STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285283	A. Building B. Wing	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eventide Crete	1800 East 13th Street Crete, NE 68333

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. Licensure Reference Number 175 NAC 12-006.09(G)(ii).Based on record review and interview, the facility failed to document a recapitulation (a complete summary of the resident stay in the nursing home from admittance to discharge) for one (Resident 38) of 5 sampled residents. The facility census was 32. A record review of admission record reveals that Resident 38 was admitted to the facility on 7/25 with the diagnosis of Heart failure, pericardial effusion (where excessive fluid accumulates in the pericardial sac, the thin membrane surrounding the heart), Coronary artery disease (where the arteries that supply blood to the heart become narrowed or blocked), Acute-on-chronic kidney disease (where an acute decline in kidney function that occurs in individual with chronic kidney disease), and Hypertension (high blood pressure). A record review of Resident 38 progress notes revealed that on 8/15/25 Resident 38 was discharged to the hospital due to critically high potassium levels. Resident 38 representative was present and a bed hold policy was given to the representative and the representative declined the bed hold policy. Resident 38 was discharged from the facility.A record review of the Facility's undated policy for Discharge residents revealed:Team leaders will complete discharge checklist, notify necessary departments and documents in medical recordsRN/LPN will complete a discharge progress note.An interview on 9/17/25 at 1:30 PM with the MDS coordinator confirmed that a discharge summary for Resident 38 had not been completed. The MDS coordinator confirmed that (gender) didn't think a discharge summary was to be done because Resident 38 was sent to the hospital.MDS coordinator confirmed that (gender) was aware that the representative for Resident 38 declined the Bed hold and that Resident 38 was discharged from the facility.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility staff failed to complete a PASARR (Pre-admission Screening and Resident Review) assessment for one resident (Resident 28) of 5 sampled residents after a new diagnosis of a mental disorder, after admission to the facility, to determine if Resident 28 was receiving the necessary services indicated for the disorder. The facility census was 32. A record review of Resident 28 admission record dated 9/17/25 reveals that Resident 28 was admitted to the facility on [DATE] with the diagnosis of Parkinson's disease (a progressive neurological disorder that affects movement), Dementia with mood/psychotic disturbance (includes depression, anxiety while psychotic symptoms include hallucinations, and delusions), Adjustment disorder with mixed anxiety and depressed mood (persistent feelings of sadness, hopelessness), Hallucinations (something that seems real to the person but has no actual external stimulus or physical source), Delusional disorders (false beliefs that persist for at least a month).A record review of Resident 28 PASARR dated 3/23/23 reveal SMI (Significant Mental Illness) and mental disorder was marked as Major Depression. No other PASARR was noted to be completed after 3/23.A record review of Resident 28 diagnosis revealed that on:12/5/24 received a new diagnosis of Delusional Disorder.1/13/25 received a new diagnosis of Hallucinations.3/6/25 received a new diagnosis of Adjustment Disorder with mixed anxiety and Depressed Mood.A record review of the Care Plan with a initiated date of 10/19/23 and Revision date of 5/2/25 revealed that Resident 28 had a history of hallucinations and delusions and adjustment disorder with mixed anxiety and depression.A record review of the facility Policy and Procedures for readmission Assessment and Annual Resident Review Screening (PASRR) with no date revealed:Procedure:The facility will complete a new PASARR screen upon a significant change in mental health or with newly diagnosed mental illness/disorder, intellectual disability, or related condition for a Level 2 review. The resident care plan will be updated to reflect the changes in the assessment or identified in the PASRR screen.An interview on 9/17/25 at 10:13 AM with Social Services confirmed that the last PASARR for Resident 28 was done on 3/23 and a new PASARR for Resident 28 should have been done with each of the new mental illness/disorder diagnosis and it wasn't done.