

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 03/05/2026
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Licensure Reference Number 175 NAC 12-006.04(F)(i)(5) The facility failed to notify the power of attorney of new orders and change of plan in care for 1 (Resident 36) of 1 sampled resident. The facility staff identified a census of 40. Findings are:Record review of a facility policy entitled Change of Condition dated Revised 09/2025 revealed: - If the resident is deemed incapacitated or given permission to release information regarding the change of condition, the resident's family or representative will be contacted. -1. The nurse will notify the resident's attending physician and family when there has been: - c. A change in medication/treatment or reaction to a medication. - f. A need for a significant alteration in the resident's medical treatment. - 3. The nurse will inform the resident, or resident representative if indicated, of any changes in his/her medical care or nursing treatments. -4. The nurse will document in the resident's medical record or SBAR (communication framework that is used to share critical information -Situation, Assessment, Background, Recommendation) in the resident's chart any changes in the resident's condition, who was notified (e.g., physician and family), and any new orders.Record review of Resident 36's admission Record revealed the facility admitted the resident on 02/28/2025. Further review of the admission record identified Resident 36 had diagnoses that included dysphagia (difficulty in swallowing), major depressive disorder (a serious mood disorder involving one or more episodes of intense psychological depression or loss of interest or pleasure that lasts two or more weeks and is accompanied by irritability, fatigue, poor concentration, sleep disturbances, weight gain or loss, feelings of worthlessness or guilt, and sometimes suicidal tendencies), and diabetes mellitus type 2 (a common form of diabetes mellitus that develops especially in adults and most often in obese individuals and that is characterized by hyperglycemia resulting from impaired insulin utilization coupled with the body's inability to compensate with increased insulin production).Record review of Resident 36'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 02/05/2026 revealed Resident 36 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 11. According to the MDS manual, a score of 11 indicates the resident had moderately impaired cognition. Further review of the MDS identified Resident 36 required partial assistance to eat and had significant weight loss without a prescribed weight-loss program. The MDS further identified the resident received mechanically altered foods.Record review of Resident 36's durable health care power of attorney (POA) dated 12/02/2025 identified Resident 36's Family Members to serve as healthcare agents. Further review of the POA document identified the document was effective immediately upon signing.Record review of Resident 36'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) identified Resident 36's Medical POA was invoked on 12/02/2025.Record review of Resident 36's Order Summary Report revealed an order dated 01/01/2026 that read Resident to be up in w/c for all meals. If resident refuses to get up then chart as refusing meals.Record review of Resident 36's progress notes dated 01/01/2026 to 03/02/2026 (continued on next page)</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>revealed no evidence of POA notification of the order for Resident 36 to be up in w/c for all meals. Interview on 03/04/2026 at 1:27 PM with Registered Nurse (RN)-A revealed RN-A attempted to notify Resident 36's POA to notify of the new order but there was no answer. RN-A reported [gender] probably did not put in progress notes that an attempt was made. Interview on 03/04/2026 at 2:01 PM with Resident 36's family member revealed they were the point of contact for order changes and communication from the facility. Resident 36's family member reported they were not contacted or notified of the new order regarding resident being out of bed for all meals, and if the resident refused it would be considered a meal refusal. Interview on 03/04/2026 at 2:30 PM with the Interim Director of Nursing (IDON) confirmed there was no evidence to support Resident 36's POA was notified of the new physician's order. The IDON confirmed Resident 36's POA should have been notified.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.19 Based on observations and interviews, the facility failed to ensure the Alzheimer's Care unit was free of odor. This had the potential to affect 12 residents living in the Alzheimer's Care unit and failed to ensure 1 (room [ROOM NUMBER]) of 11 rooms in the Alzheimer's Care unit was clean. The facility census was 40. Findings are:A.A record review of the facility's Midnight Census Report dated 03/02/2026 revealed the Alzheimer's Care unit had 12 occupied beds. A record review of facility's Deep Cleaning Schedule for January, February and March of 2026 revealed that Resident 31's room was deep cleaned once on the 4th Wednesday in January (2026). Resident 31 had no deep cleaning scheduled for the month of February, 2026. Resident 31's room was scheduled to be deep cleaned the second Wednesday in March, 2026. An observation on 03/02/2026 at 7:27 AM revealed the hallway in the Alzheimer's care unit had a strong urine odor. An observation on 03/04/2026 at 7:51 AM revealed the hallway in the Alzheimer's care unit had a strong urine odor. An observation on 03/05/2026 at 8:37 AM revealed the hallway in the Alzheimer's care unit had a strong urine odor. In an interview on 03/02/2026 at 8:40 AM Director of Nursing/Registered Nurse (DONRN) confirmed that there was a urine odor in the hallway of the Alzheimer's Care unit. In an interview on 03/04/2026 7:51 AM Medication Aide (MA)-D confirmed that there was a urine odor in the hallway of Alzheimer's Care unit. In an interview on 03/05/2026 at 8:37 AM Nursing assistant (NA)-D confirmed there was a urine odor in the hallway of Alzheimer's Care unit. B.A record review of the facility's Routine Cleaning and Disinfection policy with a revision date of 12/2025 revealed the following:12. Horizontal surfaces with infrequent hand contact (window sills and hard surface flooring) in routine resident-care area should be cleaned: a. On a regular basis b. when soiling and spills occur c. when resident is discharged from facility. An observation on 03/02/2026 at 8:32 AM of room [ROOM NUMBER] revealed that there was black, brown and white particles on bedside table. There was a brown spot with white and brown particles on the floor. An observation on 3/3/2025 at 12:36 PM of room [ROOM NUMBER] revealed that there was black, brown and white particles on bedside table. There was a brown spot with white and brown particles on the floor. In an interview on 3/3/2025 at 12:36 PM Medication Aide (MA)-D confirmed that room [ROOM NUMBER] had black, brown and white particles on bedside table. There was a brown spot with white and brown particles on the floor.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(H)Based on record review and interview, the facility failed to document signs and symptoms of pain for the continued use of as-needed opioid pain medication for 1 (Resident 45) of 6 sampled residents. Facility staff identified a census of 40. Findings are: Record review of facility policy entitled Unnecessary Drugs dated revised 02/2026 revealed: - 3. The attending physician will assume leadership in medication management by developing, monitoring, and modifying the medication regimen in collaboration with residents and/or representatives, other professionals, and the interdisciplinary team. Each resident's drug regimen will be reviewed on an ongoing basis, taking into consideration the following elements: -a. Dose (including duplicate therapy); -b. Duration of use; -c. Indications and clinical need for medication; -d. Adequate monitoring for efficacy and adverse consequences; -e. Preventing, identifying and responding to adverse consequences; -f. Any combination of the reasons stated above. Record review of Resident 45's admission Record revealed the facility admitted the resident on [DATE]. Further review of the admission Record showed Resident 45 had diagnoses that included 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]), metabolic encephalopathy (a condition that affects brain function due to imbalances in the body's chemical processes), schizoaffective disorder (a chronic mental health condition that combines symptoms of schizophrenia [such as hallucinations, delusions, or disorganized thinking] with a major mood disorder [such as depression or mania]), and major depressive disorder (a serious mood disorder involving one or more episodes of intense psychological depression or loss of interest or pleasure that lasts two or more weeks and is accompanied by irritability, fatigue, poor concentration, sleep disturbances, weight gain or loss, feelings of worthlessness or guilt, and sometimes suicidal tendencies). The admission record identified Resident 45 expired on [DATE]. Record review of Resident 45's hospice notes revealed the resident was admitted to hospice services on [DATE]. Record review of Resident 45's Order Summary Report which showed active orders as of [DATE] revealed the following orders: -Monitor pain every shift dated [DATE]; -morphine solution 20 milligrams (mg) in (1) one milliliter (mL) take 0.5 mL (10 mg) by mouth/sublingually every 1 -2 hours as needed (PRN) for pain or shortness of breath dated [DATE]. Record review of Resident 45'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 an intervention dated [DATE] that read administer all meds as ordered. Record review of Resident 45's [DATE] Medication Administration Record revealed the morphine was to be given for pain or shortness of breath and required a pain evaluation for administration. Further review of the [DATE] MAR revealed Resident 4 received morphine with a pain rating of zero on [DATE], [DATE], [DATE], twice on [DATE], and [DATE]. Record review of Resident 45's Progress Notes revealed the following: -Morphine administered for pain dated [DATE]. Further review of notes dated [DATE] showed the resident was restless, agitated, pacing, pushing chairs, sat on another resident's bed, and refused to follow cues. There were no indicators of pain or shortness of breath documented. -Morphine administered on [DATE] showed morphine was administered. The progress notes showed resident was everywhere, hitting the tables with his walker, attempting to hit the staff. There were no indicators of pain or shortness of breath documented. -Morphine was administered on [DATE]. There were no indicators of pain or shortness of breath documented. -Morphine was administered on [DATE] at 12:32 AM with no indicators of pain or shortness of breath documented. -Morphine was administered on [DATE] at 11:07 PM with no indicators of pain or shortness of breath documented. -Morphine was administered on [DATE] for being restless. There were no indicators of pain or shortness of breath documented. An interview on [DATE] at 12:52 with the Interim Director of Nursing (continued on next page)</p>		

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	(IDON) confirmed the pain rating level was listed as zero on the MAR, and further confirmed there were no indicators of pain or shortness of breath listed in the progress notes.		

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<p>F 0923</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have enough outside ventilation via a window or mechanical ventilation, or both.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-007.04(D) Based on observation, interview, and record review the facility failed to ensure exhaust vents worked in 2 (room [ROOM NUMBER] and 325) of 16 sample rooms. The facility census was 40. Findings are:A record review of the facility's Exhaust Fan Annual Inspection Log For All Resident Room Restrooms Throughout Facility dated 10/15/2025 through 2/10/2026 revealed that 3 rooms in the 200 hall were checked in October, 3 rooms in the 100 hall were checked in November, 3 rooms in the 300 hall were checked in December, 3 rooms in the 200 hall were checked in January, 3 rooms in the 100 hall were checked in February. room [ROOM NUMBER] was checked in the month of December and logged as working. An observation on 03/02/2026 at 1:00 PM revealed that the bathroom vents in rooms [ROOM NUMBERS] were not functioning (did not pull air in) . In an observation with an interview on 03/03/2025 at 12:25 PM, Maintenance Director (MD) confirmed that the bathroom vents in rooms [ROOM NUMBERS] were not functioning (did not pull air in).</p>		