STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285246	A. Building B. Wing	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Christian Homes Health Care Center	1923 West 4th Avenue Holdrege, NE 68949

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48271 Licensure Reference Number 175 NAC 12-006.02(H) Based on record review and interview, the facility failed to report a suspected allegation of abuse to the state agency within the required time frame after a allegation was made and failed to report the follow-up investigation in the required 5 working days for 1 (Resident #53) out of 16 sampled residents. The facility census was 61. The findings are: A record review of the Christian Homes abuse policy and procedures revised January 2024 revealed the following: -If the alleged abuser is a staff member: -If possible and reasonably safe to do so, ask for the employee's written statement -Allegations will be investigated and reported to the state. -The Administrator or the Director of Nursing will be responsible for ensuring the investigation and timely reporting to DHHS. Allegations will be investigated and reported to the Department of Health and Human Services. A record review of Admission Record revealed Residents #53 was admitted on [DATE] with the diagnosis of Atrial Fibrillation(a heart condition that causes the upper chambers of the heart to beat irregularly and often very fast), Unspecified Psychosis not due to a substance or known physiological condition (a medical classification for psychosis symptoms that don't meet the criteria for a specific psychotic disorder), Depression (mental health condition that can impact a person's thoughts, feelings, behavior, and sense of well-being) , Hypothyroidism(thyroid gland doesn't produce enough thyroid hormone), Menieres disease (a chronic inner ear disorder that causes vertigo, tinnitus, hearing loss, and a feeling of fullness in the ear), Unspecified Convulsions (rapid involuntary muscle contractions), Chronic Kidney Disease(a condition where the kidneys are damaged and can't filter blood properly), hearing loss. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285246	A. Building B. Wing	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Christian Homes Health Care Center	1923 West 4th Avenue Holdrege, NE 68949

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	A record review of the MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated Oct. 7th, 2024 revealed a BIMS (Brief Interview for Mental Status, a test used to get a quick snapshot of a resident's cognitive function, scored 0-15, the higher the score, the higher the cognitive function) score of 13 indicating cognitively intact. An interview on 12/3/24 at 10:12 AM with Family Member I revealed Resident # 53 had called Family Member I around the middle part of June 2024, and told the Family Member I that NA-H had been rubbing up against them in the bath house making Resident # 53 feel uncomfortable. Family Member I confirmed that they had called the facility to talk to the Assistant Director of Nursing (ADON) regarding what Resident # 53 had told Family Member I. A record review of the working schedule indicated that Nursing Assistant (NA)-H worked June 19, 2024 and worked June 22, 2024 a double shift 6:00 AM until 10:00 PM. An Interview on 12/03/24 at 11:30 AM was conducted with Licensed Practical Nurse (LPN)-F. During the interview LPN-F confirmed the facility staff were aware of the allegation of NA-H rubbing up against Resident #53 making Resident #53 uncomfortable. A record review of the facility reportable incidents revealed no report of the alleged abuse between Resident # 53 and NA-H in the last 6 months. A interview on 12/03/2024 at 11:45 AM was conducted with the Assistant Director of Nursing (ADON). During the interview the ADON confirmed Family Member I had reported Resident #53 had reported NA-H had rubbed up against Resident #53. The ADON confirmed a the allegation had not been reported to the required state agency and a investigation conducted and submitted to the state agency.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285246	A. Building B. Wing	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Christian Homes Health Care Center	1923 West 4th Avenue Holdrege, NE 68949

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48271 Licensure Reference Number 175 NAC 12-006.02(H) The facility staff failed to investigate an alleged incident of abuse for 1 (Resident 53) out of 16 sampled residents. The facility census was 61. The findings are: A record review of the Christian Homes abuse policy and procedures revised January 2024 If the alleged abuser is a staff member: -If possible and reasonably safe to do so, ask for the employee's written statement -Allegations will be investigated and reported to the state. -For allegations which do not involve a physical danger to the resident, the neighborhood charge nurse will consider the case and decide on one of the following options 1) to place the employee under the supervision of a supervisor or other staff member in the same or another section of the nursing home or to place in nonresident duties 2) to suspend and send the employee home ,pending further investigation. The Administrator or the Director of Nursing will be responsible for ensuring the investigation and timely reporting to Department of Health and Human Services. Allegations will be investigated and reported to the Department of Health and human Services. A Record Review of Admission record revealed Residents# 53 was admitted on [DATE] with the diagnosis of Atrial Fibrillation (a heart condition that causes the upper chambers of the heart to beat irregularly and often very fast), Unspecified Psychosis not due to a substance or known physiological condition (a medical classification for psychosis symptoms that don't meet the criteria for a specific psychotic disorder), Depression (a mental health condition that can impact a person's thoughts, feelings, behavior, and sense of well-being), Hypothyroidism(thyroid gland doesn't produce enough thyroid hormone), Meniere's disease (a chronic inner ear disorder that causes vertigo, tinnitus, hearing loss, and a feeling of fullness in the ear), Unspecified Convulsions(rapid involuntary muscle contractions), Chronic Kidney Disease(a condition where the kidneys are damaged and can't filter blood properly), and Hearing loss. A record review of the MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated Oct. 7th, 2024 revealed a BIMS (Brief Interview for Mental Status, a test used to get a quick snapshot of a resident's cognitive function, scored 0-15, the higher the score, the higher the cognitive function) score of 13 indicating cognitively intact. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285246	A. Building B. Wing	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Christian Homes Health Care Center	1923 West 4th Avenue Holdrege, NE 68949

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview on 12/3/24 at 10:12 AM with Family Member I confirmed Resident # 53 had called Family Member I around the middle part of June 2024, and told the Family Member I that NA-H had been rubbing up against them in the bath house making Resident # 53 feel uncomfortable. Family Member I confirmed that they had called the facility to talk to the Assistant Director of nursing (ADON) regarding what Resident # 53's allegation. An Interview on 12/3/24 at 09:30 AM with Medication aide (MA)-G confirmed Resident # 53 informed MA-G of what had taken place with NA-H and how Resident # 53 felt uncomfortable with NA-H. MA-G reported Resident # 53 concerns of alleged abuse to the Licensed Practical Nurse (LPN)-F. An Interview on 12/03/24 at 11:30 AM with LPN-F confirmed they did bring it up in risk management the following Monday. LPN-F confirmed that the facility was already aware of the alleged abuse. A record review of the facility reportable incidents revealed no report of the alleged abuse between Resident # 53 and NA-H in the last 6 months. An Interview on 12/03/24 at 11:45 AM with the ADON confirmed a investigation had not been conducted for the allegation NA-H had rubbed up against Resident #53 making Resident #53 uncomfortable.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285246	A. Building B. Wing	12/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Christian Homes Health Care Center	1923 West 4th Avenue Holdrege, NE 68949

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 0727 Level of Harm - Potential for minimal harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 45484 Licensure Reference Number 175 NAC 12-006.04(D)(i) Based on record reviews and interviews, the facility failed to designate a licensed Registered Nurse (RN) to work full time hours as the Director of Nursing. This had the potential to affect all residents in the facility. The facility census was 61. Findings are: A record review of the Archived Time Card Report forms for Registered Nurse (RN) E from 04/28/2024 to 08/03/2024 revealed RN E had clocked out at 4:40 PM on 05/01/2024, and had not clocked back in until 08/01/2024. The forms dated 05/12/2024 to 05/25/2024, 05/26/2024 to 06/08/2024, 06/09/2024 to 06/22/2024, 06/23/2024 to 07/06/2024, and 07/07/2024 to 07/20/2024 all had LOA hand written on them, meaning Leave of Absence. An interview on 12/03/2024 at 2:13 PM with the Director of Nursing (DON) confirmed that RN E had been the previous DON, and that RN E had gone on maternity leave in May 2024 for 12 weeks. The DON stated that while RN E was on leave, the Assistant Director of Nursing, who was a Licensed Practical Nurse (LPN) had been performing some of the responsibilities of the DON, the Administrator (ADM) had been performing some of the duties of the DON, and they had someone they could call. An interview on 12/03/2024 at 2:55 PM with the ADM confirmed that while the DON was on maternity leave, the ADON was the designee and RN E was available by phone. An interview on 12/03/2024 at 4:56 PM with the ADM confirmed that they were not a nurse. An interview on 12/04/2024 at 10:35 AM with the ADON confirmed the ADON was an LPN, and that the ADON was performing the responsibilities of the DON while RN E was on leave, such as meetings and managing staff. The ADON further confirmed that RN E was available by phone if the ADON needed to contact them. An interview on 12/05/2024 at 8:24 AM with the ADM confirmed the facility had not had an RN designated to perform the duties of the DON while the DON was on leave.