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	06/10/2026

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

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.04(F)(i)(5). Based on record review and interview, the facility failed to notify the residents provider that medications were not administered for the prescribed duration for 1 (Resident 2) of 1 sample resident. The facility identified a census of 87. The findings are:Record review of Resident 2's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 03/16/2026 revealed the facility staff assessed the following about the resident:-admitted to the facility on [DATE].-Brief Interview of Mental Status (BIMS) was scored at a 15. According to the MDS Manual a score of 15 indicates a person is cognitively intact.-required total staff assistance with all self-care and mobility needs-had a diagnosis of Quadriplegia (inability to control movement in all four limbs). Record Review of Resident 2's Medication Administration Record (MAR) dated 5/1/2026 through 5/31/2026 revealed Resident 2's practitioner had ordered Cefepime (An antibiotic medication) 0.5 grams intramuscularly, twice a day for 10 day for a Urinary Tract Infection (UTI). Further review of Resident 2's MAR for May 21026 revealed the Cefepime medication not administered on the following dates: 05/08/2026 evening administration. 05/15/2026 evening administration. 05/16/2026 morning administration 05/16/2026 evening administration In an interview on 6/10/2026 at 8:47 AM, Resident 2 confirmed that the medication was not being administered by the facility staff as ordered by the provider. In an interview on 6/10/2026 at 10:12 AM, Registered Nurse (RN)- A confirmed the Cefepime medication was not documented as administered on the following dates: 05/08/2026 evening administration 05/15/2026 evening administration 05/16/2026 morning administration 05/16/2026 evening administration In an interview on 6/10/2026 at 10:36 AM, RN-A confirmed Resident 2's provider should have been notified that Resident 2 did not receive the medication for the ten days as ordered.In an interview on 6/10/2026 at 10:41 AM, RN-A confirmed that there was no evidence Resident 2's provider was notified the Cefepime medication was not administered on 05/8/2026, 05/15/2026 and 05/16/2026.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few Note: The nursing home is disputing this citation.	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.10 Based on interviews and record review the facility failed to ensure that medications were administered as ordered for 1 (Resident 2) of 1 sampled resident. The facility identified a census of 87. Findings are:A.Record Review of the facility's Policy titled Administration of Medications with a revision date of 9/9/2025 revealed the following: The facility will ensure medications are administered safely and appropriately per physician order to address residents' diagnosis and signs and symptoms. DefinitionsMedication Error- This means the observed or identified preparation or administration of medications or biologicals which is not in accordance with:1. The prescribers' order;2. Manufacturers specifications (not recommendations) regarding the preparation and administration of the medication or biological; or3. Accepted professional standards and principles which apply to professionals providing services. Accepted professional standards and principles include the various practice regulations in each state, and current commonly accepted health standards established by national organizations, boards, and councils.Significant medication error- This means one which causes the resident discomfort or jeopardizes his or her health and safety. B.Record review of Resident 2's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 03/16/2026 revealed the facility staff assessed the following about the resident:-admitted to the facility on [DATE].-Brief Interview of Mental Status (BIMS) was scored at a 15. According to the MDS Manual a score of 15 indicates a person is cognitively intact.-required total staff assistance with all self-care and mobility needs-had a diagnosis of Quadriplegia (inability to control movement in all four limbs). Record Review of Resident 2's Medication Administration Record (MAR) dated 5/1/2026 through 5/31/2026 revealed Resident 2's practitioner had ordered Cefepime (An antibiotic medication) 0.5 grams intramuscularly, twice a day for 10 day for a Urinary Tract Infection (UTI). Further review of Resident 2's MAR for May 21026 revealed the Cefepime medication not administered on the following dates: 05/08/2026 evening administration. 05/15/2026 evening administration. 05/16/2026 morning administration 05/16/2026 evening administration In an interview on 6/10/2026 at 8:47 AM, Resident 2 confirmed that the medication was not being administered by the facility staff as ordered by the provider. In an interview on 6/10/2026 at 10:12 AM, Registered Nurse (RN)- A confirmed the Cefepime medication was not documented as administered on the following dates: 05/08/2026 evening administration 05/15/2026 evening administration 05/16/2026 morning administration 05/16/2026 evening administration In an interview on 6/10/2026 at 10:36 AM, RN-A confirmed that not providing the ordered medication would be considered a medication error. RN-A confirmed that the provider should have been notified.In an interview on 6/10/2026 at 10:41 AM, RN-A confirmed that there was no evidence that the provider was notified that the Cefepime HCl Injection Solution Reconstituted (Cefepime HCl) was not administered for 5/8/2026, 5/15/2026 and 5/16/2026.

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F 0908 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep all essential equipment working safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.18(S)Based on observation and interview the facility failed to ensure a toilet safety arm support device (a bathroom aid that attaches around or directly to a toilet to provide stable armrests) was securely attached to the toilet in the bathroom of room [ROOM NUMBER] and failed to ensure a toilet was secured to the floor in the bathroom of room [ROOM NUMBER]. The facility had a census of 87. An observation on 6/10/2026 between 7:25am and 8:05AM of the following rooms, 101, 102, 103, 106, 107, 108, 114, 124, 212, 310, and 412, containing toilet safety arm supports attached to the toilet revealed the single safety arm support for the toilet in the bathroom of room [ROOM NUMBER] was not securely attached to the toilet.An observation of the toilet in the bathroom of room [ROOM NUMBER] revealed the toilet was not securely attached to the floor and moved in a lateral (sideways) direction when touched. An interview on 6/10/2026 at 7:45AM with Nurse Assistant (NA) F confirmed the resident in room [ROOM NUMBER] used the toilet. NA F confirmed the toilet safety arm support was not attached securely to the toilet. NA F confirmed this was unsafe. An interview on 6/10/2026 at 7:25AM with NA G confirmed the toilet in the bathroom of room [ROOM NUMBER] was not securely attached to the floor and the toilet moved in a lateral direction when touched. NA G confirmed that Resident 3 sometimes used the toilet. An interview on 6/10/2026 at 7:55AM with the Assistant Director of Nursing (ADON) confirmed the toilet was not secured to the floor and was unsafe for use.