STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285241	A. Building B. Wing	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sarah Ann Hester Memorial Home	407 Dakota Street Benkelman, NE 69021

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50253 Licensure Reference Number 12-006-09(F) Based on record reviews and interviews, the facility failed to ensure Comprehensive Care Plans (CCP) were updated with fall interventions for 2 (Resident 2 and Resident 4) of 4 sampled residents. The facility staff identified a census of 32. Findings are: Record review of the facility policy and procedure Comprehensive Care Plans dated 02/05/2025 revealed it is the policy of this facility to develop and implement a comprehensive person centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframe's to meet a resident's medical, nursing, and mental and psychosocial needs and all services that are identified in the resident's comprehensive assessment and meet professional standards of quality. Listed under the policy explanation and compliance guidelines, paragraph 6: The Comprehensive care plan will include measurable objectives and timeframes to meet the resident's needs as identified in the resident's comprehensive assessment. The objectives will be utilized to monitor the resident's progress. Alternative interventions will be documented as needed. And paragraph 8: Qualified staff responsible for carrying out interventions in the care plan will be notified of their roles and responsibilities for carrying out the interventions, initially and when changes are made. Record review of the undated facility policy Nursing/Fall Interventions under the interpretation/Implementation stated: -A fall Risk Assessment will be completed on admission, quarterly, and with a significant change. -Assess for the implantation of fall interventions. -Update the care plan and Nursing Assistant Assignment sheet as necessary. (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: 285241	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER: Sarah Ann Hester Memorial Home		STREET ADDRESS, CITY, STATE, ZIP CODE: 407 Dakota Street Benkelman, NE 69021	

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the facility policy and procedure accidents and Supervision dated 12/20/2023 revealed the policy purpose was that residents would remain free of accident hazards as is possible. Under the subheading Implementation of Interventions the policy revealed that use of specific interventions to try to reduce a resident's risks from hazards in the environment included, a) communicating the interventions to all relevant staff, d) documenting interventions in care plans or with the QAA Committee., and(i) resident direct approaches may include: (ii) implementing specific interventions as part of the plan of care, ii) supervising staff and residents, etc., and (iii) facility records document the implementation of these interventions. A. Record review of the Face Sheet for Resident 2 revealed an admitted [DATE]. Record review of the Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 03/25/2025 revealed Resident 2 revealed Resident 2 did not have a Brief interview for Mental Status (BIMS - a test used to determine cognition or cognitive deficits) score due to mental confusion. Further review of Resident 2's MDS dated [DATE] revealed Resident 2 did not have any behavior issues, was incontinent of bladder and used a wheelchair Record review of Resident 2's Nurses Note (NN) printed 04/03/2025, revealed Resident 2 had a fall on 03/05/2025. Further review of Resident 2's NN printed on 04/02/2025 revealed there were no new intervention identified for fall prevention for Resident 2. Record review of the working Care Plan (CP, an individual plan for caring for each resident that is updated daily as needed between quarterly care plan assessments) for Resident 2 printed on 04/02/2025 revealed the CP had not been updated for Resident 2's fall on 03/05/2025. According to Resident 2's working CP printed on 04/03/2025, Resident 2 was at high risk for falls. Interview on 04/03/2025 at 9:15 AM with Licensed Practical Nurse (LPN)-B revealed that CP are to be updated after fall incidents and anything else that requires a CP update. Interview on 04/03/2025 at 9:20 AM with LPN-A revealed that CP are to be updated either the same day or the following day after any type of incident. Interview on 04/03/2025 at 10:55 AM with the MDS Coordinator revealed that CP are updated with the same day or the next day after incidents and falls. These updates must be done relatively quickly, and the staff have to be aware. Interview on 04/03/2025 at 11:15 AM with the MDS coordinator confirmed Resident 2 CP had not been updated following the fall that occurred on 03/03/2025. B. Record review of the Face Sheet for Resident 4 revealed an admitted [DATE]. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285241	A. Building B. Wing	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sarah Ann Hester Memorial Home	407 Dakota Street Benkelman, NE 69021

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the MDS with a date of 03/04/2025 for Resident 4 revealed Resident 4 had a BIMS score of 10 which indicated a moderate cognitive deficit, did have behavior issues upon occasion, was frequently incontinent of bowel and bladder, used a wheelchair, and had diagnoses for non-Alzheimer's dementia, weakness, pain, and others. Record review of Resident 4's NN's printed 04/03/2025, revealed Resident 4 had a fall on 03/30/2025. There were no new interventions identified in Resident 4's NN to prevent additional falls for Resident 4. Record review of the working CP printed on 04/02/2025 revealed Resident 4's CP had not updated with fall interventions following Resident 4's fall on 03/30/2025 Interview on 04/03/2025 at 11:15 AM with the MDS Coordinator confirmed that the care plans for Resident 4 had not been updated following the fall that occurred on 03/30/2025.