

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285206	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Fairview Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 255 F Street Fairmont, NE 68354	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(B)</p> <p>Based on record review and interview; the facility failed to code the Minimum Data Set (MDS-a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) assessment to reflect the resident's status for 1 (Resident 18) of 5 sampled residents. The facility census was 38.</p> <p>Findings are:</p> <p>A record review of Resident 18's August 2024 Medication Administration Record (MAR) revealed that Resident 18 was receiving clopidogrel (an antiplatelet medication used to prevent blood from forming a clot) 75 milligrams (mg) daily.</p> <p>A record review of Resident 18's MDS dated [DATE], revealed the use of antiplatelet medication was coded No.</p> <p>A record review of the MDS 3.0 RAI (Resident Assessment Instrument) User's Manual v1.18.11, dated October 2023, revealed the following guidance:</p> <p>-Antiplatelet: check if an antiplatelet medication (e.g. clopidogrel) was taken by the resident at any time during the 7-day observation period.</p> <p>In an interview on 10/02/24 at 1:02 PM, the MDS nurse confirmed that Resident 18 did have an order for an antiplatelet medication and that the medication was received as ordered in August 2024. The MDS nurse further confirmed that the use of the antiplatelet medication was not coded correctly on the MDS and should have been marked Yes.</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: 285206	If continuation sheet Page 1 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285206	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Fairview Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 255 F Street Fairmont, NE 68354	
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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>License Reference Number 175 NAC 12-006.04(H)(ii)(1)</p> <p>Based on record reviews and interviews, the facility failed to ensure the DS (Dietary Supervisor) had the required credentials. This had the potential to affect 38 residents who ate food prepared in the kitchen. The facility had a census of 38.</p> <p>Findings are:</p> <p>An interview on 9/30/24 at 12:25 PM with DS revealed [gender] had not taken classes for their CDM (Certified Dietary Manager) and that the administrator was going to set up the classes.</p> <p>An interview with the Administrator on 10/1/24 at 7:26 AM revealed DS was not a CDM and the RD was not currently employed full time at the facility.</p> <p>An interview with the RD on 10/1/24 at 10:00 AM revealed the RD works in the facility 8 hours a week and remotely to equal 25-30 total hours a week. The RD oversaw the dietary supervisor.</p> <p>A record review of the facility's undated Dietary Manager Job Description revealed a Performance Requirement stating the Dietary Manager was to have completed the requirements for education as outlined in State and Federal guidelines and was to participate in ongoing continuing education.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285206	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Fairview Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 255 F Street Fairmont, NE 68354	
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 - Few</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, interviews, and record review; the facility failed to ensure that staff washed their hands with soap and water for at least 20 seconds to prevent the potential for cross contamination during wound care for 1 (Resident 8) of 1 sampled resident. The facility census was 38.</p> <p>Findings are:</p> <p>Record review of Resident 8's Face Sheet dated 10/1/24 revealed the resident was admitted to the facility on [DATE] and had a diagnosis of non-pressure chronic ulcer of skin or other sites with unspecified severity.</p> <p>Record review of Resident 8's MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 7/18/24 revealed in:</p> <p>Section C: a Brief Interview for Mental Status (BIMS) score of (-) indicating that the resident was rarely/never understood.</p> <p>Section GG: the resident required maximum assistance with rolling left and right (The ability to roll from lying on back to left and right side and return to lying on back on the bed).</p> <p>Section M: the resident was at risk for pressure ulcers and had one Stage 1 pressure ulcer (an observable, pressure-related alteration of intact skin with non-blanchable redness of a localized area usually over a bony prominence) and one unstageable deep tissue injury.</p> <p>Record review of Resident 8's physician orders dated 10/1/24 revealed an order for the following treatment to their bilateral [NAME] hip ulcers: wash with soap and water, apply Flagyl powder and Xeroform to black areas then cover with Mepilex. The order stated to change the wound dressing three times per week to reduce the smell and promote comfort.</p> <p>An observation on 10/2/24 at 8:34 AM of Resident 8's wound cares with Licensed Practical Nurse (LPN). LPN stated Resident 8 had received pain medication prior to the dressing change. LPN performed hand hygiene with soap and water for 20 seconds and donned gloves. LPN removed the left hip dressing, which revealed a brownish drainage on the dressing and a strong odor was noted. LPN placed the old dressing in a red trash bag and removed their gloves. LPN performed hand hygiene with ABHR gel and donned new gloves. LPN cleansed the wound with antibacterial soap, rinsed and dried. LPN sprinkled [NAME] powder onto the wound, then the xeroform dressing was applied and the wound was covered with a Mepilex dressing. LPN removed their gloves and performed hand hygiene by washing their hands with soap and water for 12 seconds, then donned new gloves. LPN repositioned Resident 8 and then removed the right hip dressing, which had brownish drainage and odor present and placed the dressing into the red trash bag. LPN then removed their gloves and performed hand hygiene with ABHR gel and donned new gloves. LPN cleansed the right hip wound with antibacterial soap, rinsed and dried. LPN sprinkled [NAME] powder onto wound, then the xeroform dressing was applied and the wound was covered with a Mepilex dressing. LPN removed their gloves, repositioned Resident 8 again, and placed a blanket on the resident. LPN performed hand hygiene with soap and water for 7 seconds, donned new gloves and removed the trash from the room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285206	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Fairview Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 255 F Street Fairmont, NE 68354	
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 - Few</p>	<p>An interview on 10/2/24 at 8:55 AM with LPN revealed that [gender] should have washed [gender] hands for 20 seconds when using soap and water.</p> <p>An interview on 10/2/24 at 10:47 AM with the DON confirmed that hand washing with soap and water should be done for 20 seconds.</p> <p>Record review of the facility's undated Handwashing policy revealed the purpose of the policy was to prevent the spread of infection. The policy also contained guidance to perform the following tasks:</p> <ol style="list-style-type: none"> 3. Apply soap and work into lather, 4. Rub all surfaces of the hands, between fingers, under nails and 2 of the wrists together continuously for 20 seconds. (2 minutes at the beginning of the shift and end of each shift). 		