

Division of Public Health

State of Nebraska
Dave Heineman, Governor

December 18, 2014

Mary Carhart
Administrator
Bellevue Health Center
1002 West Mission
Bellevue, NE 68005

Dear Ms. Carhart:

An unannounced visit was conducted to investigate a complaint at Bellevue Health Center on December 3, 2014-December 3, 2014, by [REDACTED], Registered Nurse, [REDACTED], Laboratorian, representatives of the Department of Health and Human Services Division of Public Health. To complete this investigation, a representative sample of the residents who reside in the facility or had resided in the facility was selected. The investigative process included review of resident records; observation of the provision of care and services; and interviews with residents, family members and staff.

ALLEGATION(S):

The facility fails to ensure patient records contain sufficient information to clearly identify the patient and document the diagnosis, care treatment and results accurately.

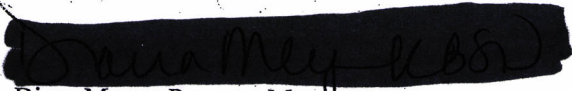
FINDINGS:

Based on medical record review of 10 patients, interviews of staff, review of facility records the patient records do contain sufficient information to clearly identify the patient and the diagnosis, care, treatment and results accurately and thoroughly. The allegation was not substantiated and no deficiencies were identified.

These findings are related to regulations under the Licensure Unit's regulatory authority. Since each division has unique statutory and regulatory obligations and guidelines, it may be possible that your facility will receive additional findings from other divisions who have also participated in the investigation/assessment of these same or similar allegations.

Please contact this office if you have questions.

Sincerely,


Diana Meyer, Program Manager
Office of Acute Care Facilities
Licensure Unit, Division of Public Health
Department of Health and Human Services
(402) 471-3484 FAX - (402) 742-8319

DM/smm

Enc: State Form

Nebraska DHHS Licensure Unit

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HC001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/03/2014
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BELLEVUE HEALTH CENTER

**1002 WEST MISSION
BELLEVUE, NE 68005**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
G 000	Initial Comments Bellevue Health Center is in compliance with the requirements of Title 175 Chapter 7, Regulations Governing Licensure of Health Clinics.	G 000		

Licensure Unit

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE