

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285118	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/12/2026
NAME OF PROVIDER OR SUPPLIER  Accura Healthcare of Tekamah		STREET ADDRESS, CITY, STATE, ZIP CODE  823 M Street Tekamah, NE 68061	

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 0923</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have enough outside ventilation via a window or mechanical ventilation, or both.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 175 NAC 12-007.04D Based on observation and interview, the facility failed to ensure that ventilation systems were operational in resident bathrooms in 12 [Rooms 1E, 5E, 10E, 11E, 15E, 16E, 17E, 18E, 1S, 2S, 3S and 4S] of 27 occupied resident rooms in the facility. The facility census was 33. Findings are:Record review of the facility logbook documentation entitled Exhaust Fans dated completed on 1/28/26 revealed the following information:Check exhaust fans for proper operation1. Check all exhaust fans in bathrooms, shower room, soiled and clean utility rooms, janitor closets, kitchen, sink and laundry areas and oxygen room.2. Ensure the air flow is sufficient to hold a piece of paper to the vent when operating.Observation on 02/11/26 between 1:30 PM - 1:59 PM with the Maintenance Director [MD]and the facility Administrator revealed that the ventilation system did not draw a 1 ply square of toilet paper to the surface of the ventilation cover in resident bathrooms in resident rooms 1, 5, 10, 11, 15, 16, 17, 18 on the East hall and resident rooms 1, 2, 3 and 4 on the South hall of the facility. This indicated that the ventilation systems were not working properly at the time of the observation. Interview on 02/11/26 at 2:00 PM with the MD confirmed that the ventilation system did not draw a 1 ply square of toilet paper in resident bathrooms in rooms in resident rooms 1, 5, 10, 11, 15, 16, 17, 18 on the East hall and resident rooms 1, 2, 3 and 4 on the South hall of the facility. The MD confirmed that the ventilation systems were not working properly at the time of the observation. The MD confirmed that monthly checks of the ventilation system had been marked as completed in the electronic Exhaust Fan documentation on 1/28/26, but there was no record of which rooms had been tested or how many rooms had been completed. The MD confirmed that documentation revealed that the last time the ventilations system had been checked was on 1/28/26 and that specific rooms that had been tested had not been identified as completed.</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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