STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285172	A. Building B. Wing	07/02/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wilber Care Center	611 North Main Wilber, NE 68465

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. Licensure Reference Number 175 NAC 12-006.02(H) Based on record reviews and interviews, the facility failed to report suspicions of abuse to the state agency within the required timeframe. This affected 2 residents, (Resident 1 and Resident 3). The facility census was 32. Findings are: A. A review of the facility's Investigation Report Abuse-Physical sent to the state agency's email on 02/20/2025 at 2:54 PM revealed that on 02/19/2025 at 4:30 PM a bruise was discovered on Resident 3's right back/hip and on 02/20/2025 at 1:59 PM the bruise was reported to Adult Protective Services (APS). A review of an undated summary written by the Director of Nursing (DON) revealed that Resident 3 had been unable to explain how the bruise happened. Further review revealed that the DON did not observe the area until 02/20/2025 at 1:00 PM, and the incident was not reported to APS until 02/20/2025 at 1:59 PM. An interview on 07/02/2025 at 2:31 PM with the DON confirmed that the report was called to APS more than two hours after the injury was discovered. B. A review of the facility's Investigation Report Abuse-Physical sent to the state agency's email on 03/07/2025 at 4:27 PM revealed that on 03/06/2025 at 6:20 AM a bruise was discovered on Resident 1's right hip and on 03/07/2025 at 10:30 AM the bruise was reported to APS. A review of an undated summary written by the DON revealed that when the DON spoke with Resident 1 on 03/06/2025 at approximately 11:30 AM, Resident 1 stated a Nurse Aide (NA) from a staffing agency had caused the bruise by being rough when turning the resident. and the incident was not reported to APS until 03/07/2025 at 10:30 AM. An interview on 07/02/2025 at 2:31 PM with the DON confirmed that the report was called to APS more than two hours after the allegation of abuse was made. (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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	C. A review of the facility's Investigation Report Abuse-Physical sent to the state agency's email on 06/19/2025 at 11:36 AM revealed that a bruise was discovered on Resident 1's left thigh on 06/10/2025. Further review of the report revealed that on 06/13/2025 at 9:27 PM the charge nurse notified the DON per phone that Resident 1 was stating the bruise on their left thigh had been caused by an NA pushing on the resident's thigh during a transfer. The bruise and allegation were reported to APS on 06/18/2025 at 10:06 AM. A review of an undated summary written by the DON revealed that the DON spoke with Resident 1 about the bruise on 06/14/2025 at 9:20 AM, and Resident 1 stated that NA had pushed their forearm into Resident 1's leg to adjust the resident's position while transferring them to the toilet using the Hoyer lift (a mechanical device used to lift and transfer residents). At an unspecified time on 06/17/2025 the DON was notified that Resident 1 had expressed being afraid of the NA. The incident was not reported to APS until 06/18/2025 at 10:06 AM. An interview on 07/02/2025 at 2:31 PM with the DON confirmed that the report was called to APS more than two hours after the allegation of abuse was made.