

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285165	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of North Platte		STREET ADDRESS, CITY, STATE, ZIP CODE 2900 West E Street North Platte, NE 69101	

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)
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>Based on record review and interview, the facility failed to provide a written notice of discharge as required to 1 (Resident 112) of 1 sampled resident or their representative. The facility census was 56.</p> <p>Findings Are:</p> <p>A record review of Resident 112's Progress Notes revealed that on 3/2/25, Resident 112 was sent by the facility to the emergency department due to adverse behaviors toward another resident. Resident 112 was admitted to the hospital due to delirium and hypoxia.</p> <p>Further review of Resident 112's Progress Notes revealed that on 3/3/25, the facility notified Resident 112's child that the facility would not be admitting the resident back to the facility from the hospital due to the potential for putting other residents in harm's way. The notes revealed Resident 112's child voiced understanding and declined a bed hold.</p> <p>A record review of Resident 112's electronic medical records revealed no evidence that a written notice of discharge had been given to the resident or the resident representative.</p> <p>An interview on 4/1/25 at 3:10 PM with the SSD confirmed that a written notice of discharge had not been provided to Resident 112 or their representative.</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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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