

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER Imperial Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 933 Grant Street Imperial, NE 69033	
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 175 NAC 12-006.18(D) Based on observation, interview and record review the facility failed to perform hand hygiene to prevent the potential for cross contamination during meal preparation. This had the potential to affect all residents. The facility census was 30. Findings are: An observation on 10/01/2025 at 9:17 AM revealed three bags of half frozen potatoes in the sink defrosting. Cook-B while wearing gloves opened the bags with a knife and poured the potatoes into a colander. Cook-B then grabbed a bowl and a spoon and began spooning the frozen chunks into the bowl and chopping at the potatoes to separate them. Cook-B grabbed a large chunk of potatoes and used hands to break the pieces apart. Cook-B rinsed their gloved hands in the sink the potatoes were sitting in. While still wearing the same gloves Cook-B poured the potatoes into the pan on the stove. An observation of kitchen on 10/01/2025 at 10:49 AM revealed while wearing gloves, Cook-B moved two bowls of raw chicken from the refrigerator to the counter. Cook-B gathered three large baking pans and placed the pans on the counter, still wearing the same gloves, grabbed a can of cooking oil and sprayed each pan. Cook-B walked to counter grabbing three baking sheets without changing gloves and placed the sheets on top of cooking oil. Cook-B tried to pull up the gloves on their hands, but both gloves were torn along the cuff line. Cook-B noticed the gloves were torn and promptly took off the torn gloves, placing the gloves in the trash. [NAME] B obtained new gloves and put them on without first performing hand hygiene. Cook-B walked over to the chicken and started to bread the chicken with breadcrumbs. Cook-Bs gloves were visibly dirty and cook-B removed soiled gloves. Cook-B left the pans of chicken on the counter. Cook-B began cleaning counters and collecting dishes to take to the dishwasher side to be washed. An observation on 10/01/2025 at 11:40 AM Cook-B removed three baking pans of chicken from the convection oven and placed the pans with chicken on a rolling cart pulling it over to the counter. Cook-B pulled down three steam table pans and began spraying each pan with cooking oil, grabbed three sheets of baking paper Cook-B used tongs to press the baking paper into the corner of the baking pans and used their bare hand to smooth the rest of the paper into the pan. Cook-B then used tongs to place the chicken into the steam table pans. An interview on 10/01/2025 at 11:55 AM with the Dietary manager in the dietary manager's office confirmed hands were to be washed each time gloves are removed and before putting new gloves on hands. An interview on 10/01/2025 at 2:45 PM with Administrator confirmed gloves are not to be washed off, hand washing is to be done before putting on gloves and after taking them off. Acknowledging this has the potential to affect everyone with cross contamination. A record review of facility policy last revised on 04/11/2023 states Handwashing is necessary to prevent the spread of bacteria that may cause foodborne illnesses. Dietary employees shall clean their hands in a handwashing sink or approved automatic handwashing facility and may not clean hands in a sink used for food preparation, warewashing, or in a service sink that is used for disposal of mop water or similar waste.		

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: 285252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER Imperial Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 933 Grant Street Imperial, NE 69033	
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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. Licensure Reference Number 175 NAC 12-006.18(B) & (D)Based on Observation, interviews and record review the facility failed to prevent the potential for cross contamination while scooping ice into resident drinking cups. The facility also failed to perform hand hygiene to prevent the potential for cross contamination during hydration preparation in the dining room This had the potential to affect all residents. The facility census was 30.Findings are:An observation on 9/29/2025 at 12:19 PM revealed Dietary Aide (DA)-A serving juice out of the cart with bins sitting on ice in the dining room. DA-A observed a soiled spot on the counter, grabbed a rag and began to wipe down the counter while wearing gloves. DA-A then resumed serving drinks to residents while still wearing the same gloves and without performing hand hygiene. An observation on 9/29/2025 at 12:20 PM revealed DA-A wearing the same gloves while they resumed serving drinks. DA-A picked up an empty glass off the cart and without using an ice scoop, used the glass to scoop ice out of the blue ice chest sitting on a chair in the dining room. DA-A then poured juice into the glass and served it to a resident. DA-A went back to the drinking cart, picked up two small drinking cups, scooped ice out of the ice chest using the cups, poured juice and served to the residents while continuing to wear the same gloves. A record review of facility policy titled Hand Washing Guidelines for Dietary Employees last revised on 04/11/2023 stated Handwashing is necessary to prevent the spread of bacteria that may cause foodborne illnesses. Dietary employees shall clean their hands in a handwashing sink or approved automatic handwashing facility and may not clean hands in a sink used for food preparation, warewashing, or in a service sink that is used for disposal of mop water or similar waste.A record review of an undated facility policy titled Passing Water in the dining room states that the water shall be passed in a consistent sanitary manner that promotes resident hydration, dignity and choice. Under the procedures section of the policy ice must be handled only with a clean scoop: scoops may not be stored in ice. An interview on 9/29/2025 at 3:00 PM with Dietary Manager (DM) confirmed that the staff was to use an ice scoop and glasses should not be used to scoop ice from ice bucket. DM confirmed gloves should have been changed and hands washed after touching cleaning rag.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER Imperial Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 933 Grant Street Imperial, NE 69033	
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 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. Based on record review and interview, the facility failed to employ a qualified infection preventionist. This had the potential to affect all residents residing within the facility. The facility census was 30. Findings Are: An interview on 9/29/2025 at 10:25 AM with the administrator revealed Licensed Practical Nurse (LPN)-C was the facility's Infection Preventionist. A record review of facility provided documents revealed no evidence that LPN-C had completed specialized training for infection control and prevention. An interview on 9/29/2025 at 11:36 AM with the administrator confirmed LPN-C had not completed specialized training for infection control and prevention and that the facility's Director of Nursing (DON) had been covering the duties of the Infection Preventionist in addition to their DON job duties.		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER Imperial Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 933 Grant Street Imperial, NE 69033	
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 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** Based on record review and interview, the facility failed to notify the ombudsman of 1 (Resident 35) of 1 sample resident's discharge from the facility. The facility census was 30. Findings Are: A record review of Resident 35's admission Record revealed the resident was admitted to the facility on [DATE]. The record also revealed the resident discharged to another nursing facility on 8/19/2025. A record review of Resident 35's electronic medical records revealed no evidence of the Ombudsman being notified of the resident's discharge from the facility. An interview on 9/30/2025 at 2:32 PM with the Director of Nursing (DON) confirmed the resident was discharged from the facility. The DON stated that the Social Services Director (SSD) was responsible for notifications to the ombudsman. An interview on 9/30/2025 at 2:35 PM with SSD revealed the SSD was only aware of the requirement to notify the Ombudsman of emergency transfers therefore, no notification had been sent regarding Resident 35's discharge from the facility.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER Imperial Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 933 Grant Street Imperial, NE 69033	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(E) Based on record review and interview, the facility failed to ensure the care plans were comprehensive for 2 (Residents 17 and 26) of 12 sampled residents. The facility census was 30. Findings Are: A record review of the facility's Comprehensive Care Plans policy with revision date of 9/12/2024 revealed it is the policy of the facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychological needs that are identified in the resident's comprehensive assessment. A.A record review of Resident 17's admission Record revealed the resident was admitted to the facility on [DATE] with diagnoses of migraine and polyneuropathy. An interview on 9/29/2025 at 4:38 PM with Resident 17 revealed the resident had chronic pain and suffered from near constant migraines. A record review of Resident 17's admission Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 6/11/2025 revealed the resident had a Brief Interview for Mental Status (BIMS, a brief screener used to determine cognitive status) score of 14/15, indicating the resident was cognitively intact. In the Pain Assessment Interview section, the resident attested to frequent pain that frequently affected their sleep, rehabilitation therapy sessions, and day to day activities. A record review of Resident 17's Quarterly MDS dated [DATE], the resident had a BIMS score of 14/15. In the Pain Assessment Interview section, the resident attested to almost constant pain that almost constantly affected their sleep and day to day activities. The resident rated the intensity of their pain as severe. A record review of Resident 17's physician's orders revealed the following:-Ibuprofen (an over-the-counter pain medication) Oral Tablet 400 milligrams (MG), give 400 mg by mouth every 24 hours as needed for pain/headaches. This order had a start date of 8/29/2025. -Pregabalin (a medication used to treat nerve pain) Oral Capsule 150 MG, give 1 capsule by mouth in the morning for neuropathy. This order had a start date of 6/5/2025.-Tylenol (an over-the-counter pain medication) Extra Strength Oral Tablet 500 MG, give 2 tablets by mouth every 6 hours as needed for mild pain or fever greater than 38.5 Celsius (101.3 Fahrenheit). This order had a start date of 6/4/2025. A record review of Resident 17's undated Care Plan revealed no evidence of care planning related to the resident's chronic pain. An interview on 10/1/2025 at 11:30 AM with the Director of Nursing (DON) confirmed that Resident 17's care plan did not reflect their chronic pain or the interventions in place to address it. B. A record review of Resident 26's admission Record revealed the resident was admitted to the facility on [DATE] with a diagnosis of Myasthenia Gravis without (acute) exacerbation (Myasthenia Gravis is a chronic neuromuscular autoimmune disease that causes weakness in the voluntary muscles. Voluntary muscles include muscles that connect to a person's bones, muscles in the face, throat, and diaphragm.) A record review of Resident 26's Annual MDS dated [DATE] revealed documentation of diagnoses of Myasthenia Gravis, weakness, history of falling, and unspecified abnormalities of gait and mobility. A record review of Resident 26's Quarterly MDS dated [DATE] revealed documentation of diagnoses of Myasthenia Gravis, weakness, history of falling, and unspecified abnormalities of gait and mobility. A record review of Resident 26's Physician's Orders revealed the following:-azaTHIOprine (an immunosuppressant medication) tablet 50 MG, give 0.5 tablet by mouth one time a day related to Myasthenia Gravis and other Myoneural Disorders. This order had a start date of 8/2/2023. -Pyridostigmine Bromide (a reversible cholinesterase inhibitor medication used primarily to improve muscle strength in people with Myasthenia Gravis) tablet 60 MG, give 1 tablet by mouth four times a day related to Myasthenia Gravis and other Myoneural Disorders. This order had a start date of 8/1/2023. A record review of Resident 26's undated Care Plan revealed no evidence of care planning related to the resident's Myasthenia (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/18/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/20/2025
NAME OF PROVIDER OR SUPPLIER Imperial Manor Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 933 Grant Street Imperial, NE 69033	
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Gravis condition, potential risks, or interventions related to the condition. An interview on 10/1/25 at 8:00 AM with the DON confirmed Resident 26 had a diagnosis of Myasthenia Gravis and the resident's care plan did not address the disease process, or medications and interventions required to treat it.		