STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285124	A. Building B. Wing	05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Neligh	1100 T Street Neligh, NE 68756

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Licensure Reference Number 175 NAC 12-006.04(D) Based on record review and interview; the facility failed to ensure 8 hours of consecutive Registered Nurse (RN) coverage in a 24-hour period 7 days per week as required. This had the potential to affect all facility residents. The facility census was 30.Findings are: A. Review of the Facility Assessment with a revised date of 1/13/26 revealed the following:- The facility assessment would be used to ensure that there were sufficient number of staff with the appropriate competencies and skill sets needed to care for the residents' needs.-The facility would have one RN on day shift and one RN on evening shift. B. Review of the Nursing Staff Schedule for October 2025 revealed no documentation of 8 hours of RN coverage on 10/4, 10/5, 10/25, and 10/26. C. Review of the Nursing Staff Schedule for November 2025 revealed no documentation of 8 hours of RN coverage on 11/15 and 11/16. D. Review of the Nursing Staff Schedule for December 2025 revealed no documentation of 8 hours of RN coverage on 12/6, 12/7 and 12/27. E. Interview on 5/5/26 at 2:55 PM with the Administrator confirmed the facility did not have 8 hours of consecutive RN coverage on 10/4, 10/5, 10/25, 10/26, 11/15, 11/16, 12/7 and 12/27.

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.19(A)Based on observation, record review and interview; the facility failed to ensure the building was clean and in good repair. The facility census was 30.Findings are: A. Review of the facility deep clean checklist, undated, revealed that cleaning vents and light fixtures was one of the tasks on the checklist to deep clean a room. B. Observation of resident rooms on 5/4/26 at 9:00 AM revealed resident rooms B42, C12, C14, D17, D22, D26, D27 and ACU 6 vents in the bathroom had a heavy layer of gray fuzzy layer covering the vent. C. Record review of the April 2026 Calendar, Resident Rooms Deep Cleaned, revealed that room B42 was deep cleaned on 4/10/26, room C12 was deep cleaned on 4/2/26 , room C14 was deep cleaned on 4/11/26, room D17 was deep cleaned on 4/14/26, room D22 was deep cleaned on 4/21/26, room D26 was deep cleaned on 4/13/26, room D27 was deep cleaned on 4/8/26 and room ACU 6 was deep cleaned on 4/13/26. D. An interview with the Housekeeping Aide-L confirmed that cleaning the bathroom vents was not part of the deep cleaning of the room. Further interview confirmed that the bathroom vents were wiped off but not routinely cleaned. E. Review of the Facility Assessment (document used to determine needed resources necessary to care for facility residents during day to day operations and emergencies) including the physical environment, equipment, services, and other physical plan considerations necessary to care for the resident population, dated 5/15/24 revealed the facility department managers or designees, followed procedures for maintaining inventory, and assessing the condition of equipment. Preventative maintenance and cleaning schedules were in place per manufacturer recommendations. F. During the course of the survey from 5/4/26 through 5/6/26 multiple environmental concerns identified were identified including the following: -very soiled and stained baseboards that were pulling away from the drywall in areas in halls B and D.-Dry wall gouges in hall D next to rooms [ROOM NUMBERS]. -All room entry door frames had heavily chipping paint as did the bathroom door frames in halls B and D. -The floor next to an exit door in the ACU hallway was heavily soiled and a trap door/crawl space door on the floor at the same entry had sunken in, making the floor unlevel and the area was covered by a rug. -Hallway's B and D had chipping paint on the lower half of the walls throughout both halls. -Drywall corners were deteriorated and peeling away next to both nurses' stations. G. On 5/7/26 at 10:04 AM during a tour and interview with the facility Administrator the following environment concerns were observed and confirmed. Chipping/peeling paint on the lower half of the hallway walls in halls B and D, chipping and peeling paint on the entry doors and bathroom doors of the resident rooms in halls B and D, gouged and deteriorated dry wall in the hallways in both halls B and D, and on the corners of both nurses' stations. There were areas of heavily soiled flooring and a dipping crawl space door in the ACU hallway near the exit door creating a tripping hazard in need of repair. The facilities lack of repair was not creating a homelike environment.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Licensure Reference Number 175 NAC 12-006.05(S)Based on record review and interview; the facility failed to ensure Resident 32 received dignified care when staff did not respond in a timely manner to a request for assistance with toileting. The sample size was 22 and the facility census was 30.Findings are: A. Review of the facility policy Vulnerable Adult dated 12/30/2025 revealed the following:-The facility had zero tolerance for resident abuse, neglect, mistreatment, and/or misappropriation of property. The facility reported maltreatment of vulnerable adults to protect adults who were dependent upon others for their care. -Abuse was defined as willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.-Abuse included deprivation by an individual or caretaker of goods or services that were necessary to attain or maintain physical, mental, and psychosocial well-being. -Instances of abuse, included verbal, sexual, physical, and mental abuse.B. Review of Resident 32's Care Plan with a revision date of 1/30/26 revealed the resident had a history of a stroke, bladder incontinence related to immobility, wore an incontinence product to protect the skin and maintain dignity, and had self-care performance deficits including dependence on staff for transfers and toileting hygiene. Review of Resident 32's Grievance Form dated 1/23-1/24/26 revealed that on Friday night (1/23) the resident requested to go to the bathroom and staff (un-named) told the resident that they could not do that, so the resident messed self and the spouse of Resident 32 reported the resident felt humiliated. In addition, on Saturday (1/24) the resident sat on the toilet for 15-20 minutes waiting for assistance. Further review revealed the facility confirmed that staff members (un-named) made those comments and were given verbal warnings. During an interview on 5/6/26 at 3:00 PM the facility Administrator confirmed that a resident reporting feeling humiliated was a dignity concern, and staff were to treat residents with dignity at all times. Staff education including Residents Rights, was completed at the time of hire and annually. Further interview confirmed that Resident 32's concern that involved lack of staff response to a request for assistance with toileting resulting in unnecessary incontinence was a dignity concern.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.02(H)Based on record review and interview; the facility failed to report allegations of potential abuse of Residents 32 and 29 to the State Agency as required. The sample size was 2 and the facility census was 30. Findings are: A. Review of the facility policy Vulnerable Adult dated 12/30/2025 revealed the following:-The facility had zero tolerance for resident abuse, neglect, mistreatment, and/or misappropriation of property. The facility reported maltreatment of vulnerable adults to protect adults who were dependent upon others for their care. -Abuse was defined as willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.-Abuse included deprivation by an individual or caretaker of goods or services that were necessary to attain or maintain physical, mental, and psychosocial well-being. -Instances of abuse, included verbal, sexual, physical, and mental abuse.-All incidents deemed reportable under Nebraska statute are submitted to Adult Protective Services via the 24-hour toll-free hotline. -If the Administrator or Director of Nursing determined the internal report does not meet the criteria for reporting under either State or Federal guidelines, that decision would be noted in writing. B. Review of Resident 32's Care Plan with a revision date of 1/30/26 revealed the resident had a history of a stroke, bladder incontinence related to immobility, wore an incontinence product to protect the skin and maintain dignity, and had self-care performance deficits including dependence on staff for transfers and toileting hygiene. Review of Resident 32's Grievance Form dated 1/23-1/24/26 revealed that on Friday night (1/23) the resident requested to go to the bathroom and staff told the resident that they could not do that, so the resident messed self and the spouse of Resident 32 reported the resident felt humiliated. In addition, on Saturday (1/24) the resident sat on the toilet for 15-20 minutes waiting for assistance. Further review revealed the facility confirmed that staff members (un-named) made those comments and were given verbal warnings. There was no evidence the allegations of potential neglect and/or psychosocial well-being concerns were reported to the State Agency or Adult Protective Services. C. During an interview on 5/6/26 at 3:00 PM the facility Administrator confirmed Resident 32's spouse had filed grievances that included staff treatment of the resident including failure to toilet in a timely manner resulting in humiliation and leaving the resident to the toilet for extended periods, staff had been given verbal warnings regarding the grievance, yet the allegations of mistreatment or neglect were not reported to the State Agency. D. Review of Resident 29's MDS (Minimum Data Set (MDS-federally required comprehensive assessment used in the development of resident Care Plans) dated 2/19/26 revealed the resident was admitted to the facility on [DATE], was cognitively intact, and had dementia, anxiety and depression diagnoses. No evidence of mood or behavioral issues were noted. Review of facility grievances revealed that on 5/12/25 a grievance form was completed that Medication Aide (MA)-P yelled at Resident 29 for taking off the alarm, the resident was wanting to change sheets and go to supper. The resident stated MA-P has got a temper. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/13/25 the Administrator completed education with MA-P over the phone regarding resident rights and the need for MA-P to be mindful of how loud MA-P's voice can be and the tone MA-P was using when talking with residents. Review of facility grievance dated 5/20/25 revealed that Resident 29 was upset about how the night went. Resident 29 stated that the night shift staff, MA-P, were rude. Resident 29 used the light to use the restroom; staff didn't answer the call light so Resident 29 transferred self. MA-P was in the restroom cleaning up bowel movement from another resident. MA-P stated to Resident 29 do you fucking mind, you can see I am busy, do you think you're the only resident I have to help. Resident 29 stated MA-P was nasty the remaining of the night. On 5/20/25 the Administrator completed education with MA-P regarding resident rights and to pay attention to tone of voice and how things are being said. MA-P was removed from working with Resident 29. There was no evidence that the allegations of potential abuse concerns were reported to the State Agency or Adult Protective Services. During an interview on 5/6/26 at 10:45 AM the facility Administrator confirmed that Resident 29 had verbalized concerns about staff member MA-P with grievance reports filed on 5/13/25 and 5/20/25. MA-P had received education on resident rights, speaking loudly and use of tone of voice on 5/13/25 and 5/20/25. The potential allegation of verbal abuse were not reported to the State Agency.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.18(A)Based on record review and interview; the facility failed to offer Resident 29 the recommended Pneumococcal vaccines in accordance with facility policy and Center for Disease Control (CDC) guidelines. The sample size was 5 and the facility census was 30.Findings are:Review of the facility policy Pneumococcal Vaccinations with a revision date of 11/13/24 revealed that all residents would be provided the opportunity and encouraged to receive pneumococcal vaccinations. On admission each resident would be questioned regarding history of receiving the pneumococcal vaccinations. Each resident would be educated and offered the pneumococcal vaccine if they have never had the vaccine. The Director of Nursing would be responsible for following up with the Physician's office when questions arise as to whether the resident has had vaccine in the past. Review of Resident 29's MDS (Minimum Data Set (MDS-federally required comprehensive assessment used in the development of resident Care Plans) dated 2/19/26 revealed the resident was admitted to the facility on [DATE], was cognitively intact, and had a dementia, anxiety and depression diagnoses. The Pneumococcal vaccine was offered and declined.Review of Resident 29's Immunization Consent Forms revealed that there was no Pneumococcal Informed Consent Form refusal or acceptance signed by the resident.Review of Resident 29's Medical Record, Immunization Report, revealed no documentation of the Pneumococcal Vaccine being administered or refused. During an interview on 5/7/26 at 11:20 AM the Director of Nursing confirmed the facility did not have evidence of consent from the resident or family to administer or decline the pneumococcal vaccination. Further interview confirmed that the facility was unable to determine if the resident was up to date on pneumococcal vaccination.

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F 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.18(A)Based on record review and interview; the facility failed to offer Resident 10 the recommended Covid-19 vaccines in accordance with facility policy and Center for Disease Control (CDC) guidelines. The sample size was 5 and the facility census was 30.Findings are:Review of the facility policy COVID-19 Vaccination with a revision date of 11/13/24 revealed all residents would be provided with the opportunity and encouraged to receive the Covid-19 vaccination. On admission each resident would be questioned regarding the history of receiving the Covid-19 vaccination. Each resident would be educated and offered the Covid-19 vaccine if they had never received the vaccine. During the admission Assessment, each resident/family would be questioned regarding if the resident had a current Covid-19 vaccine injection. When it was determined that the resident would like to be up to date on the Covid-19 vaccine, the primary physician would be contacted and an order received if not contraindicated. Review of Resident 10's MDS (Minimum Data Set (MDS- federally required comprehensive assessment used in the development of resident Care Plans) dated 3/13/26 revealed the resident was admitted to the facility on [DATE], was cognitively impaired and had a diagnosis of anxiety. The Covid 19 vaccination was not up to date.Review of Resident 10's Personal Immunization History revealed the Covid-19 vaccination was recommended now.Review of Resident 10's Vaccination Consent for Influenza, Pneumovax, Shingles, RSV and Covid revealed the facility did not receive a declination or acceptance for the Cov-19 vaccination signed by the residents family on 12/10/25.Review of Resident 10's Medical Record, Immunization Report, revealed no documentation of the Covid-19 Vaccine being administered or refused.During an interview on 5/7/26 at 11:20 AM the Director of Nursing confirmed the facility did not have evidence of consent from the resident or family to administer or decline the Covid-19 vaccination. Further interview confirmed that the resident was not up to date on Covid-19 vaccination.