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	04/02/2026

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Licensure Reference Number 12-006.11(E) Based on observation, interview, and record review, the facility failed to ensure use or disposal of foods prior to expiration dates, maintenence and cleaning of resident refrigerators, and sanitizing solutions were at the required strength per manufacturers instructions. The facility also failed to ensure use of gloves during meal preparation as indicated. This had the potential to affect all 31 residents. Findings are:The initial kitchen observations of the dry food storage area at 11:37AM on 3/30/2026 revealed 3 bottles of Caesar dressing in the dry food storage area with an expiration date of November 2025. There were 2 basins full of Jello boxes with expiration dates of 3/8/2026 and 6/2024. The Certified Dietary Manager (CDM) removed a basin full of individual maple syrup packets.An interview at 11:42 AM on 3/30/2026 with the CDM confirmed the Caesar dressing, Jello and maple syrup packets were expired, and removed from them from the storage area.An observation at 11:48 AM on 3/30/2026 of the refrigerator inside the kitchen revealed a container of tomatoes with no label or date on them. An interview with the CDM at 11:49 AM on 3/30/2026 confirmed there was no date on the tomatoes and the CDM placed a new label on the tomatoes and stated We will use these tonight.An observation at 10:14 AM on 3/31/2026 revealed a paper on the wall behind the 3-compartment sink labeled keystone multi-quat Sanitizer' with directions for the sanitizer compartment of the sink to use 2 ounces (oz) of sanitizer for 12 gallons of water and to test the water with the designated test strips; results should be 200 parts per million (ppm). This paper revealed for the washing sink to have 12 gallons of water with 2.5 oz of dawn dish soap. The paper also revealed water in all compartments should be between 120 and 140 degrees Fahrenheit (F). An observation of the DC-C preparing the 3 compartments sink for use revealed an unmeasured amount of water used in each sink, no temperatures taken of the water, and an unmeasured amount of dish soap used in the washing sink. At 10:32 AM the DC-C tested the water in the sanitizing compartment of the sink and showed this surveyor the test strip up against the pH level legend and showed this surveyor that the pH level was not at the required 200ppm.An interview at 10:33 AM on 3/31/2026 the DC-C confirmed that the ppm level was incorrect and the sanitizer tablets in the water were still dissolving. The DC-C did not retest the water to ensure the correct ppm of water and sanitizer solution.Observations on 3/31/2026 at 10:45 AM and at 10:58 AM revealed the DC-C used water from the washing sink to wet a cloth and used the cloth to clean the meal prep counter.A record review of the recipes used for lunch on 3/31/2026 revealed ?Pork Fritter', ?Warm Cinnamon Apples', and ?Hashbrown Casserole'. All recipes contain instructions for holding temperatures to be maintained at a minimum of 135 degrees Fahrenheit.An observation at 12:34 PM on 3/31/2026 revealed the DC-C did not take temperatures of foods during or after the meal service to ensure they maintained a safe holding temperature.An interview with the DC-C at 12:37 PM confirmed the DC-C does not normally record food temperatures at the end of meal service. After the interview with the DC-C, they recorded temperatures for the hashbrown at 183 Fahrenheit (F), the pork fritters at 184 F, and the peas at 138 F. The DC-C did not check temperatures for the gravy, the apples or the pureed foods.A record review of Facility Policy ?Hand Hygiene' dated 2/5/2024 revealed Staff will perform hand hygiene when indicated, using proper technique consistent with accepted (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	standards of practice.A record review of the FDA food code 2022 that was adopted by the state of Nebraska, this food code prohibits bare hand contact with ready-to-eat foods such as sandwiches. This food code lists alternatives to barehand contact such as deli tissue, single-use gloves, dispensing equipment, and tongs.An observation at 12:17 PM on 3/31/2026 revealed the CDM preparing a ready-to-eat chicken salad sandwich for one resident. With bare hands, the CDM took 2 slices of bread out of a bag, spread the chicken salad on to the bread, and then held the sandwich while cutting it in half.A record review of Facility policy ?Residence Food Safety for Personal Refrigerators' dated 5/24/2017 revealed the following:- Food shall be maintained at a safe temperature 40 degrees or below.- Each refrigerator will have an internal thermometer, placed on the inside, and hooked to a shelf.- Housekeeping will read thermometers when cleaning rooms, and report to the Social Services Director if temperature is above 41 degrees or freezer needs defrosting.- Housekeeping will wipe out refrigerators when they do a ?pull out' cleaning. They will throw out expired food or appear concerning.An interview at 1:34 PM on 3/31/2026 with CDM confirmed that some residents have refrigerators in their rooms. An interview at 10:05 AM on 4/1/2026 with HSK-G confirmed that they check resident room refrigerators once a month to check expiration dates on foods and throw away anything if needed, as well as wiping out refrigerators. HSK-G also confirmed that they did not have resident refrigerator temperature logs available.An interview at 12:56 PM on 4/1/2026 with Support Services Supervisor (SSS) confirmed that staff have not been doing resident refrigerator temperatures and cleaning.

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 1-006.05(S) Based on observations, interviews, and record review; the facility failed to maintain 3 (Residents 2, 8, and 37) of 3 sampled residents' dignity by ensuring their urinary catheter bags were not visible to others while the residents were in their rooms. The facility census was 32.Findings Are: A record review of the facility policy Nursing/Catheter Usage revised 2/9/2026 revealed catheter tubing and bag were to be kept off of the floor and that the catheter bag was to be encased in a catheter bag pouch or cover anytime the resident was up and about in the facility. A record review of an undated, facility-provided document titled Resident Rights revealed all residents are to be afforded a dignified existence. A. A record review of Resident 8's Facesheet revealed the resident was admitted to the facility on [DATE]. A record review of Resident 8's undated Care Plan revealed the resident had an indwelling urinary catheter. An observation on 3/30/2026 at 11:19 AM revealed Resident 8 sitting in a recliner in their room with their front wheeled walker in front of them. The resident's urinary catheter bag was hanging from their walker. The catheter bag was not concealed in a dignity bag and was visible from the hallway. The urinary bag was approximately 1/4 full of yellow urine. B. A record review of Resident 37's Facesheet revealed the resident was admitted to the facility on [DATE]. A record review of Resident 37's undated Care Plan revealed the resident had a urinary catheter in place to promote healing of a wound on their coccyx. An observation on 3/30/2026 at 3:10 PM revealed Resident 37 lying in their bed with their eyes closed. The resident's urinary catheter bag was hanging from the bedframe and the urine in the bag was visible from the hallway. The catheter bag was not concealed in a dignity bag. An observation on 3/31/2026 at 7:20 AM revealed Resident 37 lying in their bed with their urinary catheter bag hanging from the bedframe, which was visible from the hallway. The catheter bag was not concealed in a dignity bag. An observation on 3/31/26 at 9:24 AM revealed Resident 37 lying on their left side in their bed. The resident's catheter bag was hanging from the bedframe, and the yellow urine in the bag was visible from the hallway. The catheter bag was not concealed in a dignity bag. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	An observation on 4/01/2026 at 9:38 AM revealed Resident 37 lying in their bed on top of their blankets, reading a magazine. The resident's catheter bag was hanging from the bedframe, and was 1/3 full of yellow urine, which was visible from the hallway. The catheter bag was not concealed in a dignity bag. An interview on 4/01/2026 at 9:44 AM with the Director of Nursing (DON) confirmed Resident 37's catheter was not concealed in a dignity bag and that the catheter bag was visible from the hallway. The DON confirmed the catheter bag should have been concealed in a dignity bag. An observation on 4/02/2026 at 7:17 AM revealed Resident 37 lying in their bed with their eyes closed. Their catheter bag was hanging from the bedframe with urine in it, which was visible from the hallway. The catheter bag was not concealed in a dignity bag. c. Observations made at the listed times on 3/31/2026 of Resident 2 revealed the following: -9:43 AM Resident 2's urinary catheter bag was visible from the hallway, not covered, and was touching the floor. -10:04 AM Resident 2's catheter bag was visible from the hallway, not covered, and was touching the floor. -11:51 AM Resident 2's catheter bag was visible from the hallway, not covered, and was touching the floor. -1:57 PM Resident 2's catheter bag was visible from the hallway, not covered, and was touching the floor. -2:45 PM Resident 2's catheter bag was visible from the hallway, not covered, and was touching the floor. An observation made on 4/1/2026 at 9:57 AM revealed Resident 2's urinary catheter bag was visible from the hallway and was not covered.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(G)(i)(7) Based on record review and interview, the facility failed to complete a recapitulation of stay and failed to notify the ombudsman upon discharge for 1 (Resident 35) of 1 sampled resident. The facility census was 32.Findings Are: A record review of Resident 35's Facesheet revealed the resident was admitted to the facility on [DATE]. A record review of Resident 35's Post-Discharge Plan of Care dated 1/28/2026 revealed the resident was discharged to their family member's home on 1/28/2026. A.A record review of Resident 35's medical records revealed no evidence of a recapitulation of stay being completed for the resident. An interview on 4/01/2026 at 9:45 AM with the Director of Nursing (DON) confirmed a recapitulation of stay was not completed for Resident 35. The DON stated the facility knew it was supposed to have been completed but it had not been. B.A record review of facility documents revealed no evidence of the Ombudsman being notified of Resident 35's discharge from the facility. A record review of Resident 35's medical records revealed no evidence of the Ombudsman being notified of their discharge from the facility. An interview on 3/31/2026 at 2:20 PM with the Social Services Director (SSD) revealed the facility's practice was to notify the Ombudsman of emergency transfers, but no other transfer or discharge types. SSD confirmed the facility had not notified the Ombudsman of Resident 35's discharge from the facility on 1/28/26.

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F 0607 Level of Harm - Potential for minimal harm Residents Affected - Many	Develop and implement policies and procedures to prevent abuse, neglect, and theft. LICENSURE REFERENCE NUMBER 175 NAC 12-006.04 (A)(iii)Based on record review and interview, the facility failed to complete a criminal background check on 1 of 5 sampled employees and failed to complete sex offender and nurse aide registry checks for 1 of 5 sampled employees. This had the potential to affect all 32 residents in the facility.Record review of an undated facility-provided document revealed a list of facility staff which included name, hire date, and title of all regular facility staff. The document also revealed Dietary Aide-A (DA-A) had a hire date of 3/2/26 and Housekeeper-B (HSK-B) had a hire date of 2/24/26.A.A record review of DA-A's employee file revealed no documentation that a criminal background check was performed.An interview on 3/31/25 at 2:53 PM with the Administrator (ADM) revealed that the facility sent a background check request of DA-A to the Nebraska State Patrol, but the criminal background check was not performed. The interview revealed no further attempt was made by the facility to perform a criminal background check of DA-A before they began work in the facility.B. A record review of HSK's employee file revealed no documentation that a nurse aid registry check or a sex offender registry check was performed before HSK began work in the facility.An interview on 3/31/25 at 2:53 PM with the Administrator (ADM) revealed that the facility did not perform a pre-employment nurse aide registry check or sex offender registry check for HSK-B before they began work in the facility.