



Jim Pillen, Governor

June 24, 2024

Patricia Peck, Administrator
The Mulberry At Waverly
11041 North 137th St
Waverly, NE 68462

Dear Ms. Peck:

An unannounced visit was conducted to investigate a complaint at The Mulberry At Waverly on June 4, 2024-June 17, 2024, by representatives of the Department of Health and Human Services Division of Public Health. To complete this investigation, a representative sample of the residents who reside in the facility or had resided in the facility was selected. The investigative process included review of resident records; observation of the provision of care and services; and interviews with residents, family members and staff.

ALLEGATION:

1. The facility fails to completely and accurately assess patients after they have a change in condition.
2. The facility fails to follow protocol for reporting a death.

FINDINGS:

1. The facility failed to completely and accurately assess patients after they have a change in condition. Record reviews of resident's medical records and facility policies and procedures related to changes in condition and death of a resident, revealed concerns related to an immediate jeopardy situation regarding an incomplete assessments and verifications for the absence of vital signs related to the death of a resident. Interviews with the facility staff confirmed this failure. The facility was determined to be in violation of Federal Tag F684 and State Licensure Reference Number 175 NAC 12-006.09.


2. The facility did not fail to follow protocol for reporting a death. Record reviews of resident medical records revealed the proper authorities were notified of the death including the physician, hospice agency, and funeral home. Interviews with facility staff confirmed the notifications to the proper authorities. The facility was determined to be in compliance with the regulatory requirements.

Please see the enclosed letter for instructions on completion and submission of the plan of correction for the deficiency(ies) found during the complaint investigation.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Deanna Novak RN BSN". The signature is fluid and cursive.

Deanna Novak, RN, BSN, Program Manager
Office of Long Term Care Facilities
Health Facilities Licensure Unit
301 Centennial Mall South
Lincoln, NE 68509-4669

DN/kd