

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285248	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2026
NAME OF PROVIDER OR SUPPLIER  Colonial Acres of Humboldt		STREET ADDRESS, CITY, STATE, ZIP CODE  1043 10th Street Humboldt, NE 68376	
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 175 NAC 12-006.11(E) Based on observation and interview, the facility failed to ensure that expired foods were discarded and open packages of dry food were dated with month, date, and year. This had the potential to affect all residents. Findings are: An observation on 3/9/26 at 8:50 AM of the storage room revealed that: Best used by date of 2/17/26 for 4 cans of Condensed milk Best used by date of 3/8/26 of a bag of opened Splenda Best used by date of 2/28/26 of 2 plastic containers of Poppy seeds A bag of 4 regular graham cracker pie crust with a date of 3/27, with no year marked A plastic container of cake sprinkles, with the top of the cap dated 6/24 or 6/04 with no year marked 2 Bags of vanilla pudding opened marked 10/16 date and no year marked A 4 lb (pound) bag of Cheese cake mix opened with a date of 11/4 with no year marked A 3.2 oz (ounce) bag of a Ranch dressing package dated Nov. 25 with no year marked A record review of the facility policy titled Food Receiving and Storage with a date of 12/21/2023 on the bottom of the page revealed: Dry Food Storage: 4. Dry foods that are stored in bins are removed from original packaging, labeled and dated (used by date) A record review of the Food Code 2022 revealed The day or date marked by the Food Establishment may not exceed a manufacturer's used by date. An interview on 03/10/2026 at 12:09 PM with the Dietary Manager confirmed (gender) is not aware of the year that the package of vanilla pudding, cheesecake mix or the ranch dressing had been opened. The Dietary Manager confirms (gender) believes it was this year that (gender) had opened that packages. The Dietary Manager confirmed that the graham cracker's pie crust had expired and should be thrown away and the condensed [NAME] and poppy seed should be tossed out. The Dietary manager confirmed that all the opened packages with just a month and date on them should be thrown out.</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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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Licensure Reference Number 175 NAC 12-006.19(c)Based on observations and interviews, the facility failed to ensure clean linens were delivered in a covered cart to prevent potential cross contamination. This had the potential to affect all 30 residents who resided at the facility. Findings are: An observation on 3/9/26 at 3:00 PM of the laundry staff passing clean linens on a cart down the 200 hallway, with no cover over the clean linens.An observation on 3/10/26 at 1:30 PM of the laundry staff passing clean linens on a cart down the 300 hallway with no cover over the clean linens. A record review of the Environmental Services Standard Operating Policy Dates January 13,2026 revealed:Deliveries:Clean items must be in a covered cart or truck that is specifically designed for clean laundry only. An interview on 3/10/26 at 1:30 PM with the Director of Nursing confirmed that the clean linen cart did not have a cover over the clean linens and the clean linen cart should be covered when delivering clean linens down the hallways.</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>Based on record reviews and interviews the facility failed to maintain staff documentation of offering the COVID-19 vaccine, education on the COVID-19 vaccine, and current vaccine status for 5 of the 5 sampled employees. This had the potential to affect all residents and staff who live and work at the facility. Findings are: Record review of Medication Aide (MA) D's employee file revealed no record of the facility offering the COVID 19 vaccine, education on the COVID 19 vaccine or a record of the employee's current vaccine status. Record review of Medication Aide (MA) C's employee file revealed no record of the facility offering the COVID 19 vaccine, education on the COVID 19 vaccine or a record of the employee's current vaccine status. Record review of Medication Aide (MA) F's employee file revealed no record of the facility offering the COVID 19 vaccine, education on the COVID 19 vaccine or a record of the employee's current vaccine status. Record review of Medication Aide (MA) B's employee file revealed no record of the facility offering the COVID 19 vaccine, education on the COVID 19 vaccine or a record of the employee's current vaccine status. Record review of Nursing Aide (NA) E's employee file revealed no record of the facility offering the COVID 19 vaccine, education on the COVID 19 vaccine or a record of the employee's current vaccine status. Record review of facility's Infection Prevention and Control Program with a revised date of 2018, in section 12 titled Immunization and section 13 titled Monitoring Employee Health and Safety encourages the COVID 19 Vaccine but reveals no policy regarding COVID 19 education, offering of the COVID 19 vaccine, or documentation of staff vaccine status. Interview with the Infection Preventionist (IP) on 03/11/2026 at 11:46 AM confirmed that staff is provided education on the COVID 19 vaccine during their orientation and information is posted annually by the time clock. IP confirmed that there is no documentation that the facility has offered the COVID 19 vaccine, provided education on the vaccine or that the facility maintains current vaccine status on the employees.</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>Licensure Reference Number 175 NAC 12-006.04(B)(ii)(1)Based on record reviews and interviews, the facility failed to ensure the required 12 hours of annual ongoing training was provided for nurse aides. This had the potential to affect all residents. The facility census was 30. Findings are:A record review of Medication Aide (MA) B's employee file revealed a Monthly Education Calendar 2025 with a box for each month that contained the topic of education, a first name, and a space for initials. MA B's calendar had initials in the boxes for January, March, April, May, July, September, October, November, and December. The record of training did not include the length of the training.A record review of MA C's employee file revealed a Monthly Education Calendar 2025 with a box for each month that contained the topic of education, a first name, and a space for initials. MA C's calendar had initials in the boxes for April, July, August, October, and December. The record of training did not include the length of the training.A record review of MA D's employee file revealed a Monthly Education Calendar 2025 with a box for each month that contained the topic of education, a first name, and a space for initials. MA D's calendar had initials in the boxes for March, May, June, August, September, October, November, and December. There was a note in the February box that stated Leave-Medical. The record of training did not include the length of the training.A record review of Nurse Aide (NA) E's employee file revealed a Monthly Education Calendar 2025 with a box for each month that contained the topic of education, a first name, and a space for initials. NA E's calendar had initials in all boxes except December. The record of training did not include the length of the training.A record review of MA F's employee file revealed there was no Monthly Education Calendar 2025 present.An interview on 03/11/2026 at 12:20 PM with Human Resources (HR) confirmed the facility did not have documentation that the required 12 hours of annual ongoing training was completed in 2025 for MA B, MA C, MA D NA E, or MA F.</p>		

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 175 NAC 12-006.09(G)(i) Based on record reviews and interviews, the facility failed to provide a notice of transfer to the hospital and a bed hold policy to the resident and the resident's representative. The facility failed to notify the Ombudsman (a state official who works with nursing home and assisted living residents who helps answer resident concerns and complaints and advocates for resident rights and their wellbeing) of the transfer for 3 of 3 sampled residents (Resident 3, Resident 5, and Resident 30). The facility failed to ensure a discharge summary including a recapitulation (summary) of stay was completed for Resident 31 upon death. The facility census was 30. Findings are:</p> <p>Record review of facility's policy titled Transfer and Discharge dated 11/06/2025 revealed in section 3 that a transfer/discharge notice will be provided to the resident and resident's representative including information regarding the specific reason for the transfer, the effective date, the location of the transfer, an explanation of the right to appeal the transfer, and contact information for the Ombudsman. Section 10 g of the policy titled Emergency Transfer to Acute Care revealed that the facility will provides notice of transfer and the facility's bed hold policy to the resident. Section 10 h of the policy revealed that the Social Services Director or designee will provide copies of the notices for the emergency transfer to the Ombudsman.</p> <p>A.</p> <p>Record review of Resident 3's admission Record revealed that Resident 3 was admitted to the facility on [DATE] with a primary diagnosis of pneumonia.</p> <p>Record review of Resident 3's Emergency Transfer Form revealed that Resident 3 was transferred to the hospital on [DATE] with a respiratory infection.</p> <p>Record review Resident 3's Census List revealed that Resident 3 had a Hospital Paid Leave on 01/03/2026.</p> <p>Record reviews of Resident 3's medical records revealed no notification of transfer to the hospital or notification of the bed hold policy was provided to the resident or the resident's representative.</p> <p>B.</p> <p>Record review of Resident 5's admission Record dated 03/12/2026 revealed that the resident was admitted on [DATE] with a primary diagnosis of Chronic Obstructive Pulmonary Disease (COPD: a pulmonary disease that is characterized by chronic, typically irreversible airway obstruction resulting in difficulty or discomfort in breathing).</p> <p>Record review of Resident 5's Census List revealed that the resident had Hospital Paid Leave on: 10/31/2025, 11/11/2025, 12/11/2025, and 03/02/2026.</p> <p>Record reviews of Resident 5's medical records revealed no notification of transfer to the hospital or notification of the bed hold policy was provided to the resident or the resident's representative for the above dates.</p> <p>(continued on next page)</p>		

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<p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>C.</p> <p>Record review of Resident 30's admission Record dated 03/11/2026 revealed that the resident was admitted on [DATE] with a primary diagnosis rhabdomyolysis (a serious condition caused by rapid muscle breakdown releasing damaging chemicals in the blood).</p> <p>Record review of Resident 30's Census List revealed that the resident had a Therapeutic Paid Leave on 12/29/2025.</p> <p>Record review of Resident 30's Emergency Transfer Form revealed that the resident was transferred to the hospital for shortness of breath on 12/29/2025.</p> <p>Record reviews of Resident 30's medical records revealed no notification of transfer to the hospital or notification of the bed hold policy was provided to the resident or the resident's representative</p> <p>An interview on 03/11/2026 at 2:06 PM with LPN-H, the Social Services designee, confirmed that since November of 2025 no written notice of transfer or bed holds have been provided to the residents or their representatives, and that the Ombudsman had not been notified of any facility transfers as required.</p> <p>D.</p> <p>A record review of Resident 31's admission Record printed 03/11/2026 revealed the resident was admitted to the facility on [DATE]. Under the Miscellaneous Information section, the Date of Discharge was given as 02/08/2026 and Resident 31 was discharged to a mortuary.</p> <p>A record review of the document provided by the facility as the Discharge Summary revealed it was the admission Record printed 02/08/2026 with handwritten information regarding time of death and items sent with the family and the mortician. There was no recapitulation of stay on this document.</p> <p>A record review of the facility's Transfer and Discharge (Including AMA) policy with implementation date of 11/1/25 revealed no mention of the procedure to follow for a resident death.</p> <p>A record review of the facility's Post Mortem Care policy with implementation date of 11/1/25 revealed no mention of a discharge summary or recapitulation of stay. The policy listed required documentation in the medical record as follows:</p> <p>Date and time resident was pronounced and by whom.</p> <p>Notifications to the physician or designee, family, funeral home, or other designated disposition location, coroner, and/or authorities (if indicated).</p> <p>Post mortem care and disposition of belongings.</p> <p>Date and time body was transported to the funeral home or other designated location.</p> <p>An interview on 03/11/2026 at 9:55 AM with the Director of Nursing (DON) confirmed there was no discharge summary that included a recapitulation of stay for Resident 31.</p>		

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<p>F 0923</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Have enough outside ventilation via a window or mechanical ventilation, or both.</p> <p>Licensure Reference Number 175 NAC 12-007.04D Based on observations and interviews, the facility failed to ensure bathroom ventilation systems were functioning to prevent odors for rooms 200, 201, 203, 205, 207, 209, 211 and 213 and the ventilation was clean from debris. This had the potential to affect all residents who reside on the 200 hall. The facility census was 30. Findings are: An observation on 3/9/2026 at 9:30 AM of rooms 200, 201, 203, 205, 207, 209, 211 and 213 bathrooms revealed that the vents did not draw up a 1 ply sheet of toilet paper. An observation on 3/9/2026 at 9:30 AM of rooms 200, 201, 203, 205, 207, 209, 211 and 213 revealed a whitish, brown substance in the vents. An observation on 3/10/2026 at 9:00 AM of rooms 200, 201, 203, 205, 207, 209, 211 and 213 revealed that the bathroom ventilation did not draw up a 1 ply sheet of toilet paper. An observation on 3/10/2026 at 9:00 AM of rooms 200, 201, 203, 205, 207, 209, 211 and 213 revealed a whitish, brown substance in the vents. An interview 03/10/2026 11:17 AM with the Administrator confirmed that (gender) does the water temperature weekly and confirmed that they will have the Maintenance Director check on why the vents were not working. An interview on 3/10/2026 at 2:30 PM with the Maintenance Director confirmed that the bathroom vents in rooms 200, 201, 203, 205, 207, 209, 211 and 213 were not working and the Maintenance Director confirmed that there was debris in the vents. The Maintenance Director confirmed that the ventilation system has not been checked in a few months. The Maintenance Director confirmed there is no record of the vents being checked. The Maintenance Director confirmed that the vents in the bathrooms should be working and the vents should be cleaned.</p>

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are fully informed and understand their health status, care and treatments.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 175 NAC 12-006.05(D)Licensure Reference Number 175 NAC 12-006.05(E)Based on record reviews and interviews the facility failed to ensure that the resident or the resident representative was informed of the risks, benefits and alternative treatments for the use of psychotropic medications (any medication that affects behavior, mood, thought, or perception, used to manage mental health conditions) as required, for 2 of 2 sampled residents (Resident 1 and Resident 8). The facility census was 30.</p> <p>Findings are:</p> <p>A.</p> <p>A record review of Resident 8's admission Record dated 03/11/2026 revealed that the resident was admitted to the facility on [DATE].</p> <p>A record review of Resident 8's Minimum Data Set (MDS, a mandatory comprehensive assessment tool used for care planning) dated 11/26/25 revealed in Section I Active Diagnoses that Resident 8 had a diagnosis of unspecified dementia (a usually progressive condition marked by the development of multiple cognitive deficits, such as memory impairment, aphasia, and the inability to plan and initiate complex behavior) with agitation, anxiety disorder, and depression. Resident 8's MDS also revealed in Section C Cognitive Patterns that resident 8 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 2 showing extreme impairment.</p> <p>Record review of Resident 8's Order Summary dated 03/11/2026 revealed that Resident 8 had a medication order for 0.5 MG (milligram) of Risperidone (an atypical antipsychotic) to be taken at bedtime starting 11/13/2025, and 10 MG of Escitalopram (used to treat depression and anxiety) to be taken daily starting 10/16/2023.</p> <p>A record review of Resident 8's Medication Administration Record (MAR) revealed that both medications were administered as ordered for the month of January 2026.</p> <p>A record review of Resident 8's Comprehensive Care Plan (CCP, a document that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment) printed on 03/11/2026 revealed that Resident 8 used psychotropic medication for flat affect and delusions. Interventions include: monitoring for sided effects, non-pharmacological interventions such as one-on-one attention, offer snacks and fluids, call daughter, and behavior monitoring.</p> <p>A record review of Resident 8's medication records revealed no evidence of a consent for use of psychotropic medications (Risperidone and Escitalopram) .</p> <p>An interview with the Director of Nursing 03/11/2026 9:48 AM confirmed that there is no consent for Resident 8's psychotropic medications (Risperidone and Escitalopram) as required.</p> <p>B.</p> <p>A record review of the Order Summary Report revealed that Resident 1 was admitted to facility on (continued on next page)</p>		

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<p>F 0552</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>1/20/2025 with medical diagnoses that included Depression (a mood disorder characterized by persistent feelings of sadness and a loss of interest), Anxiety disorder (a condition with symptoms like a racing heart, sweating, and difficulty concentrating, as well as emotional symptoms such as excessive worry and irritability) and Bipolar Disorder (a mental health condition characterized by significant mood swings, including periods of abnormally elevated, extreme moods or emotions and energy level and episodes of depression).</p> <p>A review of the Order Summary Report revealed Resident 1's medication orders include Pregabalin (a medication that treats nerve pain by calming overactive nerves in your body. It can also treat seizures), Hydroxyzine (a medication used to relieve itching, to relieve anxiety and tension), Donepezil (a medication to treat mild to severe dementia associated with Alzheimer's disease), Fluoxetine (an antidepressant medication used to treat depression).</p> <p>A record review of the Annual Minimum Data Set (MDS, a federally mandated assessment process for clinical assessment of all residents in Medicare and Medicaid certified nursing homes that is also used for care planning) for Resident 1 with Assessment Reference Date of 1/22/26, revealed in Section N0415 that that Resident 1 is taking High-Risk Drugs (medications that have an increased risk of adverse effects to elderly patients). Section C0500 of the MDS revealed a Brief Interview of Mental Status (BIMS, a 0-15 point cognitive screening tool (max score 15) used primarily in nursing homes to assess memory and orientation. Scores are interpreted as: 13-15 (intact), 8-12 (moderate impairment), and 0-7 (severe impairment) score of 15. Section E0300 of the MDS for Resident 1 revealed no adverse behaviors (patterns of conduct that are harmful, disruptive, or counterproductive to oneself or others) or rejection of care.</p> <p>A review of Resident 1's Care Plan Report printed 3/11/2026 revealed goals and interventions for anxiety, depression and bipolar disorder.</p> <p>A review of Resident 1's the Medication Administration Record for March 2026 indicated no indication of target behaviors for Antidepressant nor for Antianxiety medications.</p> <p>A review of Resident 1's admission Record and Record of Resident 1's Medication Administration Record for March 2026 revealed no diagnoses to support use of Donepezil nor to support use of Pregabalin.</p> <p>A review of Resident 1's electronic medical record did not reveal documentation of informed consent for psychotropic medications (Risperidone and Escitalopram).</p> <p>A copy of the Informed Consent document for Resident 1 was requested from facility Administrator on 3/10/26; however, no informed consent for psychotropic medication for Resident 1 was provided.</p> <p>An interview on 3/11/2026 at 1:07 PM with Regional Corporate Nurse revealed that there is no documentation of informed consent for the medications for Resident 1.</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference 175 NAC 12-006.09(F)(i) Based on record reviews and interview, the facility failed to develop a baseline care plan (a document that serves as initial instruction and guidance for the resident's care), for 1 resident (Resident 33) of 2 sampled residents. The baseline care plan did not contain information and interventions for the use of psychotropic medications. The facility's census was 30. Findings are: A record review of the Medical Diagnoses for Resident 33 revealed that Resident 33 was admitted on [DATE] with the diagnoses of traumatic subdural hemorrhage with loss of consciousness (a condition with bleeding near the brain that can happen after a head injury), dementia (a progressive decline in mental ability-including memory, thinking, and behavior-that interferes with daily life and is not a normal part of aging), and depression (a mood disorder characterized by persistent feelings of sadness and a loss of interest). A record review of Physician Admission/re-admission Orders dated 3/3/26 for Resident 33 revealed medications to include Bupropion (a medication to treat depression), Divalproex sodium (a medication used to treat seizure disorder), Donepezil (a medication for treatment of dementia), Quetiapine (a medication used in the treatment of schizophrenia, bipolar disorder and major depression), and Venlafaxine (a medication used to treat depression). Section C of the admission Minimum Data Set (MDS, a standardized assessment tool used in long-term care facilities) for Resident 33 was completed on 3-11-2026. Review of Section C0500 of the MDS revealed a Brief Interview of Mental Status (BIMS, a 0-15 point cognitive screening tool (max score 15) used primarily in nursing homes to assess memory and orientation. Scores are interpreted as: 13-15 (intact), 8-12 (moderate impairment), and 0-7 (severe impairment), revealed Resident 33 had a score of 7, indicating severe impairment. A record review of the baseline care plan for Resident 33, dated 3/5/2026, revealed that the baseline careplan for Resident 33 did not reflect any of Resident 33's psychoactive medications nor any interventions related to psychoactive medications. A record review of the Facility's Policy for Baseline Care Plans dated December 2016 revealed:A baseline plan of care to meet the resident's immediate needs shall be developed for each resident within twenty-four hours of admission2) continues to indicate that orders, such as for medications, will be used to implement the baseline care plan and be used until3) staff can conduct the comprehensive assessment and develop the interdisciplinary person-centered care plan4) to indicate that any services and treatments to be administered by the facility will be included. An interview on 3/11/26 at 2:00 PM with the Director of Nursing confirmed that Resident 33's baseline care plan did not contain information and interventions for this individual's psychotropic medications.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285248	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/12/2026
NAME OF PROVIDER OR SUPPLIER  Colonial Acres of Humboldt		STREET ADDRESS, CITY, STATE, ZIP CODE  1043 10th Street Humboldt, NE 68376	
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 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>Based on observations and record reviews, the facility failed to ensure staffing information was posted as required. This had the potential to affect all residents. The facility census was 30. Findings are: An observation on 03/09/2026 at 1:30 PM revealed no staffing information was posted on either hallway, around the nurses' station, in the lobby or entrance areas, or around the front offices. An observation on 03/10/2026 at 7:49 AM revealed no staffing information was posted on either hallway, around the nurses' station, in the lobby or entrance areas, or around the front offices. An observation on 03/10/2026 at 9:46 AM revealed no staffing information was posted on either hallway, around the nurses' station, in the lobby or entrance areas, or around the front offices. There was a whiteboard near the nurses' station that had staff names written on it. There were no hours or census information written on the whiteboard. An interview on 03/10/2026 at 9:50 AM with Licensed Practical Nurse (LPN) A confirmed there was no written staffing sheet posted. The LPN further confirmed the facility wrote the staff scheduled to work on the whiteboard daily. An interview on 03/10/2026 at 9:56 AM with the Administrator (ADM) confirmed the facility did not have a staffing sheet including census and total hours posted, and that the staff scheduled to work were written on the white board.</p>		