Printed: 06/26/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285147	A. Building B. Wing	02/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Oaks at Central City	2720 South 17th Avenue Central City, NE 68826

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50253 Licensure Reference Number 175 NAC 12-006.05(F) Based on record reviews, observations, and interviews the facility failed to ensure call lights were answered promptly for 3 residents (Residents 5, 6, 4) of the 3 sampled residents. The facility census was 56. Findings are: A. Record review of the Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 2/15/2025 for Resident 5 revealed the resident had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 15/15, which indicated the resident was cognitively intact. Resident 5 was able to walk 10 feet with moderate assistance due to a stroke 3 years prior. Record review of the September 2024 Grievance Summary Log revealed that Resident 5 had complained about call lights not being answered in a timely manner. Interview on 2/26/2025 at 11:20 AM with Resident 5 who stated it can take a long time for the staff to answer a call light, at times it had been approximately an hour. Resident 5 stated the call light response times had improved for a little while when Resident 5 put in their grievance, but that the facility had been having issues with the call lights being answered again. Record review of the call light log for Resident 5 revealed the following long call light times for the month of February 2025: -On 2/1/25 the call light was turned on at 2:39 PM and was not turned off for 35 minutes, -On 2/1/25 the call light was turned on at 7:00 PM and was not turned off for 31 minutes, -On 2/1/25 the call light was turned on at 7:43 PM and was not turned off for 27 minutes, (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

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F 0550

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

-On 2/3/25 the call light was turned on at 6:59 AM and was not turned off for 27 minutes,

-On 2/3/25 the call light was turned on at 9:13 AM and was not turned off for 28 minutes,

-On 2/5/25 the call light was turned on at 7:26 AM and was not turned off for 35 minutes,

-On 2/9/25 the call light was turned on at 12:42 PM and was not turned off for 48 minutes,

-On 2/10/25 the call light was turned on at 7:17 AM and was not turned off for 1 hour and 32 minutes,

-On 2/13/25 the call light was turned on at 2:38 PM and was not turned off for 34 minutes,

-On 2/20/25 the call light was turned on at 1:01 PM and was not turned off for 36 minutes,

-On 2/24/25 the call light was turned on at 7:02 AM and was not turned off for 40 minutes,

-On 2/25/25 the call light was turned on at 1:03 PM and was not turned off for 45 minutes.

B.

Record review of the MDS dated [DATE] for Resident 6 revealed this resident had a BIMS score of 15/15, which indicated the resident was cognitively intact. Resident 6 needed assistance walking a maximum distance of 10 feet and was not able to walk alone using a walker. Resident 6 was to use a wheelchair due to falling precautions.

Interview on 2/26/2025 at 11:30 AM with Resident 6 revealed the residents may have to wait an hour or more for someone to answer their call lights. Resident 6 stated they did not know why the staff did not answer the call lights quicker. Resident 6 also stated the need to use the restroom was often the reason Resident 6 activated their call light and that having to wait so long was very difficult.

Record review of the call light log times revealed the following sampled times for the month of February 2025:

-On 2/1/25 the call light was turned on at 8:04 AM and was not turned off for 24 minutes,

-On 2/3/25 the call light was turned on at 7:46 PM and was not turned off for 28 minutes,

-On 2/5/25 the call light was turned on at 5:18 PM and was not turned off for 27 minutes,

-On 2/7/25 the call light was turned on at 7:38 PM and was not turned off for 61 minutes,

-On 2/8/25 the call light was turned on at 9:58 AM and was not turned off for 46 minutes,

-On 2/9/25 the call light was turned on at 7:23 PM and was not turned off for 37 minutes,

-On 2/12/25 the call light was turned on at 12:50 PM and was not turned off for 47 minutes,

(continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 2/12/25 the call light was turned on at 5:46 PM and was not turned off for 45 minutes, -On 2/14/25 the call light was turned on at 8:18 AM and was not turned off for 33 minutes, -On 2/15/25 the call light was turned on at 5:01 PM and was not turned off for 62 minutes, -On 2/16/25 the call light was turned on at 5:33 PM and was not turned off for 1 hour and 4 minutes, -On 2/17/25 the call light was turned on at 7:46 PM and was not turned off for 32 minutes, -On 2/20/25 the call light was turned on at 6:08 PM and was not turned off for 36 minutes, -On 2/21/25 the call light was turned on at 5:11 PM and was not turned off for 42 minutes, -On 2/22/25 the call light was turned on at 7:31 AM and was not turned off for 39 minutes, -On 2/25/25 the call light was turned on at 7:29 PM and was not turned off for 46 minutes, -On 2/25/25 the call light was turned on at 8:16 PM and was not turned off for 59 minutes. C. Record review of the MDS dated [DATE] for Resident 4 revealed the resident had a BIMS score of 15/15, which indicated the resident was cognitively intact. Resident 4 was unable to walk and required the use of a mechanical lift by 2 staff members to get the resident from the wheel chair to the bed or bath. Interview on 2/26/2025 at 2:15 with Resident 4 revealed that when the resident was in their room, it took the staff a long time to answer Resident 4's call lights. Resident 4 stated that it can take an hour or more for them to come to my room to answer the light. Resident 4 also stated that some of the staff would go into the resident's room, turn off the call light, then say they were going to come right back, but then the resident would be waiting again for someone to answer their call light. Record review of the call light log for Resident 4 revealed the following long call light times for the month of February 2025: -On 2/1/25 the call light was turned on at 2:58 PM and was not turned off for 24 minutes, -On 2/1/25 the call light was turned on at 6:51 PM and was not turned off for 82 minutes, -On 2/2/25 the call light was turned on at 5:37 AM and was not turned off for 68 minutes, -On 2/2/25 the call light was turned on at 3:39 PM and was not turned off for 25 minutes, -On 2/2/25 the call light was turned on at 5:33 PM and was not turned off for 31 minutes, (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 2/3/25 the call light was turned on at 9:37 AM and was not turned off for 51 minutes, -On 2/3/25 the call light was turned on at 7:17 PM and was not turned off for 52 minutes, -On 2/4/25 the call light was turned on at 10:51 AM and was not turned off for 38 minutes, -On 2/4/25 the call light was turned on at 7:25 PM and was not turned off for 2 hours and 6 minutes, -On 2/5/25 the call light was turned on at 8:13 AM and was not turned off for 82 minutes, -On 2/5/25 the call light was turned on at 4:27 PM and was not turned off for 34 minutes, -On 2/12/25 the call light was turned on at 7:15 PM and was not turned off for 34 minutes, -On 2/13/25 the call light was turned on at 6:08 PM and was not turned off for 36 minutes, -On 2/16/25 the call light was turned on at 10:38 AM and was not turned off for 33 minutes, -On 2/16/25 the call light was turned on at 1:31 PM and was not turned off for 46 minutes, -On 2/16/25 the call light was turned on at 2:36 PM and was not turned off for 59 minutes, -On 2/18/25 the call light was turned on at 12:01 PM and was not turned off for 43 minutes, -On 2/21/25 the call light was turned on at 10:48 AM and was not turned off for 44 minutes, -On 2/21/25 the call light was turned on at 8:10 PM and was not turned off for 45 minutes, -On 2/22/25 the call light was turned on at 8:18 AM and was not turned off for 46 minutes, -On 2/25/25 the call light was turned on at 8:11 PM and was not turned off for 61 minutes. Interview on 2/26/2025 at 2:45 PM with the Director of Nursing (DON) who revealed that the call lights light up the messenger board at the main nurse's station and on Hall B (the north hallway). The staff also carried walkie's so that they were aware of the call lights that needed to be answered. The DON stated there were a couple of days when the call light for Resident 4 did not work as it was supposed to but that it had been fixed. Interview on 2/26/2025 at 3:05 PM with the Facility Administrator (FA) who confirmed that there were times that the call lights were longer than they should be when residents called for assistance, and that the FA was able to observe call light times from a monitoring screen in their office. FA stated that when the FA saw that a call light had been running for a long time, the FA would go out to the nurse's station to ask why the call hadn't been answered or would go directly to the resident who used the call light and see what that resident needed.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50253 Licensure Reference Number 175 NAC 12-006.19 Based on record reviews, observations, and interviews the facility failed to ensure the facility was a clean and homelike environment, this affected two hallways of 4 sampled. The facility census was 56. Findings are: Record review of the policy Environmental Services Inspections dated 8/1/2023 revealed that it is the policy of the facility to regularly monitor environmental services to ensure the facility is maintained in a safe and sanitary manner on a regular basis. Record review of the policy Routine Cleaning and Disinfection dated 8/1/2023 revealed that it is the facility policy to ensure the provision of routine cleaning and disinfection in order to provide a sage, sanitary environment and to prevent the development and transmission of infections to the extent possible. The policy also revealed 1) Routine cleaning and disinfection of frequently touched or visibly soiled surfaces will be performed in common areas, resident rooms and at the time of discharge and 2) Cleaning will be completed before disinfecting. Observation of the facility when entered on 2/26/2025 at 8:40 AM revealed a faint odor of urine at the front door. As one walked further into the facility the smell of urine became much stronger. The smell of urine was evident in the hallway, which was carpeted and lead from the east entrance through to the main nurses' station. The smell of urine remained strong in the south hall and in some of the resident rooms. Observation on 2/26/2025 at 8:45 AM of the private room, room [ROOM NUMBER], on the east hallway revealed the room was unoccupied. The room smelled strongly of urine and the floor was sticky when walking on it. Observation on 2/26/2025 at 3:15 PM of the East Hall, room [ROOM NUMBER]. Housekeeping had come in to mop the floors and left the room. Prior to mopping the floor, the floors were sticky to walk on. After the housekeeper mopped and cleaned the floor, the floor was stickier while walking on it than it had been previously. The odor in the room became extremely strong and smelled of urine more so than prior to being mopped. Interview on 2/26/2025 at 2:40 PM with the Director of Nursing (DON) about the odors in the halls and the rooms revealed that the facility had issues with humidity, and this was the time of the year that the musty and urine odors really seemed to start getting more noticeable. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview on 2/26/2025 at 4:00 PM with the Administrator (FA) confirmed the odor of urine was getting very strong in all of the hallways and in some of the rooms and this was due to the humidity in the facility. It seemed like when it started to warm up outside the smells start to permeate from every crack and crevice in the building. We don't really know what to do about the odors in the building. I think most of us are used to the smells and they don't bother us anymore.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 50253 Licensure Reference Number 175 NAC 12-006.11(D) Based on record reviews, observations, and interviews the facility failed to ensure residents were provided with nourishing and palatable meals. This had the potential to affect all residents who received meals from the kitchen. The facility census was 56. Findings Are: Record review of the policy Food Preparation Guidelines dated 8/1/2023 revealed the policy intent is to prepare foods in a manner to preserve or enhance a resident's nutrition and hydration status. The following three definitions were defined: -Food Attractiveness - the appearance of the food when served to residents, -Food palatability - the taste and flavor of the food, and -Proper (safe and appetizing) temperature meant appetizing food and minimizing the risk for scald and burns. The policy explanation and compliance guidelines stated 2) food shall be prepared by methods that conserve nutritive value, flavor, and appearance; 3) Food and drinks shall be palatable, attractive, and at a safe and appetizing temperature; b) using spices or herbs to season food in accordance with recipes, c) serving hot foods hot and cold foods cold, e) honoring resident preferences regarding foods and drinks; 4) Food shall be provided in a form that meets each resident's individual needs according to assessment and care plan. Record review of the Nebraska Food Code of 2017 revealed that temperatures for hot meals must be served at 135 degrees Fahrenheit (F) or higher. Observation on 2/26/2025 at 12:15 PM while residents were eating in the east formal dining room and the east assistive dining room revealed the residents were finishing their lunch meal and several of the residents had not eaten their broccoli and cheese dish. Observation of a sample meal tray provided by the facility on 2/26/2025 at 12:30 PM revealed a meal that consisted of a sloppy joe on a bun, broccoli with cheese and lime pears with a glass of milk or other beverage. The sloppy joe sandwich looked and smelled appealing. The broccoli and cheese looked pureed or ground and unappetizing; it was identifiable based on the color. At first glance, the pears looked like cubed melon due to the green color from lime gelatin which had been sprinkled on the pears. The temperature of the sloppy joe was 124.3 degrees F. The temperature of the broccoli/cheese was 132.4 degrees F. The pears were cold. A. (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Record review of Resident 6's Care Plan conducted on 2/26/2025 revealed the resident was cognitively intact, had diagnoses of Diabetes Mellitus Type 2, vitamin deficieny; unspecified, and had orders for a concentrated carbohydrate diet with a regular texture. Interview on 2/26/2025 at 11:10 AM with Resident 6 revealed the resident typically ate their meals in their room and that the hot foods were not always served hot. B. Record review of Resident 5's Care Plan conducted on 2/26/2025 revealed that Resident 5 was cognitively intact with some confusion in the evenings, had a diagnosis of a past stroke, some swallowing issues, and received a regular diet with ground meats and vegetables that were cut into small sized pieces. Interview on 2/26/2025 at 11:20 AM with Resident 5 revealed that the hot meals were not consistent, sometimes the food was hot and sometimes it wasn't. Resident 5 also stated that they typically consumed their meals in their room. C. A review of Resident 4's Care Plan conducted on 2/26/2025 revealed this resident had a potential nutritional risk due to diagnoses of Diabetes Mellitus Type 2, morbid obesity, anemia, vitamin B12 deficiency, and diverticulosis. Resident 4 was on a concentrated carbohydrate diet. Observation on 2/26/2025 at 12:40 PM of Resident 4's lunch meal tray after the resident had finished eating revealed the tray still had the broccoli and cheese dish on it and this food appeared untouched. Interview on 2/26/2025 at 3:20 PM with Resident 4 revealed they did not eat the broccoli and cheese dish at the lunch meal that day because it looked like someone threw up on the plate. I didn't even want to taste it. Interview on 2/26/2025 at 1:50 PM with the Food Service Manager (FSM) confirmed that the broccoli and cheese dish that had been served to the residents as regular texture appeared to be a ground texture. Interview on 2/26/2025 at 4:00 PM with the Administrator (FA) confirmed the temperatures of the lunch meal foods were not served to the residents within the required temperature.

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure each resident receives and the facility provides food that accommodates resident allergies, intolerances, and preferences, as well as appealing options. 50253 Licensure Reference Number 175 NAC 12-006.11(A)(iii) Based on record reviews, observations, and interviews the facility failed to ensure residents were offered alternate meal items when residents choose not to eat food that was initially served. This had the potential to affect all residents who received meals from the kitchen. The facility census was 56. Findings Are: Record review of the policy Food Preparation Guidelines dated 8/1/2023 revealed the policy intent is to prepare foods in a manner to preserve or enhance a resident's nutrition and hydration status. The policy explanation and compliance guidelines stated in section 4) Food shall be provided in a form that meets each resident's individual needs according to assessment and care plan; 5) Staff shall accommodate resident preferences providing appropriate alternatives; and 6) Staff shall offer residents appropriate alternatives when they choose not to consume food that is initially served or when a different food choice is requested. Observation on 2/26/2025 at 12:15 PM while residents were eating in the east formal dining room and the east assistive dining room revealed the residents were finishing their lunch meal and several of the residents had not eaten their broccoli and cheese dish. Observation of a sample meal tray provided by the facility on 2/26/2025 at 12:30 PM revealed a meal that consisted of a sloppy joe on a bun, broccoli with cheese and lime pears with a glass of milk or other beverage. The sloppy joe sandwich looked and smelled appealing. The broccoli and cheese looked pureed or ground and unappetizing; it was identifiable based on the color. At first glance, the pears looked like cubed melon due to the green color from lime gelatin which had been sprinkled on the pears. A. Record review of Resident 6's Care Plan conducted on 2/26/2025 revealed the resident was cognitively intact, had diagnoses of Diabetes Mellitus Type 2, vitamin deficiency; unspecified, and had orders for a concentrated carbohydrate diet with a regular texture. Interview on 2/26/2025 at 12:30 PM with Resident 6 who stated, I never eat pears because I don't like them. Resident 6 revealed the residents got a menu each day for the following day's meals and the residents were to mark what they wanted to eat. The resident stated that if they did not want something, they just didn't mark it so Resident 6 never marked the pears. When asked if there was a choice of something different to eat, Resident 6 revealed the residents didn't have any other choice on the menu, just what is supposed to be served. Resident 6 also stated that the kitchen did not send the residents a replacement for they food items they don't like. B. (continued on next page)

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F 0806 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Record review of Resident 5's Care Plan conducted on 2/26/2025 revealed that Resident 5 was cognitively intact with some confusion in the evenings, had a diagnosis of a past stroke, some swallowing issues, and received a regular diet with ground meats and vegetables that were cut into small sized pieces. Interview on 2/26/2025 at 12:45 PM with Resident 5 who stated they did not eat the broccoli during the lunch meal that day. Resident 5 stated the facility always seemed to cook all the stems and it was hard to eat because the resident did not have any teeth. Resident 5 revealed the residents get a menu each day that they mark on for what they want to eat the following day. Resident 5 stated they did not mark the broccoli because the resident did not like to waste food. Resident 5 also stated the facility did not offer a second choice of food as an alternative to the broccoli and cheese. Interview on 2/26/2025 at 1:50 PM with the Food Service Manager (FSM) revealed all of the residents had a menu that they received the day before, so the staff would know how much of everything to cook the next day. FSM stated that the residents could choose other options for the main dish and that there were several things they could choose from. FSM stated that offering another vegetable, fruit or dessert had never come up and that if the residents did not mark the vegetable or fruit being offered, they just wouldn't get anything. FSM confirmed that residents who were not offered or provided an alternative vegetable or fruit would not recieve a well-balanced meal. Interview on 2/26/2025 at 4:00 PM with the Administrator (FA) who confirmed that the residents did have a choice of a different main course at each meal time, but that the facility did not usually offer a different vegetable or fruit. FA stated the facility had done this in the past but had gotten to where the staff were cooking two meals at each setting so they stopped offering an alternate for the vegetables and fruits.