STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28E191	A. Building B. Wing	02/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Memorial Community Care	1423 Seventh Street Aurora, NE 68818

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 0868 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly Licensure Reference Number 175 NAC 12-006.07(A) The facility failed to ensure the required members of the Quality Assurance and Performance Improvement (QAPI - a data-driven, proactive approach to Quality Assurance {meeting standards} and performance improvement {enhancing processes} to improve care, safety, and quality of life) Committee attended the quarterly meetings. This had the potential to affect 33 residents that resided in the facility at the time of the survey. The facility census was 33. Findings are: A record review of the facility's undated QAPI policy revealed the committee members included the Medical Director (Physician Review Committee). A record review of the facility QAPI meeting minutes dated 10.14.2025, 11.11.2026, 12.9.2025, and 1.13.2026 revealed the Medical Director was not in attendance at the meetings. During an interview on 2.2.2026 at 9:00 AM, the Administrator (ADM) confirmed the facility's Medical Director does not attend the QAPI' quarterly committee meetings, and only reviews the nursing facility's QAPI minutes.

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