STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285291	A. Building B. Wing	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Brookestone Acres	4715 38th Street Columbus, NE 68601

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(F)(iii) Based on record review and interviews, the facility failed to complete the care plan (a comprehensive, written document that outlines the personalized healthcare needs, goals, and interventions for a resident, based on a thorough assessment of the medical, functional, and psychosocial status) and to conduct the interdisciplinary care conference on three residents (Resident 1, 21, and 46) out of three residents sampled. The facility census was 74. Findings are: During an interview on 9/09/2025 at 2:15 PM the administrator confirmed the facility is behind on care plan conferences but the facility had an active Performance Improvement Plan (PIP) in place due to past non-compliance with the resident care conferences. During an interview on 09/09/2025 at 3:54 PM the Social Services (SS) confirmed that the care conferences have been behind. The facility started a plan on 8/1/2025 to get the care conferences caught up. A. During an interview on 9/8/25 at 1:24 pm Resident 1 revealed that (gender) hasn’t had a care plan conference for “quite a while”. Record review of Resident 1’s facility's nursing assessments and progress notes for the last 6 months did not reveal any care plan meeting notes. Record review of Resident 1’s Quarterly Minimum Data Set (MDS –a comprehensive assessment of each resident’s functional capabilities used to develop a resident’s plan of care) dated 8/20/2025 revealed that the resident admitted to the facility on [DATE], had a Brief Interview for Mental Status (BIMS - a test used to get a quick snapshot of a resident’s cognitive function, scored from 0-15, the higher the score, the higher the cognitive function) score of 10, with a primary diagnosis of Multiple Sclerosis. During an interview on 09/9/2025 at 4:32 PM the SS confirmed that there were no care plan meeting notes, care conference summary or care plan acknowledgment forms for Resident 1. B. During an interview on 9/8/2025 at 10:34 am Resident 21 revealed (gender) hasn’t had a care plan conference for “a long time”. (continued on next page)

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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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident 21’s facility's nursing assessments and progress notes for the last 6 months did not reveal any care plan meeting notes. Record review of Resident 21’s Quarterly MDS dated [DATE] revealed that the resident admitted to the facility on [DATE], had a BIMS score of 15, with a primary diagnosis of Multiple Sclerosis. During an interview on 09/9/2025 at 4:32 PM the SS confirmed that there were no care plan meeting notes, conference summary or care plan acknowledgment forms for Resident 21. During an interview on 9/09/2025 at 4:30 PM the SS confirmed the care plans and conferences were still an issue and behind on completion. SS confirmed the PIP was not effective, and the facility will continue to work on the issue. SS confirmed the facility completed a Past Non-compliance plan on 8/1/2025 and there was no improvement with the process. Facility provided their current facility PIP's that included: skin integrity, and pressure injury prevention and falls. Record review of current facility PIP's revealed no process improvement plan for care plan conferences. An interview on 09/10/2025 at 3:25 PM with Administrator confirmed that the performance improvement projects have measurable goals and that they review the long term quality measures to find areas that need improvement, but confirmed the facility had no active plan to address the past due care plan conference. C. A record review of Resident 46’s “Clinical Census” revealed an admission date of 8/12/2024. A record review of Resident 46’s “Minimum Data Set” (MDS)(this comprehensive assessment evaluates each resident's functional capabilities) dated 07/31/2025 revealed a brief interview for mental status (BIMS) score of 15 which indicated the resident was cognitively intact. A record review of the Facility’s “Care Plan Acknowledgement Forms” dated 9/5/2024, 3/6/2025, and 5/5/2025 revealed care plan meetings were held. No “Care Plan Acknowledgement Form” was located for the November 2024 quarterly and the August 2025 annual care conference meeting. In an interview on 9/09/2025 at 2:15 PM with the administrator (Adm), confirmed the facility is behind on care plan conferences but the facility had an active process improvement plan (PIP) in place due to past non-compliance with the care conferences. In an interview on 9/09/2025 at 3:53 PM with Social Services (SS) confirmed the care plan conferences continue to be behind, a PIP was initiated on 8/1/2025 but the facility was still behind on the care conferences. In an interview on 9/09/2025 at 4:30 PM with SS confirmed the care plans and conferences were still an issue and behind on completion. SS confirmed the PIP was not effective, and the facility will continue to work on the issue. SS confirmed the facility completed a Past Non-compliance plan on 6/1/2025 and there was no improvement with the process. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 9/10/2025 at 8:35 AM with SS, confirmed there is no current system for scheduling the care plan conferences, when the MDS is due, an invite is sent to the family. SS confirmed that this does not always happen timely. In an interview on 9/10/2025 at 8:45 AM with MDS nurse, confirmed the facility use utilizes the MDS schedule in point click care (electronic documentation system) to trigger the care plan process. MDS nurse confirmed the care plan notice does not always get sent to the families timely and confirmed this was an issue. MDS nurse confirmed no awareness of the process that SS follows for the care plan process. In an interview on 9/10/2025 at 11:26 AM Resident 46 confirmed no involvement with care plan meetings or being invited and unaware if their children were invited. A record review of the SS's PIP initiated 8/1/2025 revealed an area of concern including timely completion of care plan conferences for residents in accordance with regulatory guidelines and facility policy. Components of the plan included: 1. Performance expectations: Scheduled and conducted within required timeframes (quarterly, annually, upon significant change. Documented accurately and completely in the resident's medical record. Coordinated with interdisciplinary team members and family/responsible parties. Compliance with Centers for Medicare and Medicaid services (CMS) regulations and state specific Long-Term Care (LTC)-requirements. 2. Observed performance issues included: Multiple care conferences have been delayed or missed. Lake of timely documentation following scheduled care conferences. Inconsistent communication with families and team members regarding scheduling. 3. Impact of performance issues included: Non-compliance with state and federal regulations. Potential negative impact on resident care planning and outcomes. Increased risk of citations during surveys. Decreased trust and satisfaction with residents and families. 4. Improvement goals included: Complete 100% of care conferences on time for the next 90 days. (continued on next page)

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure documentation is entered within 24 hours of the conference. Maintain a tracking system for upcoming conferences. Communicate proactively with families and team members to ensure participation. 5. Action plan included: Utilize the facility's electronic health record (EMR) tools for alerts and reminders. Meet weekly with the supervisor to review upcoming conferences and progress. Collaborate with the MDS coordinator and social services to streamline scheduling. Utilize cliniconex (communication software program used for scheduling and messaging) program to streamline invites vs mailing invitations by mail. The action plan included consequences of non-compliance and was signed and dated by SS on 8/1/2025. In an interview on 9/10/2025 at 9:00 AM with the administrator, confirmed there is no policy on care planning and the SS does not have a current process for tracking. Adm. confirmed this is an area that needs immediate improvement.

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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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility failed to ensure physician orders for CPAP (Continuous Positive Airway Pressure) devices included the required pressure setting for Residents 53 and 60.F695 - Respiratory CareLicensure Reference Number: 175 NAC 12-006.09(H)(vi)(3)(g) Based on observation, interview, and record review the facility failed to ensure that physician orders for Continuous Positive Airway Pressure (CPAP) therapy (a type of non-invasive ventilator that delivers pressurized air through a mask to keep the airway open during sleep) included complete and specific settings (pressure, ramp time, humidity, or other specifications) for 2 of 2 sampled residents (Resident 53 and Resident 60) in a facility census of 74. This failure had the potential to result in inadequate or unsafe respiratory care delivery.A.A record review of resident 53's Care Plan (a detailed document that outlines the specific healthcare needs, goals and interventions for the resident) dated September 9, 2025 revealed an intervention listed as CPAP as ordered under the altered respiratory function focus.A record review of resident 53's Clinical Physician Orders dated September 10, 2025 revealed an active order for CPAP when sleeping - every night shift. No pressure, ramp time, or humidity settings were identified.A record review of resident 53's Minimum Data Set (MDS, a federally mandated clinical assessment of all residents in Medicare or Medicaid certified nursing homes) Quarterly assessment dated [DATE] revealed the resident was receiving a non-invasive mechanical ventilator (CPAP) as part of the treatment plan.A record review of resident 53's Medical Diagnosis report dated September 9, 2025 revealed active diagnoses of Chronic Respiratory Failure with Hypoxia (a condition in which the lungs cannot supply enough oxygen to the blood) and Obstructive Sleep Apnea (a sleep disorder where breathing repeatedly stops and starts due to airway blockage), conditions requiring CPAP therapy.A record review of the facility's policy dated November 18, 2024 revealed that implementation required verifying the practitioner's order including settings before initiating CPAP therapy.In an interview conducted with the DON (Director of Nursing, the licensed nurse responsible for oversight of nursing services) at 11:40 a.m. on September 10, 2025, confirmed that physician orders for the CPAP machines for Resident 53 and Resident 60 did not include specific settings or specifications. The DON confirmed that the physician orders were incomplete and should have included the CPAP settings. The DON confirmed that per home settings could not be identified by staff and that she did not know what per home settings meant.B.A record review of resident 60's Care Plan dated August 27, 2025 revealed interventions related to sleep apnea (a disorder in which breathing repeatedly stops and starts during sleep) with CPAP (Continuous Positive Airway Pressure, a type of non-invasive ventilator that delivers pressurized air through a mask to keep the airway open during sleep) use and Amyotrophic Lateral Sclerosis (ALS, a progressive neurodegenerative disease affecting nerve cells in the brain and spinal cord), including CPAP while sleeping at night.A record review resident 60's Clinical Physician Orders dated September 10, 2025 revealed an active order for new CPAP with current settings. No settings were documented.A record review of resident 60's Order Summary dated September 10, 2025 revealed an active order for CPAP at HS (hour of sleep) per home settings every evening and night shift. No settings were documented.A record review of resident 60's Minimum Data Set (MDS, a federally mandated clinical assessment of all residents in Medicare or Medicaid certified nursing homes) Comprehensive assessment dated [DATE] revealed CPAP documented under Section O as a non-invasive ventilator in use.A record review of the facility's policy dated November 18, 2024 revealed that implementation required verifying the practitioner's order including settings before initiating CPAP therapy.In an interview conducted with the DON (Director of Nursing, the licensed nurse responsible for oversight of nursing services) at 11:40 a.m. on September 10, 2025, confirmed that (continued on next page)

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	physician orders for the CPAP machines for Resident 53 and Resident 60 did not include specific settings or specifications. The DON confirmed that the physician orders were incomplete and should have included the CPAP settings. The DON confirmed that per home settings could not be identified by staff and that (gender) did not know what per home settings meant.

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation, record review, and interviews, the facility failed to ensure that the posted Daily Nurse Staffing Form had an accurate census. This had the potential to affect all the residents in the facility. The facility census was 74 at the time of survey. Findings are:During an observation on 9/8/25 at 9:42 AM revealed the posted Daily Nurse Staffing Form near the front door stated the average census was 78.During an interview on 9/8/25 at 10:10 AM the Administrator (Adm) confirmed the current facility census was 74.During an observation on 9/9/25 at 8:32 AM revealed the posted Daily Nurse Staffing Form near the front door stated the average census was 78.During an interview on 9/9/25 at 10:10 AM the Assistant Director of Nursing (ADON) confirmed the current facility census was 74.During an observation on 9/10/25 at 8:32 AM revealed the posted Daily Nurse Staffing Form near the front door stated the average census was 78.During an interview on 9/10/25 at 10:10 AM the Adm confirmed the current facility census was 75.During an interview on 09/10/2025 at 10:19 AM the Staffing Coordinator (SC) confirmed that the posted Daily Nurse Staffing Form should have the actual facility census listed. It was also confirmed that the daily nurse staffing form is printed on Mondays for the past weekend.During an interview on 09/10/2025 at 10:52 AM the Regional Nurse Consultant (RNC) stated that it was a brand new computer program and there is no facility policy or procedure for filling out the Daily Nurse Staffing Form. During an interview on 09/10/2025 at 11:33 AM the Adm confirmed that the posted Daily Nurse Staffing Form was not accurate with the average daily census and it should have the actual facility daily census. During an interview on 09/11/2025 at 8:40 AM the Administrator confirmed that the posted Daily Nurse Staffing Form should be printed and hung before the day and updated as needed.