

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/18/2025
NAME OF PROVIDER OR SUPPLIER Tabitha Nursing Center at Crete		STREET ADDRESS, CITY, STATE, ZIP CODE 1800 East 13th Street Crete, NE 68333	

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 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Licensure Reference Number 175 NAC 12-006.09(G)(ii).Based on record review and interview, the facility failed to document a recapitulation (a complete summary of the resident stay in the nursing home from admittance to discharge) for one (Resident 38) of 5 sampled residents. The facility census was 32. A record review of admission record reveals that Resident 38 was admitted to the facility on 7/25 with the diagnosis of Heart failure, pericardial effusion (where excessive fluid accumulates in the pericardial sac, the thin membrane surrounding the heart), Coronary artery disease (where the arteries that supply blood to the heart become narrowed or blocked), Acute-on-chronic kidney disease (where an acute decline in kidney function that occurs in individual with chronic kidney disease), and Hypertension (high blood pressure). A record review of Resident 38 progress notes revealed that on 8/15/25 Resident 38 was discharged to the hospital due to critically high potassium levels. Resident 38 representative was present and a bed hold policy was given to the representative and the representative declined the bed hold policy. Resident 38 was discharged from the facility.A record review of the Facility's undated policy for Discharge residents revealed:Team leaders will complete discharge checklist, notify necessary departments and documents in medical recordsRN/LPN will complete a discharge progress note.An interview on 9/17/25 at 1:30 PM with the MDS coordinator confirmed that a discharge summary for Resident 38 had not been completed. The MDS coordinator confirmed that (gender) didn't think a discharge summary was to be done because Resident 38 was sent to the hospital.MDS coordinator confirmed that (gender) was aware that the representative for Resident 38 declined the Bed hold and that Resident 38 was discharged from the facility.</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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