STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285207	A. Building B. Wing	06/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Arbor Care Centers-Countryside LLC	703 North Main Street Madison, NE 68748

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. Licensure Reference Number 175 NAC 12-006.05Based on record review and interview; the facility failed to follow 1 (Resident 1) of 4 sampled residents' consent to not publish photographs of the resident. The facility census was 32.Findings are:A. Review of the facility policy Resident Rights reviewed 3/20 revealed the following:- The facility would inform the resident both orally and in writing in a language that the resident understands his or her rights and regulations governing resident conduct and responsibilities during the stay in the facility.-The facility would provide the residents with prompt notice (if any) of changes in any State or Federal laws related to resident rights or facility rules during the resident's stay in the facility. Receipt of any information must be acknowledged in writing.-The resident had the right to make choices about aspects of his or her life in the facility that were significant to the resident. B. Review of Resident 1's admission Agreement signed by the resident's legal representative on 12/9/25 revealed the following:-Attachment J, Consent to Photograph/Publish, had a written note on the form Please do NOT publish photo.No initials were next to the following areas on the Consent to Photograph:-Use my name in connection with any publication (including but not limited to newspaper, displays, television, radio, books, report, websites and brochures) for marketing and/or other facility purposes.-Use photographs and video of me in any publication (including but not limited to newspaper, displays, television, radio, books, reports, websites and brochures) for marketing and/or other facility purposes.-Use any quotations and comments made verbally by me and/or concerning me (including but not limited to newspaper, displays, television, radio, books, report, websites and brochures) for marketing and/or other facility purposes. An interview conducted with the Administrator on 6/15/26 at 2:30 PM confirmed that the facility was notified on 6/8/26 of pictures of Resident 1 being seen on social media. Resident 1 did have photographs published on social media by the facility. Resident 1's Consent for Photography on admission, 12/9/25, was marked no and signed by the resident's legal representative. The facility's computer system revealed the photo release consent was marked yes. Corrective Actions taken by the facility were as followed:-Resident 1's photos were removed from the facility's face book page on 6/8/26.-The facility stopped taking pictures and publishing social media on 6/8/26. -The facility audited all residents' photo release forms.-All residents or legal representatives were issued new photo release forms.-The facility's computer system photo release consent entries would be corrected to accurately reflect the signed preferences. The facility would be conducting an all staff in service meeting on 6/18/26 going over the following items:-Resident rights regarding photography,-social media postings and-privacy requirements. admission staff were re-educated on proper documentation and facility computer entry. Quarterly audit process was implemented to ensure the ongoing accuracy of photograph release documentation. An interview with the Director of Corporate Services on 6/15/26 at 3:15 PM revealed that on 6/9/26 a letter was sent out to all residents or legal representatives that an error had occurred in posting pictures to face book when a resident did not want photographs posted. Staff were being retrained on the correct social media/privacy practice to protect all the residents. A Consent to Photograph was sent to residents or legal representatives on 6/9/26 to ensure the facility had the current decisions of the resident or family.

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