

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285201	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2025
NAME OF PROVIDER OR SUPPLIER Cloverlodge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 301 North 13th Street St Edward, NE 68660	

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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.19(B)</p> <p>Based on observations, interviews, and record reviews, the facility failed to maintain the facility walls and woodwork in a manner to promote a clean and homelike environment. This affected 16 of 30 resident rooms and the facility census was 29.</p> <p>Findings are:</p> <p>A record review of the Facility Assessment with a revision date of 4/15/25 revealed the facility's physical environment promoted the health and safety of the resident population, and each department manager followed procedures for maintaining inventory and equipment, and used the TELS (Technology for Enhanced Long-Term Care) system to track equipment and preventative maintenance.</p> <p>During a tour of the facility on 4/22/25 between 8:37 AM and 9:15 AM the following concerns were identified:</p> <ul style="list-style-type: none"> -In room [ROOM NUMBER] the wood trim on the bottom of the closet door was deeply marred and had chipping paint. -In room [ROOM NUMBER] the wood trim on the bottom of the closet door was deeply marred and had chipping paint. -In room [ROOM NUMBER] the wall beside the bed had gouged drywall with chipping paint. -In room [ROOM NUMBER] the wall beside the bed had gouged drywall with chipping paint. -In room [ROOM NUMBER] the wood trim on the bottom of the closet door was deeply marred and had chipping paint. -In room [ROOM NUMBER] the wood trim on the bottom of the closet door was deeply marred and had chipping paint. -In room [ROOM NUMBER] the wood trim on the bottom of the closet door was deeply marred and had chipping paint. -In room [ROOM NUMBER] the wood trim on the bottom of the closet door was deeply marred and had chipping paint. <p>(continued on next page)</p>

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 285201
		If continuation sheet Page 1 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285201	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2025
NAME OF PROVIDER OR SUPPLIER Cloverlodge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 301 North 13th Street St Edward, NE 68660	

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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>chipping paint.</p> <p>-In room [ROOM NUMBER] the wood trim on the bottom of the closet door was deeply marred and had chipping paint. The wall behind the resident's recliner had gouged drywall and chipped paint.</p> <p>-In room [ROOM NUMBER] the wood trim on the bottom of the closet door was deeply marred and had chipping paint. The wall behind the resident's recliner had gouged drywall and chipped paint.</p> <p>-In room [ROOM NUMBER] the wood trim on the bottom of the closet door was deeply marred and had chipping paint. The wall behind the resident's recliner had gouged drywall and chipped paint.</p> <p>-In room [ROOM NUMBER] the wood trim on the bottom of the closet door was deeply marred and had chipping paint. The wall beside the bed had gouged drywall with chipping paint.</p> <p>-In room [ROOM NUMBER] the wall behind the resident's recliner had gouged drywall and chipped paint.</p> <p>-In room [ROOM NUMBER] the wall beside the bed had gouged drywall with chipping paint.</p> <p>-In room [ROOM NUMBER] the wall beside the bed had gouged drywall with chipping paint.</p> <p>-In room [ROOM NUMBER] the wood trim on the bottom of the closet door was deeply marred and had chipping paint.</p> <p>During an interview on 4/22/25 at 8:28 AM the facility Housekeeper/Laundry Supervisor revealed the facility used the TELS system to let the maintenance department know of items in need of repair. In addition, they confirmed the facility was aware of the multiple areas of drywall gauges and missing paint on the walls behind recliners and beds and that the areas had been there for quite a while and was unsure why they had not been repaired.</p> <p>During an interview on 4/23/25 at 1:33 PM the Maintenance Director revealed being aware of multiple rooms that needed drywall repair, and repaired woodwork, but confirmed those repairs had not been completed. The Maintenance Director reported knowing the repairs were needed for quite a while.</p> <p>During an interview on 4/23/25 at 1:48 PM the Administrator confirmed the facility has multiple areas of drywall and woodwork that needed repair.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285201	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2025
NAME OF PROVIDER OR SUPPLIER Cloverlodge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 301 North 13th Street St Edward, NE 68660	

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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Licensure Reference Number 175 NAC 12-006.09(I)</p> <p>Based on observation, interview and record review the facility failed to assess Resident 21 for safe mechanical lift use to prevent the potential for accidents. The sample size was 3 and the facility census was 29.</p> <p>Findings are:</p> <p>A record review of the facility's Sit to Stand Lift Competency dated 10/2024 revealed the following:</p> <ul style="list-style-type: none"> -the resident must be able to bear weight on at least 1 leg, -staff would report to the supervisor when a change in resident transfer was noted, and -staff would use the correct lift sling based on the assessment of the residents. If the sling fit was inappropriate notify the supervisor. <p>A record review of Resident 21's current Care Plan with a revision date 2/22/24 revealed that Resident 21 had an Activity of Daily Living self-performance deficit related to left arm functional limitation, history of stroke, and weakness.</p> <p>Activity of Daily Living interventions were:</p> <ul style="list-style-type: none"> -toilet use: the resident was dependent on staff for toileting care with 1-person assist, and -resident transferred with 1-2 person assist with mechanical lift. <p>The resident also had the potential for impairment to skin integrity related to functional limitation in left arm and leg.</p> <p>An intervention listed for this concern was that the facility educated staff to watch elbows when using the mechanical for transfer into bathroom.</p> <p>A record review of Resident 21's Nursing Progress Notes revealed the following:</p> <ul style="list-style-type: none"> -3/25/25 at 4:24 PM a skin tear was noted to the resident's right elbow measuring 2 centimeters (cm) by 2 cm. Staff was educated to watch the resident's elbows when in the mechanical lift being transferred. Resident does chicken wing (arms poorly support the resident weight forcing the elbows upward) when in the mechanical lift. <p>An observation on 4/22/25 at 10:30 AM with Nursing Assistant (NA)-G revealed when Resident 21 was transferred with the mechanical lift the resident's elbows were pointed out to the side of the lift on both arms. The resident was assisted with toileting cares and when standing resident up from the toilet with use of mechanical lift, the resident was bearing weight to legs poorly and the resident's arms and shoulders were being pulled on by the mechanical lift. NA-G cued the resident to stand up,</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285201	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2025
NAME OF PROVIDER OR SUPPLIER Cloverlodge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 301 North 13th Street St Edward, NE 68660	
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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>yet the resident was unable to stand up and bear full weight to legs.</p> <p>An interview on 4/22/25 at 10:45 AM with NA-G confirmed that when Resident 21 was transferred with use of the mechanical lift, the resident's elbows extended out to both sides and resident chicken wings. Resident 21's shoulders were pulled on when the resident chicken wings. When the resident was being transferred with the mechanical lift staff had to make sure that the resident's elbows do not hit the doorway of the bathroom. NA-G confirmed that if a resident had a difficult time when being transferred with a mechanical lift the Director of Nursing (DON) was to be notified. NA-G confirmed that the DON had not been notified of Resident 21's elbow's sticking out to the side, chicken winging, and shoulders being pulled on with all transfers when using the mechanical lift.</p> <p>An interview on 4/22/25 at 12:00 PM with the DON confirmed that when a resident's transfer status has changed the supervisor was to be notified, a transfer evaluation or therapy screen should be done if the mechanical lift caused them to chicken wing. The DON confirmed that there was not a transfer evaluation or therapy screen completed after reviewing the documentation from 3/15/25. Further interview confirmed that NA-G had not notified the supervisor of how the resident's transfer went on the morning of 4/22/25.</p> <p>An interview on 4/22/25 at 2:25 PM with the DON confirmed that NA-G voiced concerns with resident's transfer with the use of the mechanical lift going from the bathroom to the wheelchair the morning of 4/22/25. Resident was not bearing weight to her legs and was chicken winging causing the resident's shoulders to be pulled on. MA-C confirmed that the resident's sling used when transferring with the mechanical lift does slide up at times and then the resident chicken wings and resident's shoulders are pulled on.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285201	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2025
NAME OF PROVIDER OR SUPPLIER Cloverlodge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 301 North 13th Street St Edward, NE 68660	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.17</p> <p>Based on observation, interview, and record review; the facility failed to follow infection control guidelines related to medication administration which had the potential to affect all residents. The facility also failed to complete hand hygiene during the provision of cares for Residents 11, 13, and 18. The facility census was 29.</p> <p>Findings are:</p> <p>A.</p> <p>A record review of the facility policy Safe Medication Administration Practices, last revised 5/20/24 revealed staff were to do the following:</p> <ul style="list-style-type: none"> -avoid distractions and interruptions when preparing and administering medications, -check the residents medical record to make sure that all required documents were present and current, -monitor and document the effectiveness of all medications administered, -dispose of all containers to avoid cross-contamination after removal of a medication from its original container, and -perform hand hygiene. <p>An observation on 4/22/25 at 8:03 AM with Medication Aide (MA)-C revealed that while obtaining Tramadol (an oral medication used to treat pain) for a resident out of a locked drawer in the medication cart, MA-C pushed the medication out of the medication card directly into their hand and then placed the medication into the medication cup.</p> <p>An observation on 4/22/25 at 8:20 AM with MA-C revealed while obtaining Glipizide (an oral medication used for the management of blood sugars) for a resident, MA-C pushed the medication from the medication card directly into their hand then placed the medication into the medication cup.</p> <p>Interviews on 4/22/25 at 8:03 AM and 8:20 AM with MA-C confirmed MA-C pushed the medications into their hand but should have pushed the medication out of the card into a medication cup.</p> <p>Interview on 4/23/25 at 2:50 PM with the Director of Nursing (DON) confirmed that medications were to be pushed out of the medication card into the medication cups, not into staff hands.</p> <p>B.</p> <p>A record review of the facility policy Hand Hygiene, last revised on 9/12/17 revealed the following:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285201	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2025
NAME OF PROVIDER OR SUPPLIER Cloverlodge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 301 North 13th Street St Edward, NE 68660	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-staff would exercise proper hand hygiene techniques to prevent the transmission of infectious agents,</p> <p>-the facility adopted the Centers for Disease Control and Prevention (CDC) hand hygiene guidelines,</p> <p>-hand hygiene was to occur before and after resident contact, after removing gloves, after contact with bodily fluids, when there was potential exposure to organisms, before handling medications or food, after blowing their nose, sneezing, coughing, and touching hair or face,</p> <p>-hands would be washed with soap and water when visibly soiled or contaminated with dirt, blood, or bodily fluids,</p> <p>-alcohol-based hand rub was preferred of hands were not visibly soiled or contaminated, and</p> <p>-gloves were not a substitute for hand hygiene.</p> <p>A record review of Resident 11's Minimum Data Set (MDS, a federally mandated assessment tool used in Care Planning) dated 2/26/25 revealed the resident had severe cognitive impairment, was dependent with dressing, toileting, and personal hygiene, was frequently incontinent of bladder and bowel and had diagnoses of Alzheimer's Disease and dementia.</p> <p>A record review of Resident 11's Care Plan, last revised 4/10/25 revealed the resident was dependent with dressing, personal hygiene, and toileting; required assistance with bed mobility and transfers; and the resident had cognitive impairment.</p> <p>Observation on 4/22/25 at 9:55 AM Nursing Assistant (NA)-G had Resident 11 sitting on the edge of the bed with a gait belt on. NA-G assisted the resident to ambulate to the bathroom. NA-G, while not wearing any gloves, pulled Resident 11's pants and soiled brief down. The resident sat on the toilet. NA-G put on a clean pair of gloves without performing hand hygiene and removed the soiled brief. Still wearing the same pair of gloves, NA-G obtained a new brief from the resident's dresser, applied it to the resident and applied the resident's pants. NA-G removed their gloves and without performing hand hygiene applied a new pair of gloves. NA-G performed peri cares and doffed the gloves. No hand hygiene was observed. NA-G applied new gloves, assisted the resident to pull their pants up, then doffed the gloves without performing hand hygiene. NA-G ambulated with the resident back to the resident's bed and assisted the resident to change their clothes. NA-G ambulated the resident back to the bathroom and assisted the resident with brushing their teeth and hair and washing their face and hands. NA-G ambulated the resident back to the resident recliner, covered with a blanket and turned the tv on. NA-G left the resident room, and no hand hygiene was observed.</p> <p>C.</p> <p>A record review of Resident 13's MDS dated [DATE] revealed the resident had severe cognitive impairment, was dependent with toileting, and dressing, was frequently incontinent with bladder and bowel habits and had a diagnosis of dementia.</p> <p>A record review of Resident 13's Care Plan, last revised 1/30/25 revealed the resident was dependent with toilet use and dressing the lower half of the body, and required assistance with upper body dressing, bed mobility, personal hygiene and transfers. Further review revealed the resident had</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285201	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/23/2025
NAME OF PROVIDER OR SUPPLIER Cloverlodge Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 301 North 13th Street St Edward, NE 68660	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>cognitive impairment.</p> <p>Observation on 4/22/25 at 9:15 AM revealed NA-F assisted the resident into the bathroom. NA-F pulled the resident's pants and brief down without wearing gloves. Resident 13 was incontinent of a bowel movement. NA-F instructed Resident 13 to sit down on the toilet and NA-F put on gloves without performing hand hygiene. NA-F removed the residents soiled brief and applied a clean brief. NA-F performed peri-cares and removed their gloves. NA-F did not perform hand hygiene and pulled the resident's brief and pants up. NA-F ambulated with Resident 13 to their recliner and the resident sat down. NA-F removed the trash from the bathroom and disposed of properly. No hand hygiene was observed.</p> <p>Interview on 4/23/25 at 2:50 PM with the DON confirmed hand hygiene should be performed after removing gloves.</p> <p>D.</p> <p>A record review of Resident 18's MDS dated [DATE] revealed the resident had severe cognitive impairment, was dependent on staff for toileting, dressing, personal hygiene, rolling left to right in bed and chair to bed/bed to chair transfer. Resident 18 was always incontinent of bowel and bladder and had diagnoses of progressive neurological condition, dementia, Parkinson's Disease and Psychotic Disorder.</p> <p>An observation on 4/22/25 at 9:40 AM revealed that NA-G had gloves on, transferred resident 18 with the mechanical lift onto their bed, checked the resident for being incontinent of bowel and bladder, resident did not need to be changed. NA-G removed their gloves and no hand hygiene was observed. NA-G reapplied gloves, repositioned the resident in bed, covered the resident with a blanket, removed gloves, picked up the trash from the room and exited the room. No hand hygiene was observed.</p> <p>An interview with the DON on 4/23/25 at 2:50 PM confirmed hand hygiene should be performed after removing gloves.</p>		