 17 had an abrasion to the top right side of the head. Resident interview on 08/31/20 at 9:04 a.m. Resident 17 who is non-verbal but is able to nod head yes or no. When asked if there was an abrasion on the right side of the head Resident 17 nodded yes and was able to point with hand to the abrasion on the right side of the head. When asked if there had been a fall Resident 17 shrugged shoulders as to say I don't Know. When Resident 17 was asked if someone had hit the right side of the head, Resident 17 moved head side to side to indicate NO. Staff interview on 08/31/20 at 9:55 a.m. Director of Nursing verified Resident 17 had an abrasion to the top right side of the head. Director of Nursing also confirmed that this abrasion on Resident 17's head had not been identified or assessed by staff. Staff interview on 09/01/20 at 2:35 p.m. the Administrator confirmed that Resident 17 had an abrasion on the top right side of the head and this abrasion had not been identified or assessed by nursing staff in order to provide appropriate treatment to Resident 17's wound.		
F 0695 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record reviews, and interviews, the facility failed to provide oxygen for one sampled resident (Resident 4) as ordered by the physician. Facility census was 46. Sample size was 16 current residents. Findings are: Observations on 08/26/2020 at 02:58 PM and at 03:47 PM revealed Resident #4 sitting in own wheelchair in own room. The wheelchair had an oxygen tank secured to the back of it. There was no tubing attached or connected to the oxygen tank in order for oxygen to be delivered to the resident. No oxygen tubing was observed in the residents room. Resident #4 was not receiving supplemental oxygen at these times. On 08/26/2020 an interview with MA-A verified Resident #4 does utilize oxygen when he needs it and checks his owns oxygen saturation rate when feeling low. An observation on 08/27/2020 at 09:01 AM revealed Resident #4 sitting in a wheelchair eating breakfast in own room. An oxygen tank was secured to the back of the wheelchair. No oxygen tubing was attached or connected to the oxygen tank in order to deliver oxygen to the resident. No oxygen tubing was observed in the residents room. Resident #4 was not receiving supplemental oxygen at this time. An observation on 08/27/2020 at 02:27 PM revealed Resident #4 resting in bed. An oxygen tank was secured to the back of the wheelchair for Resident #4 with no tubing attached or connected to the oxygen tank in order to deliver oxygen to the resident. No oxygen tubing was observed in the residents room. Resident #4 was not receiving supplemental oxygen at this time. An observation on 08/31/2020 revealed Resident #4 sitting in wheelchair in own room. An oxygen tank was secured to the back of the wheelchair for Resident #4 with no tubing attached or connected to the oxygen tank in order to deliver oxygen to the resident. No oxygen tubing was observed in the residents room. Resident #4 was not receiving supplemental oxygen at this time. A record review of the Face sheet for Resident #4 revealed the resident was admitted [DATE]. Record review of the LTC Physician order [REDACTED]. Continued review revealed an active/current order for Resident #4 for oxygen via nasal cannula at 2 liters per minute continuously. The order had a start date of 4/21/2020. On 08/31/20 at 01:00 PM an interview with the Director of Nursing confirmed Resident #4 had an order for [REDACTED].#4 had an oxygen tank on secured to the back of the residents wheelchair, that there was no tubing attached or connected to the oxygen tank in order to deliver oxygen to the resident, and that there was no oxygen tubing observed in the residents room. On 9/1/2020 at 02:00 PM an interview with the Administrator confirmed Resident #4 had an order for [REDACTED].		
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.