

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285108	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/26/2026
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of O'Neill		STREET ADDRESS, CITY, STATE, ZIP CODE 1102 North Harrison Street O' Neill, NE 68763	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Licensure Reference Number 175 NAC 12-006.02(H). Based on observation, interview and record review the facility staff failed to report an elopement to the State Agency within the required timeframes for 1(Resident 1) of 3 residents sampled. The facility census was 46. The findings are:The findings are:Record review of the facility's undated policy titled Reporting requirements revealed whomever identifies or is notified first at the community that there is a potential self-report of any type should notify the Director of Nursing (DON) and Administrator immediately after ensuring safety of residents and staff. The administrator and/or DON will notify police for any physical or potential physical abuse. The Administrator or DON will notify the Clinical Specialist who will communicate the decision to report or not report. The Administrator/DON will work with the Clinical Nurse Specialist on the initial and 5-day investigation. Record review of Resident 1's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) revealed the facility staff had assessed the following about the resident:-Brief Interview of Mental Status (BIMS) was scored as a 5. According to the MDS Manual a score of 0-7 indicates severe cognitive impairment.-required total assistance with toileting-required extensive assistance with dressing and hygiene-could walk 150 feet independently. Record review of Resident 1's Progress Notes (PN) dated 2-21-2026 revealed Resident 1 had opened the back door of the facility and went out into the parking lot. The alarm on the door did sound and Resident 1 was redirected back into the facility.An interview conducted with Nursing Assistant (NA) on 02-26-2026 at 10 AM revealed NA A heard a door alarm, checked the front door and saw no one going out the door and then went to the backdoor and it was closed, when NA A opened the back door Resident 1 was observed walking in the back parking lot.Record review of the facility's reports to the state agency revealed the elopement was not reported in the required timeframes.Interview with the Director of Nursing (DON) conducted on 02-26-2026 at 2:00 PM confirmed the facility had not reported the elopement to the state agency and should have.</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: 285108	If continuation sheet Page 1 of 1