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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285164 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 06/10/2025 |
| NAME OF PROVIDER OR SUPPLIER Holmes Lake Rehabilitation & Care Center | | STREET ADDRESS, CITY, STATE, ZIP CODE 6101 Normal Blvd Lincoln, NE 68506 | |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) |
| <p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.02(H)</p> <p>Based on interviews and record reviews, the facility failed to complete and send a 5-day written investigation of an alleged abuse to the Department of Health and Human Services (DHHS) as required for 1 (Resident 8) of 3 sampled residents. The facility census was 50.</p> <p>Findings are:</p> <p>Record review of the facility's undated investigation form Abuse, Neglect, or Misappropriation revealed: The complete form must be faxed to Health Facility investigations [PHONE NUMBER] within 5 working days from the date of the allegation/incident.</p> <p>Record review of Resident 8's admission Record dated 6/10/25 revealed admission to the facility was on 5/24/20. Resident 8 had diagnoses of Hemiplegia (paralysis or severe weakness on one side of the body) and Hemiparesis (weakness or partial paralysis on one side of the body), cerebrovascular disease (heart condition that include diseased vessels, structural problems, and blood clots) affecting left non-dominant side, atrial fibrillation (irregular often rapid heart rate that commonly causes poor blood flow), diabetes (a disease of inadequate control of blood levels of glucose), anxiety, history of falling, difficulty in walking, shortness of breath, low back pain, and muscle weakness.</p> <p>Record review of Resident 8's MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 5/8/25 revealed:</p> <p>-The resident had a BIMS (Brief Interview for Mental Status, a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function) score was 15 indicating no cognitive impairment.</p> <p>Record review of Resident 8's investigation report, regarding an allegation of abuse from 3/18/25 revealed the 5-day investigation report was not sent to the State Agency (DHHS) as required within 5 days. The investigation report was submitted to DHHS on day 7.</p> <p>Interview on 6/10/25 at 3:16 PM with the Director of Nursing (DON) confirmed that the 5-day investigation report for Resident 8 should have been sent in within 5 working day to DHHS and that it was sent in late.</p> |

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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Honor each resident's preferences, choices, values and beliefs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(H)</p> <p>Based on observations, interviews and record reviews, the facility failed to ensure prompt response to call lights to ensure resident needs were being met for 4 (Residents 1, 3, 7, and 8) out of 4 sampled residents. The facility census was 50.</p> <p>Findings are:</p> <p>A.</p> <p>Record review of Resident 1's admission Record dated 6/10/25 revealed admission to the facility was on 2/13/25.</p> <p>Record review of Resident 1's Diagnosis Form dated 6/10/25 revealed diagnoses of Cerebral Infarction (when blood flow to a part of the brain is blocked) due to embolism (a blockage-causing piece of material, inside a blood vessel) of right middle cerebral artery, hemiplegia (weakness or partial paralysis on one side of the body) affecting left nondominant side, Type II diabetes (a disease of inadequate control of blood levels of glucose), moderate persistent asthma (a condition on which a person's airway becomes inflamed, narrow and swell, and produce extra mucus, which makes it difficult to breathe), morbid obesity, anxiety disorder, obstructive sleep apnea (intermittent airflow blockage during sleep), dependence on wheelchair.</p> <p>Record review of Resident 1's MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 5/22/25 revealed:</p> <p>-BIMS (Brief Interview for Mental Status, a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function) was 15 indicating no cognitive impairment.</p> <p>-Dependent with toileting, bathing, rolling side to side in bed, transfers, upper and lower dressing and footwear. Moderate assistance with oral hygiene and personal hygiene. Needs set up assistance for eating. Has a catheter. Incontinent of bowel. Transfers with Hoyer lift.</p> <p>Interview on 6/10/25 at 12:57 PM with Resident 1 revealed that one time this resident had to wait 2 hours for the staff to answer the call light. Resident 1 stated, for the past month, but usually on the evening shift, I have to wait 30 minutes to 1 hour for them (nursing staff) to answer my call light.</p> <p>Record review of Resident 1's call light response time recorded on the Device Activity Report between May 11, 2025 through June 10, 2025 revealed:</p> <p>-The call lights that were answered between 22 to 45 minutes occurred 75 times.</p> <p>-The call lights that were answered between 46 to 100 minutes occurred 39 times.</p> <p>(continued on next page)</p> | | |

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| <p>F 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-The call lights that were answered between 101 to 168 minutes occurred 9 times.</p> <p>B.</p> <p>Record review of Resident 3's admission Record dated 6/10/25 revealed admission to the facility was on 4/23/25.</p> <p>Record review of Resident 3's Diagnosis Form dated 6/10/25 revealed diagnoses of unspecified convulsions (type of seizure characterized by sudden, uncontrolled, and often violent shaking of the body due to abnormal electrical activity in the brain), alcohol abuse, generalized anxiety disorder, macular degeneration (an eye disease that affects central vision).</p> <p>Record review of Resident 3's MDS dated [DATE] revealed:</p> <p>-BIMS score was 11 indicating moderate cognitive impairment.</p> <p>-maximum assistance with toilet hygiene, lower body dressing, and footwear. Moderate assistance with oral hygiene, upper body dressing, rolling right to left in bed, transfers and personal hygiene. Bathing not attempted to do medical condition or safety. Set up assistance with eating.</p> <p>Interview on 6/10/25 at 11:15 AM with Resident 3 revealed [gender] has had some issues with call light not being answered timely. Resident 3 stated I have waited a few times for 1 hour, another time 45 minutes and another time it was 1.5 hours and could not identify a specific shift that was worse with call light response times.</p> <p>Record review of Resident 3's call light response time recorded on the Device Activity Report between May 11, 2025 through June 10, 2025 revealed:</p> <p>-The call lights that were answered between 22 to 45 minutes occurred 6 times.</p> <p>C.</p> <p>Record review of Resident 7's admission Record dated 6/10/25 revealed admission to the facility on 8/15/23.</p> <p>Record review of Resident 7's Diagnosis Form dated 6/10/25 revealed diagnoses of acute respiratory failure (occurs when the lungs can't properly exchange gases, causing abnormal levels of carbon dioxide and/or oxygen in the arteries), cerebral infarction (when blood flow to a part of the brain is blocked), urinary incontinence, anxiety, major depressive disorder, post-traumatic stress disorder (a disorder in which a person has difficulty recovering after experiencing or witnessing a terrifying event), history of falling, urge incontinence, dementia (a decline in mental ability severe enough to interfere with daily life), and morbid obesity.</p> <p>Record review of Resident 7's MDS dated [DATE] revealed:</p> <p>-BIMS was 14 indicating no cognitive impairment.</p> <p>(continued on next page)</p> | | |

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| <p>F 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>-Dependent assistance with toileting hygiene, lower body dressing, footwear, rolling from right to left in bed, and transfers. Maximum assistance with oral hygiene, bathing, upper body dressing and personal hygiene. Always incontinent of bowel and bladder.</p> <p>-Open lesion on foot, moisture associated skin damage.</p> <p>Interview on 6/10/25 at 9:08 AM with Resident 7 revealed that [gender] call light does not get answered for quite a while frequently. This surveyor asked Resident 7 to turn the call light on at 9:10 AM to see about the staff answering the call light.</p> <p>Observation on 6/10/25 at 9:10 AM when Resident 7 turned the call light on, also noting the call system on the wall in the resident's room had a red light indicating the call light was on.</p> <p>-At 9:16 AM Activity Director brought in resident's mail but did not check about the call light.</p> <p>-At 9:22 AM the NA (nurse aide) brought Resident 7's breakfast tray in, sat it on the bedside table and did not check about the call light being on.</p> <p>-Observed at 9:28 AM one NA walked by the room without looking in.</p> <p>-Observed at 9:28 AM the Marquee sign above each hallway entrance and exit displaying the room numbers that have call lights on. Resident 7's room number was scrolling through every 5 seconds on the Marquee.</p> <p>-Observed at 9:32 AM 2 NA's walked by the room and did not look into Resident 7's room.</p> <p>-At 9:33 AM this surveyor walked away and stood within 4 doors away from Resident 7's room and observed one MA walk by resident's room without stopping.</p> <p>-Observed at 9:43 AM the DM (Dietary Manager) went into Resident 7's room and was talking about their food and choices. Another NA went in and stood by the DM, neither staff checked why the light was on.</p> <p>-Observed at 9:47 AM the Administrator walked by when the DM and NA were there and told them to check the call light and they did.</p> <p>Record review of Resident 3's call light response time recorded on the Device Activity Report between May 11, 2025 through June 10, 2025 revealed:</p> <p>-The call lights that were answered between 22 to 45 minutes occurred 62 times.</p> <p>-The call lights that were answered between 46 to 100 minutes occurred 25 times.</p> <p>-The call lights that were answered between 101 to 168 minutes occurred 1 times.</p> <p>D.</p> <p>(continued on next page)</p> | | |

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| <p>F 0675</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Record review of Resident 8's admission Record dated 6/10/25 revealed admission to the facility was on 5/24/20.</p> <p>Record review of Resident 8's admission record dated 6/10/25 revealed Diagnosis: Hemiplegia (paralysis or severe weakness on one side of the body) and Hemiparesis (weakness or partial paralysis on one side of the body), cerebrovascular disease (heart condition that include diseased vessels, structural problems, and blood clots) affecting left non-dominant side, atrial fibrillation (irregular often rapid heart rate that commonly causes poor blood flow), diabetes (a disease of inadequate control of blood levels of glucose), anxiety, history of falling, difficulty in walking, shortness of breath, low back pain, and muscle weakness.</p> <p>Record review of Resident 8's MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 5/8/25 revealed:</p> <p>-BIMS (Brief Interview for Mental Status, a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function) was 15 indicating no cognitive impairment.</p> <p>-Impairment of one side of upper and lower extremities, dependent assistance with oral hygiene, toileting hygiene, lower body dressing, footwear and transfer. Maximum assistance with upper body dressing and personal hygiene. Set up assistance with eating, and bathing resident refused. Always incontinent of bowel and bladder.</p> <p>Interview on 6/10/25 at 11:00 AM with Resident 8 revealed that sometimes I have had to wait 1 hour, usually in the evenings 2 hours for the staff to answer my call light. But I would say usually within 30 minutes they come to answer it.</p> <p>Record review of Resident 8's call light response time recorded on the Device Activity Report between May 11th to June 10th, 2025 revealed:</p> <p>-The call lights that were answered between 22 to 45 minutes 115 times.</p> <p>-The call lights that were answered between 46 to 100 minutes 46 times.</p> <p>-The call lights that were answered between 101 to 168 minutes 7 times.</p> <p>Interview on 6/10/25 at 3:00 PM with the DON (Director of Nursing) confirmed the call lights should be answered in less than 20 minutes.</p> | | |

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| <p>F 0844</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Follow rules about disclosure of ownership requirements and tell the state agency about changes in ownership and/or administrative personnel.</p> <p>Licensure Reference Number 175 NAC 12-006.04(E)</p> <p>Based on interviews and record reviews, the facility failed to provide notification to Department of Health and Human Services (DHHS) within 5 working days of a change in Director of Nursing (DON) position. This had the potential to affect all the residents that reside in the facility. The facility census was 50.</p> <p>Findings are:</p> <p>Record review of the facilities notification of the change in DON that was sent to State Agency revealed the previous DON service end date was 2/2/2024 and the new DON service start date was 2/3/2024. DHHS received notification of the DON change on 3/31/2025.</p> <p>Interview with DON on 6/10/25 at 3:00 PM confirmed that the 5-day notification of the DON change was not sent into the State Agency within 5 working days as required.</p> <p>Interview with DON on 6/10/25 at 3:05 PM confirmed that the year of service dates should have been dated 2025.</p> |