

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285109	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/22/2025
NAME OF PROVIDER OR SUPPLIER  Prestige Care Center of Nebraska City		STREET ADDRESS, CITY, STATE, ZIP CODE  1420 North 10th Street Nebraska City, NE 68410	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Licensure Reference Number 175 NAC 12-006.02(H)Based on interview and record review, the facility failed to complete a thorough investigation for an allegation of abuse for 1 (Resident 1) of 3 sampled residents. The facility staff identified a census of 43.The findings are:Record review of a facility policy entitled Abuse, Neglect and Exploitation dated revised 01/2025 revealed: -A. An immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. -B. Written procedures for investigations include: -1. Identifying staff responsible for the investigation; -2. Exercising caution in handling evidence that could be used in a criminal investigation. -3. Investigating different types of alleged violations; -4. Identifying and interviewing all involved persons, including the alleged victim, alleged perpetrator, witnesses, and others who might have knowledge of the allegations; -5. Focusing the investigation on determining if abuse, neglect, exploitation, and/or mistreatment has occurred, the extent, and cause; and -6. Providing complete and thorough documentation of the investigation.Record review of Resident 1's admission Record printed 9/22/2025 showed the facility admitted the resident on 3/15/2023. Record review of Resident 1's Medical Diagnosis printed 9/22/2025 revealed the resident had diagnoses of chronic obstructive pulmonary disease (pulmonary disease that is characterized by chronic typically irreversible airway obstruction resulting in a slowed rate of exhalation), schizophrenia (a mental illness that is characterized by disturbances in thought, perception, and behavior, by a loss of emotional responsiveness and extreme apathy, and by noticeable deterioration in the level of functioning in everyday life), and age-related osteoporosis.Record review of Resident 1's quarterly 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) dated 7/10/2025 revealed the resident had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 13/15. According to the MDS manual, a score of 13 indicated the resident was cognitively intact. Further review of the MDS revealed Resident 1 displayed verbal behavioral symptoms directed towards others and other behavioral symptoms not directed towards others on one to three days during the review period.Record review of a facility reported investigation dated 12/5/2024 showed on 12/1/2024 Resident 1 reported pain under the right breast to the licensed nurse. The licensed nurse assessed the area which revealed no redness or change in skin condition. Resident 1 reported that someone hit [gender] there and that is why it hurt. Further review of the investigation showed that the report lacked staff and resident interviews.Interview on 9/22/2025 at 3:15 PM with the facility Administrator (ADM) confirmed that staff and resident interviews were not documented. The ADM further confirmed the investigation was not complete.</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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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on record review and interview, the facility failed to provide federally required transfer documentation to the receiving health care institution for 2 (Resident 1 &amp; 2) of 3 sampled residents. The facility staff identified a census of 43. The findings are: Record review of a facility policy entitled Transfer and Discharge (including AMA) dated revised 2/2025 revealed: -8. For a transfer to another provider, for any reason, the following information must be provided to the receiving provider: -a. Contact information of the practitioner who was responsible for the care of the resident; -b. Resident representative information, including contact information; -c. Advance directive information; -d. All other information necessary to meet the resident's needs, which includes but may not be limited to: -i. Resident status, including baseline and current mental, behavioral, and functional status, reason for transfer, recent vital signs; -ii. Diagnoses and allergies; -iii. Medications (including when last received); and -iv. Most recent relevant labs, other diagnostic tests, and recent immunizations. -e. All special instructions and/or precautions for ongoing care, as appropriate such as: -i. Treatments and devices (oxygen, implants, IVs, tubes/catheters); -ii. Transmission-based precautions such as contact, droplet, or airborne; -iii. Special risks such as risk for falls, elopement, bleeding, pressure injury and/or aspiration precautions; -f. The resident's comprehensive care plan goals; -h. Additional information, if any, outlined in the transfer agreement with the acute care provider. A. Record review of Resident 1's admission Record revealed the facility admitted the resident on 3/15/2023. Record review of Resident 1's Progress Notes (PN) dated 8/26/2025 revealed Resident 1 sustained a fall and was transferred to the hospital for evaluation and treatment. Record review of Resident 1's Electronic Health Record (EHR) including progress notes, assessments, and scanned documents lacked evidence the facility sent federally required information to the hospital at the time of transfer. Interview on 9/22/2025 at 3:15 PM with the facility Administrator (ADM) confirmed there was no evidence that federally required transfer documentation was sent to the hospital and the facility should have. B. Record review of Resident 2's admission Record revealed the facility admitted the resident on 3/6/2024. Record review of Resident 2's PN dated 8/27/2025 revealed the resident had sustained a fall and was transferred to the hospital for evaluation and treatment. Record review of Resident 2's EHR including progress notes, assessments, and scanned documents lacked evidence the facility sent federally required information to the hospital at the time of transfer. Interview on 9/22/2025 at 3:15 PM with the ADM confirmed there was no evidence that federally required transfer documentation was sent to the hospital and the facility should have.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>(continued on next page)</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Licensure Reference Number 175 NAC 12-006.09(I)Based on observation, interview, and record review, the facility failed to implement interventions to prevent potential falls for 1 (Resident 2) of 3 sampled residents. The facility staff identified a census of 43. The findings are: Record review of a facility policy entitled Fall Prevention Program dated revised 7/2025 revealed: -Each resident will be assessed for fall risk and will receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls. -6. High Risk Protocols: -c. Provide interventions that address unique risk factors measured by the risk assessment tool: medications, psychological, cognitive status, or recent change in functional status. d. Provide additional interventions as directed by the resident's assessment, including but not limited to: -i. Assistive devices -ii. Increased frequency of rounds -iii. Sitter, if indicated -iv. Medication regimen review -v. Low bed -vi. Alternate call system access -vii. Scheduled ambulation or toileting assistance -viii. Family/caregiver or resident education -ix. Therapy services referral -8. Each resident's risk factors and environmental hazards will be evaluated when developing the resident's comprehensive plan of care. -a. Interventions will be monitored for effectiveness. -b. The plan of care will be revised as needed. -9. When any resident experiences a fall, the facility will: -a. Assess the resident. -b. Complete a post-fall assessment. -c. Complete an incident report. -d. Notify physician and family. -e. Review the resident's care plan and update as indicated. -f. Document all assessments and actions. -g. Obtain witness statements in the care of injury. Record review of Resident 2's admission Record printed 9/22/2025 revealed the facility admitted the resident on 3/6/2024. Record review of Resident 2's Medical Diagnosis printed 9/22/2025 revealed Resident 2 had diagnoses of Neurocognitive disorder with Lewy bodies (a form of dementia characterized by the presence of abnormal protein deposits called Lewy bodies in the brain), Parkinson's Disease (a progressive neurological disorder that affects movement. It occurs when nerve cells in the brain that produce dopamine are gradually damaged or die. Dopamine is a neurotransmitter that helps control movement, balance, and coordination), 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)), history of falling, osteoarthritis of the right shoulder, and difficulty in walking. Record review of Resident 2's annual 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) dated 8/5/2025 revealed Resident 1 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 5/15. According to the MDS manual, a score of 5 indicated the resident had severe cognitive impairment. Further review of the MDS revealed the resident required substantial assistance from staff for bed mobility and transfers, walked with supervision, and was independent with wheelchair mobility. Record review of Resident 2's Prestige-Fall Risk (PFR) dated 8/13/2025 showed the resident had a score of 19. According to the assessment, a score of 19 indicated the resident was at high risk for falls. Record review of Resident 2's PFR dated 8/27/2025 showed a score of 15. According to the assessment, a score of 15 indicated the resident was at high risk for falls. Record review of Resident 2's Comprehensive Care Plan (CCP, a document that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment) revealed the following interventions to prevent falls: -3/6/2024 Encourage resident to ask for assistance when attempting to transfer. Provide a clutter-free environment. Provide a well-lit environment. -4/2/2024 Place sign visible to pt (patient) in room reminding him to call for assistance. -6/10/2024 Be sure the resident's call light is within reach and encourage the resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. -12/19/2024 fall mat next to bed -1/22/2025 ensure resident is wearing non-skid socks and or footwear. -2/13/2025 resident to have flannel sheets on bed at all times. Bolster mattress placed by hospice. -5/19/2025 dycem (a brand of non-slip, reusable, and antimicrobial material available in mats, rolls, and netting, designed to provide stability and control contamination in both daily living and professional environments) placed in tilt w/c. -7/21/2025 assist to toilet after meals -7/29/2025 Non-skid strips in front of toilet and sink in bathroom -8/12/2025 Scheduled toileting before and after meals and at HS (bed time) -8/13/2025 15-minute checks x 14 days. Record review of 15-minute checks dated 8/27/2025 through 9/22/2025 revealed: -No 15-minute check sheet was located for 9/4/2025. -12:15 am through 5:45 pm checks were left blank for 9/5/2025. -No 15-minute check sheet was located for 9/7/2025. -12:15 am through 5:45 am checks were left blank for 9/12/2025. -All other dates had</p>		