STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285126	A. Building B. Wing	03/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Ambassador Nebraska City, Inc	1800 14th Avenue Nebraska City, NE 68410

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Licensure reference: 175 NAC 12-006.02(H) Based on interview and record review, the facility failed to ensure an allegation of potential misappropriation of medication was reported for 2 [Resident 1 and 3] of 5 sampled residents. The facility had a total census of 46 residents. Findings are: A review of facility investigation dated 2/12/25 revealed an allegation that a nurse was requesting medication aides sign out prn [as needed] controlled medications and provide them to the nurse to administer to Residents 1 and 3 instead of having the Medication Aide administer the medication directly to the resident. The investigative report revealed that an audit was conducted of narcotic logs, administration of as needed medications and frequent /early re-orders of prn medications with no concerns identified. Staff interviews were conducted on 2/12/25 and 2/13/25 revealed no concerns of misappropriation of medications. In an interview on 3/10/25 at 3:04 PM and 3:52 PM, the Administrator confirmed that the allegation that a nurse was requesting medication aides provide medication to the nurse to administer instead of administering the medication directly to the resident had not been reported as potential misappropriation of medications. The Administrator reported that the reporter had not alleged that medications were missing. The Administrator confirmed that the facility did investigate to ensure medications were not missing based on the reporter's statements. A review of facility policy titled Abuse Reporting and Investigation Policy dated 7/2024 revealed the following: -Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately but not later than 2 hours after the allegation is made if the events that cause the allegation involve abuse or result in serious bodily injury; or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where State law provides jurisdiction in long-term care facilities).

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: 175 NAC 12-006.02(H) Based on interview and record review, the facility failed to ensure a thorough investigation had completed regarding an allegation of potential misappropriation of medications from 1 [Resident 1] of 5 sampled residents. The facility had a total census of 46 residents. Findings are: A review of facility investigation dated 1/12/15 revealed an allegation that a nurse was requesting medication aides sign out prn [as needed] controlled medications and provide them to the nurse to administer to Residents 1 and 3 instead of having the Medication Aide administer the medication directly to the resident. The investigative report revealed that an audit was conducted of narcotic logs, administration of as needed medications and frequent/early re-orders of prn medications without concerns identified. According to facility investigations, staff interviews were conducted on 2/12/25 and 2/13/25 revealed no concerns of misappropriation of medications. A review of facility investigation revealed further staff interviews were conducted on 2/20/25 and 2/21/25 that revealed three staff members had been asked to provide prn [as needed] medications to a nurse for a resident instead of administering directly to the resident. In an interview on 3/10/25 at 10 AM, the Administrator confirmed that the investigation had revealed that staff were giving medications to other staff members instead of administering medications directly to a resident. In an interview on 3/10/25 at 11:04 AM, the Director of Nursing confirmed that the investigation had revealed with signing out medication on the Controlled Drug Record and not documenting that the medication was given on the medication administration record. A review of facility Performance Improvement Project with start date of 2/20/25 revealed education was being provided to staff regarding procedures for administering and documenting administration of prn medications and auditing of regular prn medications and controlled substance audits. A review of Resident 1's Controlled Drug Record for Hydrocodone [a controlled medication for pain] 10/325 mg take 1 tablet orally every 8 hours as needed revealed a count of 18 tablets on 2/4/25 at 6 AM. The 2/4/25 at 6 AM count was at the bottom of a page. A new Controlled Drug Record sheet was started for Resident 1's prn Hydrocodone with the first entry on 2/4/25 at 6 AM, the count started with 10 tablets which was a difference of 8 tablets. In interviews on 3/10/25 at 2:50 PM, 4:02 PM, and 4:31 PM, the Director of Nursing reported checking to ensure the number of medications on the Controlled Drug Record matched the medications available in the cart for that resident as part of the investigation. The Director of Nursing reported just discovering the discrepancy with the Controlled Drug Record for Resident 1 and didn't have an answer for where the medications had gone. In an interview on 3/10/25 at 3:52 PM, the Administrator confirmed that there was a documentation issue in accounting for controlled medications and acknowledged that further investigation was needed to determine if there were missing medications.