STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285232	A. Building B. Wing	05/13/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Milford Meadows Care Center	610 224th Street Milford, NE 68405

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** License Reference Number: 175 NAC 12-006.2(H) Based upon record review and interview, the facility failed to submit an investigation to the State Agency within five working days.The facility census was 68. FINDINGS ARE:A record review of Facility policy Notification of Changes Policy dated 5-17-2024 revealed that notification of physician and resident representative is required when an accident results in injury and may require physician intervention, when a significant change in resident condition is noted, when there is a need to alter treatment or the resident with be transferred or discharged from the facility. A record review of Facility's undated policy titled Procedure for Notification of Changes for Resident (undated) revealed that notification will occur following an accident which results in injury or may require physician intervention, a significant change in resident status, a need to alter treatment significantly, or a decision to transfer or discharge the resident from the facility. A record review of Facility's Grievance/Complaint Log revealed that the incident in question was not listed on current facility log. This document listed events from 3/21/2026 through 5/05/2026. A record review of facility's electronic medical record (EMR) revealed that Resident 1 was admitted on [DATE] with diagnoses that included anoxic brain damage (a severe, life-threatening condition caused by a complete lack of oxygen to the brain, leading to cell death within minutes) and schizoaffective disorder (a chronic mental health condition characterized by a combination of schizophrenia symptoms (such as delusions or hallucinations) and mood disorder symptoms (such as mania or depression)) . Further review of the EMR reveals that Resident 1 has a Brief Interview for Mental Status (BIMS) score of 9. The BIMS is a screening tool to detect cognitive impairment. A BIMS score of between 8 to 12 indicates moderate problems with thinking or memory. EMR also reveals that Resident 1 uses a wheelchair for mobility. A record review of Facility's EMR for Resident 2 revealed that they were admitted [DATE] with diagnoses that include cerebral infarction (stroke), unspecified dementia and generalized anxiety disorder. Further review of the EMR reveals that Resident 2 has a BIMS score of 12, indicating moderate problems with thinking or memory. EMR also reveals that Resident 2 uses a wheelchair for mobility. A record review of investigations previously submitted to Nebraska Department of Health and Human Services (DHHS) provided by the Administrator (Admin), revealed presence of reported altercation involving Resident 1 and Resident 2. This document, Report # 1165231, showed that Adult Protective Services was notified of the occurrence on 1/24/2026 at 4:01 PM. The document detailed a description of the incident and a summary of the investigation outcome. This document further revealed that the completed investigation was submitted to DHHS on 2/05/2026. A review of calendar for January and February 2026 reveals that 5 working days following the reported incident of 1/24/2026 would be 1/30/2026 and that 2/5/2026 is 9 working days following the event. An Interview with Admin on 5/13/2026 at 11:35 AM revealed that the Admin started a new log in March of this year. Admin searched for the logs for 2025 and earlier in 2026. However, these documents could not be produced during survey visit.

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