STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285134	A. Building B. Wing	12/08/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Elkhorn	20275 Hopper Street Elkhorn, NE 68022

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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 0572 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents a notice of rights, rules, services and charges. Licensure Reference Number 175 NAC 12-006-05(A)(B)(C)Based on record review and interview, the facility failed to provide notice of resident rights on admission for 1 (Resident 95) of 1 sampled resident. The facility staff identified a census of 86.The findings are:Record review of a facility policy entitled admission Policy dated reviewed 8/28/2025 revealed: - Resident Rights - Before or upon admission the facility will ensure that the resident and/or the resident's representative or interested family member has been informed of the resident's rights and all facility policies governing resident conduct and responsibilities in a language and manner they can understand. - 1. The resident's rights are communicated both orally and in writing with adaptations made to account for visual and hearing impairments (i.e., sign language, large print, Braille copies). - 2. The facility will provide language assistance services such as qualified interpreters for individuals with limited English proficiency, and appropriate auxiliary aids and services to comply with Section 1557. - 3. Written acknowledgement of the explanation of rights and responsibilities is obtained and documented in the admission agreement. - Resident Orientation - 2. Should the resident be medically incapable of understanding his/her rights, the legal guardian/representative for the resident will be required to undergo the orientation process.Record review of Resident 95's admission Record revealed the facility admitted the resident on 1/21/2025. Further review of the admission record identified Resident 95 had diagnoses which included osteomyelitis (an infection and inflammation of the bone, usually caused by bacteria which can cause pain, swelling, and redness), intracranial injury with loss of consciousness (traumatic brain injury), quadriplegia (one affected with partial or complete paralysis of both the arms and legs especially as a result of spinal cord injury or disease in the region of the neck), and depression.Record review of Resident 95's admission 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 1/24/2025 revealed the resident 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 indicated the resident had moderate cognitive impairment.Record review of Resident 95's Power of Attorney for Health Care (Surrogate) dated 1/14/2025 revealed Resident 95 had identified an individual as agent for health care if Resident 95 was unable to make health care decisions.Record review of Resident 95's electronic health record (EHR) which included progress notes and scanned documents showed the EHR lacked an acknowledgement of receipt of resident rights.An interview on 12/8/2025 at 8:55 AM and 9:20 AM with the Admissions Director (AD) revealed admission paperwork had not been completed at the time Resident 95 was admitted by the facility. The AD confirmed the resident's medical record lacked required documentation that the resident or resident representative received notice of rights on admission.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. Based on record review and interview, the facility failed to complete admission paperwork for 1 (Resident 95) of 1 sampled resident. The facility staff identified a census of 86.The findings are:Based on record review and interview, the facility failed to complete admission paperwork for 1 (Resident 95) of 1 sampled resident. The facility staff identified a census of 86.The findings are:Record review of a facility policy entitled admission Policy dated reviewed 8/28/2025 revealed: - Resident Orientation - 1. Prior to, or upon admission, the resident is orientated, but not limited to: - a. Privacy Practices - b. Antidiscrimination policy - c. Grievance policy - d. Resident Rights. - e. A nursing facility that is a composite distinct part as defined in section 483.5 must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations - f. Resident Trust Fund. - g. Financial Agreement. - h. Smoking policies and procedures. - i. Resident Care policies. - j. Physician Services. - k. Advanced Directives - l. Others as necessary or appropriate. - 2. Should the resident be medically incapable of understanding his/her rights, the legal guardian/representative for the resident will be required to undergo the orientation process. - 4. Resident/legal guardian/resident representative will receive a resident a copy [sic] of the admissions agreement prior to or upon admission. They will sign upon receiving a copy and this will be filed in the resident's chart. Record review of Resident 95's admission Record revealed the facility admitted the resident on 1/21/2025. Further review of the admission record identified Resident 95 had diagnoses which included osteomyelitis (an infection and inflammation of the bone, usually caused by bacteria which can cause pain, swelling, and redness), intracranial injury with loss of consciousness (traumatic brain injury), quadriplegia (one affected with partial or complete paralysis of both the arms and legs especially as a result of spinal cord injury or disease in the region of the neck), and depression.Record review of Resident 95's admission 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 1/24/2025 revealed the resident 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 indicated the resident had moderate cognitive impairment.Record review of Resident 95's Power of Attorney for Health Care (Surrogate) dated 1/14/2025 revealed Resident 95 had identified an individual as agent for health care if Resident 95 was unable to make health care decisions.Record review of Resident 95's electronic health record (EHR) which included progress notes and scanned documents revealed there was no admission paperwork completed including privacy practices, antidiscrimination policy, grievance policy, resident rights, resident trust fund, financial agreement, smoking policies and procedures, resident care policies.An interview on 12/8/2025 at 8:55 AM and 9:20 AM with the Admissions Director (AD) revealed admission paperwork had not been completed at the time Resident 95 was admitted by the facility and should have been. The AD further confirmed that the resident's medical record was incomplete in the absence of the admission documents.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.19(C), 12-006.18(B)Based on observation, record review and interview, the facility failed to ensure soiled linen did not come into contact with staff clothing for Residents 5 and 15, ensure nebulizer kits were cleaned after use for Residents 27 and 63, ensure Resident 6's PAP and PAP mask were clean and off the floor, and ensure Resident 6's PAP machine contained a filter; and the facility staff failed to wear enhanced barrier precautions when providing catheter care for Resident 12. The facility census was 86.Findings are: A. Record review of a facility policy dated 7/5/25 entitled Laundry Services revealed the following information: Facility staff should handle all laundry as potentially contaminated and use standard precautions with the appropriate Personal Protective Equipment. Soiled linen should be handled as little as possible and with a minimum of agitation to prevent gross microbial contamination of the air and of persons handling linen. -Never carry soiled linen against the body -Carefully roll up soiled linen to prevent contamination of air, surfaces and staff. -All soiled linen should be bagged or put into carts at the location used. B. Observation on 12/3/25 between 8:10 AM and 8:20 AM revealed Nursing Assistant [NA] D assisted Resident 5 to dress. NA-D assisted the resident to remove a soiled hospital gown, threw it on the floor and continued to assist the resident to don (put on) a clean shirt. After the resident was dressed and ready to leave the room, NA-D picked up the soiled gown from the floor, placed it underneath the NA's arm against [gender] clothing and assisted the resident to don a jacket. NA-D took the soiled unbagged hospital gown to the soiled utility room and placed into a laundry bin. Interview on 12/03/2025 at 8:20 AM with the NA-D confirmed that the soiled gown was picked up from the floor, placed under [gender] arm and was in contact with [gender] clothing while assisting the resident to don a jacket. NA-D confirmed the gown should have been bagged and should not have come into contact with the NA's clothing. Interview on 12/03/2025 at 1:29 PM with the Director of Nursing [DON] confirmed that soiled linen and clothing should have been bagged and not have come into contact with staff clothing. C. An observation on 12/01/2025 at 8:57 AM revealed NA-F exited room [ROOM NUMBER], Resident 15's room, and walked down the 300 hallway to the laundry hopper room carrying a bag of soiled clothing and a folded stack of soiled bedding directly on NA-F's left forearm. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An observation on 12/04/2025 at 8:13 AM revealed NA-G exited the laundry room and walked down the 200 hallway to the bathhouse with uncovered linens directly against NA-G's left arm. In an interview on 12/04/2025 at 9:00 AM, the facility's Administrator confirmed the staff should not have carried soiled linens or clean towels against the staff's body. D. A record review of the facility's Cleaning and Disinfection of Non-Critical Patient Care Equipment with a reviewed date of 07/15/2025 revealed equipment should be cleaned daily and before and after reuse. An observation on 12/01/2025 at 11:24 AM revealed Resident 27 had a nebulizer (neb) on the bedside table and the nebulizer administration set with mask (neb kit) was draped over the top. The neb kit contained a residual (small, leftover) amount of medication in the cup and facial oils on the mask. An observation on 12/03/2025 at 7:07 AM revealed Resident 27 had a neb on the bedside table and the neb kit was draped over the top. The neb kit contained a full treatment worth of medication in the cup and facial oils on the mask. An observation on 12/03/2025 at 2:06 PM with the charge nurse, Licensed Practical Nurse (LPN)-H revealed Resident 27 had a neb on the bedside table and the neb kit was draped over the top. The neb kit contained a residual amount of medication in the cup and facial oils on the mask. In an interview on 12/03/2025 at 2:06 PM, the charge nurse, LPN-H confirmed Resident 27's neb kit was draped over the neb and had not been cleaned and should have been. E. A record review of the facility's Cleaning and Disinfection of Non-Critical Patient Care Equipment with a reviewed date of 07/15/2025 revealed equipment should be cleaned daily and before and after reuse. An observation on 12/03/2025 at 1:36 PM revealed Resident 63 was lying in bed with a neb on the bedside table and the neb kit was draped over the top. The neb kit contained a residual amount of medication in the cup and facial oils on the mask. An observation on 12/03/2025 at 1:55 PM with LPN-I revealed Resident 63 was lying in bed with a neb on the bedside table and the neb kit was draped over the top. The neb kit contained a residual amount of medication in the cup and facial oils on the mask In an interview on 12/03/2025 at 1:36 PM, Resident 63 confirmed the resident used the nebulizer regularly and just had a treatment that morning. In an interview on 12/03/2025 at 1:55 PM, LPN-I confirmed Resident 63's neb kit was draped over the bedside table and had not been cleaned following the nebulizer treatment that the resident had that morning. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	F. A record review of the facility's BIPAP (bilevel positive Airway Pressure) / CPAP (Continuous Positive Airway Pressure) Administration Policy with a reviewed date of 09/24/2025 revealed the facility would ensure each resident received respiratory care and services in accordance with professional standards of practice. The reservoir should be emptied daily and left to air dry and cleaned weekly with soap and water. The face mask should be cleaned as needed. A record review of ResMed's How to clean your CPAP equipment dated 2025 revealed CPAP mask cushions should be cleaned daily. The humidifier should be emptied and wiped thoroughly with a clean disposable cloth and allowed to dry daily and cleaned weekly with dishwashing soap or a vinegar water solution. https://www.resmed.com/en-us/sleep-health/resources/cleaning-cpap-equipment/ A record review of Resident 6's Clinical Physician Orders dated 12/02/2025 revealed the resident had an order for Clean CPAP/BIPAP mask with warm soapy water, rinse and air dry as needed and CPAP/BIPAP Clean reservoir with warm soapy water, rinse; set out to dry every day shift every 7 day(s). A record review of Resident 6's Medication Administration Record and Treatment Administration Record (MAR & TAR) dated November and December 2025 revealed the resident wore the PAP every day. An observation on 12/01/2025 at 1:36 PM revealed Resident 6 had a ResMed Airsense 10 BiLevel ST on a tray table on the left side of the bed with water left in the humidifier. There was no filter in the machine. An observation on 12/02/2025 at 1:27 PM revealed Resident 6 had a ResMed Airsense 10 BiLevel ST and mask that was on the floor on the left side of the bed. The mask cushion had facial oils on it. There was water remaining in the humidifier and the machine did not have a filter. An observation on 12/03/2025 at 7:27 AM revealed Resident 6 had a ResMed Airsense 10 BiLevel ST that was on a tray table on the left side of the bed with a mask draped over the machine that contained facial oils. The humidifier still had water in it and there was not a filter in the machine. An observation on 12/03/2025 at 2:06 PM with the charge nurse, Licensed Practical Nurse (LPN)-H revealed Resident 6 had a ResMed Airsense 10 BiLevel ST that was on a tray table on the left side of the bed with a mask draped over the machine that contained facial oils. The humidifier still had water in it and the machine did not have a filter. In an interview on 12/01/2025 at 1:36 PM, Resident 6 confirmed the resident wore the PAP machine every night. In an interview on 12/03/2025 at 2:16 PM, Resident 6's family member was in the room and confirmed the staff does not clean the humidifier and supplies and the family member had talked to the facility and the problem had still not been resolved because the humidifier contained water and the humidifier was nasty. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 12/03/2025 at 2:06 PM, LPN-H confirmed Resident 6's BiPAP ST mask was draped over the machine, had facial oils on it, and it had not been cleaned. LPN-H confirmed the staff should clean the mask when they take it off in the morning and it had not been done and there was still water in the humidifier. LPN-H confirmed there was not a filter in the machine and should have been. G. Record review of the facility policy titled Enhanced Barrier Precautions (EBP) dated 08-19-2025 revealed the facility should use EBP as an additional strategy for residents that meet the following criteria, during high-contact resident care activities. EBP are indicated for residents with an indwelling medical device such as urinary catheters and feeding tubes. Examples of high-contact resident care activities requiring a gown and glove use include: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use such as urinary catheters or feeding tubes, and wound care. Record review of Resident 12's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 10-17-2025 revealed the facility staff assessed the following about the resident: -Brief Interview of Mental Status (BIMS) was scored as a 14. According to the MDS Manual a score of 13 to 15 indicate a person is cognitively intact. -required limited assistance with bed mobility. -required extensive assistance with dressing, bathing, and transfers -required total assistance with toileting. -had a urinary catheter. An observation conducted on 12-04-2025 at 9:25 AM of Licensed Practical Nurse (LPN) L and Nurse Aid (NA) M providing catheter care and incontinence care for Resident 12 revealed both the LPN L and the NA M did not utilize a gown during the provision of care. An interview with LPN L on 12-04-2025 at 9:30 AM confirmed Resident 12 had a urinary catheter and EBP should have been used and wasn't.

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F 0923 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have enough outside ventilation via a window or mechanical ventilation, or both. Licensure Reference Number: 175 NAC 12-007.04(D)Based on observation and interview, the facility failed to ensure that ventilation systems were operational in resident bathrooms in 4 (Rooms 106, 108, 114 and 115) of 15 occupied resident rooms on the 100 hall of the facility. The facility census was 86. Findings are:Observation on 12/4/25 between 9:00 AM to 9:30 AM with the facility Maintenance Supervisor [MS] 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 106, 108, 114 and 115. This indicated that the ventilation system was not working properly on the 100 hall of the facility at the time of the observation. Interview on 12/4/25 at 9:25 AM with the MS confirmed that the ventilation system did not draw a 1 ply square of toilet paper in resident bathrooms in rooms 106, 108, 114 and 115 which indicated that the ventilation system was not working properly on the 100 hall of the facility. The MS confirmed that no routine checks of the ventilation system had been completed to ensure the ventilation systems were operational.

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F 0947 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention. Licensure Reference Number: 175 NAC 12-006.04(B)(ii)(1)Based on record review and interview, the facility failed to ensure 3 [Nurse Aides (NA) C, D, and E] of 5 nurse aides had completed 12 hours of yearly required in-service education. This had the ability to affect all residents that resided in the facility. The facility had a total census of 86 residents.Findings are: A. Record review of a facility Employee list revealed NA C was hired on 5/28/24. Record review of NA C's Inservice education revealed that NA C had completed a total of 3. 50 hours of training.B. Record review of a facility Employee list revealed NA D was hired on 5/28/24. Record review of in-service education for NA D had completed a total of 5 hours of training.C. Record review of a facility Employee list revealed NA E was hired on 4/25/23. Record review of in-service education for NA E revealed that NA E completed a total of 3 hours of training. D. Interview on 12/8/25 at 7:58 AM with the Director of Nursing [DON] confirmed that the 12-hour education training requirement had not been completed for NA's C, D, and E. The DON confirmed that the facility did not have an effective system to track the total number of hours to ensure that the 12 hours of education training were met by all staff.