STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285280	A. Building B. Wing	05/27/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Lighthouse at Lakeside Village	17600 Arbor Street Omaha, NE 68130

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Licensure reference: 175 NAC 006.04(A)(iii) Based on record review and interview, the facility failed to ensure criminal background checks were completed on 1 [Nurse Aide A] of 5 sampled staff members. The facility had a total census of 51 residents. Findings are: A review of background screening checks completed on 3/19/24 for Nurse Aide A did not reveal a completed criminal background check. A review of employee report dated 5/27/26 revealed Nurse Aide A had a hire date of 3/18/24. In interviews on 5/27/26 at 12:37 PM and 4:05 PM, Human Resource Business Partner confirmed a criminal background check had not been completed on Nurse Aide A due to Nurse Aide A being a minor. Human Resource Business Partner reported that an additional request would need to be made to the vendor in order to have a criminal background check completed on an employee who is a minor. A review of facility policy titled Abuse-Prevention and Reporting dated 4/7/26 revealed the following under the Pre-hire Screening section:- All applicants for employment in the facility shall, at a minimum, have the following screening checks conducted: a. Reference checks including the current and/or past employer(s) b. APS, Child Abuse Registry, and/or SING in Iowa to identify if applicant has been placed on the registry for substantiated abuse, neglect, or misuse of vulnerable person's property. c. Criminal background check, including Office of Inspector General's (OIG) List of Excluded Individuals/Entities (LEIE) and the Nebraska/Iowa Medicaid Excluded Providers List (Nebraska/Iowa List). d. Sex offender background check. e. Refer to Immanuel Administration policy ?Background Investigations for Employment Purposes'.

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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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure allegations of abuse and significant injury were reported to Adult Protective Services within 2 hours for 2 [Residents 1 and 2] of 3 sampled resident and failed to ensure an investigation report was submitted to the state agency within 5 working days for 3 [Residents 1, 2, and 3] of 3 sampled residents. The facility had a total census of 51 residents. Findings are:A.A review of facility Abuse/Neglect Report dated 5/7/26 revealed an incident of potential abuse involving Resident 2 occurred on 5/3/26 before dinner. The description of the incident in the report revealed that Nurse Aide A had observed Nurse Aide B was being rough with Resident 2 by grabbing Resident 2's wrists and pulling on them. Nurse Aide A reported the occurrence to Licensed Practical Nurse D who did an assessment of Resident 2. Nurse Aide B was sent home. According to the Abuse/Neglect report, the facility completed an investigation that included interviews with 2 other staff members that had entered Resident 2's room. Nurse Aide B's employment was terminated on 5/4/26. A further review of Abuse/Neglect report dated 5/7/26 that involved incident with Resident 2 revealed an online report was submitted to Adult Protective Services on 5/7/26 at 11:23 AM. The Abuse/Neglect report did not identify that the report was submitted to the state survey agency. In an interview on 5/27/26 at 1:13 PM, the Director of Nursing confirmed that the Abuse/Neglect report involving Resident 2 had only been submitted to Adult Protective Service and was not submitted to the state survey agency. The Director of Nursing further confirmed that the initial report regarding the incident involving Resident 2 was not made within 2 hours and in hindsight should have been reported within 2 hours of the occurrence. The Director of Nursing revealed the decision to file a report regarding the incident involving Resident 2 was made on 5/7/26 due to the evidence that was discovered during the investigation. B.A review of facility Abuse/neglect Report dated 12/1/25 revealed Resident 1 fell on [DATE] at 9:02 PM and was sent to the emergency department. Resident 1 returned to the facility with 3 sutures in a 1 cm laceration above Resident 1's right eye. A further review of Abuse/Neglect report dated 12/1/26 revealed the Adult Protective Service abuse/neglect hotline was called on 12/1/25 and the self-report was submitted online. The Abuse/Neglect report did not identify that the report involving Resident 2's fall with injury was submitted to the state survey agency. In interviews on 5/27/26 at 1:23 PM and 3:26 PM, the Director of Nursing confirmed that the report involving Resident 1 was not submitted to the state survey agency. The Director of Nursing also confirmed that the initial report of the fall with injury for Resident 1 was not reported within the 2-hour timeframe and needed to be. C.A review of Resident Concern Report completed 3/30/26 revealed Resident 3 reported on 3/26/26 that Resident 3 had been missing a blank check since July 2025 and that the check had been cashed for $450.00 on 3/2/26. According to the investigation, Resident 3 had not filled out the check or authorized the amount written. A further review of the Resident Concern Report completed 3/30/26 revealed a report was made to Adult Protective Services and the police regarding Resident 3's unauthorized check being cashed. The Resident Concern Report did not identify that an investigative report had been submitted to the state survey agency.In an interview on 5/27/26 at 2:20 PM, the Social Worker C confirmed that no investigative report was submitted to the state survey agency. D.A review of facility policy titled Abuse-Prevention and Reporting dated 4/7/26 revealed the following under the Reporting section:- The facility administrator designee, will notify the appropriate state agency (e.g. DIA or DHHS) and/or law enforcement (as applicable): a. Within 2 hours, if the alleged violation involves abuse or results in serious bodily injury. Or b. Not later than 24 hours, if the alleged violation involves neglect, exploitation, mistreatment, misappropriation of resident property, and does not result in serious bodily injury. Please refer to the above linked resources to determine when abuse should be reported. c. A written investigation will be submitted to the appropriate reporting agencies (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	within 5 working days in either of the above situations. d. This does not have to be firsthand knowledge of the incident but rather a reasonable suspicion of abuse against a resident by another individual. e. Staff may utilize the forms provided in this policy to make a single report by multiple employees.