STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285057	A. Building B. Wing	06/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eventide Lincoln Care Center	4720 Randolph Street Lincoln, NE 68510

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview, the facility failed to revise post fall care plan interventions for Resident 2, Resident 5, and Resident 6 of five residents sampled . The facility reports a census of 141.A. A review of an admission Record indicated the facility admitted Resident 1 on 06/08/2026 with diagnoses that included dementia and repeated falls. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/14/2026, revealed Resident 1 had a Brief Interview for Mental Status (BIMS) score of 11, which indicated the resident had moderate cognitive impairment. A review of Resident 1's Progress Notes revealed fall documentation for 06/08/2026 and 06/22/2026. Review of Resident 1' s Care Plan initiated on 06/08/2026, revealed the resident had a potential for falls and had fallen on 06/08/2026 and 06/22/2026. Interventions included moved Resident 1 to a room closer to the nurses station, initiated on 06/08/2026 and no new interventions were identified for 06/22/2026 fall. During an interview with Director of Nursing (DON) and Licensed Practical Nurse (LPN) on 06/25/2026 at 1:45 PM to 2:05PM when discussing Resident 1's Care Plan in the electronic medical record (EMR) confirmed Resident 1 did not have revised interventions for fall on 06/22/2026 and should have. B. A review of an admission Record indicated the facility admitted Resident 5 on 03/04/2024 with diagnoses that included dementia and repeated falls. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 05/22/2026, revealed Resident 5 had a Brief Interview for Mental Status (BIMS) score of 13, which indicated the resident had moderate cognitive impairment. A record review of the facility Incidents by Incident Type, dated 06/25/2026 revealed Resident 5 had fallen on 06/08/2026. Review of Resident 5's Progress Notes revealed Resident 5 fell on [DATE], 06/08/2026 and 06/24/2026. Review of Resident 5' s Care Plan initiated on 03/04/2024 revealed the resident was a high risk for falls and had fallen on 05/28/2026. New interventions were identified in the Care Plan for Resident 5's 05/28/2026 (added anti roll back to wheelchair) and 06/24/2026 (staff to stay in Resident 5's room while using the bathroom) falls. No new fall interventions were identified for the 06/08/2026 fall. During an interview with Director of Nursing (DON) and Licensed Practical Nurse (LPN) on 06/25/2026 at 1:45 PM to 2:05 PM when discussing Resident 5's Care Plan in the EMR confirmed Resident 5 did not have revised interventions for fall on 06/08/2026 and should have. C. A review of an admission Record indicated the facility admitted Resident 6 on 06/10/2026 with diagnoses that included repeated falls and post hip replacement surgery. The Minimum Data Set (MDS) with an Assessment Reference Date (ARD) of 06/16/2026, revealed Resident 6 had a Brief Interview for Mental Status (BIMS) score of 03, which indicated the resident had severe cognitive impairment. A record review of the facility Incidents by Incident Type, dated 06/25/2026 revealed Resident 6 had fallen on 06/12/2026, 06/13/2026, 06/14/2026 and 06/20/2026. Review of Resident 6' s Care Plan initiated on 06/10/2026 revealed the resident was at risk for falls and had fallen on 06/12/2026, 06/13/2026, 06/14/2026, and 06/20/2026. New interventions were identified in the Care Plan for Resident 6's 06/12/2026 (do not leave Resident 6 awake in room alone), 06/14/2026 (mat on floor next to bed) and 06/20/2026 (per Resident 6's request in bed at 8:00 PM) falls. No new fall interventions were identified for the 06/13/2026 fall. (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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with Director of Nursing (DON) and Licensed Practical Nurse (LPN) on 06/25/2026 at 1:45 PM to 2:05 PM when discussing Resident 6's Care Plan in the EMR confirmed Resident 6 did not have revised interventions for fall on 06/13/2026 and should have.

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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 0803 Level of Harm - Actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 174 NAC 12-006.11 (A) Based on record review and interview, the facility failed to provide the correct therapeutic diet for one resident (Resident 3) of 5 sampled residents. The facility census was 142.Findings are: A record review of the admission Record with the printed date of June 25th, 2026 revealed that Resident 3 was admitted to the facility on [DATE] with the diagnosis of Pneumonitis due to inhalation of food and vomit, Dementia (a decline in mental abilities severe enough to interfere with daily life), and dysphagia (difficulty swallowing food or liquids). A record review of the Care Plan (Comprehensive Care Plan that is a written instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care) revealed the focus: Nutrition, increased risk of suboptimal nutrition (occurs when your body receives adequate calories but fails to get the specific balance of macronutrients, vitamins, or minerals it needs to function optimally) related to medical conditions and advanced age. Interventions: Diet General, minced and moist, mildly thick liquids dated 6/17/2026. A record review of the Physician's orders dated 4/17/26 revealed Resident 3 was admitted to the facility on a pureed diet and advanced with speech therapy to minced and moist on 5/20/26. A record review of the Progress notes dated 6/7/26 revealed that Resident 3 was choking in the dining room where staff were performing the Heimlich and was sent to the hospital. A record review of hospital's History and Physical dated 6/7/26 revealed that Resident 3 had been choking on a piece of chicken that was approximately 8 centimeters (equal to approximately 3 inches). A record review of the facility's menu for the day of 6/7/26 revealed that Baked Chicken was being served for lunch. An interview on 6/25/26 at 1: 30 PM with the Nutritional Culinary Director confirmed that Resident 3 had been given a regular diet for lunch that consisted of regular chicken and that Resident 3 was supposed to have a minced & moist diet. An interview on 6/25/26 at 2:30 PM the Director of Nursing confirmed that Resident 3 choked on a piece of regular chicken that was served to Resident 3 confirming Resident 3 was served the wrong diet. An interview on 6/25/26 at 2:30 PM with the Nutritional Culinary Director and the Director of Nursing confirmed that after the incident with Resident 3 choking the facility put in the following: -Meal service audits initiated focusing on modified diets to ensure no other residents were affected with incorrect diet being served. Dietician completed audit of meal tickets to ensure tickets matched doctor's orders -Plan Change: 2-step verification process implemented to ensure accurate diet is being served.1) Culinary to plate and verify served diet matches plated meals2) Server to deliver plate and verify served diet matches plated meals -Prevention:Education initiated on the 2-step verification and responsibilities in the dining roomEducation initiated on how to identify residents at risk for chokingEducation initiated on IDDSI diet (International Dysphagia Diet Standardization Initiative is texture-modified foods and thickened liquids designed for individuals with swallowing difficulties (dysphagia)). 2-step verification and IDDSI diet education added to new hire experience -Monitoring:1) Continued audits on modified diets weekly times 6 weeks starting 6/15/26 to ensure 2-step verification process is completed. Results brought to QA for review.