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	08/13/2024

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	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** 49164 Licensure Reference Number 175 NAC 12.006.09(J)(i)(1) Based on interview, and record review the facility failed to notify the resident's physician of a significant weight loss for 1 (Resident 37) of 1 resident sampled. The facility census was 86. The Findings are: Record Review of Resident 37's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 06-28-2024 revealed an admitted [DATE] following hospitalization for surgery of a diaphragmatic Hernia with Obstruction (is a protrusion of abdominal contents into the thoracic cavity due to a defect within the diaphragm), other diagnosis included Gastro Esophageal Reflux Disease (GERD, is a long-term condition that occurs when stomach acid flows back up into the esophagus), Benign Prostatic Hypertrophy (BPH, a non-cancerous condition that causes the prostate gland to enlarge in men), Barrett's Esophagus (is a condition in which the flat pink lining of the swallowing tube that connects the mouth to the stomach (esophagus) becomes damaged by acid reflux, which causes the lining to thicken and become red) with dysphagia (difficulty swallowing). The MDS also indicated Resident 37 had a Brief Interview of Mental Status (BIMS, an assessment that aids in detecting cognitive impairment. A score of 0-7 equals severe impairment, 8-12 indicates moderate impairment and 13-15 indicates cognitively intact) score of 15 and required set up assistance from staff for oral and personal hygiene, partial assistance for dressing, substantial assistance with bed mobility and was dependent on staff for bathing and transfers. The MDS also revealed Resident 14 weighed 120 pounds. An interview conducted with Resident 37 on 08-07-2024 at 11:54 AM revealed Resident 37 thought they had lost weight but did not know how much. Record Review of Resident 37's Electronic Health Record (EHR, is a digital version of a patient's paper chart) under weights and vitals revealed the following weights: -06-26-2024 weight 120.6 pounds taken on a wheelchair scale. -06-28-2024 weight 120.4 pounds taken on a wheelchair scale. -07-01-2024 weight 120.1 pounds taken on a wheelchair scale. (continued on next page)

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
	285134	A. Building B. Wing	08/13/2024

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	-07-22-2024 weight 114.0 pounds taken on a wheelchair scale,a loss of 6.6 pounds or 5.47% compared to the weight on 6-26-2024. Record Review of Resident 37's Dietary Progress Notes (DPN) revealed on 07-08-2024 Registered Dietician (RD) had identified a current body weight of 120.1 and a Body Mass Index (BMI, is a calculation that estimates body fat and a person's relative weight for their height) of 20.6. The DPN dated 07-08-2024 further identified nutritional supplements had not been ordered, but since Resident 37 was at the low end of a healthy BMI the RD identified Resident 37 could benefit from added calories and recommended a Magic Cup (a nutritional supplement) twice a day at lunch and dinner. According to the DPN dated 07-08-2024, the RD would continue to follow Resident 37 for weight trends, orders/supplements, and to evaluate for further recommendations as needed. Record Review of the Facility Policy Hydration and Nutrition dated 08-24-2023 revealed the following - Policy-each resident receives a sufficient amount of food and fluids to maintain acceptable parameters of nutritional and hydration status. Under the section Procedure: 1. A physician order is obtained for all regular and therapeutic diets, including those with modified textures. 2. A minimum of three meals are provided each day. If a meal or particular food is refused, the resident is offered a substitute of a similar nutritive value. 3. Snacks are given between meals and at bedtime according to resident desire and/or need. 4. Fluid is available to residents at all times. 5. The resident is positioned properly to consume meals and snacks. 6. An ongoing assessment of the ability to consume and assimilate food and fluid is conducted by nursing personnel and all concerns are reported to the nurse, to include -Positioning needs, -Environmental and social considerations -Ability of resident to feed self -Ability of resident to chew, drink and swallow -Amount of food lost in spillage -Nutritional balance or imbalance of intake -Weight loss or gain -Signs of dehydration -7. Consultation with dietary and therapy personnel is performed on admission and as needed. (continued on next page)

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	08/13/2024

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	-8. The facility will document intake percentages. -9. The physician is notified of any concerns. An interview with the facility RD on 08-08-2024 at 10:30 AM revealed the RD was at the facility on 07-31-2024 and had not noticed and had not been notified of a weight loss of 6 pounds for Resident 37. The RD also confirmed the unplanned weight loss was 5% of Resident 37's body weight in 30 days which was clinically significant. The RD also confirmed Resident 37's physician had not been updated on the significant weight loss.

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	08/13/2024

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 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** 49164 Licensure Reference Number 175 NAC 12.006.02(H) Based on observation, interview and record review the facility failed to report a fall resulting in serious bodily injury to the state agency for 1 (Resident 2) of 1 residents sampled. The facility census was 86. Findings are: Record Review of Resident 2's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 06-21-2024 revealed Resident 2 had diagnosis of Dementia, Chronic Obstructive Pulmonary Disease (COPD), anxiety and depression.The MDS also indicated Resident 2 needed staff to set up and supervise bathing and was independent with bed mobility, dressing, hygiene, and ambulation. Record Review of Resident 2's Progress Notes (PN) dated 08-08-2024 revealed Resident 2's roommate yelled for help and staff found Resident 2 on the bathroom floor, curled up on the right side. The PN also indicated the resident was crying and had bleeding from the right cheek. The facility staff called 911 and Resident 2 was transferred to the hospital. Record review of Resident 2's PN dated 8-08-2024 with a time identified as 9:57 AM revealed Resident 2 returned to the facility from the hospital. According to the PN dated 8-08-2024 with a time of 9:57 AM revaeled Resident 2 had recived 3 stiches to the right upper check. An interview conducted on 08-08-2024 with Registered Nurse (RN) J revealed Resident 2 had a fall during the night and was sent to the hospital. RN J also revealed Resident 2 had sutures placed to the laceration on the right cheek at the hospital. An observation on 08-08-2024 at 11:05 AM revealed Resident 2 had returned to the facility with a band aid on the right cheek. An interview conducted with RN J on 08-08-2024 at 11:55 AM confirmed Resident 2 had fallen on 08-08-2024 resulting in a laceration requiring sutures. Record Review of the facility policy Abuse-Reporting and Response-No Crime Suspected dated 06-17-2024 revealed: -The facility will report alleged violations related to mistreatment, exploitation, neglect, or abuse including injuries of unknown source and misappropriation of resident property and report the results of all investigations to the proper authorities (including the State Survey Agency and Adult Protective Services, APS) within prescribed timeframe's. -Initial Report- (continued on next page)

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	08/13/2024

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-For alleged abuse or if there is serious bodily injury, the facility must report the allegation immediately, but no later than 2 hours after the allegation is made. An interview conducted with the Director of Nursing (DON) on 08-12-2024 at 1:35 PM confirmed Resident 2 fell on [DATE] and was sent to the hospital for a laceration to the right cheek that required sutures. The DON also indicated that the fall with serious bodily injury had not been reported to any state agency.

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	08/13/2024

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45641 Licensure Reference Number 175 NAC 12.006.09(D) Based on observation, interview, and record review, the facility failed to ensure 1 (Resident 57) of 1 sampled resident's tube feeding was on the Minimum Data Set (MDS)(a comprehensive assessment used to develop a resident's care plan) dated 07/12/2024 and Insulin and Insulin injections were excluded from the 7/12/24 MDS. The facility census was 86. Findings are: A record review of the facility's Resident Assessment Instrument (RAI) & (and) Care Plan Development policy with a reviewed date of 08/22/2023 revealed the facility would follow the procedures in the RAI User's Manual 3.0 when completing the MDS and the facility must make a comprehensive (complete) assessment of the resident's needs, strengths, goals, life history, and preferences using the RAI. A record review of Resident 57's Clinical Census dated 08/08/2024 revealed the resident was admitted to the facility on [DATE]. A record review of Resident 57's Medical Diagnosis dated 08/08/2024 revealed the resident had diagnoses of Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side (paralysis following a stroke), Chronic Respiratory Failure with Hypoxemia (low oxygen in blood), Chronic Systolic (congestive) Heart Failure, Aphasia Following Cerebral Infarction (impairment to speech following a stroke), Dysphasia Following Cerebral Infarction (trouble swallowing following a stroke), and Encounter For Attention To Gastronomy (G-tube feeding tube). A record review of Resident 57's Care Plan with an admitted [DATE] revealed the resident required tube feeding but did not reveal the resident required Insulin or Insulin injections. A record review of Resident 57's MDS dated [DATE] revealed the resident did not have a Brief Interview for Mental Status (BIMS)(a score of a residents cognitive abilities) due to the resident was rarely/never understood. The resident was dependent or required substantial/maximal staff assistance with all activities of daily living (ADLs). The MDS did not reveal the resident a feeding tube but did reveal the resident received Insulin injections and was on a Hypoglycemic (a medication used to increase blood sugar) (including insulin). A record review of Resident 57's Medication Administration Record and Treatment Administration Record (MAR & TAR) dated April 2024 - August 2024 did not reveal the resident received Insulin but did reveal the resident was on enteral feeding (feeding directly through a tube in the stomach) via a G-tube. A record review of Resident 57's Order Summary Report dated 08/12/2024 revealed the resident had physician orders for enteral feeding and G-tube care but did not reveal the resident had physician orders for Insulin or Insulin injections. (continued on next page)

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	08/13/2024

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An observation on 08/12/2024 at 10:53 AM revealed Resident 57 was administered tube feeding through a G tube in the resident's abdomen. In an interview on 08/07/2024 at 11:02 AM, Resident 57's Power of Attorney (POA)(a person designated to handle a resident's financial and healthcare affairs) confirmed the resident was not on Insulin or Insulin injections, and was on tube feedings. In an interview on 08/08/2024 at 2:44 PM, the facility Minimum Data Set Nurse (MDSN) confirmed the resident was not on insulin or insulin injections and was on enteral feeding via a G-tube and the 07/12/2024 MDS was incorrect.

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	08/13/2024

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50106 Licensure Reference Number 175 NAC 12-006.09(F)(iii) Based on record review and interviews, the facility failed to update and revise Care Plans for straight catheterization, wound care, tube feeding, and dental care for 4 (Resident 6, 68, 34, and 14) of 4 residents sampled. The facility census was 86. Findings are: A. Record review of Resident 6's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 6/18/24 revealed the resident's admitted was 6/7/24. Resident was unable to participate with the Brief Interview for Mental Status (BIMS, a brief screener to determine cognition) due to being rarely/never understood. According to the MDS, Resident 6 required supervision/touching assist with eating and was dependent for bed mobility, toileting, and transfers. The MDS also revealed the resident was always incontinent of urine and frequently incontinent of bowel. Resident 6's primary diagnosis was stroke. Other diagnosis included on the MDS were aphasia (non-speaking), and hemiplegia (paralysis on the right side). A record review of the Resident 6's Physician's Order Summary dated 8/8/2024 revealed the resident had an indwelling foley catheter (a tube inserted into the bladder to provide an outlet for urine and the urine is collected into a bag) for urinary retention upon admission. According to Resident 6;s Physician Order Summary the indwelling foley catheter was discontinued on 6/12/2024 . A record review of Resident 6's care plan dated 6/7/24 revealed a focus of the resident had an indwelling catheter and incontinent at risk due to pain. The goal of the Care Plan was will have no complications related to indwelling catheter use. The interventions/tasks were as follows: Catheter care every shift. Educated resident and/or family regarding indwelling catheter care. On 7/3/24 a new intervention was added: observe for and document for pain/discomfort due to catheter. An interview on 8/13/24 at 1:00 PM with Minimum Data Set Nurse (MDSN) revealed the current Care Plan had not been updated with the current information regarding the urinary catheter as the indwelling catheter had been discontinued on 6/12/24. B. Record review of Resident 68's Clinical Census dated 8/8/24 revealed the resident was admitted to the facility on [DATE]. Record review of Resident 68's MDS dated [DATE] revealed the resident had a BIMS score of 12. A BIMS score of 12 indicated the resident is moderately cognitively impaired. Resident 68 functional status for eating, transfer, bed mobility, and toileting was assessed as independent. Resident 68 had the following diagnosis listed on the MDS: Debility, cardiorespiratory conditions, hypertension, hyperlipidemia, anxiety, depression, morbid obesity, atrial fibrillation, muscle weakness, and edema. The MDS revealed no skin issues. (continued on next page)

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	08/13/2024

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of Wound Assessments for Resident 68 revealed the resident had open wounds beginning on 7/9/24 through present as follows: -7/12-left foot, right lower leg, and left lower leg. -7/19/24-left lower leg, left foot, right lower leg, and right foot. -7/26/24-Right lower leg front, left lower leg, and right foot. -8/2/24-left lower leg, right anterior lower leg, and right lower leg. -8/9/24-left lower leg, right anterior lower leg, and right lower leg. -8/12/24-right foot (new). Record review of Resident 68's Care Plan dated 6/8/2022 revealed a focus of skin integrity- Resident is at risk for break in skin integrity related to urinary incontinence and xerosis cutis. The goal for the care plan was Resident will maintain intact skin with no skin breaks through the next review period. Resident 68's Care Plan did not identify the wounds on Resident 68's legs. Interview with Wound Nurse (WN) on 8/13/24 at 12:30 PM revealed the WN did not update the Care Plan with open wounds on bilateral legs that had began on 7/9/24. 47733 C. Record review of Resident 34's Minimum Date Set (MDS) dated [DATE] identified the admitted [DATE] and that Resident 34 had a feeding tube. Resident 34's diagnosis are identified on the MDS as Gastrointestinal Hemorrhage (bleeding in the gastrointestinal tract), Esophagitis (Inflammation of the esophagus), Dysphagia (swallowing difficulty). Record review of Resident 34's Comprehensive Care Plan (CCP) dated 8/8/2024 revealed Resident 34 received tube feeding via pump from 5:00 PM to 9:00 AM daily of Osmolite (nutritional formula) of 1.5 cal Formula standard (FS) at 50 milliliters (ml)/hour with 25 cubic centimeter (cc) purified water flush every hour while on pump. Further review of Resident 34's CC dated 8/8/2024 revealed the facility staff were to elevate Resident 34's Head of Bed (HOB) 45 degrees and was to received nothing by mouth. Record review of Resident 34's Order Summary Report with active orders as of 8/8/2024 revealed Resident 34's diet order was to have pureed texture (blended to a smoothie texture) with thin consistency for pleaser feeding of 4 oz pureed at lunch. In addition Resident 34's practitioner ordered Resident 34 to have tube feedings, 4 times a day of Osmolite 1.2 cal per cc with the administration of 237 (milliliter) ml for each feeding via bolus (a single large dose of formula). Resident 34's Order Summary Report directed Resident 34 HOB be elevated at least 30 degrees. Observation on 8/12/24 at 9:30 AM with LPN-O revealed LPN-O checked placement of Resident 34's feeding tube. Further observation of LPN-O completing a residual check (ensuring the stomach is not retaining the previous bolus) and flush to ensure the tube is patent in preperation for medication administration. (continued on next page)

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	08/13/2024

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 8/08/2024 at 12:00 PM with the facility Registered Dietician (RD) verified the order was correct for Resident 34 to receive bolus feedings via tube (Four times a day) QID with a 60 ml flush before and after the bolus of Osmolite. Interview on 8/13/2024 at 12:37 PM MDS Nurse confirmed that Resident 34's CCP was not up to date related to orders for bolus feedings and not continuous feeding identified on the care plan. Record review of the Facility policy titled Resident Assessment Instrument & Care Plan Development dated 8/22/2023. Policy states; The facility will follow the procedures set forth in the Resident Assessment Instrument (RAI) User's Manual 3.0 when completing the MDS, Care Area Assessment, and Comprehensive Care Plan. Procedure : #9 The RAI is not all inclusive therefore other sources of information are to be included when developing an individualized person[centered care plan for each patient that is reviewed by the Interdisciplinary Team (IDT) with each assessment including the patient and other participants as the patient desires. 49164 D. Record Review of Resident 14's MDS dated [DATE] revealed an admitted [DATE] and a readmitted [DATE]. Diagnosis that were listed on the MDS were Peripheral Vascular Disease (PVD, is a systemic disorder that involves the narrowing of peripheral blood vessels), Cerebrovascular Disease (is a term for conditions that affect blood flow to your brain) with hemiphegia (weakness) on the left side, dysphagia (difficulty swallowing), and dysarthria (slurred speech), Chronic Obstructive Pulmonary Disease (COPD, prevents airflow to the lungs, causing breathing problems.), and morbid obesity, The MDS also revealed Resident 14 had a BIMS score of 14 and required supervision with oral hygiene and eating, partial assistance with personal hygiene, substantial assistance with showering and upper body dressing and was dependent on staff for bed mobility, transfers, lower body dressing and toileting. The MDS also indicated Resident 14 had obvious or likely cavity or broken natural teeth. An observation on 08-08-2024 at 10:35 AM of Resident 14 revealed an oral cavity absent of teeth. Record Review of Resident 14's care plan printed on 08-08-2024 revealed Resident 14 had oral/dental health problems related to no teeth and bottom dentures do not fit. Resident 14's care plan identified Resident 14's dentures were currently at home. The care plan also revealed interventions the staff put into place for dental care are as follows: -Coordinate arrangements for dental care, transportation as needed/as ordered. -Diet as ordered. Consult with dietician as needed. -FEES Swallow study. -Instructed to have son bring dentures from home. -Observe and report as needed for any signs of oral/dental problems needing attention. (continued on next page)

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	08/13/2024

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Provide mouth care daily. Record Review of the facility policy Resident Assessment Instrument and Care Plan Development dated 08-22-2023 revealed the facility will follow the procedures set forth in the Resident Assessment Instrument (RAI) User's Manual 3.0 when completing the MDS, Care Area Assessment, and Comprehensive Care Plan. The policy also revealed the comprehensive care plan must be reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments. During an interview conducted on 08-13-2024 at 10:36 AM with the Social Service Assistant (SSA) confirmed Resident 14's care plan was not accurate and outdated.

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	08/13/2024

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49164 Licensure Reference Number 175 NAC 1.009.04(D) Based on observation and interview the facility failed to ensure safe water temperatures in resident bathrooms for rooms 101, 102, 109,113, 114, 117, 118, 120,122 and 123. This had the ability to affect 14 of the residents that reside at the facility. The facility census was 86. Findings are: Observation on 08-07-2024 at 9:00 AM of resident rooms revealed water temperatures in resident bathrooms were as follows: -room [ROOM NUMBER] of 132.4 degrees Fahrenheit (F). -room [ROOM NUMBER] of 131 degrees F. -room [ROOM NUMBER] of 126.5 degrees F. -room [ROOM NUMBER] of 125.4 degrees F. -room [ROOM NUMBER] of 129.4 degrees F. -room [ROOM NUMBER] of 124.9 degrees F. -room [ROOM NUMBER] 124.3 degrees F. -room [ROOM NUMBER] 123.4 degrees F. -room [ROOM NUMBER] 125.1 degrees F. -room [ROOM NUMBER] 124.5 degrees F. An interview was conducted with the facility Maintenance Supervisor (MS) on 07-08-2024 at 10:00 AM revealing the MS had taken a water temperature in room [ROOM NUMBER] that was above 124 degrees F. An interview was conducted on 07-08-2024 at 11:30 AM with the Director of Nursing (DON) During the interview the DON reported the water in the bathrooms on 100 Hall were too high, with the water being shut off. Record Review of the facility's Direct Supply TELS (is a building management platform designed for Senior Living with integrated Asset Management, Life Safety, and Maintenance solutions) logbook documentation for testing and logging water temperatures revealed to test water temperatures at various locations throughout the facility, with these areas being of primary focus: (continued on next page)

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	08/13/2024

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Ensure laundry water temperatures are between 120-140-degrees F, unless you are using a chemical sanitizer. -Ensure dietary temperatures are at least 140 degrees F with the wash cycle at 160-180 degrees F and rinse cycle at 180-195 degrees F, unless using a chemical sanitizer. -For burn prevention, federal guidelines advise that you keep domestic water temperatures below 120 degrees F and 100 degrees F for bathing.

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	08/13/2024

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 0692 Level of Harm - Actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49164 Licensure Reference Number 175 NAC 12.006.09(J)(i)(1) Based on observation, interview, and record review the facility failed to evaluate and implement interventions to prevent significant weight loss for 1 (Resident 37) of 1 resident sampled. The facility census was 86. The Findings are: Record Review of Resident 37's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 06-28-2024 revealed an admitted [DATE] following hospitalization for surgery of a diaphragmatic Hernia with Obstruction (is a protrusion of abdominal contents into the thoracic cavity due to a defect within the diaphragm), other diagnosis included Gastro Esophageal Reflux Disease (GERD, is a long-term condition that occurs when stomach acid flows back up into the esophagus), Barrett's Esophagus (is a condition in which the flat pink lining of the swallowing tube that connects the mouth to the stomach (esophagus) becomes damaged by acid reflux, which causes the lining to thicken and become red) with dysphagia (difficulty swallowing). The MDS also indicated Resident 37 had a Brief Interview of Mental Status (BIMS, an assessment that aids in detecting cognitive impairment. A score of 0-7 equals severe impairment, 8-12 indicates moderate impairment and 13-15 indicates cognitively intact) score of 15 and required set up assistance from staff for oral and personal hygiene, partial assistance for dressing, substantial assistance with bed mobility and was dependent on staff for bathing and transfers. The MDS also revealed Resident 14 weighed 120 pounds. An interview conducted with Resident 37 on 08-07-2024 at 11:54 AM revealed Resident 37 thought they had lost weight but did not know how much. Record Review of Resident 37's Electronic Health Record (EHR, is a digital version of a patient's paper chart) under weights and vitals revealed the following weights: -06-26-2024 weight 120.6 pounds taken on a wheelchair scale. -06-28-2024 weight 120.4 pounds taken on a wheelchair scale. -07-01-2024 weight 120.1 pounds taken on a wheelchair scale. -07-22-2024 weight 114.0 pounds taken on a wheelchair scale, a loss of 6.6 pounds or 5.47% compared to the weight on 6-26-2024. (continued on next page)

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	08/13/2024

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 0692 Level of Harm - Actual harm Residents Affected - Few	Record Review of Resident 37's Dietary Progress Notes (DPN) revealed on 07-08-2024 Registered Dietician (RD) had identified a current body weight of 120.1 and a Body Mass Index (BMI, is a calculation that estimates body fat and a person's relative weight for their height) of 20.6. The DPN dated 07-08-2024 further identified nutritional supplements had not been ordered, but since Resident 37 was at the low end of a healthy BMI the RD identified Resident 37 could benefit from added calories and recommended a Magic Cup (a nutritional supplement) twice a day at lunch and dinner. According to the DPN dated 07-08-2024, the RD would continue to follow Resident 37 for weight trends, orders/supplements, and to evaluate for further recommendations as needed. Record Review of an email from the facility RD to the facility Director of Nursing (DON) and the DFS on 07-08-2024 revealed a recommendation from the RD to add a Magic Cup to Resident 37's lunch and supper trays. Record Review of progress notes, assessments and care plan in Resident 37's EHR revealed no additional nutritional evaluation related to the significant weight loss on 7-22-2024. An observation conducted during the interview with Resident 37 on 08-07-2024 at 11:54 AM revealed Resident 37 had been served a lunch tray without a Magic cup or other nutritional supplement. An interview with the facility RD on 08-08-2024 at 10:30 AM revealed the RD was at the facility on 07-31-2024 and had not noticed and had not been notified of a weight loss of 6.6 pounds for Resident 37. The RD confirmed during the interview Resident 37 had unplanned weight loss was 5% of Resident 37's body weight within 30 days which was clinically significant. The RD also confirmed Resident 37's physician had not been updated on the significant weight loss and on 07-08-2024 a Magic Cup with lunch and dinner had been recommended. An observation on 08-08-2024 at 12:24 PM of Resident 37 eating lunch revealed the absence of a Magic Cup on the lunch meal tray, Further observation on 08-08-2024 at 12:24 PM revealed Resident 37's dietary slip on the tray did not direct the staff to give a Magic cup with lunch. A follow up interview was conducted with Resident 37 on 08-08-2024 at 12:24 PM. During the interview Resident 37 reported (gender) had received a frozen nutritional supplement for a couple of days and then it stopped. An interview with the Director of Food Service (DFS) on 08-08-2024 at 12:44 PM confirmed the Magic cup was not on the dietary slip for Resident 37. During the interview the DFS reported they were not aware the Magic cup was recommended for Resident 37. An interview with Licensed Practical Nurse (LPN) K on 08-08-2024 1:48 PM revealed LPN K was passing medication for Resident 37 and confirmed (gender) had not provided a Magic Cup at lunch. An interview with Registered Nurse (RN) J on 08-08-2024 at 1:50 PM confirmed (gender) had not provided a Magic Cup for Resident 37 at lunch. Record Review of the Facility Policy Hydration and Nutrition dated 08-24-2023 revealed the following: (continued on next page)

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	08/13/2024

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 0692 Level of Harm - Actual harm Residents Affected - Few	- Policy-each resident receives a sufficient amount of food and fluids to maintain acceptable parameters of nutritional and hydration status. Under the section Procedure: -1. A physician order is obtained for all regular and therapeutic diets, including those with modified textures. -2. A minimum of three meals are provided each day. If a meal or particular food is refused, the resident is offered a substitute of a similar nutritive value. -3. Snacks are given between meals and at bedtime according to resident desire and/or need. -4. Fluid is available to residents at all times. -5. The resident is positioned properly to consume meals and snacks. -6. An ongoing assessment of the ability to consume and assimilate food and fluid is conducted by nursing personnel and all concerns are reported to the nurse, to include -Positioning needs, -Environmental and social considerations -Ability of resident to feed self -Ability of resident to chew, drink and swallow -Amount of food lost in spillage -Nutritional balance or imbalance of intake -Weight loss or gain -Signs of dehydration -7. Consultation with dietary and therapy personnel is performed on admission and as needed. -8. The facility will document intake percentages. -9. The physician is notified of any concerns. The facility was not able to provide additional information related to the evaluation of Resident 37's significant weight loss prior to exiting the facility on 08-13-2024.

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	08/13/2024

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45641 Licensure Reference Number 175 NAC 12.006.09(H)(vi)(3)(g) Based on observation, interview, and record review, the facility failed to ensure 1 (Resident 26) of 5 sampled resident's oxygen order was followed and failed to ensure 1 (Resident 42) of 5 sampled residents had valid oxygen orders. The facility census was 86. Findings are: A record review of the facility's Physician Orders policy with a revised date of 02/26/2024 revealed a Physician, Physician's Assistant, or Nurse Practioner must provide orders for the resident's immediate care and ongoing care of the resident. A. A record review of Resident 26's Clinical Census dated 08/13/2024 revealed the resident was admitted to the facility on [DATE]. A record review of Resident 26's Medical Diagnosis dated 08/08/2024 revealed the resident had diagnoses of Chronic Obstructive Pulmonary Disease (COPD), Morbid (severe) Obesity Due To Excess Calories (overweight), Chronic Respiratory Failure With Hypoxia (low oxygen), End Stage Renal Disease (kidney failure), Pleural Plaque Without Asbestos (thickened tissue around the lung), and Obstructive Sleep Apnea (OSA). A record review of Resident 26's Minimum Data Set (MDS)(a coplete assessment of the resident) dated 05/03/2024 revealed the resident had a Brief Interview for Mental Status (BIMS)(a score of a residents cognitive abilities) score of 14 of 15 which indicated the resident was cognitively aware, The resident was independent with eating, toileting, and personal and oral hygiene (cleaning). The resident required partial assistance with dressing, and partial/moderate assistance with bathing and putting on footwear. The MDS revealed the resident was on oxygen (o2). A record review of Resident 26's Care Plan with an admitted [DATE] revealed the resident was on oxygen and was to receive oxygen as ordered by the physician. A record review of Resident 26's Order Summary Report dated 08/12/2024 revealed the resident had a physician's order for oxygen at 1 liter per minute (l/m) continuously per nasal cannula (NC)(an tubing in the nose to deliver o2), and another order for oxygen with Continuous Positive Airway Pressure (CPAP)(a machine used to treat sleep apnea). An observation on 08/08/2024 at 3:21 PM revealed the resident was in the room sleeping without CPAP or NC on and the o2 concentrator (a machine that purifies oxygen) was not running. An observation on 08/08/2024 at 10:04 AM revealed the resident was in the wheelchair leaving the facility without oxygen on. (continued on next page)

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	08/13/2024

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An observation on 08/12/2024 at 07:28 AM revealed the resident was in the room sleeping with CPAP on, the oxygen was not attached to the CPAP, and the concentrator was not running. An observation on 08/12/2024 at 8:25 AM revealed the resident was in the room sitting up eating breakfast without oxygen on and the concentrator was not running. In an interview on 08/12/2024 at 8:25 AM, Resident 26 confirmed the resident was not on o2 and did not refuse to wear oxygen if requested. In an interview 08/12/2024 at 7:31 AM, Licensed Practical Nurse (LPN)-N, the charge nurse on the 200-hall confirmed Resident 26 had an order to be on oxygen continuously and the resident was not on oxygen. B. A record review of Resident 42's Clinical Census dated 08/13/2024 revealed the resident was admitted to the facility on [DATE]. A record review of Resident 42's Medical Diagnosis dated 08/08/2024 revealed the resident had diagnoses of Chronic Respiratory Failure With Hypoxia (low oxygen), Chronic Diastolic (congestive) Heart Failure (CHF), and Obstructive Sleep Apnea. A record review of Resident 26's MDS dated [DATE] revealed the resident had a BIMS score of 15 of 15 which indicated the resident was cognitively aware, The resident was dependent on staff for toileting, lower body dressing, and footwear. The resident needed substantial/maximal assistance bathing and upper body dressing, and partial/moderate assistance with oral (cleaning). The MDS did not reveal the resident was on o2. A record review of Resident 26's Care Plan with an admitted [DATE] revealed the resident was on oxygen in the Focus area of Average Volume-Assured Pressure Support (AVAPS)(a ventilator mode) related to OSA and Chronic Respiratory Failure. A record review of Resident 26's Order Summary Report dated 08/13/2024 revealed the resident had physician orders of Oxygen with CPAP/Bilevel Positive Airway Pressure: Pressure setting full face mask (AVAPS) respiratory rate 22, Tidal Volume 400, High pressure of 24, Low pressure of 10, Expiratory Positive Airway Pressure of 8 and 40% (percent) oxygen. The Order Summary Report dated 08/13/2024 did not reveal that oxygen was to be used when not on the AVAPS. An observation on 08/07/2024 at 3:04 PM revealed Resident 42 was sitting in a wheelchair with an o2 NC on and the o2 tank set at 2 l/m. An observation on 08/08/2024 at 3:22 PM revealed Resident 42 was sitting in bed with an o2 NC on and the concentrator set at 2.5 l/m. An observation on 08/12/2024 at 2:23 PM revealed Resident 42 was sitting in bed with an o2 NC on and the concentrator set at 2.5 l/m. (continued on next page)

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	08/13/2024

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An observation on 08/13/2024 at 9:25 AM with LPN-E, the charge nurse on the 200-hall, revealed Resident 42 was sitting in bed with an o2 NC on and the concentrator running at 2 l/m. In an interview on 08/07/2024 at 3:04 PM, Resident 42 confirmed the resident wears the oxygen continuously, even with the AVAPS. In an interview on 08/13/2024 at 9:25 AM, LPN-E, the charge nurse on the 200-hall, confirmed LPN-E reviewed Resident 42's physician orders and Resident 42 did not have an order to be on oxygen while not on the AVAPS, but was.

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	08/13/2024

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45641 Licensure Reference Number 175 NAC 12.006.09(H)(vi)(3) Based on observation, interview, and record review, the facility failed to ensure 2 (Resident 26 and 57) of 2 sampled resident's shunt site (an access point to a major artery) was assessed before and after each dialysis (mechanical treatment of the blood to clean it of impurities) treatment. The facility census was 86. Findings are: A record review of the facility's Hemodialysis Offsite Policy dated 04/17/2023 revealed the facility assures each resident received care and services for the provision of services which includes ongoing assessment of the resident's condition and monitoring for complications before and after dialysis treatments received at a certified dialysis facility and ongoing communication and collaboration with the dialysis facility. A. A record review of Resident 57's Clinical Census dated 08/08/2024 revealed the resident was admitted to the facility on [DATE]. A record review of Resident 57's Medical Diagnosis dated 08/08/2024 revealed the resident had diagnoses of End Stage Renal Disease (kidney failure), Dependence On Renal Dialysis, Hypertensive Heart And Chronic Kidney Disease With Heart Failure And With Stage 5 Chronic Kidney Disease, Or End Stage Renal Disease (heart failure due to high blood pressure and kidney failure)Hemiplegia And Hemiparesis Following Cerebral Infarction Affecting Right Dominant Side (paralysis following a stroke), Chronic Respiratory Failure with Hypoxemia (low oxygen in blood), Chronic Systolic (congestive) Heart Failure, Aphasia Following Cerebral Infarction (impairment to speech following a stroke), Dysphasia Following Cerebral Infarction (trouble swallowing following a stroke), and Encounter For Attention To Gastronomy (G-tube feeding tube). A record review of Resident 57's Minimum Data Set (MDS)(and comprehensive assessment of the resident) dated 07/12/2024 revealed the resident did not have a Brief Interview for Mental Status (BIMS)(a score of a residents cognitive abilities) due to the resident was rarely/never understood. The resident was dependent or required substantial/maximal staff assistance with all activities of daily living (ADLs). The MDS did reveal the resident was on dialysis. A record review of Resident 57's Care Plan with an admitted [DATE] revealed the resident required dialysis for End Stage Renal Disease and interventions to assess shunt site for bruit (vascular mummer) and thrill (vibration felt when touching), check and change dressing daily at access site. A record review of Resident 57's Order Summary Report dated 08/12/2024 revealed the resident had a physician's order for Dialysis Resident: Assess shunt site for thrill/bruit and bleeding every shift for dialysis care, and send to dialysis every Monday, Wednesday, and Friday at 5:20 AM. (continued on next page)

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	08/13/2024

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of Resident 57's Pre/Post Dialysis Communication forms in the resident's hard chart dated: 05/03/2024 - 08/09/2024 revealed the Pre-Dialysis assessment was to be completed by the skilled nursing facility and staff was to record the resident's temperature, pulse, respirations, blood pressure, weight, lung sounds, access site, antibiotic, bruit, thrill, medications to be given at the dialysis center and if a meal was to be given at the dialysis center. Post-Dialysis assessment to be completed by the skilled nursing facility and the staff was to record temperature, pulse, respirations, blood pressure, weight, access site, bruit, thrill, and if there was a sit change. The Pre/Post Dialysis Communication forms dated: 05/03/2024 - 08/09/2024 revealed: -05/03/2024 no Pre-Dialysis or Post Dialysis assessment was completed -05/06/2024 no form -05/08/2024 no form -05/10/2024 no form -05/13/2024 Pre-Dialysis assessment completed, Post Dialysis was not completed -05/15/2024 Pre-Dialysis assessment completed, Post Dialysis was not completed -05/17/2024 no Pre-Dialysis or Post Dialysis assessment was completed -05/21/2024 Pre-Dialysis assessment completed, Post Dialysis was not completed -05/24/2024 no form -05/27/2024 no Pre-Dialysis or Post Dialysis assessment was completed -05/29/2024 no form -05/31/2024 no form -06/03/2024 - 6/28/2024 no form -07/12/2024 no form -07/01/2024 no form -07/05/2024 no Pre-Dialysis or Post Dialysis assessment was completed -07/08/2024 no Pre-Dialysis or Post Dialysis assessment was completed -07/10/2024 - 07/29/2024 no form -07/31/2024 Pre-Dialysis assessment completed, Post Dialysis was not completed -08/02/2024 - 08/07/2024 no form (continued on next page)

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	08/13/2024

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-08/09/2024 no Pre-Dialysis or Post Dialysis assessment was completed A record review of Resident 57's Pre/Post Dialysis Communication dated 05/03/2024 - 08/09/2024 the facility provided on 8/13/2024 were the same as above except for the following: -05/03/2024 Pre-Dialysis form now complete except site assessment, Post Dialysis was not completed -05/17/2024 Pre-Dialysis form now complete except site assessment, Post Dialysis was not completed -05/22/2024 Pre-Dialysis or Post Dialysis assessment was completed -05/24/2024 Pre-Dialysis form now complete except site assessment, Post Dialysis was not completed -05/27/2024 Pre-Dialysis form now complete except site assessment, Post Dialysis was not completed -06/03/2024 Pre-Dialysis form now complete except site assessment, Post Dialysis was not completed -06/05/2024 form, but 1 copy had no Pre-Dialysis or Post Dialysis assessment completed and 2 copies had Pre-Dialysis form now complete except site assessment, Post Dialysis was not completed -06/17/2024 form now and Pre-Dialysis form now complete except site assessment, Post Dialysis was not completed -07/01/2024 form and Pre-Dialysis form now complete except site assessment, Post Dialysis was not completed -07/12/2024 form and Pre-Dialysis form now complete except site assessment, Post Dialysis was not completed -07/15/2024 form but no Pre-Dialysis or Post Dialysis assessment was completed -07/19/2024 form and both pre and post dialysis completed except condition of access/site -07/22/2024 form and pre and post completed except condition of access/site pre dialysis -07/26/2024 form and Pre-Dialysis form now complete except site assessment, Post Dialysis was not completed -08/05/2024 form and both sections completed except condition of access/site -08/07/2024 form and Pre-Dialysis form now complete except site assessment, Post Dialysis was not completed A record review of Resident 57's Medication Administration Record and Treatment Administration Record MAR & TAR) dated May 2024 - August 11, 2024 revealed the residents shunt site was not assessed every shift on: -05/15/2024 (continued on next page)

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	08/13/2024

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-05/24/2024 -05/29/2024 -06/04/2024 -06/15/2024 -07/10/2024 -07/19/2024 -07/25/2024 -07/31/2024 -08/01/2024 -08/02/2024 An observation on 08/12/2024 at 10:02 AM through 10:53 AM revealed the driver brought Resident 57 back from dialysis in a wheelchair and left in the hallway by the resident's room. The driver then went to the nurse's station to let them know the resident was back. At 10:25 AM revealed Licensed Practical Nurse (LPN)-N took the resident to the nurse's station and weighed the resident and took the resident back down the hall and placed the resident by the resident's room. At 10:29 AM revealed LPN-N took a blood pressure on the resident while the resident was seated in the hall. At 10:41 AM revealed LPN-N gave the resident oral medications in the hall and then moved the resident to the resident's room. At 10:48 AM 2 Nursing Assistants entered the room and assisted the resident to bed. At 10:52 AM LPN-A entered the room and administered medications and tube feeding, the observation revealed the dialysis shunt site was located on the resident's left upper arm. In an interview on 08/12/2024 at 11:06 AM, LPN-N confirmed LPN-N did not know where Resident 57's dialysis shunt site was located, and LPN-N had not assessed the site for bruit, thrill, or bleeding, and should have when the resident returned. In an interview on 08/13/2024 at 10:54 AM, the Director of Nursing (DON) confirmed that the staff was not completing the Pre/Post Dialysis Communication sheets accurately and that the shunt site assessments are not always getting completed and should be. B. A record review of Resident 26's Medical Diagnosis dated 08/08/2024 revealed the resident had diagnoses of End Stage Renal Disease, Dependence On Renal Dialysis, Long Term (current) Use Of Anticoagulants (blood thinners), Type 2 Diabetes Mellitus (uncontrolled blood sugar), Hypertensive Heart And Chronic Kidney Disease With Heart Failure And With Stage 5 Chronic Kidney Disease, Or End Stage Renal Disease, Chronic Vascular Disorders Of Intestine (long term blood flow restriction to intestine), and Obstructive Sleep Apnea (OSA). (continued on next page)

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	08/13/2024

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of Resident 26's MDS dated [DATE] revealed the resident had a BIMS Score of 14 of 15 which indicated the resident was cognitively aware, The resident was independent with eating, toileting, and personal and oral hygiene (cleaning). The resident required partial assistance with dressing, and partial/moderate assistance with bathing and putting on footwear. The MDS revealed the resident was on dialysis. A record review of Resident 26's Care Plan with an admitted [DATE] revealed the resident was on dialysis 3 times per week and had interventions to assess shunt site for bruit and thrill and check and change dressing daily at access site. A record review of Resident 26's Order Summary Report dated 08/12/2024 revealed the resident had a physician's order for Dialysis Resident: Assess shunt site for thrill/bruit and bleeding every shift for dialysis care, and send to dialysis every Monday, Wednesday, and Friday at 10:40 AM. A record review of Resident 26's Pre/Post Dialysis Communication forms dated: 05/03/2024 - 08/09/2024 revealed the Pre-Dialysis assessment was to be completed by the skilled nursing facility and staff was to record the resident's temperature, pulse, respirations, blood pressure, weight, lung sounds, access site, antibiotic, bruit, thrill, medications to be given at the dialysis center and if a meal was to be given at the dialysis center. Post-Dialysis assessment to be completed by the skilled nursing facility and the staff was to record temperature, pulse, respirations, blood pressure, weight, access site, bruit, thrill, and if there was a sit change. The Pre/Post Dialysis Communication forms dated: 05/03/2024 - 08/09/2024 revealed: -05/03/2024 Pre-Dialysis assessment wasn't completed; Post Dialysis was partially completed (not site assessment) -05/06/2024 Pre-Dialysis assessment completed, Post Dialysis was not completed -05/08/2024 no form -05/10/2024 Pre-Dialysis assessment completed, Post Dialysis was not completed -05/13/2024 no Pre-Dialysis or Post Dialysis assessment was completed -05/15/2024 no form -05/17/2024 no form -05/21/2024 Pre-Dialysis assessment completed, Post Dialysis was not completed -05/24/2024 Pre-Dialysis assessment completed, Post Dialysis was not completed -05/27/2024 no form -05/29/2024 no form -05/31/2024 no Pre-Dialysis or Post Dialysis assessment was completed (continued on next page)

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	08/13/2024

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-06/03/2024 - 6/10/2024 no form -06/10/2024 Pre-Dialysis assessment wasn't completed; Post Dialysis was partially completed (not site assessment) -06/12/2024 - 06/24/2024 no form -06/26/2024 Pre-Dialysis assessment completed, Post Dialysis was not completed -06/28/2024 - 07/12/2024 no form -07/15/2024 Pre-Dialysis assessment wasn't completed; Post Dialysis was partially completed (not site assessment) -07/17/2024 no form -07/19/2024 Pre-Dialysis assessment completed, Post Dialysis was not completed -07/22/2024 Pre-Dialysis assessment wasn't completed; Post Dialysis was partially completed (not site assessment) -07/24/2024 no form -07/26/2024 Pre-Dialysis assessment wasn't completed; Post Dialysis was partially completed (not site assessment) -07/29/2024 - 8/7/2024 no form -08/09/2024 Pre-Dialysis assessment completed except site assessment, Post Dialysis was not completed A record review of Resident 26's Medication Administration Record and Treatment Administration Record MAR & TAR) dated May 2024 - August 11, 2024 revealed the residents shunt site was not assessed every shift on: -05/15/2024 -05/24/2024 -06/15/2024 -07/10/2024 -07/31/2024 -8/01/2024 (continued on next page)

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	08/13/2024

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 08/13/2024 at 10:54 AM, the DON confirmed that the staff was not completing the Pre/Post Dialysis Communication sheets accurately and that the shunt site assessments are not always getting completed and should be.

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	08/13/2024

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 45641 Licensure Reference Number 175 NAC 12.006.11(E) Based on observation, interview, and record review, the facility failed to ensure all food items in the kitchen's refrigerators and freezers were sealed, labeled, and dated, ensure food preparation (prep) was completed in a sanitary manner and per the menu, and ensure all kitchen equipment was cleaned to prevent foodborne illness. This had the potential to affect all 86 resident that consumed food from the kitchen. Findings are: A. A record review of the facility's Food Safety policy dated 05/01/2024 revealed all leftovers must be covered, labeled, and dated. An observation on 08/07/2024 at 7:03 AM revealed the following: The reach-in refrigerator in the kitchen: -1 open bag of a purple shredded substance was not sealed, labeled, or dated. -1 open zip lock style bag of a white chunk was not sealed or labeled. -1 bag of yellow slices not sealed. -1 clear cup of a liquid substance not sealed, labeled, or dated. -1 large zip lock style bag of a shredded green substance not labeled or dated. -1 opened package of bologna not sealed or dated. -1 open box of an iced carrot sheet cake not sealed or dated. The dry storage contained: -2 open bags macaroni not sealed or dated. -1 box very soft bananas with large black soft areas on them. The walk-in refrigerator contained: -1 zip lock style bag with yellow slices not labled or dated. (continued on next page)

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	08/13/2024

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-4 watermelons on bottom shelf with dark brown spots scatter through the surfaces. The walk-in freezer contained: -1 zip lock style bag of brown and white strips not labeled or dated. -1 bag green chunks not labeled or dated. An observation on 08/07/2024 at 7:41 AM with the Director of Food Services (DFS) revealed the DFS observed all the above listed items. In an interview on 08/07/2024 at 7:41 AM, the DFS confirmed that all items in the facility's refrigerators and freezers should have been sealed, labeled, or dated. B. An observation on 08/08/2024 at 8:41 AM revealed Cook-M opened 1 large packages of beef and squeezed it into a large steam pan and placed the package steam pan number 1 with the food product and repeated the process with another package in steam pan number 1. Cook-M then squeezed 2 large packages of beef into steam pan number 2 and placed the package in the steam pan with the food product allowing the outside of the product wrapper to come in contact with the exposed beef. Cook-M then used the same gloves that Cook-M used to touch the outside of the beef packages to break up the beef in the 2 steam pans. During the food prep observation Cook-M did not use the recipe and did not measure the onion soup mix added to each steam pan. In an interview on 08/08/2024 at 8:57 AM, Cook-M confirmed that Cook-M did not use the recipe or measure the onion soup mix during food prep. Cook-M confirmed that Cook-M has done it so many times Cook-M just knows the recipe. In an interview on 08/08/2024 at 12:14 PM, the DFS confirmed that Cook-M should not have allowed the outside of the beef packages to come in contact with the food product. In an interview on 08/08/2024 at 12:35 PM, the Registered Dietician, (RD) confirmed that Cook-M should have followed the recipe and measure the onion soup mix placed in each pan. C. A record review of the facility's Sanitization and Maintenance policy with a reviewed date of 04/30/2024 revealed physical facilities were to be cleaned as often as necessary to keep them clean. A record review of the Daily Cleaning log sheets dated 07/28/2024 - 08/03/2024 did not reveal that the floors were cleaned every shift. A record review of the Monthly Cleaning log sheets dated June and July 2024 did not reveal the vents and fans were cleaned. An observation on 08/07/2024 at 7:03 AM revealed: (continued on next page)

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	08/13/2024

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-The kitchen floors had crumbs throughout the kitchen -The vent on the bottom of the reach-in freezer contained brown drippings and white debris -The Heating, Ventilation, and Air Conditioning (HVAC) vents above the steam table and plate warmer had a loose, gray, fuzzy substance on the surfaces and along the edge. The plates in the plate warmer were upright and open food items were on the steam table. -The dry storage floor had white flakes and food debris scattered throughout -The back door and door handle had a black substance on the surface -The handle to the walk-in refrigerator had a black substance on it -The floors in the walk-in refrigerator had scattered debris throughout -The vents above the sanitizer were coated with a brown fuzzy substance An observation on 08/07/2024 at 7:41 AM with the DFS revealed the DFS seen all the above listed concerns. In an interview on 08/08/2024 at 9:21 AM, the Maintenance Supervisor (MS) confirmed maintenance was not responsible for cleaning the vents on the inside above the kitchen and confirmed they were not clean. In an interview on 08/08/2024 at 9:32 AM, the DFS confirmed the DFS did not even know there were vents above the sanitizer and confirmed they have not been cleaned. The DFS confirmed there was a gray fuzzy substance on the HVAC vents and hanging from the edge above the plate warmer and steam table and there was a potential it could dislodge in the food on the steam table or on the eating surfaces on the plates on the plate warmer. In an interview on 08/08/2024 at 8:41 AM, the DFS confirmed all the above listed items were not clean and should have been.

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	08/13/2024

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. 47733 Licensure Reference Number 175 NAC 12-006.19(B) Based on record review, observation and interview the facility failed to maintain flooring in good repair for 12 resident rooms. This had the potential to affect 13 residents. The facility identified a census of 86. Findings are: A record review of the Facility policy titled Resident Belongings and Home Like environment, dated 06/12/2024. The policy states the facility will provide a safe, clean, and comfortable homelike environment. The policy included a section titled The facility must provide-This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. A tour with Mantenence Suppervisior (MS) on 8/13/2024 at 11:20 AM revealed 104, 105, 106, 108, 109, 111, 113, 114, 121, and 122. rooms did not have a transition strip between the hall carpet and the flooring in the resident's room. A tour with MS on 8/13/24 at 11:20 AM revealed 104, 113, 114, 122, 123, and 207 resident rooms had cracked or bubbled linoleum in the resident's bathroom. An interview with MS on 8/13/2024 at 11:45 AM confirmed the resident room floors were not maintained and could potentially be a safety concern.