

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285083	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/25/2025
NAME OF PROVIDER OR SUPPLIER Linden Court		STREET ADDRESS, CITY, STATE, ZIP CODE 4000 West Philip Avenue North Platte, NE 69101	
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)		
<p>F 0602</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from the wrongful use of the resident's belongings or money.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.02(H) Based on record reviews and interviews, the facility failed to conduct and document a thorough investigation of misappropriation of resident property for 1 (Resident 3) of 3 sampled residents. The facility identified a census of 104. Findings are: A record review of the facility's policy, Abuse and Neglect Prevention Standard dated 3/2017, under Section V. Investigation, revealed all allegations of abuse or neglect would be investigated and interview investigations would be completed and documented. All investigation results would be maintained in a confidential file by the Administrator. A record review of an admission Record revealed the facility admitted Resident 3 on 7/12/2022. A record review of Resident 3's Inventory of Personal Effects (dated 9/10/2022), under Items of Specific Value revealed a wedding ring, a mother's ring, and a [NAME] ring. A record review of an Investigation Report (dated 10/8/2025) revealed on 10/3/2025, the facility received an email for Resident 3's family member sharing they had noticed Resident 3 was not wearing their wedding ring. The family member informed the facility Resident 3 had been wearing their wedding ring during their last visit in July 2025. During their visit, the family member conducted a partial search and was unable to find it, therefore, had reported it missing to the nurse on duty. Additionally, the report revealed the facility searched on, behind, and under Resident 3's furniture and other areas. This report was completed by the Social Services Coordinator (SSC). There were no evidence interviews with all staff who had potential access had been conducted. An interview on 11/25/2025 at 10:35 AM with the SSC confirmed Resident 3's family member had reported their wedding ring being missing but had been present during their last visit in July 2025. The SSC confirmed Resident 3's wedding ring was added to their personal inventory. The SSC and Nursing Home Administrator (NHA) had conducted an investigation including searching Resident 3's room and the entire unit. Interviews with residents had not been completed due to their impaired cognition. Additionally, the SSC revealed they had interviewed the roommate's daughter of Resident 3 as well. An interview on 11/25/2025 at 12:30 PM with the SSC and NHA confirmed the facility had not interviewed all staff who had access to Resident 3's wedding ring or narrowed down a timeline of when the ring had been last noted to be present. The facility had interviewed the nurse and aide on duty at the time of the report as well as the Assistant Director of Nursing (ADON) but had not documented the findings of these interviews. Additionally, the NHA confirmed the facility had not ruled out the potential misappropriation had occurred.</p>		

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: 285083
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