

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285083	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/23/2020
NAME OF PROVIDER OF SUPPLIER LINDEN COURT		STREET ADDRESS, CITY, STATE, ZIP 4000 WEST PHILIP AVENUE NORTH PLATTE, NE 69101	
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 0637 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident when there is a significant change in condition **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** State Licensure Reference Number 12-006.09B Based on record reviews and interviews, the facility failed to complete the Care Area Assessments (CAA) on a Significant Change Minimum Data Set (MDS), a federally mandated comprehensive assessment tool utilized to develop resident care plans. This occurred for two of 18 sampled residents (Resident 4 and Resident 17) in the care areas of Cognition and Activities of Daily Living. The facility census was 89. Findings are: 1. Resident 4 had [DIAGNOSES REDACTED]. The Significant Change MDS, dated [DATE], specified Resident 4 was severely cognitively impaired. The MDS also indicated the resident needed extensive assistance of two staff members for bed mobility, transferring, walking, dressing and personal hygiene. Two of the care areas requiring a further in-depth assessment included Cognition and Activities of Daily Living. The Cognition CAA summary stated, Unspecified dementia without behavioral disturbance, severe impairment. The Activities of Daily Living (ADL) CAA summary stated, This CAA triggered by resident has Dementia with communication cognitive deficit, weakness and is on Hospice Care. Resident requires assistance with all ADL functions including bathing. Proceed with Care Plan. The CAA summaries did not reveal an in-depth analysis of all underlying causes, contributing factors, and risk factors for Cognition or Activities of Daily Living. Social Services Staff-D, who had completed the Cognition CAA was interviewed on 07/22/20 at 3:12 PM. Social Service Staff-D was not aware the CAA needed to include a more in-depth assessment of the resident's cognition. MDS Coordinator-C, who had completed the ADL CAA, was interviewed on 07/22/20 at 3:15 PM. MDS Coordinator-C stated (gender) had not been given much training on the CAA and acknowledged the ADL care area should have contained more information, and personalized to this resident. On 07/22/20 at 3:53 PM, the Director of Nursing (DON) was interviewed about the CAA expectations. The DON was aware the information had to be in the Plan of Care but didn't know there had to be an in-depth assessment in the CAA. On 07/22/20 at 3:55 PM, Social Services Coordinator-E was interviewed about the expectations of the Cognition CAA summary. Social Services Coordinator-E specified the CAA should include information about the resident, like related diagnoses, if the difficulty was with recall or if it was temporal, medications and any need for staff to provide cues during care. 2. Resident 17 had [DIAGNOSES REDACTED]. The Significant Change MDS dated [DATE], specified Resident 17 was severely cognitively impaired. The MDS also indicated the resident needed limited to extensive assistance with most Activities of Daily Living (ADL). The MDS specified Resident 17 had a significant decline in the areas of bed mobility and dressing. Two of the care areas requiring a further in-depth assessment included Cognition and Activities of Daily Living. The Cognition CAA summary stated, [MEDICAL CONDITION] - Short and long term memory loss. The Activities of Daily Living (ADL) CAA summary stated, Triggered due to need for increased assistance with mobility and ADL's. The CAA summaries did not reveal an in-depth analysis of all underlying causes, contributing factors, and risk factors for Cognition or Activities of Daily Living. Social Services Staff-D, who had completed the Cognition CAA was interviewed on 07/22/20 at 3:12 PM. Social Service Staff-D was not aware the CAA needed to include a more in-depth assessment of the resident's cognition. MDS Coordinator-C, who had completed the ADL CAA, was interviewed on 07/22/20 at 3:15 PM. MDS Coordinator-C stated (gender) had not been given much training on the CAA and acknowledged the ADL care area should have contained more information, and personalized to this resident. On 07/22/20 at 3:53 PM, the Director of Nursing (DON) was interviewed about the CAA expectations. The DON stated was aware the information had to be in the Plan of Care but didn't know there had to be an in-depth assessment in the CAA. On 07/22/20 at 3:55 PM, Social Services Coordinator-E was interviewed about expectations of the Cognition CAA summary. Social Services Coordinator-E specified the CAA should include information about the resident, like related diagnoses, if the difficulty was with recall or if it was temporal, medications and any need for staff to provide cues during care.		
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** State Licensure Reference Number 12-006.09B Based on record review and staff interviews, the facility failed to accurately code the Minimum Data Set (MDS), a federally mandated assessment tool utilized to develop resident care plans. This occurred for one of 18 sampled residents (Resident 4) in the section identifying a life expectancy of less than six months. The facility census was 89. Findings are: Resident 4 had a [DIAGNOSES REDACTED]. The Significant Change MDS, dated [DATE], specified Resident 4 was severely cognitively impaired. The MDS indicated the resident had significant declines in cognition and activities of daily living. It also specified the resident was receiving hospice services. Resident 4 was not coded on the MDS as having a life expectancy of less than 6 months. A problem on Resident 4's Care Plan dated 04/21/20, specified, Resident was admitted to Hospice care on 04/06/2020 due to end stages of dementia (Failure to Thrive). The clinical record revealed a physician's orders [REDACTED]. Review of the facility's communication book revealed hospice services for Resident 4 began 04/06/20. On 07/22/20 at 10:08 AM, MDS Coordinator-C was interviewed about why Resident 4's MDS had not been coded with a life expectancy of less than 6 months. MDS Coordinator-C said, I didn't check that because I didn't have physician documentation. MDS Coordinator-C was unaware that the coding instructions specified the resident should be coded as terminally ill when the resident was receiving hospice services. During an interview on 07/22/20 at 3:26 PM, the Director of Nursing (DON) indicated the assessments should be accurate. The DON stated this one MDS Coordinator didn't know about coding less than 6 months to live when the resident was on hospice.		
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** State Licensure Reference Number [DATE].11C Based on observation, interviews and facility policy review, the facility failed to discard expired leftovers and thawed meat by the expiration date. This had a potential to impact all 89 residents currently in the facility. The facility census was 89. Findings are: A review of the facility policy reference: United States Department of Agriculture (USDA) read in part, Frozen Ground Meat (beef) must be thawed under refrigeration. Use within 48 hours after meat has thawed. On [DATE] at 8:50 AM, the facility refrigerator was observed with a package of diced ham dated [DATE], a package of ham slices dated [DATE] and two packages of 10-pound hamburger dated [DATE]. On [DATE] at 9:02 AM, Certified Dietary Manager-A (CDM-A) stated the process for pulling out frozen food and thawing it was to date the package when it was pulled out of the freezer. CDM-A also stated that (gender) pulled all the frozen meat for the week and used it within the week. CDM-A stated the two 10-pound packages of the frozen hamburger had been pulled on [DATE]. CDM-A further stated the diced ham and ham slices needed to be pulled out and discarded. CDM-A thought that after the frozen hamburger had thawed, the facility had five days to use it. CDM-A was the one in charge of pulling expired food and had failed to discard the diced ham, sliced ham and the packaged hamburger. On [DATE] at 8:17 AM, the Registered Dietitian/Licensed Dietitian-B (RD/LD-B) was aware that there had been an issue with the hamburger being left in the refrigerator and was outdated. RD/LD-B was going to interview CDM-A and review (gender) information. On [DATE] at 9:27 AM,		

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.

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<p>F 0812</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>RD/LD-B pulled the facility guidelines for Purchased Products - Meat. RD/LD-B stated the information was referenced from the USDA. RD/LD-B stated that frozen ground beef could be refrigerated for one to two days and must be thawed under refrigeration. RD/LD-B further stated the thawed meat must be used within 48 hours after the meat thawed. RD/LD-B further stated the two packages of frozen 10-pound hamburger meat should have been discarded 48 hours after it was thawed. RD/LD-B stated the two 10-pound hamburger packages had been discarded.</p>		