

Department of Health and Human Services  
Division of Public Health  
State of Nebraska

Notice of Disciplinary Action  
Against a Health Care Facility

Notification is hereby given of **Disciplinary Action** against MENTAL HEALTH CENTER License #MHC043, issued by the Department of Health and Human Services, Division of Public Health to Life Quest at The Coolidge Center, located at 201 Commercial Street, Palmer, Nebraska 68864.

The Disciplinary Action being imposed is as follows:

The facility's license #MHC043 is **Revoked** under the Health Care Facility Licensure Act.

The **basis** for this Disciplinary Action is violation of Neb. Rev. Stat. §71-448 which states that the Department may take disciplinary action against a license issued under the Health Care Facility Licensure Act on any of the following grounds:

- (1) Violation of any of the provisions of the ....Health Care Facility Licensure Act....or the rules and regulations adopted and promulgated under such Act....or the rules and regulations adopted and promulgated under such acts;
- (2) Committing or permitting, aiding, or abetting the commission of any unlawful act;
- (3) Conduct or practices detrimental to the health or safety of a person residing in, served by .....the health care facility....
- (12) Failure to file a report of suspected abuse or neglect as required by sections 28-372 and 28-711.

These violations were evidenced by the Licensee and facility Administrator's failure to:

1. Ensure all clients are protected from abuse, neglect and exploitation.
2. Ensure development of policies and procedures to give guidance to staff to perform their duties.
3. Ensure sufficient staff are on duty at all times to meet the needs of all clients.
4. Ensure all staff are adequately trained to meet the needs of each client.
5. Ensure all clients are provided care and treatment to meet their needs.
6. Ensure all clients were provided treatment to meet their individual mental health needs.
7. Ensure needed professional assessments are obtained or conducted for all clients.
8. Ensure Individual Support Plans are developed and implemented to meet the needs for all clients served.
9. Ensure physician orders are followed.
10. Ensure the premises are maintained in a clean and sanitary manner and well maintained.

11. Investigate and report allegations of abuse/neglect.
12. Ensure a system was in place and implemented to respond to all emergencies.
13. Ensure compliance with applicable laws governing the sale of cigarettes and the Nebraska Clean Indoor Air Act.

The Investigation Report and Inspection Report, copies of which are attached and incorporated in this Notice by this reference, delineate the specific regulations that were violated and the manner by which the regulations were violated.

This Notice of Disciplinary Action is being sent as required by Neb. Rev. Stat. §71-451. The Disciplinary Action in this Notice shall become final on **October 20, 2017**, which is 15 days after the Service date of this Notice unless you make a written request within such 15 days for either an informal conference or a hearing.

This Notice requires a response to the Director of the Division of Public Health, Department of Health and Human Services. **Any such response needs to be made and sent to:**

Sheryl Mitchell, Program Manager  
DHHS, Division of Public Health  
301 Centennial Mall South  
P.O. Box 94986  
Lincoln, NE 68509-4986

The written response must indicate that you:

1. Desire to contest the Notice and request an informal conference with a representative of the Department in person or by other means;
2. Desire to contest the Notice and request a hearing; or
3. Do not contest the Notice.

Dated this 5<sup>th</sup> day of October 2017.

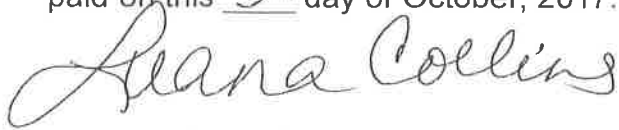
Thomas L. Williams, MD  
Chief Medical Officer  
Director, Division of Public Health  
Department of Health and Human Services



Becky Wisell, Administrator  
Licensure Unit

301 Centennial Mall South  
Lincoln, NE 68509-4986

I hereby certify that a true and correct copy of the foregoing Notice of Disciplinary Action was sent to the Facility and to the person or entity who is the licensee for this Facility at the last known address of record, by certified United States mail with sufficient postage paid on this 5<sup>th</sup> day of October, 2017.

A handwritten signature in cursive script that reads "Luana Collins". The signature is written in black ink and is positioned above the typed name and title.

Luana Collins, Staff Assistant  
Acute Care Facilities  
Licensure Unit, Division of Public Health  
Department of Health and Human Services