STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285091	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Indian Hills Manor	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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09 (J)(iii)Based on observation, record review, and interview, the facility failed to ensure 2 of 2 sampled residents (Residents 14 and 22) received hydration to meet their daily needs. The facility identified a census of 32 residents.Findings are: Record review of a facility policy titled, Resident hydration and dehydration prevention policy, last revised March 2019, revealed the facility would provide adequate hydration, and prevent and treat dehydration, which included providing and encouraging intake of bedside, snack, and mealtime fluids on a daily and routine basis as a part of daily care. A. Record review of Resident 14's face sheet revealed they were admitted to the facility on [DATE] and diagnosed with Alzheimer's disease (a type of dementia that affects memory, thinking, and behavior), constipation (a problem with passing stool infrequently or because it is hard), moderate intellectual disabilities (limitation in intellectual function, understanding and use of language, and adaptive behavior), chronic kidney disease, and history of urinary tract infections. A record review of Resident 14's physician orders revealed they had a regular diet for dysphagia (difficulty swallowing) with puree food texture and nectar-consistency thickened liquids, beginning on 2/25/2025. Record review of Resident 14's most recent Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and help nursing home staff identify health problems) in section GG (Functional Abilities and Goals) dated 2/6/26 revealed Resident 14 used a wheelchair and was dependent (the helper does all of the effort, the resident does none of the effort, or the assistance of 2 or more helpers is required) for eating and all other activities of daily living. Record review of Resident 14's undated care plan revealed the following directions: Resident 14 required extensive assistance from 1 staff to eat, initiated on 2/28/2025. Encourage good nutrition and hydration to promote healthier skin, initiated on 2/26/2025. Encourage fluids during the day to promote prompted voiding responses, initiated on 1/04/2026. Observations revealed Resident 14 did not have a drinking cup or fluids available to drink in their room at the following times: (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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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/18/2026 at 2:05 PM, Resident 14 was in their room, with no drinking water or cup within reach. On 5/19/2026 at 3:02 PM, Resident 14 was in bed awake with their hand behind their head, no water or other fluid or cup nearby. Continuous observation until 3:23 PM revealed no staff entered Resident 14's room. On 5/20/2026 at 10:20 AM, Resident 14 was sitting in a wheelchair in their room, no water, other fluid, or cup present in the room. On 5/20/2026 at 1:40 PM, Resident 14 was sitting in a wheelchair in their room, no water, other fluid, or cup present in the room. On 5/20/2026 at 3:04 PM, Resident 14 was in bed with the room darkened, no cup or fluids available in their room. An interview on 5/20/26 at 3:06 PM with the Director of Nursing (DON) confirmed Resident 14 was served fluids at mealtimes, and that they were able hold a cup but were not able to use a straw. The interview also revealed that Resident 14 was expected to have fluids in their room to meet their daily needs. The interview revealed they were not aware Resident 14 did not have fluids available to drink in their room and confirmed they were not receiving enough fluids. B. Record review of Resident 22's census data revealed the resident was admitted to the facility on [DATE]. A record review of Resident 22's Diagnosis List revealed the following diagnoses: -A diagnosis of Unspecified Dementia (a usually progressive condition marked by the development of multiple cognitive deficits (such as memory impairment, aphasia, and the inability to plan and initiate complex behavior) was added on 11/11/2024. -A diagnosis of Down Syndrome (a genetic condition where a person is born with an extra copy of chromosome 21. This can affect how their brain and body develop) was added on 11/11/2024. -A diagnosis of Esophageal Obstruction (narrowing or blockage of the swallowing tube. It frequently leads to progressive difficulty swallowing) was added on 11/11/2024. -A diagnosis of Gastro-Esophageal Reflux Disease without Esophagitis (GERD, a chronic digestive condition where stomach acid frequently flows back into the esophagus [the tube connecting your mouth and stomach] but it doesn't cause any damage to the esophagus) was added on 11/11/2024. Record review of Resident 22's quarterly MDS completed on 4/21/2026 revealed the Staff Assessment for Mental Status determined that Resident 22's ability to make decisions regarding tasks of daily life was severely impaired, and they never/rarely made decisions. Resident 22 was dependent (helper does all the effort) for eating and bringing food and/or liquid to the mouth. Resident 22 requires the use of a wheelchair for mobility with maximal assistance to get around in the wheelchair. Resident 22 had a mechanically altered diet (require changes in texture of food or liquids). (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of Resident 22's Physician Orders revealed an order for Regular diet, dysphagia puree texture, regular consistency started on 11/11/2024. Record review of Resident 22's care plan dated 5/11/2026 revealed a focus that the resident has bladder incontinence r/t dementia, impaired mobility, inability to communicate needs, initiated and revised on 1/3/26. An intervention for this focus included encourage fluids during the day to promote prompted voiding responses which was initiated on 1/3/26. A focus of Diet/Eating: I require assistance in eating was initiated on 2/10/25. Record review of the task labeled Nutrition – Breakfast - Amount eaten under Question 2 – Amount of fluids consumed in ccs/ml (cubic centimeters/milliliters) for dates 4/22/2026 through 5/21/2026 revealed 3 days of 0 mls consumed, 5 days of 20-100 mls consumed, 16 days of 120-200 mls consumed, and 2 days of 300 mls consumed. The task also revealed there was 1 day marked Resident Not Available, 1 day marked Resident Refused, and 2 days marked Not Applicable. Record review of the task labeled Nutrition – Lunch - Amount eaten under Question 2 – Amount of fluids consumed in ccs/ml for dates 4/22/2026 through 5/20/2026 revealed 4 days of 0 mls consumed, 17 days of 200-300 mls consumed, and 6 days of 370-480 mls consumed. The task revealed there was 1 day marked Not Applicable. Record review of the task labeled Nutrition – Dinner - Amount eaten under Question 2 – Amount of fluids consumed in ccs/ml for dates 4/22/2026 through 5/20/2026 revealed 13 days of 0 mls consumed, 10 days of 25-80 mls consumed, 2 days of 120-140 mls consumed, and 2 days of 320-380 mls consumed. The task revealed there was 1 day marked Resident Refused and 2 days marked Not Applicable. An observation on 5/19/2026 at 1:15 PM revealed Nurse Aide (NA)-A was assisting Resident 22 with eating at the dining room table. NA-A picked up a glass of water and brought glass of water to Resident 22's mouth and tipped it for Resident 22 to take a drink. An observation on 5/20/2026 at 8:42 AM revealed Resident 22 being assisted with eating and being given drinks of liquid from a cup with full assistance. An observation on 5/20/2026 at 10:44 AM in Resident 22's room revealed a full pitcher of water, with no ice, on their bedside table. The beside table was along the wall next to Resident 22's room door. This table was across the room and not within Resident 22's reach while in their recliner or bed. An observation on 5/20/2026 at 11:45 AM revealed Resident 22 sitting at the dining room table. They picked up a can of unopened Pepsi, tilting it side to side, and touched the top of can. Resident 22 was unsuccessful in opening the can or having a drink. An observation on 5/20/2026 at 12:38 PM revealed Resident 22 at the dining table being assisted with eating and getting drinks of liquid from a cup with full assistance. An observation on 5/21/2026 at 9:11 AM revealed a full pitcher of water, with no ice, on bedside table. The beside table was along the wall next to Resident 22's room door. This table was across the room from Resident 22's recliner and bed. The bedside table and pitcher were in same spot as prior observation on 5/20/2026 at 10:44 AM. (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An observation on 5/21/2026 at 2:02 PM revealed Resident 22 sitting in the recliner in their room. There was a full pitcher of water, with no ice, on bedside table which was along the wall next to Resident 22's room door. This table was across the room from Resident 22's recliner and bed. The bedside table and pitcher in same place as in prior observations on 5/20/202 at 10:44 AM and 5/21/2026 at 9:11 AM. An interview with NA-C on 5/21/2026 at 2:04 PM confirmed that Resident 22 required assistance with drinking fluids at mealtimes. NA-C confirmed that Resident 22 could take drinks if the cup is handed to them. An interview with MA-E on 5/21/2026 at 2:15 PM confirmed that Resident 22 needed assistance with picking up cups from the table. MA-E confirmed that staff must hand Resident 22 the cup and set the cup down. MA-E confirmed that Resident 22 doesn't drink any liquids in their room between meals unless someone is in Resident 22's room and can give Resident 22 assistance with getting a drink.