

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285246	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/08/2025
NAME OF PROVIDER OR SUPPLIER Christian Homes Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0802</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48271</p> <p>Licensure Reference Number 175 NAC 12-006.04(H)</p> <p>Based on record reviews and interviews, the facility failed to have qualified dietary staff working in the kitchen. This had the potential to affect all residents who reside in the facility. The facility census was 75.</p> <p>Findings are:</p> <p>A record review of the employee list revealed that SR-A had not been an employee of the facility.</p> <p>A record review of the Dietary Aide job description with a copyright date of 2023 revealed:</p> <p>Required Qualifications:</p> <ul style="list-style-type: none"> -[AGE] years or older, working towards GED, and or High School diploma -As a condition of employment, completes all assigned training and skills competency. <p>An interview on 4/7/25 at 11:30 AM with the Dietary Manager (DM) confirmed that SR-A was (genders) child. DM confirmed that SR-A was in the kitchen on 3/29/25 helping peel potatoes due to being short-staff in the kitchen. DM confirmed that SR-A was not qualified to be working in the kitchen and should not have been working in the kitchen.</p> <p>An interview on 4/8/25 at 1:30 PM with the Administrator confirmed that (gender) had not been aware of SR-A working in the kitchen. The Administrator confirmed that SR-A was not an employee of the facility and should not have been working in the kitchen.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0844</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Follow rules about disclosure of ownership requirements and tell the state agency about changes in ownership and/or administrative personnel.</p> <p>48271</p> <p>Licensure Reference Number 175 NAC 12-006.04 (E)</p> <p>Findings are:</p> <p>Based on record review and interview, the facility failed to notify the State Agency of a change in the Director of Nursing position within the required 5 days. This failure had the potential to affect all the residents residing in the facility. The facility census was 75.</p> <p>A record review of the Change of Administrator of Director of Nursing Notification form revealed that the Director of Nursing was changed on 11/8/24 and the notice to the State agency was received on 1/15/25.</p> <p>A interview on 4/8/25 at 1:30 PM with the Administrator confirmed that the Notification of a change in the Director of Nursing was not sent to the State Agency in the required time frame and the notification should have been.</p>		