

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/21/2025
NAME OF PROVIDER OR SUPPLIER  The Cedars at Broadwell		STREET ADDRESS, CITY, STATE, ZIP CODE  800 Stoeger Drive Grand Island, NE 68803	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Licensure Reference Number 175 NAC 12-006.02(H)</p> <p>Based on record review and interviews, the facility failed to report and submit an investigation for an injury of unknown origin to the State Agency and adult protective services within the required time frames for 1 (Resident 8) of 1 sampled resident. The facility census was 58.</p> <p>Findings are:</p> <p>A record review of a facility supplied policy titled Abuse, Neglect and Exploitation and dated 01/14/2025 revealed the facility will report all alleged violations to the administrator, state agency, adult protective services and to all other required agencies within specified time frames. 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.</p> <p>A record review of an admission Record revealed the facility admitted Resident 8 on 05/24/2021 with diagnoses of hemiplegia (total or partial paralysis on one side of the body that results from disease or injury to the motor centers of the brain) of the left side, type 2 diabetes mellitus (a common form of diabetes mellitus that develops especially in adults and most often in obese individuals and that is characterized by hyperglycemia resulting from impaired insulin utilization coupled with the body's inability to compensate with increased insulin production), dementia (a usually progressive condition marked by the development of multiple cognitive deficits (such as memory impairment, aphasia, and the inability to plan and initiate complex behavior), and history of stroke (a disruption of the blood flow to the brain leading to brain cell damage or death).</p> <p>A record review of Resident 8's comprehensive Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems), dated 04/04/2025 revealed Resident 8 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 6/15 indicating severe cognitive impairment. The resident required substantial or maximum staff assistance with activities of daily living. The MDS was coded to reflect that the resident had a fall without injury since the prior assessment (in the past 90 days).</p> <p>A review of Resident 8 Care Plan on 05/19/2025 revealed the resident had a focus of being at risk and having current falls with dates listed as 07/02/2024, 10/27/2024, 12/30/2024, 02/05/2025, and 04/13/2025 all were stated to be without injury.</p> <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: 285221	If continuation sheet Page 1 of 8

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/21/2025
NAME OF PROVIDER OR SUPPLIER  The Cedars at Broadwell		STREET ADDRESS, CITY, STATE, ZIP CODE  800 Stoeger Drive Grand Island, NE 68803	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of Resident 8 Progress Notes revealed on 04/23/2025 at 2:50 PM a progress note was entered stating the resident had returned from primary health care provider and had an X-Ray completed that showed a humerus (arm) fracture with healing present to both sides of the bone though not connected. The fracture was documented as being stable.</p> <p>A record review of Resident 8's medical health record revealed no probable/possible source of the fracture.</p> <p>In an interview with the Assistant Director of Nursing (ADON) on 05/20/2025 at 1:25 PM the ADON confirmed the resident's provider notified the facility of the findings of the fracture. The ADON stated that a facility's investigation led to the probable cause of the injury being a fall prior to admitting to the facility per report from the resident's responsible party. The ADON denied notification of the state agency or adult protective services and denied submitting the facility's investigation to the state agency.</p> <p>In an interview on 5/20/2025 at 2:00 PM with the facility Regional Director of Operations (RDO), the RDO confirmed that the facility did not report the fracture of unknown origin and did not submit a written report or investigation confirming probable/possible source of the injury.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/21/2025
NAME OF PROVIDER OR SUPPLIER  The Cedars at Broadwell		STREET ADDRESS, CITY, STATE, ZIP CODE  800 Stoeger Drive Grand Island, NE 68803	
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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on observation, record review, and interview the facility failed to ensure that the Daily Nurse Staff posting was posted as required. This had the potential to affect all residents residing within the facility. The facility census was 58.</p> <p>Findings are:</p> <p>Record review of the facility policy titled Nurse Staffing Posting Information dated 2/5/25 revealed that it is the facility policy to make nurse staffing information readily available in a readable format to residents, staff, and visitors at any given time. The Nurse Staffing Sheet will be posted on a daily basis and will contain the following information:</p> <p>Facility name; the current date; current resident census; the total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift-Registered Nurses, Licensed Practical Nurses, and Nurse Aides.</p> <p>The policy also revealed that the facility will post the Nurse Staffing Sheet at the beginning of each shift. The information posted will be in a prominent place readily accessible to residents, staff, and visitors. Nursing schedules and posting information will be maintained in the Human Resources Department for review for a minimum of 18 months.</p> <p>Observation on 5/18/25 at 10:00 AM during a facility walk-through revealed no daily nursing staff posting in the facility.</p> <p>Observation on 5/19/25 from 7:29 AM through 7:39 AM during a facility walk-through revealed no daily nurse staffing posting present in the facility. A daily nurse staffing post was not in place anywhere in the facility including at entry doors, at nurse's stations, or any other locations within the facility.</p> <p>Observation on 5/19/25 at 3:34 PM throughout all areas of the facility including the administrative front office area, front lobby, dining room, C-D hall and nurse's station, Administrator's office wall across from laundry, A-B hall and nurse's station, and transport entrance revealed no daily nurse staffing posted in the facility.</p> <p>Observation on 5/20/25 from 7:43 AM through 7:52 AM revealed no daily nurse staff posting in the front lobby, administrative offices area, dining room, C-D unit halls, C-D nurse's station, area outside administrator's office, or the facility A-B unit halls or nurse's station.</p> <p>Observation on 5/20/25 at 11:57 AM this surveyor asked the Facility Administrator (FA) to show this surveyor where the daily nurse staffing is posted for residents and visitors to see. The FA went to the Regional Director of Operations (RDO) to ask the RDO about the daily nurse staff posting. The RDO took this surveyor to the C-D nurse's station to point out the location for the posting. A plexiglass frame on the outside of the nurse's station wall revealed no posting of daily nurse staffing.</p> <p>Interview on 5/20/25 at 11:57 AM with the RDO confirmed that the daily nurse staffing was not posted in the facility as required. The RDO revealed that the RDO would post the daily nurse staffing. The RDO confirmed that there was the frame at the C-D nurse's station for the daily nurse staffing to be posted as well as the one at the A-B nurse's station.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/21/2025
NAME OF PROVIDER OR SUPPLIER  The Cedars at Broadwell		STREET ADDRESS, CITY, STATE, ZIP CODE  800 Stoeger Drive Grand Island, NE 68803	

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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observation on 5/20/25 at 12:59 PM at the C-D nurse's station revealed that the daily nurse staff posting had not been posted.</p> <p>Observation on 5/20/25 at 1:01 PM at the A-B nurse's station revealed that the daily nurse staff posting had not been posted.</p> <p>Observation on 5/21/25 at 7:51 AM outside the C-D nurse's station revealed that the holder for the daily nurse staff posting did not contain the daily nurse staffing posting.</p> <p>Observation on 5/21/25 at 7:53 AM outside the A-B nurse's station revealed that the holder for the daily nurse staff posting did not contain the daily nurse staffing posting. (the facility had not posted the daily nurse staffing as required at any time during the facility recertification survey).</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/21/2025
NAME OF PROVIDER OR SUPPLIER  The Cedars at Broadwell		STREET ADDRESS, CITY, STATE, ZIP CODE  800 Stoeger Drive Grand Island, NE 68803	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Licensure Reference Number 175 NAC 12-006.12(E)(1)</p> <p>Based on observation, interview, and record review the facility failed to ensure stock medication bottles were labeled with the date indicating when they bottle was opened or should be discarded for 2 (Residents 17 and 23) of 3 sampled residents and the facility failed to store medication in a sanitary manner which had the potential to affect all the residents receiving medications from the facility. The facility census was 58.</p> <p>Findings are:</p> <p>A.</p> <p>A record review of a facility policy titled Labeling of Medications and Biologicals dated 2025 revealed labels for stock medications must include the original manufacturer's or pharmacy applied label and the expiration date.</p> <p>In an observation of medication administration on 05/19/2025 from 8:15 AM to 9:15 AM by Medication Aide (MA)-B the following was observed:</p> <p>-MA-B removed a white bottle with purple lid from the medication cart. The MA emptied white powder into the purple lid then poured the white powder into a clear 8 ounce cup. The MA then placed the cap back on the bottle and placed to bottle on top of the medication cart. The MA poured water into the cup and stirred to mix the powder in the cup. The MA then took the mixture to Resident 17 and the resident drank the solution. There was no date written on the bottle reflecting when the bottle was opened.</p> <p>-MA-B removed a white stock medication bottle from the medication cart. The MA removed a pill from the bottle and placed it in a clear medication cup with other medications prepared for Resident 23. The MA placed the bottle on top of the medication cart. There was no date written on the bottle reflecting when the bottle was opened.</p> <p>In an interview completed on 05/19/2025 at 9:00 AM with MA-B, MA-B confirmed that the date the bottle was opened should be written on the bottles. The MA confirmed that no date was written on the bottles.</p> <p>In an interview completed on 05/19/2025 at 9:15 AM with the Assistant Director of Nursing (ADON), the ADON confirmed that the date the bottle was opened should be written on each bottle. The ADON confirmed that the bottles did not have the date written on them and it should have been.</p> <p>B.</p> <p>A record review of a facility policy titled Medication Storage dated 2025 revealed it is the policy of the facility to ensure all medications housed in the facility will be stored to ensure proper sanitation.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/21/2025
NAME OF PROVIDER OR SUPPLIER  The Cedars at Broadwell		STREET ADDRESS, CITY, STATE, ZIP CODE  800 Stoeger Drive Grand Island, NE 68803	
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an observation completed on 05/19/2025 at 9:10 AM of the facility medication storage room the following was observed:</p> <ul style="list-style-type: none"> <li>-The floor of the room to have dried black splatters present in front of the dormitory sized refrigerator. Debris visible on the floor small pieces of paper scattered throughout the floor area.</li> <li>-The sink of the room to have brown, black thick sticky substance with black fuzzy particles in a thick layer to the bottom of the sink.</li> <li>-The counters of the room to have dried liquid splatters present around the skink area and into the area where medications are being stored on top of the counter.</li> </ul> <p>In an interview completed on 05/19/2025 at 9:15 AM with the ADON, the ADON confirmed that the medications storage room should be cleaned daily. The ADON confirmed the floor sink and counters to the medication room were soiled and not sanitary.</p> <p>In an interview completed on 05/19/2025 at 9:20 AM with the Regional Nurse Consultant (RNC), the RNC confirmed that the medication storage had soiled floor sink and counters and was not sanitary.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/21/2025
NAME OF PROVIDER OR SUPPLIER  The Cedars at Broadwell		STREET ADDRESS, CITY, STATE, ZIP CODE  800 Stoeger Drive Grand Island, NE 68803	
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 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>Licensure Reference Number 175NAC 12-006.04(B)(ii)(1)</p> <p>Based on record review and interview; the facility failed to ensure that nurse aides completed a minimum of 12 hours of continuing education annually as required for 2 of 5 sampled staff. This had the potential to prevent residents from receiving competent care. The facility census was 58.</p> <p>Findings are:</p> <p>A.</p> <p>Record review of the facility policy titled Nurse Aide Training Program dated 1/14/25 revealed that the facility maintains an appropriate and effective nurse aide in-service training program for the purpose of ensuring the continuing competence of nurse aides. Each nurse aide shall be provided at least 12 hours of in-service training annually based on his/her employment date, not calendar year. Minimum training will include dementia management and care of the cognitively impaired; abuse, neglect, and exploitation prevention; resident rights and facility responsibilities; facility infection prevention and control program; safety and emergency procedures; behavioral health; and identification of changes in condition.</p> <p>Record review of the undated and untitled list of facility employees revealed that Nurse Aide-G (NA-G) had a hire date of 10/15/14.</p> <p>Record review of the undated and untitled list of training completed for NA-G between 10/15/23 through 10/15/24 (the current full annual training period based on the hire/employment date for NA-G) revealed that NA-G completed zero hours of continuing education.</p> <p>Interview on 5/19/25 at 4:29 PM with the Facility Administrator (FA) revealed that NA-G is extremely Per Diem (a flexible work arrangement where the employee does not have a regular work schedule and works when needed).</p> <p>Record review of the facility Punches Report (a record of an employee clocking in and out of work) for NA-G dated 5/19/25 for the period of 10/1/23 through 10/15/24 revealed that NA-G worked in the facility on 10/25/23, 11/12/23, 12/4/23, 12/9/23, 12/10/23, 12/17/23, 12/19/23, 12/25/23, 1/1/24, 1/2/24, 1/4/24, 1/11/24, 1/18/24, 1/21/24, 1/28/24, 2/3/24, 2/10/24, 2/22/24, 2/25/24, 3/2/24, 3/9/24, 3/10/24, 4/5/24, 4/16/24, 5/5/24, 5/19/24, 6/2/24, 6/23/24, 7/6/24, and 8/13/24.</p> <p>Interview on 5/19/25 at 4:29 PM with the FA revealed that the facility is responsible for ensuring that any nurse aide that might work in the facility completes at least 12 hours of continuing education per year based on their hire/anniversary date. The FA confirmed that the facility did not ensure that NA-G completed a minimum of 12 hours of continuing education as required.</p> <p>B.</p> <p>Record review of the undated and untitled list of facility employees revealed that Nurse Aide-H (NA-H) had a hire date of 6/12/18.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285221	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/21/2025
NAME OF PROVIDER OR SUPPLIER  The Cedars at Broadwell		STREET ADDRESS, CITY, STATE, ZIP CODE  800 Stoeger Drive Grand Island, NE 68803	
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 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Record review of the undated and untitled list of training completed for NA-H between 6/12/23 through 6/12/24 (the current full annual training period based on the hire/employment date for NA-H) revealed that NA-H completed a total of 8 hours of continuing education.</p> <p>Interview on 5/19/25 at 4:29 PM with the FA confirmed that NA-H did not complete a minimum of 12 hours of continuing education as required. The FA revealed that the FA would look for any additional documentation of in-service hours completed by NA-H.</p> <p>Record review of the additional in-person in-service trainings for NA-H provided by the FA revealed in-service dates of 9/26/24, 11/14/24, 1/11/25, and 2/13/25. These were not completed during the current annual training year based on the hire date of 6/12/18 for NA-H. (none were in the last full annual training period based on the hire/employment date for NA-H).</p>		