Department of Health & Human Services Centers for Medicare & Medicaid Services

Printed: 06/28/2025 Form Approved OMB No. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285252 NAME OF PROVIDER OR SUPPLIER Imperial Manor Nursing Home		(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZIP CODE 933 Grant Street Imperial, NE 69033			
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 DEFIC (Each deficiency must be preceded by	OF DEFICIENCIES eceded by full regulatory or LSC identifying information)			
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 50253 Licensure Reference Number 175 NAC 12-006.11(E) Based on observations, interviews, and record reviews, the facility failed to ensure foods were not stored on the floor and meats were not thawed above fresh vegetables. This had the potential to affect all residents. The facility census was 36. Findings are: Record review of the policy and procedure Food Receiving and Storage with a revised date of 10/1/2024 revealed the policy is so food shall be received and stored in a manner that complies with safe food handling practices. The purpose is to ensure the quality of food and ensure it is stored and handled properly. Refrigerated foods will be stored in such a way that promotes adequate air circulation around food storage containers. The freezer must keep foods frozen solid. Uncooked and raw animal products and fish will be stored separately in drip proof containers and below fruits, vegetables, and other ready to eat foods. An observation on 2/4/2025 at 10:45 AM revealed in the walk-in refrigerator two boxes of lettuce stored on the floor, one non-drip container of chicken thawing on a shelf above another box with ready to consume lettuce, and a bowl of ground meat stored in a bowl above a bowl of potato salad. The walk-in freezer door was open into the refrigeration area. In the walk-in freezer several boxes of food were stored on the floor. These boxes were label desserts, ice cream, fine ground beef, potato triangles, dinner roll dough, among other items where label couldn't be read. A plastic bag of sliced apples was laying on the floor, and a 2-3 gallon container of ice cream was on the floor. There were also two non-drip containers of frozen produce on the floor both holding numerous plastic bags filled with sliced apples. The black plastic floor mats in the freezer area had small bits of yellow and brown debris. Interview on 2/4/2025 at 11:10 AM				

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

FORM CMS-2567 (02/99) Previous Versions Obsolete Event ID:

Facility ID: 285252

If continuation sheet Page 1 of 2

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			No. 0936-0391	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/04/2025	
NAME OF PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE		
Imperial Manor Nursing Home		933 Grant Street Imperial, NE 69033		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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 0812 Level of Harm - Minimal harm or potential for actual harm	Observation on 2/4/2025 at 11:15 with the Dietary Supervisor (DS) as a second tour of the walk-in refrigerator and walk-in freezer are done. Two boxes of fresh vegetables, including lettuce remain on the floor and chicken continues to thaw above the lettuce in the refrigerator. In the walk-in freezer the boxes remained on the floor, the frozen apples remained on the floor, and the ice cream remained on the floor.			
Residents Affected - Many	Interview on 2/4/2025 at 11:20 AM with the Dietary Supervisor (DS) who stated that food is delivered Mondays, Thursday and Fridays. We haven't had anything delivered since last Friday (1/31/2025). Confirmed there is food stored on the floor that has been sitting on the floor over the past 5 days.			