

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285183	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/10/2025
NAME OF PROVIDER OR SUPPLIER Colonial Manor of Randolph		STREET ADDRESS, CITY, STATE, ZIP CODE 811 South Main Street Randolph, NE 68771	

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)
<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175NAC 12-006.19(A) Based on observation, and interview; the facility failed to maintain the cleanliness and condition of walls, floors, doors, and bathrooms in 3 (North 1, 2, and 12) of 28 occupied rooms. This had the potential to affect 6 residents who resided in those rooms. The total sample size was 18 and the facility census was 40. Findings are: Observations on 12/10/25 at 8:24 AM with the Administrator revealed the following environmental issues: Bathroom of resident room North 1: -wall between the stool and the handwashing sink with a hole which was approximately 3 centimeters (cm) by 6 cm with exposed piping visible. Bathroom of resident room North 2: -scrapped area with a hole to the bathroom door. -concrete floor with missing linoleum in the bathroom underneath the handwashing sink. 2 uncovered bedpans and a package of disposable urinary incontinence products were stored directly on the concrete. -the wall covering around the handwashing sink had been removed with exposed dry wall. Bathroom of resident room North 12: -dark brown stains to the top and the inside of the stool, and the stool riser. -pervasive smell of feces to the resident's room and bathroom. During an interview with the Administrator on 12/10/25 at 8:44 AM, the Administrator confirmed areas to resident rooms North 1, 2 and 12 needed to be repaired and/or cleaned. Interview with the Maintenance Supervisor on 12/10/25 at 8:45 AM revealed the staff were to complete work orders on any areas which required repair/fixing and currently no works orders have been completed regarding the concerns in the North corridor resident rooms [ROOM NUMBERS].</p>

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>Licensure Reference Number 175 NAC 12-006.04(A)(iii)(2) Based on record review and interview; the facility failed to ensure background checks were completed through the State Nurse Aide (NA) registry for 2 (NA-Q and NA-R) of 5 employees. The total sample size was 18. The facility census was 40. Findings are: Review of the facility policy Freedom from Abuse, Neglect, Exploitation and Misappropriation with a revised date of 10/2022 revealed it was the policy of the facility to protect residents from abuse, neglect, exploitation, and misappropriation of resident property. The facility sought to protect its residents from being subjected to incidents of crime and to ensure that any such incidents were reported in a timely manner to the State Agency and local law enforcement. Further review revealed, the facility would conduct background checks and not knowingly employ or otherwise engage any individual who:-had been found guilty of abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law.-had a negative finding in the State Nurse Aide registry concerning abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property.-a disciplinary action was in effect against his or her professional license by a state licensure body because of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. Record review of 5 employee files revealed the following:-Dietary Aide (DA)-Q was hired on 10/27/25 and there was no evidence the facility had completed a background check through the State Nurse Aide Registry prior to the staff's hire date. -DA-R was hired on 10/1/25 and there was no evidence that a background check was completed through the State Nurse Aide Registry prior to the staff's hire date. During an interview on 12/10/25 at 1:04 PM, the facility Administrator confirmed the facility failed to check the Nurse Aide Registry upon employment for DA-Q and DA-R to ensure no negative findings and that the residents were protected from potential abuse.</p>		