

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 285076	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
NAME OF PROVIDER OF SUPPLIER REGENCY SQUARE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 3501 DAKOTA AVENUE SOUTH SIOUX CITY, NE 68776	
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 0658 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** LICENSURE REFERENCE NUMBER 175 NAC 12-006.09 Based on observations, record reviews and interviews, the facility failed to follow the physician orders [REDACTED]. The facility sample size was a total of 21. Findings are: A. A record review revealed Resident 37 had an order to call MD if systolic blood pressure greater than (>) 140. The record review revealed a systolic blood pressure >140 occurred 7 times since 7/1/20 with no evidence of physician notification at the time of occurrence. Through record review it was found a fax regarding Resident 37's blood pressures for two months was sent on 7/27/20. An interview on 08/12/20 at 11:55 AM with the facility DON (Director of Nursing) and the facility Nurse Consultant regarding the physician notification of blood pressures for Resident 37 confirmed the physician had not been notified after each occurrence. A record review revealed Resident 37 had an order to receive honey thick liquids. An observation on 08/11/20 at 4:08 PM revealed Resident 37 to have a water pitcher in the room that contained water that was not thickened. An interview on 08/11/20 at 4:21 PM with the facility Dietician revealed that Resident 37 is to have thickened water in the water pitcher at bedside. An interview on 8/11/20 at 4:13 PM Licensed Practical Nurse, (LPN)-C revealed residents who receive thickened liquids do not usually get water pitchers but do get glasses of thickened liquids at bedside. An interview on 08/12/20 at 10:55 AM with the facility Dietician confirmed Resident 37 did have the wrong consistency of water in the water pitcher on 8/11/20. B. An observation during a medication pass on 8/12/20 at 07:40 A. M revealed instructions on the dispensing label of the [MEDICATION NAME] (a medication used to decrease the amount of acid produced in the stomach) for Resident 10 to indicate that the medication should be given 1 hour prior to meals. An observation on 8/12/20 at 07:40 A.M. revealed Registered Nurse (RN)-A administered [MEDICATION NAME] 20 mg orally 1 tab to Resident 10 while eating breakfast. An interview on 08/12/20 at 11:55 AM with the facility DON (Director of Nursing) and Nurse Consultant confirmed [MEDICATION NAME] was to be given prior to meals.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.