STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285225	A. Building B. Wing	08/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage of Webster County	636 North Locust Street Red Cloud, NE 68970

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 Number 175NAC 12-00.02(H)Based on record review and interview, the facility failed to submit a written investigation of a possible instance of abuse or neglect to the state agency within 5 working days for 1 (Resident 29) of 1 sampled residents. The facility census was 28.Findings are:A review of a facility policy titled Abuse, Neglect and Exploitation dated 07/2024 revealed the facility will report all alleged violations of abuse or neglect no later then 24 hours after the event if the event does not result in serious bodily injury. The facility will report the results of an investigation of allegations within 5 working days of the incident, as required by the state agency. A review of an admission Record revealed the facility admitted Resident 29 on 3/21/2024 with diagnosis of 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).The Quarterly 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 6/18/2025 revealed Resident 29 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 2 indicating the resident had severe cognitive impairment. did not have impairment to the function of their upper or lower extremities, and required staff set up or clean up assistance with eating.A record review of a facility document titled Hot Liquids Risk Assessment revealed the resident exhibited risk factors of impaired cognition, confusion, and dementia placing them at risk for hot liquid accidents.A record review of Resident 29's Progress Notes revealed on 7/30/2025 documentation stating that the resident spilled coffee on themselves while sitting at the dinning room table. The resident was taken to their room and was observed to have a light pink area to their skin on the left side of their abdomen.A record review of an Incident Investigation dated 7/30/2025 revealed an order was placed to monitor Resident 29's burn to their abdomen.In an interview completed on 8/12/2025 at 3:30 PM with the facility Director of Nursing (DON), the DON confirmed that they did not submit the investigation into Resident 29's burn received due to a hot coffee spill to the state agency and should have.

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

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident’s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09Based on record review, observations, and interviews, the facility failed to ensure that glucometer testing supplies were dated and discarded when expired according to the manufacturer's instructions; and the facility failed to ensure nurses had been trained adequately in the use of the continuous blood glucose monitoring systems. This affected all residents with diabetes, a total of 7 residents (Residents 1, 2, 14, 20, 24, 27, and 28), and the facility failed to ensure insulin (abnormal blood glucose) medication was administered or withheld in accordance with the prescribers' orders for 1 (Resident 1) of 1 sampled resident. The facility census was 28. Findings are: A. Record review of the undated facility policy “Blood Glucose Monitoring” revealed it is the policy of the facility to perform blood glucose monitoring to diabetic residents as per physicians’ orders. The policy explanation and compliance guidelines further stated; 1- The facility will perform blood glucose monitoring as per physician’s orders. 2- The nurse will perform the blood glucose test utilizing the facility’s glucometer as per manufacturer’s instructions. 3- If possible, glucometers should not be shared between residents, but if this is not possible, the nurse is responsible for cleaning and disinfection of the machine between residents following the manufacturer’s instructions and in accordance with the facility’s glucometer disinfection policy. 4- Calibration checks on glucometers must be performed ____(Specify frequency/shift) as per manufacturer’s instructions. 8- For residents who have continuous glucose monitoring systems, blood glucose via glucometer for verification of results will be done as per physician order. (See Continuous Glucose Monitors Policy.) Record review of the undated facility policy “Continuous Glucose Monitors” revealed the continuous glucose monitor (CGM) systems are used to increase glycemic time in range and decrease hypo and hyperglycemic episodes (episodes of low or high blood sugars). CGMs may be considered for residents with inconsistent or confounding glycemic control, particularly when insulin is prescribed. It is the policy of this facility to allow diabetic residents access and use of a CGM system when ordered by their physician. Care planning of the CGM use is necessary to meet the needs of each resident and to prevent adverse effects on a resident’s condition. The policy definition of the continuous glucose monitoring system defined the system as the use of a small sensor inserted subcutaneously (sensory needle in the skin) to continuously measure glucose levels in interstitial fluid (the body fluid between blood vessels and cells). Results from the sensor are transmitted to a receiver device, insulin pump, and/or smart phone which displays real time glucose levels and glycemic trends. The policy explanation and compliance guidelines stated 1- Staff and resident training will be provided per facility policy. Consider contacting the device (continued on next page)

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	manufacturer’s local representative as well as viewing online training videos from the manufacturer. 2- Continuous glucose monitor values will be recorded as part of daily vital signs. 4- The facility will document in the resident’s chart the site, date and time the CGM sensor and or transmitter was applied with a note of when the device will expire. 16- An adequate supply of CGM sensors/transmitters will be kept on hand for a resident with physician orders. CGM sensors/transmitters will be reordered and stored according to facility policy. Record review of the (brand name) glucometer calibration testing solutions on page 23 dated 03/14 from (company name) manufacturing instructions revealed that once glucometer testing solutions are opened, under part B; Storage and Handling, use the control solution within 90 days (3 months) of first opening or discard. It is recommended that the date of opening on the control solution is written as a reminder to dispose of the opened solution after 90 days. Under the testing procedure for the testing solution, the manufacture stated: Step 3 – Mix solution by gently inverting control solution bottles several times. Remove the cap from the control solution bottle. Place cap on flat surface. Squeeze the bottle and discard the first drop. Apply the second drop to the top of the clean cap. Furthermore, on page 21, the manufacturer stated- when you first open the bottle, write the date on the bottle label. Use the test strips within 3 months of first opening the bottle. Step 4 – Bring meter and strip to drop. Test strip will draw up the solution. The meter will show the result. Record review of the (brand name) CGM system user guide revised and published 07/2025 stated on page 37 of the manual that there are only two times that is important to check the CGM with the glucometer You can use your (brand name CGM) to treat. However, there are two situations when you should use your BG meter instead: There is no number and/or no arrow on the monitor where there should be a numerical reading and/or when the resident symptoms don't match sensor readings. Record review of the Midnight Census Report dated [DATE] received from the Director of Nursing who had denoted who was using a continuous blood sugar monitoring device, received insulin, and who received blood glucose monitoring only included the following residents; Resident 1; had a CGM and received insulin injections (medication to control blood sugars) Resident 2; had a CGM and received insulin injections Resident 14; had a CGM and received insulin injections Resident 20; had a CGM and received insulin injections Resident 24; used only glucose monitoring without a CGM and received insulin Resident 27; had a CGM and received insulin injections Resident 28; had only glucose monitoring and no CGM and no insulin injections Record review of the Glucometer Monitoring Record for Resident 11 revealed 1 documented glucometer (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	reading dagted [DATE] using glucometer calibration testing solution Level 1 with the lot number 022224A with a manufacturer expiration date of [DATE] which was not dated with the date opened and a testing solution Level 2 with lot number 0222824A with an expiration date of [DATE] which was not dated when opened. Record review of the Glucometer Monitoring Record for Resident 20 revealed 2 documented glucometer readings dated [DATE] and a second reading of [DATE] was entered after the calibration process with Registered Nurse (RN) A was completed. using glucometer calibration testing solution Level 1 with the lot number 022224A with a manufacturer expiration date of [DATE] which was not dated with the date opened and a testing solution Level 2 with lot number 0222824A with an expiration date of [DATE] which was not dated when opened. Record review of the Glucometer Monitoring Record for Resident 2 revealed 1 documented glucometer reading dated [DATE] using glucometer calibration testing solution Level 1 with the lot number 022224A with a manufacturer expiration date of [DATE] which was not dated with the date opened and a testing solution Level 2 with lot number 0222824A with an expiration date of [DATE] which was not dated when opened. Record review of the Glucometer Monitoring Record for Resident 1 revealed 2 documented glucometer readings dated [DATE] and [DATE] using glucometer calibration testing solution Level 1 with the lot number 022224A with a manufacturer expiration date of [DATE] which was not dated with the date opened and a testing solution Level 2 with lot number 0222824A with an expiration date of [DATE] which was not dated when opened. Record review of the Glucometer Monitoring Record for Resident 24 revealed 2 documented glucometer readings dated [DATE] and [DATE] using glucometer calibration testing solution Level 1 with the lot number 022224A with a manufacturer expiration date of [DATE] which was not dated with the date opened and a testing solution Level 2 with lot number 0222824A with an expiration date of [DATE] which was not dated when opened. Record review of the Glucometer Monitoring Record for Resident 28 revealed no glucometer calibration records were found. Resident 28 had orders for glucometer checks to be completed every Monday. Record review of the Glucometer Monitoring Record for Resident 27 revealed the last glucometer calibration record test found was performed on [DATE] using a different testing solution. Observation on [DATE] at 7:20 AM as RN A checks the CGM system. Reading is 322. RN A then does a glucometer check with a fingerstick glucometer reading of 297. RN A then calibrated the CGM monitoring device to the glucometer reading obtained. Observation on [DATE] at 7:40 AM of the personal blood testing boxes for each diabetic resident in the facility revealed the Test strips for Resident 20 were opened but not dated, the test strips for Resident 27 were opened but not dated, the test strips for Resident 14 were opened but not dated, the test strips for Resident 1 were opened but not dated, and the test strips for Resident 28 were opened but not dated. Observation on [DATE] at 7:45 AM of RN A who calibrated the blood glucometer (blood sugar testing device). RN A did not gently shake either of the testing solutions prior to use. The cap of each solution was removed and wiped with a Kleenex. RN A placed two drops of the testing solution on the top (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	of each lid from the testing solutions. RN A then placed a glucose testing strip from the testing supply box of Resident 20 into the glucometer, touched the drop of solution which had been placed on the testing solution cap, and tested the Level 1 calibration solution. This was repeated testing the Level 2 calibration solution in the same way. The blood glucose testing strips had not been dated when opened. The glucometer testing Level 1 solution had an open date of [DATE]. The manufacturer’s expiration date was [DATE]. Lot number 022224A. The glucometer testing Level 2 solution had an open date of [DATE]. The manufacturer’s expiration date was [DATE]. Lot number 0222824A. RN A cleansed the testing space and the top of the testing solutions with a Kleenex and not with a disposable cleansing wipe or any other cleansing solution. When RN A realized the Testing strips were not dated with an open date, RN A wrote [DATE] on the testing strips bottle because “Resident 20 just returned from the hospital and so I think they are new strips.” Interview on [DATE] at 7:40 AM with RN A who revealed all staff use the glucose control solutions until the manufacturer’s date of expiration. The staff do write the date the solutions were opened on the box, but not on the bottles of testing solution. RN A did not know that the testing solution had to be disposed 90 days after opening. RN A did not know the recommended manufacturer’s recommendations stated the solutions had to be discarded 90 days after opening. RN A did know that the testing glucometer strips had to be dated when opened, but did not know that the bottle had to be discarded 90 days after opening. RN A was not able to find any of the calibration and blood glucometer monitoring logs that included the calibration dates, testing solutions and lot numbers with expiration numbers except what RN A found on the clipboard. RN A stated the controls are conducted every ten days for those who wear a CGM, when the new glucose testing strips are opened, and at times when any staff member feels the glucose test needs to be conducted to compare to the CGM results. RN A doesn’t like the CGM very well and does check the glucometer with the CGM readings frequently. RN A does not know how often the other nursing staff do a calibration. Interview on [DATE] at 8:10 AM with the Director of Nursing (DON) who revealed no other documented records could be found for the CGM and blood sugar monitor calibration readings. Interview on [DATE] at 9:00 AM with the DON who confirmed there were no more documents of the glucometer calibrations found other than the ones that had been on the clip board so it looked as if the calibrations were not being completed, confirmed that the staff did not change the glucometer calibration solutions after 90 days, and confirmed that testing strips were not being dated after opening. the DON Confirmed that the calibration testing solution had been open longer than 90 days. DON also confirmed no records of trainings for nursing staff related to insulin injections, the use of insulin pens, the use of CGM systems, or glucometers and calibrations have been found. The DON had only been in the position for the past month and was working with the ICC to do the needed trainings. Interview on [DATE] at 10:40 AM with RN A who stated no formal education was given to staff about using the CGM device. The only training we received was when the last Director of Nursing sat them down and showed them how to use it. That was the only education we received and that training lasted about 10 minutes. The last director of nursing did not review the manufacturer instructions or guidelines. RN A did not remember signing anything confirming education or competency for the use of the CGM. When asked about calibrating education received to know when the glucometer and the CGM had to be calibrated together, RN A stated it seemed to be just common sense – “If you get two different numbers, you calibrate the machine.” RN A stated there were no parameters to follow, but felt that any CGM readings over 200 were too high and anything less than 120 was too low and at (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	that point felt there was a need to recalibrate the CGM with a glucometer reading. This is in addition to the recalibration that is completed every 10 days when the new CGM is placed on a resident using the device. RN A did not feel the current system the facility used was very accurate and frequently performed finger stick glucometer checks to check that readings with the CGM. The last DON wanted to use them and RN A simply didn’t trust them. Interview on [DATE] at 2:15 PM with the Infection Control Coordinator (ICC) nurse who stated if we are using the CGM then there is no need to be sticking these residents to do a fingerstick blood sugar check with the glucometer. ICC stated [gender] was unable to find any training or competencies related to insulin injections, insulin pens, or the use of the CGM. B. Record review of a facility policy titled, “Timely Administration of Insulin” undated revealed; It is the policy of this facility to provide timely administration of insulin in order to meet the needs of each resident and to prevent adverse effects on a resident’s condition. Explanation and Compliance Guidelines: 1. All insulins will be administered in accordance with physician’s orders. Record review of an admission record for Resident 1 revealed an admission date of [DATE]. Additional reviews revealed Resident 1 relevant diagnosis listed as Type 2 Diabetes Mellitus with Diabetic Neuropathy (diabetes (chronic disease of insufficiency to produce insulin) with nerve damage) Record review of an admission record for Resident 1 revealed an admission date of [DATE]. Additional reviews revealed Resident 1 relevant diagnosis listed as Type 2 Diabetes Mellitus with Diabetic Neuropathy (diabetes (chronic disease of insufficiency to produce insulin) with nerve damage) Record review Resident 1’s physician orders related to insulin, Continuous glucose monitor (CGM) and blood glucose monitoring revealed: -Change CGM every 10 days and as needed (PRN) missing/malfunctioning. every day shift every 10 day(s) -Insulin Lispro Injection Solution 100 UNIT/ milliliter (ML) , Inject 10 unit subcutaneously 0800; 1200; 1700 ***Please hold insulin if blood glucose is less than 110*** -Check blood sugar prior to meals and bedtime four times a day. -May check blood sugar per finger stick glucometer checks PRN if CGM is not available Record review of Resident 1’s blood sugars that are taken four times a day on 0800 (8:00 AM); 1200 (12:00 PM); 1700 (5:00 PM); and 2000 (8:00 PM) from [DATE], [DATE] and [DATE]-12, 2025 revealed several times Resident 1’s blood glucose was listed less than 110 milligrams per deciliter (mg/dL) and insulin was or should have been withheld: (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	6/3 at 12:00 PM =100mg/dL - Medication date and time on the MAR states HL=(Medication was held). 6/7 at 12:00 PM =101mg/dL - Medication date and time on the MAR states HL. 6/20 at 12:00 PM =97mg/dL - Medication date and time on the MAR states HL. 6/26 at 5:00 PM =96mg/dL - Medication marked as given, Progress Notes for dates [DATE] revealed no notation or explanation. 6/29 at 5:00 PM =107mg/dL - Medication date and time on the MAR states DR=(Drug Refused) notation in Progress Notes on [DATE] Resident 1 refused the medication. 7/3 at 12:00 PM =105mg/dL - Medication marked as given, Progress Notes for dates [DATE] revealed no notation or explanation. 7/3 at 5:00 PM =101mg/dL - Medication date and time on the MAR states OT= (Other Notes); notation in Progress Notes on [DATE] for 1700 revealed the medication was withheld per physician orders. 7/8 at12:00 PM =108mg/dL - Medication marked as given, Progress Notes for dates [DATE] revealed no notation or explanation. 7/28 at 5:00 PM =109mg/dL - Medication date and time on the MAR states HL. An interview on [DATE] at 1:59 PM with the Director of Nursing (DON) agreed that nursing staff should be following physician orders for insulin administration, notifying the physician and documenting a rationale if the medication was given when outside of physician parameters.

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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Licensure Reference Number 175NAC 12-00.09 (I)Based on observation, record review, and interview the facility failed to protect residents from accidents and or incidents for 2 residents (Resident 6 and Resident 29) of 2 sampled residents. The facility census was 28.Findings are:A.A review of an admission Record revealed that the facility admitted Resident 6 on 7/13/2020 with a diagnosis of 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).The 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 6/17/2025 revealed Resident 6 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 1 indicating the resident had severe cognitive impairment, the resident required substantial or maximal assistance with bed mobility, transfers, and toilet use, and the resident had 3 falls since the prior assessment (in the last 90 days).Review of Resident 6's Care Plan (a document that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment) on 8/12/2025 revealed a focus of the resident had a history and the potential for falls with date initiated of 7/14/2020. Interventions were listed that the resident was to have a pressure alarm while in wheelchair and bed dated 6/19/2023 and to ensure the fall alarm was out of the residents reach but still audible dated 11/5/2023.In an observation completed on 8/13/2025 at 2:05 PM Resident 6 was self-propelling their wheelchair down the 200 hallway. The resident stopped in front of the couch located at the end of the hall. The resident transferred independently from their wheelchair onto the couch. No alarm was heard to be sounding. There was a white box with a cord coming out of it attached to the back of the resident's wheelchair. The Director of Nursing (DON) came down the hall witnessed the resident sitting on the couch and assisted the resident back into their wheelchair. The DON then reached for the bottom of the white box and turned on the resident's alarm.In an interview completed on 8/13/2025 at 2:08 PM with the facility DON, the DON confirmed that Resident 6's alarm was not turned on allowing the resident to self-transfer from their wheelchair to the couch without staff assistance. The DON confirmed that Resident 6's alarm is to always be on when in their wheelchair.In an interview completed on 8/13/2025 at 2:14 PM with Medication Aide C (MA-C), MA-C confirmed that Resident 6 had a history of falls and was to have their alarm on at all times to alert staff to when the resident was attempting to self-transfer so staff could intervene and assist the resident to prevent the resident from falling.In an interview completed on 8/13/2025 at 2:15 PM with Medication Aide D (MA-D), MA-D confirmed that Resident 6 had a history of falls and was to have their alarm on at all times to alert staff to when the resident was attempting to self-transfer so staff could intervene and assist the resident to prevent the resident from falling.In an observation completed on 8/14/2025 at 8:43 AM Resident 6 was observed to be sitting at the table in the dining area in their wheelchair. The residents' white alarm box or alarm cord was not visible, indicating the residents' alarm was attached or on while the resident was sitting in their wheelchair.In an observation completed on 8/14/2025 at 9:17 AM Medication Aide G (MA-G) was observed to be assisting Resident 6 to their room via their wheelchair. When in the residents' room MA-G removed the white alarm box from the residents' bedside table and connected it to the resident and placed it on the back of the resident's wheelchair.In an interview completed on 8/14/2025 at 9:17 AM with MA-G, MA-G confirmed that Resident 6 is to always have their alarm on to alert staff to when the resident was attempting to self-transfer for staff to intervene and prevent the resident from falling. The MA (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	confirmed they had just placed the alarm to the resident and the alarm should have been on while the resident was in their wheelchair and was not.In an interview completed on 8/14/2025 at 9:18 AM with the DON, the DON confirmed that Resident 6 was to always have the alarm on.B.A review of an admission Record revealed the facility admitted Resident 29 on 3/21/2024 with diagnosis of 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).The Quarterly 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 6/18/2025 revealed Resident 29 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 2 indicating the resident had severe cognitive impairment. did not have impairment to the function of their upper or lower extremities, and required staff set up or clean up assistance with eating.A record review of a facility document titled Hot Liquids Risk Assessment and dated 3/24/2025 revealed the resident exhibited risk factors of impaired cognition, confusion, and dementia placing them at risk for hot liquid accidents. The document stated the resident was to be evaluated by therapy and staff were to provide supervision with meals until evaluation was completed.A record review of Resident 29's Progress Notes revealed on 7/30/2025 documentation stating that the resident spilled coffee on themselves while sitting at the dining room table. The resident was taken to their room and was observed to have a light pink area to their skin on the left side of their abdomen.A record review of an Incident Investigation dated 7/30/2025 revealed on order was placed to monitor Resident 29's burn to their abdomen.In an interview completed on 8/12/2025 at 3:30 PM with the facility Director of Nursing (DON), the DON confirmed that Resident 29 was not evaluated by therapy and supervised during meals until evaluated by therapy as directed on the 3/24/2025 Hot Liquid Risk Assessment. The DON confirmed that Resident 29 did have a burn due to a hot liquid spill on 7/30/2025

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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 0844 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Follow rules about disclosure of ownership requirements and tell the state agency about changes in ownership and/or administrative personnel. Licensure Reference Number 175 NAC 12-006.04(E)Based on interviews and observations, the facility failed to notify the department of a change in Director of Nursing within 5 working days as required. This had the potential to affect all facility residents. The facility census was 28. Findings are: An observation on 08/11/2025 at 10:00 AM revealed the Director of Nursing (DON). An interview with the DON on 08/11/2025 revealed they began their position about 1 month ago however had worked on the floor as a floor nurse for about 1 year prior. An interview with the Administrator (ADMIN) on 08/11/2025 at 11:15 AM revealed they come to the facility for a few hours a day to oversee operations. An interview on 8/12/2025 at 2:15 PM with the ADMIN revealed that the previous DON left about 1 month ago and a new DON was since hired who is active at this time. When asked about when the Department was notified about the change in DON, the ADMIN stated this had not been done yet and guessed it needed to be done as soon as possible.