

| | | | |
|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285263 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/07/2025 |
| NAME OF PROVIDER OR SUPPLIER Westfield Quality Care of Aurora | | STREET ADDRESS, CITY, STATE, ZIP CODE 1313 1st 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) |
|---|---|
| <p>F 0844</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Follow rules about disclosure of ownership requirements and tell the state agency about changes in ownership and/or administrative personnel.</p> <p>Licensure Reference Number 175 NAC 12-006.01(g)(h)</p> <p>Based on interviews and record reviews, the facility failed to notify the Department in writing within 5 working days of vacancy and filling of the Administrator position. This had the potential to affect all facility residents. The facility census was 50.</p> <p>Findings Are:</p> <p>The Facility Administrator (FA) was interviewed on 04/07/2025 at 2:45 PM. The interview with the FA revealed that the Business Office Manager (BOM) was the provisional administrator prior to their tenure which began on 02/14/2025.</p> <p>The BOM was interviewed on 04/07/2025 at 2:49 PM revealing that they were the Provisional Administrator prior to the current Administrator and their term ended on 02/14/2025. The BOD revealed that their tenure began on 01/28/2025, however notified the Department earlier than that date, by submitting a Change of Notification Form to the Department.</p> <p>Records revealed that the Change of Notification Form sent via email to the Department was date stamped as being sent on 01/24/2025 requesting a change of Administrator from one with a service end date of 01/14/2025 and a service start date as 01/15/2025 with a pending license number.</p> <p>On 04/07/2025 at 2:49 PM the BOM revealed that the Department called them and stated the Change of Notification Form was declined. The BOM revealed that the Department declined the form due to not having an Administrator license the date the form was submitted. The BOM revealed that they had requested a provisional license on 01/24/2025 and submitted the Change of Notification Form on the same day, however, was unaware of the timeline to obtain a provisional license and unaware when the Department needed to be notified on vacancy and filling of the Administrator position. The BOM then revealed that their provisional license was not activated until 01/28/2025 and advised by the Department to resubmit the Change of Notification Form to the Department once the provisional license was available or another person was selected to fill the position.</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 |
|---|---|--------------------------------------|
| FORM CMS-2567 (02/99) Previous Versions Obsolete | Event ID: Facility ID: 285263 | If continuation sheet Page 1 of 1 |