STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285246	A. Building B. Wing	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Christian Homes Health Care Center	1923 West 4th Avenue Holdrege, NE 68949

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. 47312 Licensure Reference Number 175 NAC 12-006.02(H) Based on record review and interview; the facility failed to report an allegation of abuse for 1 (Resident 1) of 3 sampled residents. The facility census was 64. Findings are: A record review of the facility Abuse Policy and Procedures, revised January 2025, revealed the following: -Key points to remember: Remember that ALL allegations of abuse, neglect, or misappropriation must be reported even if made by a resident who has a cognitive impairment. An allegation is a claim or assertion that someone has done something wrong, typically one made without proof. -Investigations: Allegations will be investigated and reported to the Department of Health and Human Services (DHHS). -VII/ Reporting/Response: report all alleged violations, reasonable suspicion of a crime, and all substantiated incidents to the state agency and to all other agencies as required within the prescribed time limits, and take all necessary corrective actions depending on the results of the investigation; alleged violation includes mistreatment, neglect, misappropriation of the resident's property (exploitation), involuntary seclusion, or physical, mental, verbal, or sexual abuse. Record review of Resident 1's Progress Note (PN) dated 12/30/2024 with a time identified as 6:47 AM revealed a Nursing Assistant (NA) reported to the day shift staff that Resident 1 was difficult to arouse during the night. Further review of Resident 1's PN dated 12/30/2024 revealed facility staff reported to the nurse Resident 1 complained about a [gender] at 4:00 AM was hitting and pounding [gender] chest and woke [gender] up saying that [gender] can't get up at anytime until day shift people wake [gender] up. According to Resident 1's PN dated 12/30/2024 the nurse went in to assess and visit with Resident regarding [gender] statement. Resident was unable to verbalize details of the incident. A review of the provided facility reported investigations to the state agency revealed no staff to resident allegations of abuse investigations had been completed during December 2024. (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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 1/15/25 at 12:30 PM, the Director of Nursing (DON) revealed [gender] was made aware of the allegation of abuse Resident 1 had made on 12/30/24. The DON further revealed [gender] had completed an investigation of the allegation of abuse in which the allegation was deemed to be unfounded. The DON confirmed [gender] had not submitted a report to the required State Agency on the allegation of abuse on Resident 1 and should have.