STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285148	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Good Shepherd Lutheran Home	2242 Wright Street Blair, NE 68008

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. Licensure Reference Number 175 NAC 12-006.04(F)(i)(5) Based on record reviews and interviews; the facility failed to notify the medical practitioner and family of 1 (Resident 52) of 5 residents sampled for refusal to take medications. The facility census was 66. Findings are: Record review of Resident 52's 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 03/28/2025 revealed a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 99. The MDS manual identified a score of 99 as resident was unable to complete the interview. Record review of Resident 52's Order Summary dated 4/29/2025 revealed the following medications were prescribed by the practitioner: -Acetamin tab 325 milligrams (mg) twice daily for pain -Aspirin 81 mg for heart health -Atorvastatin 80 mg for hyperlipidemia (an elevated level of lipids - like cholesterol and triglycerides in your blood) -Carvedilol 10 mg extended release (ER) for essential primary hypertension (high blood pressure) -Fluoxetine Solution 20 mg/5 milliliters (ML) for depression -Omeprazole cap 40 mg for GERD (a digestive disorder where stomach acid frequently flows back up into the esophagus, the tube connecting the mouth to the stomach) -Prevagen 10 mg capsule for memory support -Risperidone solution 1 mg/ML twice daily for dementia -Senna tablet 8.6 mg for constipation (continued on next page)

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: 285148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Good Shepherd Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE 2242 Wright Street Blair, NE 68008	

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident 52's Medication Administration record (MAR) (a Medication Administration Record documents every medication a patient receives, including the name, dose, route, and time) dated April 2025 revealed Resident 52 had refused the following medications: - Aspirin, Carvedilol, Omeprazole, Prevagen, and Senna on 4/1/2025, 4/2/2025, 4/4/2025, 4/5/2025, 4/6/2025, 4/7/2025, 4/11/2025, 4/14/2025, 4/15/2025, 4/18/2025, 4/19/2025, 4/20/2025, 4/23/2025, 4/24/2025, 4/25/2025, 4/27/2025, and 4/28/2025. -Acetamin was refused on 4/1/2025 AM, 4/2/2025 AM, 4/3/2025 PM, 4/4/2025, 4/5/2025, 4/6/2025 both AM/PM, 4/7/2025 AM, 4/11/2025 AM/PM, 4/14/2025 AM, 4/15/2025 AM/PM, 4/16/2025, 4/17/2025 PM, 4/18/2025 AM/PM, 4/19/2025 AM/PM, 4/20/2025 AM, 4/21/2025, 4/22/2025 PM, 4/23/2025 AM, 4/24/2025 AM, 4/25/2025 AM/PM, 4/26/2025 PM, 4/27/2025 AM, 4/28/2025 AM/PM -Fluoxetine and Senna were refused on 4/2/2025, 4/4/2025, 4/5/2025, 4/6/2025, 4/7/2025, 4/11/2025, 4/14/2025, 4/15/2025, 4/18/2025, 4/19/2025, 4/20/2025, 4/23/2025, 4/24/2025, 4/25/2025, 4/27/2025, and 4/28/2025. Record review of Resident 52's progress notes did not indicate the primary medical provider was notified of Resident 52's refusals to take medications on 4/1/2025, 4/2/2025, 4/4/2025, 4/5/2025, 4/6/2025, 4/7/2025, 4/11/2025, 4/14/2025, 4/15/2025, 4/18/2025, 4/19/2025, 4/20/2025, 4/23/2025, 4/24/2025, 4/25/2025, 4/27/2025, and 4/28/2025. An interview on 5/1/2025 at 8:06 AM was conducted with the Director of Nursing (DON). During the interview the DON confirmed Resident 52's practitioner was not notified Resident 52 was refusing medications and should have been. A Record review of facility Policy Requesting, Refusing and/or Discontinuing Care or Treatment revised February 2021 stated the following: Policy Interpretation and Implementation 7. Documentation pertaining to a resident's request, discontinuation or refusal of treatment includes at least the following: a. date and time the care or treatment was attempted b. the type of care or treatment c. the resident's response and stated reason(s) for request, discontinuation or refusal d. the name of the person who attempted to administer the care or treatment e. that the resident was informed (to the extent of their ability to understand) of the purpose of the treatment and the potential outcome of not receiving the medication and/or treatment f. the resident's condition and any adverse effects due to the request g. the date and time the practitioner was notified (continued on next page)

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NAME OF PROVIDER OR SUPPLIER: Good Shepherd Lutheran Home		STREET ADDRESS, CITY, STATE, ZIP CODE: 2242 Wright Street Blair, NE 68008	

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	h. all other pertinent observations i. the signature and title of the person recording the data 8. The healthcare practitioner must be notified of refusal of treatment, in a time frame determined by the resident's condition and potential serious consequences of the request. For example, a resident's refusal to take a diuretic while experiencing acute congestive heart failure should be reported immediately, while a refusal to take a blood pressure medication while the blood pressure is well controlled can be reported within 24 hours.

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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. Licensure Reference Number 175 NAC 12.006.02(8) Based on record review and interview; the facility failed to report an allegation of resident-to-resident abuse within the required timeframe to Adult Protective Services (APS) for 1 (Resident 119) of 4 facility self-report investigations reviewed. The facility census was 66. Findings are: Record review of an undated facility policy entitled Abuse and Neglect Reporting revealed the following information: All staff members, residents, visitors are required to immediately report any incidents or suspected incidents of resident mistreatment, abuse, or neglect, exploitation, including injuries of unknown source and misappropriation of properties. Procedure: 1. Any alleged violations involving abuse or negligence neglect including injuries of an unknown source and misappropriation of resident property must be reported. 3. Staff members aware of an incident or suspected incident of abuse or neglect must immediately report knowledge of such incidents to the charge nurse, department head or administration. 5. The staff person receiving the initial allegation of abuse or neglect must immediately contact the facility manager and administrator 6. When an alleged or suspected case of mistreatment, exploitation, misappropriation of resident property, abuse or neglect is reported, the facility administrator or designee will notify the following persons of such incident: Within 24 hours: a. Adult Protective Services (APS) 24 hour hotline: 1. Report allegations of abuse, neglect, exploitation results not later than 24 hours if a suspicion of abuse, neglect or exploitation does not result in bodily harm. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident 119'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 1/29/25 revealed an admission date of 4/23/24 with diagnoses that included chronic obstructive pulmonary disease, coronary artery disease and heart failure. The MDS identified that Resident 119 had a BIMS (Brief interview Mental Status, a brief screener that aids in detecting cognitive impairment) score of 6. The MDS manual identified that a score of 0-7 indicated severe cognitive impairment. The MDS identified that Resident 119 used a wheelchair and was dependent on staff for all activities of daily living needs such as toileting, dressing and personal hygiene. Record review of a facility investigation dated 1/9/25, related to an allegation of resident to resident abuse that involved Resident 119 as the victim, revealed an investigation was initiated on 1/6/25 at 9:10 AM by the facility administrator. Record review of a description of the incident revealed that the incident between Resident 119 and another resident had occurred on 1/4/25 at 3:30 PM. The facility investigation revealed no injury had resulted to Resident 119. The facility investigation revealed that the administration was not notified of the incident until 1/9/25 at 9:10 AM. Adult Protective Services was not notified until 1/9/25 at 9:40 AM which was not within the required 24 hour timeframe for an allegation of abuse with no injury. Interview on 04/30/25 at 6:53 AM with the Director of Nursing (DON) confirmed staff did not immediately notify administration of the incident on 1/4/25 at the time of the incident and they should have. The DON confirmed that staff had been educated in the past to notify the administration as soon as an incident occurred so the investigation and reporting could be done. The DON confirmed that the allegation of abuse had not been reported to APS within the required 24 hour timeframe.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Licensure Reference Number 175 NAC 12-006.09(F)(ii) Based on record review and interview; the facility failed to develop a comprehensive care plan within 7 days of the completion of the 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) for 1 (Resident 219) of 21 sampled residents. The facility staff identified a census of 66. The findings are: A record review of a facility policy entitled Care Plans, Comprehensive Person-Centered dated 2001 revealed: -The comprehensive, person-centered care plan is developed within seven days of the completion of the required MDS assessment (Admission, annual or sig change) and no more than 21 days after admission. A record review of Resident 219's admission 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 06/05/2024 identified the facility admitted the resident on 05/29/2024 with diagnoses of hypertension, thyroid disorder, cerebral infarction (stroke), and neuropathy. Further review of the MDS identified that Resident 219 was dependent upon staff for assistance with toileting hygiene, bathing, transfers, and manual wheelchair mobility; substantial assistance with upper and lower body dressing, footwear, and bed mobility; and supervision or touching assistance for personal hygiene tasks. A record review of Resident 219's Care Area Assessments (CAAs, areas for further assessment of resident conditions based on information entered into the MDS that are utilized to develop a person-centered plan of care) revealed the following areas required further assessment and were marked by facility staff as requiring care planning: cognition/dementia, communication, functional abilities, urinary incontinence, psychosocial, behavior, falls, dental, and pressure ulcers. A record review of Resident 219'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) revealed functional abilities interventions addressed only transfers. Further review revealed the following areas did not have interventions for cognition/dementia, communication, urinary incontinence, psychosocial, and dental. In an interview on 05/01/2025 at 1:04 PM, the MDS Coordinator (MDSC)-W confirmed that interventions for cognition/dementia, communication, urinary incontinence, psychosocial, and dental were not listed on the CCP and should have been. The MDSC-W further confirmed that additional interventions should have been listed for Resident 219's functional abilities.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Licensure Reference Number 175 NAC 12-006.19A Based on record review, observation and interview, the facility failed to repair leaks in the facility's roof. This had the potential to affect all residents that resided in the facility. The Facility identified a census of 66. Findings are: A record review of a facility policy titled Storage Areas, Maintenance, dated December 2009 revealed, all storage areas must be kept free from accumulation of trash, rubbish, oily rags, paper, etc., at all times. A record review on 4/30/2025 of an email dated May 10, 2024 revealed the management company was aware of the functional damage the campus sustained. Record review of a receipt of payment to dated 5/8/2024 to a roofing company for the amount of $4000.00 related to work that applied a patch to the roof. An observation on 4/30/25 8:45 AM with the Administrator (ADM) revealed the office in the therapy gym had discolored water like stained ceiling tiles that are brown with black in the center, and the therapy gym above a TV that has portions of plaster substance missing with brick exposed behind the plaster substance. In addition the area in the therapy office on the 1st floor had a plaster substance missing with brick exposed. An observation on 4/30/2025 12:00 PM with Physical Therapy Assistant (PTA) revealed black spots on the ceiling tiles above the desks. The PTA reported the black spots were mold. The east window of the office has plaster substance missing from the wall and is exposing the brick. The PTA reported their belief was that it was from the leaking ceiling. An interview with the ADM on 4/30/2025 at 8:30 AM revealed the second floor and the therapy gym on the main floor had water damage. The ADM confirmed the management company has been advised and has advised the owner of the water damage. The ADM confirmed no repairs have been completed since May 2024. An interview with ADM on 4/30/24 11:06 AM revealed the roof has been leaking since the email to the management company in 2024. The ADM confirmed there is no current plan to fix the leaking roof or the mold like spots that were on the ceiling tiles in the gym and in the supply room on the second floor.

Printed: 03/17/2026
Form Approved OMB
No. 0938-0391

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F 0923 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have enough outside ventilation via a window or mechanical ventilation, or both. Licensure Reference Number 175 NAC 12-007.04 D Based on observation, record review and interview; the facility failed to ensure a working ventilation system in 20 (302, 303, 304, 305, 306, 307, 308, 310, 311, 400, 401, 402, 404, 405, 406, 407, 408, 409, 410, 411) of 28 occupied resident rooms on the 300 and 400 halls in the facility. The total number of occupied resident rooms in the facility was 52. The facility census was 66. Findings are: Observations of the facility environment on 05/01/25 between 8:30 AM and 9:15 AM with the facility Maintenance Director [MD] revealed that the ventilation system in resident bathrooms in rooms 302, 303, 304, 305, 306, 307, 308, 310, 311, 400, 401, 402, 404, 405, 406, 407, 408, 409, 410, 411 did not draw a 1 ply square of tissue to the surface of the ventilation covers in resident bathrooms. The fact that the tissue square was not drawn to the cover indicated that the system was non-operational at the time of the observation. Interview on 05/01/25 at 09:15 AM with the MD confirmed the ventilation system did not draw in bathrooms on the 300 and 400 halls. The MD was unsure if documentation had been completed of the last time the ventilation systems had been checked for operation. Interview on 05/01/25 at 09:20 AM with the Environmental Services Account Manager confirmed there was no documentation of the last time the ventilation systems in resident bathrooms were checked for draw and operation.