

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285091	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/11/2026
NAME OF PROVIDER OR SUPPLIER Indian Hills Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1720 North Spruce Ogallala, NE 69153	

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	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.02(H) Based on record review and interview, the facility failed to report an incident of resident-to-resident abuse to the State Agency within 2 hours, and failed to submit an investigation report to the State Agency within 5 working days of the incident. This affected 2 (Residents 1 and 2) of 2 sampled residents. The facility identified a census of 38. A record review of Resident 1's face sheet revealed Resident 1 was admitted on [DATE] with unspecified dementia (a decline in cognitive function affecting memory, thinking, and behavior), weight loss, unsteadiness on feet, and type 2 diabetes mellitus (a metabolic disorder where the body does not regulate blood sugar effectively). A record review of Resident 2's face sheet revealed Resident 2 was admitted on [DATE] with chronic obstructive pulmonary disease (a progressive lung disease that restricts breathing, often caused by smoking), pneumonia (an infection that inflames the air sacs in the lungs), bladder dysfunction, and heart failure. A record review of an untitled facility document revealed the following: An incident of resident-to-resident abuse between Resident 1 and Resident 2 occurred on 2/28/26 at 12:45 PM. Details of the incident were also recorded on the document. The Administrator was notified the 2/28/26 at 1:15 PM. The State agency was notified 3/2/26 at 1:00 PM. The results of the investigation were submitted to the State agency on 3/6/26. A record review of a facility policy titled, Abuse prevention plan, dated February 2023, revealed that the Administrator (ADM), DNS (Director of Nursing Services), or the nursing supervisor, will ensure that a report is filed, an investigation begins immediately, and the reporting takes place. The policy also revealed that an alleged violation of abuse or neglect is reported to the ADM and the State agency immediately. An interview on 3/11/26 at 2:07 PM with the Director of Nursing (DON) revealed they were notified on 2/28/26 by telephone that an incident of abuse had occurred in the facility between Resident 1 and Resident 2. The DON confirmed they notified the ADM by telephone. An interview on 3/11/26 at 2:17 PM with the ADM revealed they were notified on 2/28/26 by telephone that an incident of abuse had occurred between Resident 1 and Resident 2. The interview also revealed that the incident was reviewed on the next working day 3/2/26, and the incident was then reported to the State agency. The interview confirmed this was beyond the 24 hours required by regulation and by the facility policy and should have been reported the day it occurred. The interview also confirmed that the investigative report was submitted on 3/6/26, which was more than the 5 days required.</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
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