| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 285140 | A. Building<br>B. Wing | 07/22/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| The Meadows at Ashland | 1700 Furnas Street<br>Ashland, NE 68003 |

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 0552<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that residents are fully informed and understand their health status, care and treatments.<br><br>Licensure Reference Number 175 NAC 12-006.05(E) Based on record review and interview the facility failed to provide the resident/resident representative education and receive informed consent for use of psychotropic medications (any medication that affects behavior, mood, thoughts, or perception) as required for 1 (Resident 10) of 1 sampled resident. The facility census was 77.Findings are:Record review of undated facility policy titled Use of Psychotropic Medication(s) revealed that Prior to initiating or increasing a psychotropic medication (drugs that affect brain activities associated with mental processes and behavior), the resident, family, and/or resident representative must be informed of the benefits, risks, and alternatives for the medication, including any black box warnings for antipsychotic medications, in advance of such initiation or increase.Record review of the Order Summary (a listing of all current physician orders for the resident) dated 7/16/2025 for Resident 10 revealed an order for Alprazolam (an antianxiety medication) 0.5 milligrams (mg) one tablet by mouth every 8 hours for anxiety with an order start date of 4/14/2025, buspirone HCl 10mg (an anti-anxiety medication) three times a day for anxiety with an order start date of 2/27/20252, Sertraline HCl 50mg (an antidepressant medication) by mouth one time a day for depression, and Trazadone HCl 150mg (an antidepressant) one tablet by mouth at bedtime for sleep with an order start date of 12/3/2024.Record review of Resident 10's admission Record dated July 16, 2025, reveals original admission date of 7/5/2024.Record review of the Minimum Data Set (MDS, a mandatory comprehensive assessment tool used for care planning) dated Aril 28, 2025 for Resident 10 revealed that resident receives antidepressants and antianxiety medications. A Brief Interview of Mental Status (BIMS, a brief screening tool that aids in detecting cognitive impairment) score of 14 indicating resident is cognitively intact.Record review of Resident 10's Care Plan Psychotropic Drug Use initiated 6/13/2025 revealed Resident 10 used antidepressants related to depression; anxiolytics related to generalized anxiety disorder.Record review of Resident 10's medical records revealed no evidence of consents for use of psychotropic medications.Record review of Resident 10's Medical Administration Record (MAR, a legal record of the medications administered to a patient at a facility by a health care professional) for July 1, 2025 to July 20, 2025 revealed administration of psychotropic medications while at facility.Interview with Director of Nursing (DON) on 7/21/2025 at 10:25 AM confirmed that the facility did not have a psychotropic consent form for Resident 10 as required. |

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 |
|---|---|---|---|
| | 285140 | A. Building<br>B. Wing | 07/22/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| The Meadows at Ashland | 1700 Furnas Street<br>Ashland, NE 68003 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.10(C)Based on interview and record review, the facility failed to prime a insulin pen prior to administer insulin for 1 (Resident 15) of 3 sampled residents and failed to ensure 1 (Residents 15) of 5 sampled resident's who received Jardiance (an oral diabetes medication) was provided per the provider's order. The facility census was 77.Findings are:A. A record review of the undated Medication Administration policy revealed medications administered by the facility's staff would be as ordered by the provider and in accordance with professional standards. A record review of Resident 15's Clinical Census dated 07/21/2025 revealed the resident was admitted to the facility on [DATE]. A record review of Resident 15's Medical Diagnosis dated 07/21/2025 revealed the resident had diagnosis of type 2 diabetes mellitus (uncontrolled blood sugar) with other circulatory (blood flow) complications. A record review of Resident 15's Minimum Data Set (MDS)(a comprehensive assessment used to develop a resident's care plan) dated 05/16/2025 revealed the resident had a Brief Interview for Mental Status (BIMS)(a score of a residents cognitive abilities) of 7 of 15 which indicated the resident was moderately cognitively impaired. The resident needed set up assistance with eating, supervision or touching assistance with oral hygiene (cleaning) and upper body dressing, partial/moderate assistance with toileting and personal hygiene, and was dependent on staff for bathing. The MDS revealed the resident was receiving hypoglycemics (diabetes medication) and had diabetes mellitus. A record review of Resident 15's Care Plan with an admission date of 12/24/2022 revealed Resident 15 was at risk for alteration (changes) in my blood sugar levels, hypoglycemia (low blood sugar) and/or hyperglycemia (high blood sugar) due to my diabetes. The interventions included provide medication, blood sugar checks, and labs as ordered. A record review of Resident 15's Order Summary Report dated 07/21/2025 revealed the resident had an order for Jardiance Oral Tablet 10 milligrams (mg). Give 1 tablet by mouth in the morning related to type 2 diabetes mellitus with other circulatory complications dated 06/26/2025 and had a start date of 06/27/2025. A record review of the facility's Pharmacist's Recommendation to Prescriber dated 06/25/2025 revealed the provider agreed to start Jardiance 10 mg once daily for Resident 15. A record review of Resident 15's Urgent-Response Required communication form from the pharmacy dated 06/27/2025 revealed the Jardiance required a prior authorization (pre-approval for payment), please contact the prescriber for potential change or order. The form had Faxed 7/17/25 written on it. A record review of Resident 15's Medication Administration Record (MAR) dated June 2025 revealed the staff documented 06/27/2025, 06/29/2025, and 06/30/2025 was not administered and a code of 9 that indicated Other/See Nurse Notes. The staff documented the 06/28/2025 dose of Jardiance was administered. A record review of Resident 15's MAR dated July 2025 revealed the staff documented the Jardiance was not administered 07/11/2025, and 07/14/2025 - 07/20/2025. A record review of Resident 15's Progress Notes dated 07/21/2024 - 07/01/2025 did not reveal the facility attempted to reach the provider to notify the provider the pharmacy had not provided the resident with Jardiance because it required prior authorization from the provider. On the dates above that were marked not administered on the June 2025 and July 2025 MAR, there were notes from the staff that there was an issue with insurance, Director of Nursing (DON) was aware, Assistant Director of Nursing (ADON) was aware, on order, and/or reordered. In an interview on 07/21/2025 at 1:39 PM, Medication Aide (MA)-D confirmed Resident 15's Jardiance was not administered 07/21/2025 due to the facility did not have it. MA-D confirmed they have not had the Jardiance for over a week. In an interview on 07/21/2025 at 2:42 PM, Pharmacy Technician (PHT)-E confirmed Resident 15 had an order for Jardiance, but it could not be provided due to a lack of response from the provider. PHT-E confirmed the original<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 285140 | A. Building<br>B. Wing | 07/22/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| The Meadows at Ashland | 1700 Furnas Street<br>Ashland, NE 68003 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | order for the Jardiance was 06/26/2025 and a communication form had been sent to the facility to notify the provider that the Jardiance was not covered by the insurance. PHT-E confirmed the order has never been filled or delivered to the facility. In an interview on 07/22/2025 at 8:43 AM, the DON confirmed the facility had not received any doses of Jardiance and Resident 15 had not received a dose. The DON confirmed the staff had marked it as being administered, but it had not been. B.A record review of Resident 15's Care Plan with an admission date of 12/24/2022 revealed a focus area of I am at risk for alteration (changes) in my blood sugar levels, hypoglycemia (low blood sugar) and/or hyperglycemia (high blood sugar) due to my diabetes. The interventions included provide medication, blood sugar checks, and labs as ordered. A record review of Resident 15's Order Summary Report dated 07/21/2025 revealed the resident had an order for Lantus Solostar Subcutaneous (under the skin) Solution Pen injector 100 unit/ml (milliliter) (Insulin Glargine), Inject 15 units subcutaneously two times a day for elevated A1C (a lab test of average blood sugar levels). An observation on 07/21/2025 at 7:13 AM revealed Licensed Practical Nurse (LPN)-B administered Lantus Solostar Subcutaneous Solution Pen injector 100 unit/ml to resident. LPN-B took Resident 15's blood sugar reading, opened the insulin pen, dialed in 15 units, wiped Resident 15's abdomen (stomach area) with an alcohol wipe, applied the needle, and slowly injected the 15 units into the resident abdomen. The observation did not reveal LPN-B primed the insulin pen with 2 units and pressed the plunger prior to administering the ordered 15 units. In an interview on 07/21/2025 at 7:19 AM, LPN-B confirmed LPN-B did not prime the insulin pen prior to injecting the 15 units of insulin. Interview on 07/22/2025 at 7:11 AM, the Director of Nursing (DON) confirmed that it was standard protocol to prime an insulin pen with 2 units prior to the insulin administration. A record review of the Highlights of Prescribing Information for Lantus Solostar insulin pen (a pen used to administer diabetes medication) instructions for use with a revised date of 05/2025 revealed always do a safety test before each injection. To check the pen and the needle to make sure they are working properly and make sure the resident gets the correct insulin dose. Select 2 units by turning the dose selector until the dose pointer is at the 2 mark. Press the injection button all the way in. When insulin comes out of the needle tip, the pen is working correctly. https://products.sanofi.us/Lantus/Lantus.pdf A record review of the Insulin Pen policy dated 8/2023 revealed insulin pens will be primed prior to each use to avoid collection of air in the insulin reservoir. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 285140 | A. Building<br>B. Wing | 07/22/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| The Meadows at Ashland | 1700 Furnas Street<br>Ashland, NE 68003 |

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 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide safe and appropriate respiratory care for a resident when needed.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(H)(vi)(3)(g) Based on record reviews, observations, and interviews the facility failed to provide staff training/competency testing for use of a Trilogy machine (a noninvasive machine that provides ventilation/breathing support) for 2 (Resident 10 and Resident 21) of 2 sampled residents. The facility census was 77. Findings are:<br><br>Record review of facility assessment (is a comprehensive evaluation of the facility’s resident population and the resources needed to provide appropriate care and services), reviewed with the facility’s QAA Committee (Quality Assurance Committee) on 3/13/2025 revealed the facility did not identify it had the capability and/or capacity to provide specialized respiratory care or services.<br><br>A Record review of an undated facility policy titled “Noninvasive Ventilation (CPAP, BiPAP, AVAP, Trilogy)” revealed the facility’s policy is to provide noninvasive ventilation as per physician’s order and current standards of practice. Further record review includes definitions of ventilator types.<br><br>Definitions include: “AVAPS” or average volume-assured pressure support, is a modality of non-invasive ventilation that integrates the characteristics of both volume and pressure controlled non-invasive ventilation and delivers a fixed tidal volume. “Noninvasive Ventilation” (NIV) refers to the administration of ventilator support without using an invasive artificial airway. This type of device may be used for individuals with pneumonia, COPD, emphysema, or other lung disease.<br><br>A.<br><br>A record review of resident 10s’ admission record reveals original date of admission of 7-5-2024.<br><br>A record review of Resident 10’s Order Summary dated 5-5-2025 reveals setting for Trilogy machine: Vaps (volume assured pressure support) TV (tidal volume) : 500 EPAP 10-20 PS 4-12 rate:12 at bedtime for C-pap.<br><br>A record review of a visit to Nebraska Pulmonary Specialties dated 5-5-2025 for Resident 10 revealed a diagnosis of chronic hypercapnia respiratory failure: a condition where there is too much carbon dioxide in the blood, Chronic Obstructive Pulmonary Disease (COPD): a pulmonary disease that is characterized by chronic, typically irreversible airway obstruction resulting in a slowed rate of exhalation, obstructive sleep apnea syndrome: a disorder where your breathing stops and starts repeatedly during sleep, aspergillosis: a lung infection caused by aspergillosis, histoplasmosis: a lung infection caused by breathing in spores of the fungus Histoplasma, history of nicotine dependence, and lung field abnormalities. Included with the details of the visit are new orders for noninvasive ventilator as stated in the facility Order Summary.<br><br>Record review of the Minimum Data Set (MDS, a mandatory comprehensive assessment tool used for care planning) for Resident 10 dated Aril 28, 2025 revealed non-invasive mechanical ventilator use. A Brief Interview of Mental Status (BIMS, a brief screening tool that aids in detecting cognitive impairment) revealed a score of 14 indicating resident is cognitively intact.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 285140 | A. Building<br>B. Wing | 07/22/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| The Meadows at Ashland | 1700 Furnas Street<br>Ashland, NE 68003 |

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 0695<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Record review of Resident 10’s care plan revealed no mention of non-invasive mechanical ventilation (Trilogy).<br><br>Record review of Resident 10’s Medical Administration Record (MAR, a legal record of the medications administered to a patient at a facility by a health care professional) for July 1, 2025, to July 20, 2025, revealed administration of orders for NIV on days resident was at facility.<br><br>Observation of Resident 10’s room during the survey dates July 16,17,21and 22 revealed a Trilogy machine on bedside table with silicone face mask attached to the flexible tubing, placed in plastic bag.<br><br>Interview with Director of Nursing (DON) on 7-21-2025 at 10:25 AM confirmed that the facility did not have training on Trilogy machine.<br><br>B.Record review of Resident 21’s admission Record revealed Resident 21 admitted to the facility on [DATE] with diagnoses of Chronic Obstructive Pulmonary Disease (COPD) (a group of lung diseases that cause long-term breathing problems), Idiopathic Sleep related nonobstructive alveolar hypoventilation and Sleep Apnea (a sleep disorder where a person doesn’t breathe adequately during sleep).<br><br>Record review of Resident 21’s Order Summary revealed a prescriber written order for CPAP/BILevel/Trilogy with goal of tidal volume of 400-500, pressure support range 2-40 cmH20 EPAP range 4-25 cm H20 (these are setting on the Trilogy machine) at bedtime related to Idiopathic Sleep related to Nonobstructive Aveolar Hypoventilation.<br><br>Record review of Resident 21’s Quarterly Minimum Data Set (MDS, a mandatory comprehensive assessment tool used for care planning) dated 05/14/2025 revealed a Brief Interview for Mental Status (BIMS), (a brief assessment for mental status, revealed a score of 15, which indicated Resident 21 is cognitively intact and was receiving respiratory treatment of a non-invasive mechanical ventilator.<br><br>Record review of Resident 21’s care plan dated 7/16/2025 revealed a focus area of impaired respiratory status, goal that the resident will have no reports of unrelieved shortness of breath and intervention to apply CPAP/BiPap per order. Further review of Resident 21’s care plan did not identify any interventions for the use of a Trilogy machine.<br><br>Observations throughout the on-site facility survey on July 16,17,21,22, 2025 revealed that a Trilogy machine ([NAME] Respironics Trilogy ventilator) was by Resident 21’s bedside.<br><br>An interview with Resident 21 on July 21, 2025 at 10:20 AM confirmed that Resident 21 needs help applying the Trilogy mask and names two nurses by name who are “angels” when it comes to helping with the Trilogy and further reported other staff don’t know what they are doing.<br><br>Interview with Director of Nursing (DON) on 07/21/25 at 2:28 PM confirmed that the facility did not provide staff training on the use of a Trilogy machine. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 285140 | A. Building<br>B. Wing | 07/22/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| The Meadows at Ashland | 1700 Furnas Street<br>Ashland, NE 68003 |

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 0699<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide care or services that was trauma informed and/or culturally competent.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09 and 12-006.09(E)Based on record review and interviews; the facility failed to evaluate and implement interventions to manage triggers (any stimuli that cause a person to re-experience the trauma or its associated emotions) for 1 (Resident 21) of 1 sampled resident with a self-reported diagnosis of Post Traumatic Stress Disorder (PTSD) through evaluation and care planning of potential triggers or situations that could lead to re-traumatization. The facility census was 77. Findings are:Record Review of Resident 21's Minimum Data Set (MDS- Federally mandated comprehensive assessment used to develop resident care plan) dated 3/28/28 revealed Resident 21 with a Brief Interview of Mental Status (BIMS) of a 13, which indicated a person is cognitively intact. Further review of Resident 21's MDS dated [DATE] revealed Resident 21 had active diagnoses of Stroke, Hypertension (high blood pressure), Diabetes Mellitus, Anxiety Disorder, and Bipolar Disorder (a mental illness that causes unusual shifts in mood from extreme highs (mania) to lows (depression).Record review of Resident 21's admission Record revealed Resident 21 admitted to the facility on [DATE].Record review of After Visit Summary of Resident 21 from hospitalization dated 3/15/28 revealed diagnoses of History of intravenous drug use - in remission, Bipolar disorder, Anxiety with depression, Methamphetamine abuse, Mood disorder, and Homelessness.Record review of facility's Comprehensive Behavioral assessment dated [DATE] revealed Resident 21's social history screen was in jail more than once, Anxiety part of the screen revealed Resident 21 expressed the following:-Feeling nervous anxious or on edge- nearly every day -Not being able to stop or control worrying- more than half the days-Worrying too much about different things- more that half the days-Trouble relaxing- nearly every day-Being so restless that it is hard to sit still-nearly every day-Becoming easily annoyed or irritated-several days Record review of PHQ2-9 Staff Assessment (questionnaires used screen for and assess depression) of Resident Mood dated 5/12/25 revealed the following about Resident 21's:Mood: Little interest/pleasure doing things: yesMood: Little interest doing things: 2-6 days (several days)Mood: Feeling down, depressed or hopeless: yesMood: Feeling down, depressed of hopeless: 2-6 days (several days)Record review of Resident 21's Care Plan Report dated 7/16/2025 revealed no focus area related to anxiety, depression, mood, or past traumatic event triggers.Interview with Resident 21 on 7/16/25 at 1:32 PM revealed Resident 21 had PTSD (Post Traumatic Stress Disorder) from previous domestic abuse and that (gender) did not like water being poured over the face, specifically mouth and nose because of past abuse when water was forcefully poured over their mouth and nose. Resident 21 further revealed that (gender) had a history of recreational drug use, including methamphetamines and cocaine use which resulted in being homeless, legal issues, going to jail and domestic abuse.During an interview on 7/21/25 at 2:42 PM with Registered Nurse Regional Nurse Consultant (RNC-C) confirmed the facility had not completed a trauma based assessment or initiated a trauma informed care plan when Resident 21 admitted to the facility and should have. Record review of the facility's undated policy of Trauma Informed Care revealed the following:Policy: It is the policy of this facility to provide care and services which, in addition to meeting professional standards, are delivered using approached which are culturally-competent, account for experiences and preference, and address the needs of trauma survivors by minimizing triggers and/or re-traumatization. Definitions: Trauma results from an event, series or events, or set of circumstances that is experiences by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functional and mental, physical, social, emotional, or spiritual well-being. Common sources of trauma may include: Violent crime, Physica, sexual, mental and/or emotional abuse (past or present), history of imprisonment, history of<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 285140 | A. Building<br>B. Wing | 07/22/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| The Meadows at Ashland | 1700 Furnas Street<br>Ashland, NE 68003 |

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 0699<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | homelessness. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 285140 | A. Building<br>B. Wing | 07/22/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| The Meadows at Ashland | 1700 Furnas Street<br>Ashland, NE 68003 |

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 0759<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Ensure medication error rates are not 5 percent or greater.<br><br>Licensure Reference Number 175 NAC 12-006.10(D) Based on record review, observations and interviews, the facility failed to administer medications according to practitioner's orders or manufacturer's recommendations by administering medications after a meal consumption for medication to be given 60 minutes prior to meals. This included observation of 25 medication administration opportunities with 3 errors resulting in an error rate of 12%. This failure affected 2 (Residents 21 and 65 ) of 3 sampled residents. The facility census was 77. Findings are: A. An observation on 7/21/25 at 7:50 AM with Medication aide (MA-A) administering medication to Resident 21 revealed the following: Omeprazole 40 mg with instructions written on medication card to be given 60 minutes prior to meals. An interview on 7/21/25 at 7:50 AM with Resident 21 confirmed that Resident 21 had eaten (genders) breakfast that consisted of oatmeal, eggs, and bacon when the Omeprazole was given. An interview on 7/21/25 at 8:00 AM with MA-A confirmed that Resident 21 had already eaten breakfast and the Omeprazole should of been given prior to Resident 21 eating breakfast. An interview on 7/21/25 at 8:30 AM with the Director of Nursing (DON) confirmed that the omeprazole should of been given to Resident 21 prior to breakfast and was not given prior to breakfast. B. An observation on 7/21/25 at 8:10 AM with MA-A of administering medication to Resident 65 revealed the following: -Trelegy Ellipta (medication to assist with breathing) 1 puff inhale and to rinse mouth after use. Instruction to administer the mediation was to rinse the mouth after. -Omeprazole 20 mg with instructions written on medication card to be given 60 minutes prior to meals. An interview on 7/21/25 at 8:15 AM AM with Resident 65 confirmed that Resident 65 had eaten (genders) breakfast that consisted of oatmeal, eggs, and bacon. An interview on 7/21/25 at 8:15 AM with MA-A confirmed that Resident 65 had already eaten breakfast and the Omeprazole should of been given prior to Resident 65 eating breakfast. The MA-A confirmed that (gender) did not have Resident 65 rinse out Resident 65 mouth after the use of the Trelegy Ellipta and should of and the omeprazole should of been given prior to breakfast. An interview on 7/21/25 at 8:30 AM with the Director on Nursing (DON) confirmed that the omeprazole should of been given to Residents 65 prior to meals as the medication card stated and the omeprazole was not given prior to meals and Resident 65 mouth should of been rinse out after the Trelogy Ellipta and it wasn't. A record review of the Medication Administration policy with no date revealed: Administer within 60 minutes prior to or after scheduled time unless otherwise ordered by physician. Rinse mouth with water after use of inhalers. |