STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285055	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Falls City Nursing and Rehabilitation Center	1720 Burton Drive Falls City, NE 68355

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 0580 Level of Harm - Actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.04(F)(i)(5)Based on record reviews and interviews, the facility failed to notify the resident's physician of a change in condition, failed to report a fall that delayed in the resident medical care for one sampled resident and failed to follow standards of practice after an injury to the head for one sampled resident (Resident 1). The facility census was 42.Findings are:A record review of the admission Record with a printed date of 5/6/26 revealed that Resident 1 was admitted to the facility on [DATE] with the diagnosis of Dementia - severe with anxiety and Behavioral Disturbance behaviors, which included agitation, aggression, and wandering, often caused by fear, overstimulation, or unmet needs, Depression (characterized by persistent sadness, loss of interest in activities, and low energy), Cognitive communication Deficit (a communication impairment stemming from underlying cognitive issues-such as memory, attention, or executive function deficits-rather than primary language or speech disorders), Absolute Glaucoma Bilateral (characterized by total, irreversible blindness, severe eye pain, and a stony hard eye, with no pupillary light reflex). A record review of the care plan dated 12/16/25 for Resident 1 revealed the following: Safety:-4/23/26-Per Physician, obtain CT scan (a quick, painless, and noninvasive imaging procedure that uses X-rays to create detailed, cross-sectional, or 3D images of bones, organs, and tissues). Resident transported to the hospital for CT after scheduled appointment with the Physician.-4/25/26 ice to hematoma to head, neurological checks (noninvasive, rapid evaluation of a person's nervous system, assessing brain, spinal cord, and nerve function, typically performed after injuries or to monitor conditions like strokes) started.-4/25/26 move recliner out of room to area by the nurses' station for increase supervision.-5/2/26 Dycem (Nonslip Matting) in recliner. A record review of Resident 1's progress notes revealed the following entries:-4/21/26 at 5:30 PM Resident 1 had been complaining of head pain. Called Physician and waiting for a response.-4/23/26 at 9:43 AM Vital signs taken. Resident 1 agitated, complained of pain in the back of (genders) head. Appointment scheduled with Resident 1 Physician at 11:00 AM this day.-4/23/26 at 2:54 PM A nurse from the hospital called and stated Resident 1 was being transported to the hospital.-4/24/26 at 1:00 PM A nurse from the hospital called and stated Resident 1 had a fall that morning at 2 AM. -4/24/26 at 4:30 PM A nurse from the hospital notified the facility that Resident 1 had a C1 fracture and that Resident 1 would be transferred back to the facility this day.A record review of Resident 1 progress notes revealed that on 4/21/26 and 4/22/26 there was no assessments for Resident 1 fall. A record review of the facility investigation of a interview with staff dated 4/23/26 revealed:-A therapist had seen Resident 1 on the floor in Resident 1 room. The therapist had told an CNA (Certified nursing assistant). The therapist did see the Licensed Practical Nurse (LPN) -A and CNA- B go into the room-An interview with CNA-B revealed that (gender) and LPN-A had assisted Resident 1 off the floor and into Resident 1's recliner.-An interview with the LPN-A revealed per phone call that (gender) did not witness a fall and that no one had told (gender) of a fall. LPN-A did know the steps to complete, when asked what do to if a resident has a fall. A record Review of the Fall Management System policy and procedure with the date of 6/18 revealed:-When a resident sustains a fall, a physical assessment will be completed by a (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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Actual harm Residents Affected - Few	license nurse, with results documented in the medical record.-The attending Physician and Resident's Representative shall be notified of the fall and the resident's status. Follow up documentation will be completed for a least every shift x 72 hours following incident. A Fall Risk Evaluation will be completed post fall incident. A record review of Policy/Procedure dated 7/19 Notification, Physician, or Responsible Party revealed:-It is the policy of the facility to promptly notify the resident, his/her attending physician, and or family/responsible party of changes in the resident's condition and or status-The nurse will notify the resident's attending physician when: A resident is involved in any accident or incident which results in an injury including injuries of an unknown source and There is a significant change in residents physical, mental, or psychosocial status. An interview on 5/6/26 at 2:00 PM with CNA-B confirmed that (gender) did not report the fall for Resident 1 because the LPN (LPN-A) was in the room with Resident 1 and that is who (gender) would of reported the fall to. An interview with the Director of Nursing (DON) confirmed that when (gender) got the information regarding the CT scan for Resident 1, (gender) did start interviewing staff. The DON confirmed that the first time (gender) had called LPN-A, LPN-A denied that Resident 1 had fallen. The DON confirmed that in the second interview with LPN-A, LPN-A did admit that Resident 1 had been on the floor and LPN-A and CNA-B assisted Resident 1 off the floor and into the recliner, LPN-A did not asses the resident and didn't document or report the fall and should have. The DON confirmed that LPN-A was terminated from the building and did report LPN- A to LPN-A's agency. DON further confirmed that the facility started their own investigation, generated their own plan of correction which included a systematic changes with fall investigation, post fall monitoring, notification of resident, physician and family member, all staff education on fall prevention, fall monitoring, and fall reporting. The facility's plan of correction that put the facility back into compliance on 4/24/26 revealed:Resident Specific: Name, date and time Interventions implemented by the facility: Interventions to prevent future fallsSystem Changes: education to staff, post fall check list with questions asked, an area for witness statements and a neurological form to be filled out with falls or injuries.Monitoring: The Administrator or designee will interview 3 staff member weekly x 4 to verify understanding of post fall protocols, a completion of the post fall check list x 3 weeks x 4 weeks and will bring audits to the Quality Assurance Committee for review.A record review indicates the auditing was started on 4/26/2026 and had audits through 5/2/2026.