

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 04/30/2026
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.02(G) Based on record review and interview, the facility failed to complete and submit a thorough investigation for 1 (Resident 2) of 3 residents' reportable incidents. The facility identified a census of 30 residents. A record review of Resident 2's face sheet revealed they were admitted to the facility on [DATE]. A record review of a facility-provided document titled, Diagnosis list, revealed Resident 2's medical diagnoses included weakness, dementia (a condition affecting memory, thinking, and ability to perform daily activities), chronic obstructive pulmonary disease (a lung disease which restricts breathing), ataxic gait (unsteady walking which often has a neurological cause), and osteoarthritis (a joint disease that causes pain, stiffness, and reduced mobility). A record review of an untitled facility-provided document revealed Resident 2 had an unwitnessed fall on [DATE] at 6:35 AM in their room, and staff found them sitting on the floor. The document also revealed Resident 2 had attempted to perform a self-transfer and did not call for staff assistance, and Resident 2's mental status prior to the fall was confused. A record review of an undated facility-provided document titled Investigation report - incident with injury, revealed the following: Resident 2 was transported to the hospital emergency room on [DATE] at 11:00 AM following complaints of pain. Resident 2 sustained a fracture of their left femoral neck (the top of the thigh bone that connects to the hip). Resident 2 had low hemoglobin (part of the blood that carries oxygen to the rest of the body) and had previously declined treatment. Resident 2 was care-planned to use a wheelchair at all times. Resident 2 had multiple falls in the facility prior to [DATE]. Resident 2 was put on comfort cares at the hospital and died on [DATE]. A record review of Resident 2's nursing notes revealed the following vital signs: On [DATE] at 12:05 AM, Resident 2 had a body temperature of 100.8 degrees Fahrenheit (F) and oxygen saturation of 84% on room air. On [DATE] at 12:06 AM, Resident 2 had an oxygen saturation of 95% on 3 liters of oxygen per minute. On [DATE] at 3:00 AM Resident 2 had a body temperature of 100.4 degrees F. After Resident 2's fall on [DATE], nurse notes in the electronic medical record revealed their blood pressure lying down was 95/49 and blood pressure sitting was 105/42 and the resident's blood pressure was chronically low. The note also revealed safety alarms were functioning at the time of the fall, An interview with Director of Nursing (DON) was conducted on [DATE] at 10:27 AM. During the interview the DON reported the cause of Resident 2's fall on [DATE] was weakness, and one possible cause of Resident 2's weakness was low hemoglobin. The interview revealed Resident 2 was sick for 2 days 1 week prior to the fall. An Interview with the Administrator (ADM) on [DATE] at 12:40 PM revealed that the document, Investigation report - incident with injury, was submitted to the state agency following Resident 2's fall on [DATE]. The interview confirmed Resident 2's weakness was not on the investigative report as a cause of the fall. The ADM confirmed the report did not include Resident 2's diagnoses of dementia, chronic obstructive pulmonary disease, ataxic gait, osteoarthritis, Resident 2's symptoms on [DATE], whether the medications had been reviewed, or low blood pressure. The ADM confirmed the resident had pneumonia upon admission to the hospital on [DATE].</p>		

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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