

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285147	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/03/2025
NAME OF PROVIDER OR SUPPLIER The Oaks at Central City		STREET ADDRESS, CITY, STATE, ZIP CODE 2720 South 17th Avenue Central City, NE 68826	
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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record reviews and interviews, the facility failed to provide notification to the physician for Resident #7 as required. The facility has a census of 58. Findings are: Record review of Resident 7's Medication Administration Record dated 12/3/25 revealed admission to the facility was on 4/8/25. Record review of Resident 7's progress notes dated 12/2/25 revealed several episodes on different days when this resident was screaming, flailing arms, hitting, thrashing about, kicking, and combative with cares. Record review of Resident 7's diagnoses dated 12/2/25 revealed bipolar disorder-current episode manic severe with psychotic features, anorexia nervosa, obsessive-compulsive disorder, mood disorder due to known physiological condition, body dysmorphic disorder, alcohol dependence-remission, major depressive disorder-recurrent and anxiety disorder. Interview with Director of Nursing on 12/2/25 at 3:00 PM revealed Resident 7 was transferred to [NAME] hospital on [DATE]. An interview on 12/3/25 at 12:25 PM Licensed Practical Nurse (LPN-A) confirmed on 11/22/25 [gender] was notified by a nurses aide that Resident 7 was having an episode (screaming, kicking, and thrashing around). LPN-A went into the room to assess and then to medication cart to get Zyprexa IM for the resident. LPN-A said [gender] gave Zyprexa 2 times that shift due to the behavior. Interview with LPN-A on 12/3/25 at 12:28 PM confirmed that LPN-A did not notify the doctor, family or guardian on 11/22/25 regarding this episode. Interview via phone with the Guardian on 12/2/25 at 2:00 PM confirmed the last time [gender] was called from the facility was on 11/21/25 because of a fall where Resident 7 didn't hurt themselves and then again on 11/24/25 when they sent Resident 7 to [NAME] hospital. Interview On 12/3/25 at 2:30 pm with the 2nd emergency contact, stated that [gender] witnessed one of Resident 7 psychotic episodes there at the facility on 11/21/21. On 11/24/25 [gender] called the facility and found out that the resident was transferred to [NAME] earlier that day. An interview on 12/3/25 at 1:45 PM with the Assistant Director of Nursing confirmed the nurse should have called the physician, guardian and 2nd emergency contact of transfer to another facility and changes in behavior. Record review of The Oaks at Central City notification of changes policy dated 8/1/25 revealed: The purpose of this policy is to ensure the facility promptly informs the resident, consults the residents and physician, and notifies, consistent with his or her authority, the resident's representative when there is a change requiring notification. -Compliance Guidelines: 1. Accidentsa. resulting in injuryb. Potential to require physician intervention2. Significant change in the resident's physical, mental, or psychosocial condition such as deterioration in health, mental, or psychosocial status.a. Life-threatening conditions, orb. Clinical complications.3. Circumstances that require a need to alter treatment. This may include:a. New treatmentb. Discontinuation of current treatment due to:4. A transfer or discharge of the resident from the facility.5. A change of room or roommate assignment.2. Residents incapable of making decisions:a. The representative would make any decisions that have to be made.b. The resident should still be told what is happening to him or her.		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 285147
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