

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285256	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/21/2025
NAME OF PROVIDER OR SUPPLIER Kimball County Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 810 East 7th Street Kimball, NE 69145	

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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49766</p> <p>Licensure Reference Number 175 NAC 12-006.05 (H)</p> <p>Based on observation, record reviews, and interviews, the facility failed to protect 1 (Resident 39) of 1 sample resident after receiving an allegation of staff-to-resident abuse. The facility identified a census of 39.</p> <p>The facility was notified on 4/15/2025 at 5:00 PM of an Immediate Jeopardy (IJ) which began on 4/11/2025. The IJ was removed on 4/15/2025, as confirmed by the surveyor's onsite verification.</p> <p>Findings are:</p> <p>A record review of the facility's policy Abuse Prohibition Policies and Procedures, with a date of 1/11/2017, revealed the following:</p> <ul style="list-style-type: none"> - The purpose of the policy is to ensure all residents in the facility are free from verbal, physical, sexual and mental abuse, involuntary seclusion, neglect or mistreatment. - The policy defined abuse as a willful infliction of injury resulting physical harm, pain or mental anguish by an individual, including a caretaker. - The section Procedure for Training revealed the following: <ul style="list-style-type: none"> o Any staff member who suspects abuse or neglect of a resident is to report the alleged incident to their immediate supervisor. o All written or oral reports of suspected abuse or neglect shall be given to the Administrator. o An immediate investigation will be conducted by the Nursing Home Administrator (NHA), Director of Nursing (DON), Social Service Director (SSD), or a designated staff member. o During the investigation process, appropriate measures will be initiated for the protection of the residents and to prevent possible further abuse/neglect during this time. <p>(continued on next page)</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 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>- The section Procedure for Investigation revealed all incidents/situations/concerns will be investigated.</p> <p>A record review of Resident 39's Face Sheet revealed Resident 39 was admitted to the facility on [DATE]. Resident 39 had diagnoses of dementia without behavioral, mood, or psychotic disturbances (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), epilepsy (a neurological condition characterized by recurrent seizures), and an anxiety disorder (mental health conditions characterized by excessive worry, fear, and anxiety that interfere with daily life).</p> <p>A record review of Resident 39's admission Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and help nursing home staff identify health problems) with an Assessment Reference Date (ARD) of 3/19/2025 revealed Resident 39 had a Brief Interview for Mental Status (BIMS, a brief screening that aids in detecting cognitive impairment) score of 10/15, which indicated Resident 39 had moderate cognitive impairment. The MDS also revealed Resident 39 had not exhibited any behaviors of hallucinations or delusions within the past 7 days of the ARD.</p> <p>A record review of Resident 39's Comprehensive Care Plan (a detailed, personalized document that outlines how staff will meet a resident's medical, nursing, mental and psychosocial needs) revealed, as of 3/19/2025, Resident 39 has difficulty making self-understood due to difficulty expressing what they are trying to say. Approaches were to allow Resident 39 time to speak and avoid interrupting; ask Resident 39 questions requiring 1-2 word answers; ask Resident 39 to repeat any slurred, mumbled words; ask simple yes/no questions; encourage verbalization; provide a quiet, non-hurried environment, free of background noises and distractions; remind Resident 39 to speak slowly and clearly; repeat what Resident 39 has said to validate; and when Resident 39 becomes frustrated, provide the word/phase for the resident. Additional record review of Resident 39's Comprehensive Care Plan revealed no problem areas identified for Resident 39 having delusions, altered sense of reality, or other related psychological impairments.</p> <p>A record review of Resident 39's Progress Note from 4/11/2025 at 9:24 AM written by Licensed Practical Nurse (LPN) - A revealed Resident 39 had been upset when LPN-A was assessing the resident. Resident 39 kept repeating that the guy/girls from last night were hitting them. LPN-A explained to Resident 39 that it was a new day; fresh start and those people are gone. The note revealed Resident 39 appeared to be receptive to the conversation and appeared to be in a happier mood. There was no evidence LPN-A had reported the allegation to the NHA (Nursing Home Administrator) or initiated an investigation regarding the allegation.</p> <p>An interview on 4/15/2025 at 1:40 PM with Resident 39 revealed on Friday the resident had been deliberately hit between their shoulders by a nurse aide (NA). Resident 39 revealed they had been sitting in their wheelchair when the NA had forcefully hit the vinyl backrest of their wheelchair between their shoulders. Resident 39 stated the hit had hurt but the resident had not felt it because they were scared. Resident 39 also revealed they are unable to communicate the best but does know right from wrong and when someone is deliberately hitting them versus an accident. Resident 39 provided three unique characteristics and descriptions of the nurse aide and stated Resident 39 did not know the NA's name but would recognize them due to the unique characteristics. Resident 39 stated the NA was here now and stated, I'm scared of [gender]. Resident 39 had been tearful throughout the interview.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>An observation on 4/15/2025 at 1:52 PM revealed there was a NA that was currently working and had matched the unique description provided by Resident 39.</p> <p>A follow-up interview on 4/15/2025 at 3:40 PM with Resident 39 revealed Resident 39 was sure the hit had been deliberate as the force of the hit could be heard down the hall. Resident 39 reiterated the unique characteristics of the NA and stated they were scared. Resident 39 confirmed the resident had reported the incident to the nurse.</p> <p>An interview on 4/15/2025 at 3:35 PM with LPN-A revealed LPN-A had been told by Resident 39 about allegations of staff hitting them the night before. LPN-A stated there wasn't any guys or girls overnight so if it had been a more realistic situation of abuse, LPN-A would have reported it and done something about it. LPN-A had determined the situation was not serious as it was a dream or misconception of reality but was unsure of how they had determined it was a misconception of reality or a dream.</p> <p>An interview on 4/15/2025 at 4:55 PM with the NHA and DON (Director of Nursing) identified NA-H as matching the unique characteristics and description provided by Resident 39.</p> <p>An interview on 4/15/2025 at 2:52 PM with NA-M revealed NA-M had concerns regarding agency aides, especially NA-H and NA-E. The interview revealed NA-H and NA-E [NAME] together when working and NA-E initiates instances and NA-H follows their lead. NA-M revealed instances of the NAs yelling at the residents, not feeding or forcefully feeding the residents, taking the residents walkers away, and kicking walkers out of the resident's hands. NA-M stated they have reported instances of concerns to the charge nurses and DON, but their concerns seemed to have been dismissed.</p> <p>A record review of a facility-provided copy of their staffing schedule revealed NA-H and NA-E had worked on 4/11/2025 from 5:00 AM - 5:00 PM.</p> <p>A record review of a Staff Assignment Sheet from 4/11/2025 confirmed NA-E had been assigned to Resident 39's hall and NA-H had also been working the floor on a nearby hall.</p> <p>An interview on 4/15/2025 at 4:00 PM with the DON revealed the DON had denied any knowledge of staff concerns regarding care provided by other staff.</p> <p>An interview on 4/15/2025 at 4:58 PM with the NHA revealed NHA had been unaware of Resident 39's allegations as LPN-A had not reported it. The NHA confirmed LPN-A should have reported the allegation of abuse to the NHA, so an investigation could have been conducted and actions implemented to protect Resident 39 in the meantime.</p> <p>The following is the facility's abatement statement:</p> <p>DON will do a full head to toe skin assessment on Resident #39, noting any discolorations, bruises, or visible markings on body. DON and NHA will place phone call to resident family to inform them of the allegation of abuse and share with the them the steps we are taking and findings from skin assessment.</p> <p>Alleged perpetrator will not be allowed to return to work until investigation is complete.</p> <p>(continued on next page)</p>		

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<p>F 0600</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>DON will begin investigation into allegation by interviewing staff, residents, and speaking to family members. A report with the findings of the investigation will be provided to the State Agency within 5 days.</p> <p>NHA will provide a copy of the Abuse Prohibition Policies and Procedures to all staff currently at facility to review and sign. Copies of this will be provided to all oncoming staff at the start of next shift to be reviewed and signed.</p> <p>An all staff Inservice is scheduled for Friday 4/18/25 to educate staff on the importance of adhering to the Abuse Prohibition Policies and Procedures.</p> <p>DON and NHA upon arriving at facility, will read through progress notes for all residents on a daily basis, and immediately investigate any allegation of abuse or neglect. DON and NHA will alternate reading through progress notes on Saturday and Sunday for a period of 1 year.</p> <p>NHA will continue to ensure that all staff are compliant with their mandatory, annual Abuse/Neglect Inservice.</p> <p>SSD will conduct spot interviews with residents 1x weekly to ensure residents they feel they are receiving adequate care.</p> <p>At the time of the survey, the violation was determined to be at the immediate jeopardy level J. Based on observations, interviews and record reviews completed during the onsite visit, it was determined the facility had implemented corrective action to remove the IJ violation at the time. A final revisit will be conducted to determine if the facility is in substantial compliance with participation requirements.</p> <p>At the time of exit, the severity of the deficiency was lowered to the D level.</p>		

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<p>F 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>49766</p> <p>Licensure Reference Number 175 NAC 12-006.04(A)(iii)</p> <p>Based on record reviews and interviews, the facility failed to implement their policies and procedures related to screening potential employees prior to employment for 3 [Housekeeper (HSKPG) - U, Activities Supervisor (AS) - S, and Dietary Aide (DA) - T] of 5 sampled employees. This had the potential to affect all residents who reside within the facility. The facility identified a census of 39.</p> <p>Findings are:</p> <p>A record review of a facility policy Abuse Prohibition Policies and Procedures with a last revised date of 1/11/2017 revealed all potential employees will be screened for a history of abuse, neglect or mistreatment of residents by checking criminal prosecution history by: 1) reviewing the Nebraska License Information System for Disciplinary Action and License Status - for all nursing staff holding licenses or certifications, 2) checking the Nebraska Adult Abuse Registry and Child Abuse Registry (APS/CAN), 3) checking a criminal history and 4) checking the Nebraska State Patrol Sex Offender Registry. There was no evidence of the requirement to ensure a nurse aide registry check is completed on any staff members who have direct and unsupervised access to or who provide care and treatment to residents.</p> <p>A record review of an undated facility-provided list of staff names, dates of hire, their department, and their job title revealed HSKPG - U was hired on 9/14/2024 and AS - S was hired on 3/31/2025.</p> <p>A record review of DA-T's personnel file revealed DA-T was re-hired on 2/2/2025. There was no evidence that a criminal background, nurse aide registry, APS/CAN registry, or sex offender registry checks had been completed upon re-hire.</p> <p>A record review of HSKPG-U's personnel file revealed no evidence that a Nurse Aide registry check had been completed prior to hire.</p> <p>A record review of AS-S's personnel file revealed no evidence that a Nurse Aide registry check had been completed prior to hire.</p> <p>An interview on 4/21/2025 at 9:55 AM with Human Resources (HR) confirmed there was potential for DA-T, HSKPG-U, and AS-S to have direct and unsupervised access to the residents. HR also confirmed DA-T was rehired on 2/2/2025 and no background or registry checks had been completed upon their rehire. Additionally, HR confirmed HSKPG-U and AS-S did not have a nurse aide registry check completed prior to their hire as HR was unaware of the requirement of any staff with direct and unsupervised access to the residents required a nurse aide registry check to be completed prior to hire.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>49766</p> <p>Licensure Reference Number 175 NAC 12-006.02(H)</p> <p>Nebraska Revised Statute 28-372</p> <p>Based on record review and interview, the facility failed to A) immediately investigate and report an allegation of staff-to-resident abuse within 24 hours of the allegation being made and B) submit an investigation to the State Agency (SA) within 5 working days of the incident for 1 (Resident 39) of 1 sample resident. The facility identified a census of 39.</p> <p>Findings are:</p> <p>A record review of a facility policy Abuse Prohibition Policies and Procedures, with a last revised date of 1/11/2017, revealed an allegation of abuse will be reported within 24 hours to the SA and a copy of the written investigation report will be submitted to the SA within five working days of the alleged incident.</p> <p>A. A record review of Resident 39's Progress Note from 4/11/2025 at 9:24 AM written by Licensed Practical Nurse (LPN) - A revealed Resident 39 had been upset when LPN-A was assessing the resident. Resident 39 kept repeating that the guy/girls from last night were hitting them. LPN-A explained to Resident 39 that it was a new day; fresh start and those people are gone. The note revealed Resident 39 appeared to be receptive to the conversation and appeared to be in a happier mood. There was no evidence that LPN-A had reported the allegation to the Nursing Home Administrator (NHA) or SA or had begun an investigation.</p> <p>An interview on 4/15/2025 at 3:35 PM with LPN-A revealed LPN-A had been told by Resident 39 about allegations of staff hitting them the night before. LPN-A stated there wasn't any guys or girls overnight so if it had been a more realistic situation of abuse, LPN-A would have reported it and done something about it. LPN-A had determined the situation was not serious as it was a dream or misconception of reality but was unsure of how they had determined it was a misconception of reality or a dream.</p> <p>An interview on 4/15/2025 at 4:58 PM with the NHA revealed NHA had been unaware of Resident 39's allegations as LPN-A had not reported it to them. The NHA confirmed LPN-A should have reported the allegation of abuse to the NHA, so an investigation could have been conducted immediately and an initial report made to the SA within 24 hours.</p> <p>B. A record review of a sent e-mail revealed the NHA had sent the investigation to the SA on 4/21/2025 at 6:29 AM (7 working days from the date of the incident.)</p> <p>An interview on 4/21/2025 at 9:55 AM with the NHA confirmed the report had not been submitted to the SA until today (4/21/2025.)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>51122</p> <p>Licensure Reference 175 NAC 12-006.09(E)</p> <p>The facility failed to develop a 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 (CCP) regarding Resident 16's primary diagnoses and high-risk medications and develop and implement a Comprehensive Care Plan including non-pharmacological interventions related to Resident 25's behavioral and emotional well-being. This affected 2 of 12 sampled residents. The facility identified a census of 39.</p> <p>Findings are:</p> <p>A.</p> <p>Record review of Resident 25's electronic medical record revealed Resident 25 had medical diagnoses including Parkinson's disease (a movement disorder that affects the nervous system and worsens over time), dementia (a usually progressive condition marked by the development of multiple cognitive deficits), and anxiety disorder (anxiety is an abnormal and overwhelming sense of apprehension and fear often marked by physical signs, by doubt concerning the reality and nature of the threat, and by self-doubt about one's capacity to cope with it).</p> <p>Record review of a Brief Interview for Mental Status (BIMS, a brief screening tool that aids in detecting cognitive impairment) completed on 2/4/25 revealed Resident 25 had a score of 0 out of 15, which indicated the resident had severely impaired cognition.</p> <p>Record review of Resident 25's Comprehensive Care Plan (CCP) revealed a Problem titled, Psychotropic drug use, with a start date of 11/5/24, and stated Resident receives antianxiety medication buspirone and Xanax (alprazolam) r/t anxiety diagnosis. The stated goal was that the resident will be prescribed the lowest effective dose of medication, and two approaches were listed. The approaches were to attempt a gradual dose reduction if ordered by the physician, and the second approach was to have pharmacy consultant reviews.</p> <p>Record review of Resident 25's quarterly 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 2/6/25 revealed the following:</p> <p>-Section C revealed Resident 25 had severely impaired cognition.</p> <p>-Section D revealed a Staff Assessment of Resident 25's Mood (PHQ-09-OV, a questionnaire used to measure frequency and severity of depression symptoms) with a total severity score of 6, indicating mild depression.</p> <p>-Section E revealed no indicators of psychosis for Resident 25.</p> <p>(continued on next page)</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Section N revealed Resident 25 was taking anti-anxiety and anti-depressant medications.</p> <p>Record review of Resident 25's Medication Administration Records dated 1/1/2025 through 4/20/25 revealed the resident was taking the following psychotropic medications:</p> <p>-alprazolam, one 0.5 milligram (mg) tablet by mouth scheduled to be given at 1:30 PM daily, starting on 1/11/24.</p> <p>-buspirone, one 10 mg tablet by mouth scheduled three times a day (7:00 AM, 1:00 PM, and 7:30 PM), starting on 10/27/2023.</p> <p>-trazodone, one 50 mg tablet by mouth scheduled to be given at bedtime daily, starting on 1/10/24, and updated on 3/5/25 to include the direction to administer between 7:00 PM and 8:00 PM.</p> <p>A record review of Resident 25's orders revealed that the diagnosis listed for all three psychotropic medications was anxiety disorder.</p> <p>A record review of Resident 25's CCP revealed no evidence of non-pharmaceutical interventions for anxiety disorder, moods, or behavior.</p> <p>An interview on 4/16/25 at 3:24 PM with DON confirmed trazodone was not mentioned on Resident 25's CCP, and that there were no non-pharmaceutical interventions for anxiety disorder, moods, or behavior on the CCP.</p> <p>49766</p> <p>B.</p> <p>A record review of a facility policy Care Plans with a date of 2/29/2023 revealed care plans address problem areas identified as conditions that fall outside or have the potential to fall outside of normal parameters of biopsychosocial and spiritual well-being. Each identified problem area will be developed into a format on the care plan with a statement to the reason it is a problem, evidence or factors by which it is determined to be a problem, measurable time limited goals, and approaches to achieve the stated goal. Problem areas are identified after a review of the resident's medical and physical history, physician's orders, and other assessment tools.</p> <p>A record review of Resident 16's Face Sheet revealed the facility admitted Resident 16 on 7/28/2022. Resident 16 had diagnoses of Alzheimer's disease (a progressive brain disorder that primarily affects memory, thinking, and behavioral abilities that leads to a decline in cognitive function, ultimately affecting a person's ability to perform daily tasks), Congestive Heart Failure (CHF - a condition where the heart can't pump enough blood to meet the body's needs, leading to fluid buildup in the body), atrial fibrillation (AFib - a heart rhythm problem where the heart beats irregularly and fast), diabetes, and a history of a stroke.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of Resident 16's admission Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and help nursing home staff identify health problems) with an Assessment Reference Date (ARD) of 2/1/2025 revealed Resident 16 was taking a high-risk medication of an antiplatelet (a medication that prevent blood cells called platelets from sticking together and forming clots) and a diuretic (a water pill).</p> <p>A record review of Resident 16's Care Plan with a last reviewed/revised date of 2/7/2025 revealed no evidence of problem areas for Resident 16's diabetes, CHF, use of an antiplatelet, or use of a diuretic medication.</p> <p>An interview on 4/15/2025 at 12:00 PM with the Nursing Home Administrator and Director of Nursing confirmed Resident 16's care plan did not include problem areas of their diabetes, CHF, use of an antiplatelet, or use of a diuretic medication and would have expected these areas to have been included.</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49766</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)</p> <p>Based on record reviews and interviews, the facility failed to attempt the use of appropriate alternatives prior to the installation of bed rails (adjustable metal or rigid plastic bars that attach to the bed. They are available in a variety of types, shapes, and sizes ranging from full to one-half, one-quarter, or one-eighth lengths. Synonymous terms are side rails, bed side rails, and safety rails) as required for 1 (Resident 39) of 1 sample resident. The facility identified a census of 39.</p> <p>Findings are:</p> <p>A record review of a facility policy Side Rails with a date of 2/27/2023 revealed bed rails may be used by a resident if a bed rail request form and a bed rail decision making tree has been filled out. This will be reviewed quarterly. There was no evidence that the use of appropriate alternatives prior to the installation of bed rails was required.</p> <p>A record review of the Clinical Guidance for the Assessment and Implementation of Bed Rails in Hospitals, Long Term Care Facilities, and Home Care Settings with a date of April 2023 revealed the following:</p> <ul style="list-style-type: none"> - Automatic use of bed rails of any size or shape should be avoided. - If a resident, family member, or authorized representative requests the inappropriate use of side rails, then the interdisciplinary care team has a responsibility to discuss the risks involved, as well as the benefits of any clinical and/or environmental interventions that may be safer in meeting the patient's assessed needs, individual circumstances, and environment. - Nursing/medical and environmental interventions, such as the use of a trapeze bar (a transfer aid that's suspended over the bed) affixed to the bed to increase the resident's mobility, should be considered. - The patient's chart should include a risk-benefit assessment that identifies why other care interventions are not appropriate or not effective if they were previously attempted and determined not to be the treatment of choice for the patient. <p>A record review of Resident 39's Face Sheet revealed Resident 39 was admitted to the facility on [DATE]. Resident 39 had diagnoses of 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), epilepsy (a neurological condition characterized by recurrent seizures), and an anxiety disorder (mental health conditions characterized by excessive worry, fear, and anxiety that interfere with daily life).</p> <p>(continued on next page)</p>		

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<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of Resident 39's admission Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and help nursing home staff identify health problems) with an Assessment Reference Date (ARD) of 3/19/2025 revealed Resident 39 had a Brief Interview for Mental Status (BIMS, a brief screening that aids in detecting cognitive impairment) score of 10/15, which indicated Resident 39 had moderate cognitive impairment. Additionally, it revealed Resident 39 required maximum assistance with bed mobility and transfers.</p> <p>A record review of Resident 39'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) with a start date of 3/20/2025 revealed Resident 39 required a positioning device to assist with getting in/out of bed and with repositioning. Approaches listed were to complete a positioning device assessment before applying and quarterly thereafter, complete a position device assessment monthly, and the Power of Attorney (POA) to sign the consent for the positioning device. There was no evidence that appropriate alternatives to the bed rails had been attempted or contraindications to alternatives had been identified.</p> <p>A record review of Resident 39's Side Rail Request/Authorization with a date of 3/20/2025 revealed the POA had requested bilateral half-side bed rails be placed on Resident 39's bed to enhance independent bed mobility. A potential risk of entrapment had been identified. However, there was no evidence that the POA had been informed of alternatives that had been considered or attempted, or the benefits of the bed rails and the likelihood of the benefits had been reviewed with the POA.</p> <p>A record review of a Bed Side Rails Decision Tree with a date of 3/20/2025 revealed a signature and date from the Director of Nursing (DON). There was no resident's name included, or evidence of what pathway had been taken to determine the decision to proceed with the implementation of bed rails.</p> <p>An interview on 4/16/2025 at 3:00 PM with the Director of Nursing (DON) and concurrent record review of the provided Bed Side Rails Decision Tree revealed the DON had followed the left side steps of the following: 1) Wants bed side rails , 2) Is there is a risk to the resident if bed side rail is used? and 3) If no, obtain reason and document. Note bedside rail per resident/family choice on plan of care. Bed side rail is not a restraint. The DON explained Resident 39's family had requested the bed rails. The DON had then determined Resident 39 to have no risk if the bed rails were implemented but had not documented the reason. The DON confirmed no alternatives were considered or attempted prior to implementing Resident 39's bed rails.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>49766</p> <p>Licensure Reference Number 175 NAC 12-006.04(B)(ii)(1)</p> <p>Based on record reviews and interviews, the facility failed to ensure 5 [Nurse Aide (NA) - P, NA-L, NA-O, NA-N, and NA-K] of 5 sampled nurse aides (NA) had completed at least 12 hours of ongoing training annually based upon their employment date as required. This had the potential to affect all residents who reside within the facility. The facility identified a census of 39.</p> <p>Findings are:</p> <p>A record review of the facility's Facility Assessment with a date of 4/1/2025 revealed all staff would have training on resident transfers, infection control, disaster/emergency preparedness, resident rights, abuse and neglect, dementia, oxygen, Activities of Daily Living, and Hospice/Comfort Care. There was no evidence that nurse aides would complete at least 12 hours of ongoing education based upon their employment date.</p> <p>A record review of an undated facility-provided list of staff names, dates of hire, their department, and job title revealed the following:</p> <ul style="list-style-type: none"> - NA-P was hired on 3/19/2024. - NA-L was hired on 12/8/2023. - NA-O was hired on 3/31/2021. - NA-N was hired on 5/23/2023. - NA-K was hired on 1/15/2015. <p>A record review of NA-P's Relias Transcript as of 4/15/2025 revealed NA-P had completed a total of 3.82 hours of ongoing training between 3/19/2024 and 3/19/2025.</p> <p>A record review of NA-L's Relias Transcript as of 4/15/2025 revealed NA-L had completed 7 hours of ongoing training between 12/8/2023 and 12/8/2024.</p> <p>A record review of NA-O's Relias Transcript as of 4/15/2025 revealed NA-O had completed a total of 8.07 hours of ongoing training between 3/31/2024 and 3/31/2025.</p> <p>A record review of NA-N's Relias Transcript as of 4/15/2025 revealed NA-N had completed a total of 9.5 hours of ongoing training between 5/23/2023 and 5/23/2024.</p> <p>A record review of NA-K's Relias Transcript as of 4/15/2025 revealed NA-K had repeated courses of Documenting Medications, Basics of Medication Management, and Avoiding Common Medications Errors during their year between 1/15/2024-1/15/2025. After deducting duplicate courses, NA-K had completed 10.82 hours of ongoing training between 1/15/2024 and 1/15/2025.</p> <p>(continued on next page)</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An interview on 4/15/2025 at 12:00 PM with the Nursing Home Administrator (NHA) confirmed NA-P, NA-L, NA-O, NA-N, and NA-K had not completed at least 12 hours of ongoing training based upon their employment date.</p>		

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51560</p> <p>Licensure Reference Number NAC 175 12.006.18</p> <p>Based on observations and interviews the facility failed to develop Enhanced Barrier Precautions (EBP) policies and procedures and implement EBP for Residents 10, 21, and 27. The facility identified a census of 39.</p> <p>Findings are:</p> <p>A record review of Resident 21's Minimum Data Set (MDS- a federally mandated assessment tool used in Long Term Care) dated 4/10/25 revealed in Section H that Resident 21 had an indwelling catheter.</p> <p>A record review of Resident 27's MDS dated [DATE] revealed in Section M that Resident 27 had unresolved wounds.</p> <p>A record review of Resident 10's MDS dated [DATE] revealed in Section M that Resident 10 had one unresolved stage III pressure ulcer.</p> <p>An observation on 4/14/25 at 9:45 AM in the hallway outside Resident 21's room revealed no sign on Resident 21's door or any other indicator to staff that Resident 21 required the use of personal protective equipment (PPE) for high-contact care.</p> <p>An observation on 4/14/25 at 11:00 AM in the hallway outside Resident 27's room revealed no sign on Resident 27's door or any other indicator to staff that Resident 27 required the use of personal protective equipment (PPE) for high-contact care.</p> <p>An observation on 4/14/25 at 2:15 PM in the hallway outside Resident 10's room revealed no sign on Resident 10's door or any other indicator to staff that Resident 10 required the use of personal protective equipment (PPE) for high-contact care.</p> <p>An interview with Nurse Aide (NA)- A.S on 4/14/25 at 10:15 AM regarding Enhanced Barrier Precautions (EBP-an infection control intervention that uses gowns and gloves during high-contact resident care activities to reduce the spread of Multi Drug-Resistant Organisms (MDROs), NA-A.S stated the facility uses EBP on everyone.</p> <p>An interview with NA-A.B on 4/14/25 at 10:20 AM revealed no one is on enhanced barrier precautions at this time and if they start to get sick with something contagious, we gown up and the resident stays in their room. NA-A.B denies receiving training on the need to apply PPE in the presence of wounds and catheters.</p> <p>An interview on 4/14/25 at 12:56 PM with the Director of nursing (DON) confirmed the facility had not implemented enhanced barrier precautions and were unaware of the regulation or recommendation from the Center of Disease Control (CDC). The DON revealed that it is usually the Administrator that monitors for new regulations and will alert the DON to what they are and when they need to be implemented.</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	An interview on 4/14/25 at 3:00 PM with the Administrator (NHA) revealed that they monitor and alert the facility to new regulations and recommendations. The NHA denied being aware of the regulation and confirmed that the facility had not enacted that regulation. The NHA stated they would look at the regulation with the DON and begin development, implementation, and staff education of the regulation immediately.		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop, implement, and/or maintain an effective training program for all new and existing staff members.</p> <p>49766</p> <p>Licensure Reference Number 175 NAC 12-006.04(B)(i)</p> <p>Based on record reviews and interviews, the facility failed to ensure each employee received initial orientation within 2 weeks after beginning employment on topics of resident rights, emergency procedures, adult abuse/neglect and training on medical emergency directives and dementia for nursing staff as required for 11 [Nurse Aide (NA) - Q, NA-R, Housekeeper (HSKPG) - U, Activities Supervisor (AS) - S, NA-D, NA-E, NA-F, NA-G, NA-H, and NA-I] of 12 sample employees. This had the potential to affect all residents residing within the facility. The facility identified a census of 39.</p> <p>Findings are:</p> <p>A record review of the facility's Facility Assessment with a date of 4/1/2025 revealed all staff would have training on Emergency Preparedness, Resident Rights, and Abuse and Neglect. There was no evidence that the facility provides training on medical emergency directives.</p> <p>A record review of the Fusion Workforce Solutions Compliance Requirements with a date of 11/20/2024 revealed the facility required training on Elder Abuse.</p> <p>A record review of a facility provided list of staff names, dates of hire, their department, and job title revealed the following:</p> <ul style="list-style-type: none"> - NA- Q was hired on 4/3/2025. - NA-R was hired on 3/18/2025. - HSKPG - U was hired on 9/14/2024. - AS - S was hired on 3/31/2025. <p>A record review of an agency contracts list that provided the agency staff's name and date of contract revealed the following:</p> <ul style="list-style-type: none"> - NA-D began employment with the facility on 3/24/2025. - NA-E began employment with the facility on 1/18/2025. - NA-F began employment with the facility on 2/24/2025. - NA-G began employment with the facility on 1/29/2025. - NA-H began employment with the facility on 3/3/2025. - NA-I began employment with the facility on 1/27/2025. <p>(continued on next page)</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A record review of Dietary Aide (DA) - T personnel file revealed DA-T had been rehired on 2/2/2025. There was no evidence DA-T had completed training on resident rights, emergency procedures, or adult abuse and neglect within 2 weeks of re-starting employment.</p> <p>A record review of NA-Q's personnel file revealed no evidence that NA-Q had completed training on emergency procedures, medical directives, or dementia within 2 weeks of beginning employment.</p> <p>A record review of NA-R's personnel file revealed no evidence that NA-R had completed training on emergency procedures, medical directives, or dementia within 2 weeks of beginning employment.</p> <p>A record review of HSKPG-U's personnel file revealed no evidence that HSKPG-U had completed training on emergency procedures within 2 weeks of beginning employment.</p> <p>A record review of AS-S's personnel file revealed no evidence that AS-S had completed training on emergency procedures within 2 weeks of beginning employment.</p> <p>A record review of NA-D's Core Mandatory Attestation (a record of the agency staff's mandatory training topics) with a completion date of 12/20/2024 revealed no evidence that NA-D had completed training on adult abuse and neglect within 2 weeks of beginning employment with the facility.</p> <p>A record review of NA-E's Core Mandatory Attestation with a completion date of 8/30/2024 revealed no evidence that NA-E had completed training on adult abuse and neglect within 2 weeks of beginning employment with the facility.</p> <p>A record review of NA-F's Core Mandatory Attestation with a completion date of 2/13/2025 revealed no evidence that NA-F had completed training on adult abuse and neglect within 2 weeks of beginning employment with the facility.</p> <p>A record review of NA-G's Core Mandatory Attestation with a completion date of 6/6/2024 revealed no evidence that NA-G had completed training on adult abuse and neglect within 2 weeks of beginning employment with the facility.</p> <p>A record review of NA-H's Core Mandatory Attestation with a completion date of 2/17/2025 revealed no evidence that NA-H had completed training on adult abuse and neglect within 2 weeks of beginning employment with the facility.</p> <p>A record review of NA-I's Core Mandatory Attestation with a completion date of 1/15/2025 revealed no evidence that NA-I had completed training on adult abuse and neglect within 2 weeks of beginning employment with the facility.</p> <p>An interview on 4/21/2025 at 9:55 AM with Human Resources (HR) confirmed DA-T had been rehired on 2/2/2025 and had not completed initial orientation upon rehire. The interview also confirmed NA-Q, NA-R, HSKP-U, and AS-S had not completed all required initial orientation training as the facility does not provide initial orientation training on emergency procedures, medical emergency directives, or dementia.</p> <p>(continued on next page)</p>		

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<p>F 0940</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An interview on 4/21/2025 at 8:35 AM with the Director of Nursing confirmed the facility had no evidence NA-D, NA-E, NA-F, NA-G, NA-H, and NA-I had completed adult abuse and neglect training within two weeks of beginning employment with the facility.</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>49766</p> <p>Licensure Reference Number 175 NAC 12-006.04(B)(ii)</p> <p>Based on record reviews and interview, the facility failed to ensure nurse aides had completed at least 4 hours of dementia training annually as required for 5 [Nurse Aide (NA) - K, NA-O, NA-P, NA-L, and NA-N] of 5 sample employees. This had the potential to affect all residents who reside within the facility. The facility identified a census of 39.</p> <p>Findings are:</p> <p>A record review of a Facility Assessment with a date of 4/1/2025 revealed all staff would have training on dementia. There was no evidence that nurse aides would complete at least 4 hours of dementia training as required.</p> <p>A record review of an undated facility-provided list of staff names, dates of hire, their department, and job title revealed the following:</p> <ul style="list-style-type: none"> - NA-K was hired on 1/15/2015. - NA-O was hired on 3/31/2021. - NA-P was hired on 3/19/2024. - NA-L was hired on 12/8/2023. - NA-N was hired on 5/23/2023. <p>A record review of NA-K's Relias Transcript as of 4/15/2025 revealed no evidence NA-K had completed any dementia training between 1/15/2024 and 1/15/2025.</p> <p>A record review of NA-O's Relias Transcript as of 4/15/2025 revealed no evidence that NA-O had completed any dementia training between 3/31/2024 and 3/31/2025.</p> <p>A record review of NA-P's Relias Transcript as of 4/15/2025 revealed no evidence that NA-P had completed any dementia training between 3/19/2024 and 3/19/2025.</p> <p>A record review of NA-L's Relias Transcript as of 4/15/2025 revealed NA-L had completed 1 hour of dementia training between 12/8/2023 and 12/8/2024.</p> <p>A record review of NA-N's Relias Transcript as of 4/15/2025 revealed NA-N had completed 1 hour of dementia training between 5/23/2023 and 5/23/2024.</p> <p>(continued on next page)</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>An interview on 4/15/2025 at 12:00 PM with the Nursing Home Administrator (NHA) revealed they were not aware of the requirement for nurse aides to complete at least 4 hours of ongoing training on dementia yearly. The NHA confirmed NA- K, NA-O, NA-P, NA-L, and NA-N had not met this requirement.</p>		