STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285213	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mid-Nebraska Lutheran Home	109 North 2nd Street Newman Grove, NE 68758

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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. Licensure Reference Number 175 NAC 12-006.02(H) Based on record review and interview; the facility failed to report, to investigate and then to submit the results of the investigation to the required state agency, an allegation of potential neglect for 1 (Resident 3) of 3 sampled residents. The facility census was 35.Findings are: A. Review of the facility Abuse and Neglect Policy and Procedure with a reviewed date of 8/19/24 revealed the facility would not condone any forms of resident abuse or neglect. To prevent abuse, all personnel were to report any signs and symptoms of abuse/neglect to their supervisor or the Director of Nursing (DON) immediately. The following procedure was identified related to notification: -stop the abuse.-contact the Charge Nurse and notify of the abuse.-the Charge Nurse was then responsible for reporting to the DON, the Social Service Director (SSD) and the Administrator immediately.-the DON, Administrator and/or the SSD were to follow through with the investigation and reporting process as well as follow up with the staff who made the report. -allegations were to be reported to the Adult Protective Services (APS). All suspected violations and all substantiated incidents of abuse were to be immediately reported to the appropriate agencies and other entities or individuals as may be required by law. The following procedure interpretation and implementation were identified:1. Should a suspected violation or substantiated incident of mistreatment, neglect, injury of unknown origin, or abuse be reported, the facility Administrator, or his/her designee, would follow the steps described then promptly notify the following persons or agencies of such an incident: -the State licensing/certification agency responsible for surveying/licensing the facility.-the local state Ombudsman.-the resident's representative.-APS.-the resident's Primary Care Physician (PCP). -the Medical Director.2. Notices to agencies were to be made as soon as possible with the maximum notification within 24 hours of the occurrence of such an incident. If actual harm has occurred, the police and APS must be notified within 2 hours of the event. Notices were to include:-the name of the resident.-the room number of the resident.-the type of abuse that was committed with details of the incident.-the date and time the alleged incident occurred.-where the incident occurred.-effect of the incident on the resident or their reaction to the incident.-the name of all persons involved in the alleged incident.-the immediate action taken by the facility. The Administrator, or his/her designee were to provide the appropriate agencies or individuals listed above with a written report of the findings of the investigation within 5 working days of the incident. B. Review of Resident 3's Minimum Data Set (MDS-a federally mandated assessment tool used for care planning) dated 3/27/26 revealed diagnoses of non-traumatic brain dysfunction, Alzheimer's disease with late onset, high blood pressure, end stage renal disease, Non-Alzheimer's dementia, anxiety, and psychotic disorder. The facility assessed the following regarding the resident:-impaired cognition.-behaviors which included rejection of cares.-required partial to moderate assistance with toileting and dressing.-one fall without injury since the previous assessment. Review of the residents' current Care Plan with a revision date of 4/29/26 revealed the resident was admitted to the Memory Care Unit (dedicated area with structured routines, specialized staff and a secure environment for residents who require continuous supervision) on 9/29/25 due to wandering, verbal behaviors directed at others and rejection of cares. Review of Resident 3's Nursing Progress Notes dated 5/9/26 at 11:45 PM revealed a Police Officer was at the facility on a complaint of (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 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	neglect. The police had received a report that the resident was locked in their room. Review of Facility Investigations of potential abuse/neglect and misappropriation from 11/17/25 to 5/13/25 revealed no evidence the allegation of neglect was reported to the State Agency or that an investigation had been completed of the allegation. During an interview on 5/13/26 at 2:00 PM, the Administrator confirmed the following:-a Police Officer came to the facility on 5/3/26 at 11:45 PM to investigate an allegation of neglect regarding Resident 3.-the police did not substantiate the allegation.-the facility failed to investigate and to report the allegation and then failed to submit the results of the investigation to the State Agency as requiresd