

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/13/2025
NAME OF PROVIDER OR SUPPLIER  Douglas County Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4102 Woolworth Avenue Omaha, NE 68105	

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 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Licensure Reference Number 175 NAC 12-006.05(G)</p> <p>Based on record review and interview, the facility failed to identify and monitor target behaviors for the use of an antipsychotic medication for 1 (Resident 97) of 2 sampled residents. The facility identified a census of 240.</p> <p>Findings are:</p> <p>A record review of Resident 97's diagnoses revealed the resident had a diagnosis of dementia (a term used for diseases that affect memory, thinking and the ability to perform daily activities).</p> <p>A record review of Resident 97's physicians orders revealed the resident had an order for Quetiapine Fumarate (an antipsychotic medication used to treat a variety of mental health conditions) 100mg (milligram - a unit of measurement) twice a day and an order for Quetiapine Fumarate 50mg at noon for dementia.</p> <p>Further record review of Resident 97's physicians orders revealed a physician's order dated 7/27/2023, which stated to monitor the resident for behaviors daily. There were no time values present on the order.</p> <p>A record review of Resident 97's Medication Administration Record (MAR) and Treatment Administration Record (TAR) for May 2025 revealed target behaviors (specific, observable actions or patterns of behavior that are chosen as the focus of an intervention or behavior change plan) were not identified and there was no indication on the MAR or TAR for staff to record behavior monitoring for the use of Quetiapine Fumarate.</p> <p>A record review of Resident 97's care plan copied on 5/8/2025 revealed there were no target behaviors identified.</p> <p>An interview on 5/13/2025 at 2:45 PM with Registered Nurse (RN)-D confirmed target behaviors were not identified for Resident 97 and prompts to complete behavior monitoring were not present on the Medication Administration Record (MAR) or the Treatment Administration Record (TAR).</p> <p>A record review of the facility's policy Use of Psychotropic Medications last modified on 4/29/2025 revealed the following:</p> <p>(continued on next page)</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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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Policy Explanation and Compliance Guidelines:</p> <p>14. The effects of the psychotropic medications on a resident's physical, mental, and psychosocial well-being will be evaluated on an ongoing basis, such as:</p> <p>d) In accordance with nurse assessments and medication monitoring parameters consistent with clinical standards of practice, manufacturers specifications and the residents comprehensive plan of care.</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 175 NAC 12-006.02(H)</p> <p>St 28-372</p> <p>Based on record reviews and interviews, the facility failed to report to Adult Protective Services and the Department of Health and Human Services an alleged verbal altercation between 2 residents within the prescribed time frame. This had the potential to affect 1 (Resident 218) out of 2 residents sampled. The facility census was 240.</p> <p>Findings are:</p> <p>A record review of Resident 218's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) revealed the resident admitted to the facility on [DATE]. The MDS revealed a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 12/15. The MDS manual states a score of 8-12 is considered moderately impaired. Section I of the MDS revealed the resident was diagnosed with non-traumatic brain dysfunction, non-Alzheimer's dementia, and psychotic disorder (other than schizophrenia).</p> <p>A record review of the facility progress note dated 04/04/2025 at 10:00 AM revealed Resident 218 had an argument with an unnamed resident in the dining room on the unit. No residents were harmed, the unnamed resident used racial slurs, derogatory words and threatened to beat up Resident 218. Resident 218 attempted to grab the walker and charge the unnamed resident. Staff intervened and removed both residents from the dining room. No residents were hurt.</p> <p>An interview was conducted with Unit Manager (UM)-H on 05/08/2025 at 1:17 PM regarding the incident on 04/04/2025 between the unnamed resident and Resident 218. UM-H didn't feel the incident was reportable because verbal altercations happen all the time on the unit. UM-H stated the situation was not reportable because the derogatory remarks were not considered verbal abuse.</p> <p>An interview was conducted on 05/08/2025 at 3:05 PM with Resident 218 regarding the incident on 04/04/2025 when Resident 218 was called a derogatory name, Resident 218 stated feelings of shock and remembrance of the Ku Klux [NAME] (KKK) and did not feel safe.</p> <p>An interview was conducted on 05/08/2025 at 3:55 PM with the Director of Nursing (DON) and Assistant Director of Nursing (ADON) regarding the incident with Resident 218 and another resident on 04/04/2025. The DON and ADON didn't feel that the verbal remarks were reportable or that there was a need to further investigate the incident to determine if it was reportable.</p> <p>An interview was conducted on 05/08/2025 at 4:10 PM with the Administrator and after reading the progress note from 04/04/2025 in Resident 218's chart the Administrator agreed that the event was reportable.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of the facility's Policy Suspected Resident Abuse or Neglect Including Misappropriation of Resident Property dated 03/11/2025.</p> <p>-Residents must not be subjected to abuse by anyone including, but not limited to facility staff, other residents, consultants, volunteers or other agencies serving the resident .</p> <p>Purpose</p> <ol style="list-style-type: none"> <li>1. To take steps to prevent abuse/neglect/misappropriation/exploitation of resident property</li> <li>2. To ensure residents' safety and rights are protected</li> <li>3.To investigate reports of suspected abuse, neglect or misappropriation/exploitation of property so that corrective action can be taken.</li> </ol> <p>13. the Nurse Manager, House Supervisor, Nursing Administration or appropriate Administrative Staff Member, will report the alleged abuse/neglect suspicion of a crime immediately upon receiving the information as follows:</p> <p>Report the incident within 2 hours to:</p> <ol style="list-style-type: none"> <li>A. APS</li> <li>B. Sheriff</li> </ol> <p>(NOTE: follow the above reporting process regardless of the alleged abuse/neglect or crime was felt to be inflicted by an employee, another resident, a visitor, a student, volunteer or a contractor)</p> <p>14. information that should be given when a report of abuse/neglect or a suspicion of a crime is made includes:</p> <ol style="list-style-type: none"> <li>A. initial telephone report</li> <li>B. Written report of alleged crime/abuse/neglect and investigation</li> <li>C. Additional written information if requested</li> </ol> <p>16. The internal investigation will be completed and a formal report sent to the State and APS within 5 working days of the notification of the allegation.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 175 NAC 12-006.02(H)</p> <p>Based on record reviews, interviews and observations, the facility failed to investigate an alleged verbal altercation between Resident 218 and an unnamed resident. This had the potential to affect 1 (Resident 218) out of 2 residents sampled. The facility census was 240.</p> <p>Findings are:</p> <p>A record review of Resident 218's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) revealed the Resident admitted to the facility on [DATE]. The MDS revealed a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 12/15. The MDS manual states a score of 8-12 is considered moderately impaired. Section I of the MDS revealed the resident was diagnosed with non-traumatic brain dysfunction, non-Alzheimer's dementia, and psychotic disorder (other than schizophrenia).</p> <p>A record review of the facility progress note dated 04/04/2025 at 10:00 AM revealed Resident 218 had an argument with an unnamed resident in the dining room on the unit. No residents were harmed, the unnamed resident used racial slurs, derogatory words and threatened to beat up Resident 218. Resident 218 attempted to grab the walker and charge the unnamed resident. Staff intervened and removed both residents from the dining room. No residents were hurt.</p> <p>An interview as conducted 05/08/2025 at 10:09 AM interview with Unit Manager (UM)-H regarding Resident 218 and the alleged altercation on 04/04/2025. UM-H revealed that an unnamed resident called Resident 218 a derogatory name using the N word, UH-M stated that it was evident that Resident 218 was devastated.</p> <p>An interview was conducted with UM-H on 05/08/2025 at 1:17 PM regarding the incident on 04/04/2025 between the unnamed resident and Resident 218. UM-H didn't feel the incident was reportable because verbal altercations happen all the time on the unit. UM-H stated the situation was not reportable because the derogatory remarks were not considered verbal abuse.</p> <p>An interview was conducted on 05/08/2025 at 3:55 PM with the Director of Nursing (DON) and Assistant Director of Nursing (ADON) regarding the incident with Resident 218 and another resident on 04/04/2025. The DON and ADON didn't feel that the verbal remarks were reportable and that there was no need to further investigate the incident to determine if it was reportable.</p> <p>An interview was conducted on 05/08/2025 at 4:10 PM with the Administrator and after reading the progress note from 04/04/2025 in Resident 218's chart the Administrator agreed that the event was reportable.</p> <p>A record review of the facility's Policy Suspected Resident Abuse or Neglect Including Misappropriation of Resident Property dated 03/11/2025.</p> <p>(continued on next page)</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Residents must not be subjected to abuse by anyone including, but not limited to facility staff, other residents, consultants, volunteers or other agencies serving the resident .</p> <p>Purpose</p> <ol style="list-style-type: none"> <li>1. To take steps to prevent abuse/neglect/misappropriation/exploitation of resident property</li> <li>2. To ensure residents' safety and rights are protected</li> <li>3. To investigate reports of suspected abuse, neglect or misappropriation/exploitation of property so that corrective action can be taken.</li> </ol> <p>13. the Nurse Manager, House Supervisor, Nursing Administration or appropriate Administrative Staff Member, will report the alleged abuse/neglect suspicion of a crime immediately upon receiving the information as follows:</p> <p>Report the incident within 2 hours to:</p> <ol style="list-style-type: none"> <li>A. APS</li> <li>B. Sheriff</li> </ol> <p>(NOTE: follow the above reporting process regardless of the alleged abuse/neglect or crime was felt to be inflicted by an employee, another resident, a visitor, a student, volunteer or a contractor)</p> <p>14. information that should be given when a report of abuse/neglect or a suspicion of a crime is made includes:</p> <ol style="list-style-type: none"> <li>A. initial telephone report</li> <li>B. Written report of alleged crime/abuse/neglect and investigation</li> <li>C. Additional written information if requested</li> </ol> <p>16. The internal investigation will be completed and a formal report sent to the State and APS within 5 working days of the notification of the allegation.</p>		

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<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 175 NAC 12-006.09(B)</p> <p>Based on record reviews and interviews, the facility failed to ensure that the Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) comprehensive assessment identified Post Traumatic Stress Disorder (PTSD) for 1 (Resident 135) of 2 sampled residents. The facility census was 240.</p> <p>Findings are:</p> <p>A record review of Resident 135's MDS revealed Resident 135 was admitted to the facility on [DATE] with diagnoses of unspecified dementia, anxiety disorder and post-traumatic stress disorder (PTSD). Resident 135 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 10/15. The MDS manual identified a score of 8-12 was moderately impaired.</p> <p>Further record review of Resident 135's MDS revealed an admission Assessment was completed on 03/18/2025 and revealed non-Alzheimer's dementia and anxiety listed as current diagnoses but did not indicate a diagnosis of PTSD in Section I.</p> <p>An interview was conducted on 05/08/2025 at 1:07 PM with MDS-G to discuss the omission of PTSD in Section I of the MDS. MDS-G stated a diagnosis is not added based on a history of and the diagnoses found in the Point Click Care (PCC) computer system used by the facility are not used for the MDS. MDS-G stated that the diagnoses used for Section I are dependent upon the resident's appointment with the mental health provider. The appointment with the mental health provider was 04/08/2025, which was after the MDS was completed.</p> <p>An interview was conducted on 05/13/2025 at 10:09 AM with the lead Minimum Data Set Coordinator (MDSC)-F regarding the diagnosis of PTSD confirmed that the diagnosis of PTSD should have been on the admission assessment in Section I as Resident 135 had a diagnosis of PTSD.</p>

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 175 NAC 12-006.09(E)(i)</p> <p>Based on record reviews and interviews, the facility failed to develop a person-centered comprehensive care plan to meet the mental and psychological needs of 1 resident (135) out of 2 sampled. The facility census was 240.</p> <p>Findings are:</p> <p>A record review of Resident 135's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and help nursing home staff identify health problems) revealed Resident 135 was admitted to the facility on [DATE] with diagnoses of unspecified dementia, anxiety disorder and post-traumatic stress disorder (PTSD). Resident 135 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 10/15. The MDS manual identified a score of 8-12 was moderately impaired.</p> <p>A review of facility progress notes written by Licensed Practical Nurse (LPN)-I on 05/02/2025 and 05/03/2025 revealed that Resident 135 was being confrontational and hallucinating about the war.</p> <p>A record review of Resident 135's MDS revealed an admission Assessment was completed on 03/18/2025 and revealed non-Alzheimer's dementia and anxiety listed as current diagnoses but did not indicate a diagnosis of PTSD in Section I of the MDS.</p> <p>An interview was conducted on 05/13/2025 at 10:09 AM with the lead Minimum Data Set Coordinator (MDSC)-F regarding the diagnosis of PTSD. MDSC-F confirmed that the diagnosis of PTSD should have been on the admission assessment in Section I as Resident 135 had a diagnosis of PTSD.</p> <p>A record review of Resident 135's undated care plan revealed no evidence of the resident's PTSD diagnosis being addressed.</p> <p>An interview was conducted with Social Worker (SW)-E on 05/08/2025 at 11:52 AM regarding the diagnosis of post-traumatic stress disorder (PTSD) for Resident 135. SW-E confirmed that the PTSD diagnosis was not addressed on Resident 135's comprehensive care plan.</p> <p>Record review of the facility's Interdisciplinary Plan of Care Policy dated 04/23/2024 revealed:</p> <p>The resident's entire medical record is part of the resident's interdisciplinary plan of care.</p> <p>Interdisciplinary (ID) care plan meetings are conducted in the following manner:</p> <p>1. Prior to each meeting members of the ID team gather data to assess the residents' needs, to re-evaluate the residents' discharge plan as indicated; to make a list of areas to be addressed as identified by the MDS, and CAA's (care area assessments) to prioritize their list of needs and to evaluate a current plan of care.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>5. Each problem identified on the care plan will include a goal, a target date for achievement, and a plan of care/steps to be taken to assist the resident in goal achievement.</p> <p>Record review of the facility's policy DCHC Trauma Informed Care dated 3/3/2025 revealed:</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>2. The facility will use a multi-pronged approach to identifying a resident's history of trauma, as well as his or her cultural preferences. This will include asking the residents about triggers that may be stressors or may prompt recall of a previous traumatic event, as well as screening and assessment tools such as the Resident Assessment Instrument (RAI), admission Assessment, the history and physical, the social history/assessments, and others.</p> <p>4. The facility will collaborate with resident trauma survivors, and as appropriate, the resident's family, friends, the primary care physician, and any other health care professionals (psychologists and mental health professionals) to develop and implement individualized care plan interventions.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)(iii)(3).</p> <p>Based on observation, interview and record review, the facility failed to evaluate and monitor open lesions for 1 (Resident 65) of 4 residents sampled. The facility census was 240.</p> <p>Findings Are:</p> <p>Record review of Resident 65's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 03-24-2025 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> <li>-A Brief Interview of Mental Status (BIMS) was not scored for this resident.</li> <li>-The resident required extensive assistance with lower body dressing, bed mobility and transfers.</li> <li>-The resident required total assistance with toileting and bathing.</li> </ul> <p>Record review of Resident 65's Comprehensive Care Plan (CCP) printed on 05-13-2025 revealed a focus area of risk for impaired skin integrity due to impaired mobility, bowel and bladder incontinence, and anemia. The goal was that Resident 65's skin will remain intact. Interventions for the staff to use were:</p> <ul style="list-style-type: none"> <li>-assist bars/side rails to help resident with self-mobility and steadiness with transfers,</li> <li>-blue boots to bilateral feet as needed,</li> <li>-ensure nails are clipped,</li> <li>-evaluate skin integrity,</li> <li>-pressure reduction cushion on bed and in the wheelchair, and</li> <li>-weekly skin assessments and as needed and to notify the provider as needed for skin concerns.</li> </ul> <p>An interview on 05-07-2025 at 4:15 PM with Resident 65 revealed they had wounds on the buttocks.</p> <p>Record review of Resident 65's weekly skin assessments revealed the following:</p> <p>-04-21-2025 Skin issue: #001 skin issue had not been evaluated, the location was the right gluteus. Issue type-open lesion. Wound acquired in-house. It is unknown how long the wound has been present. No measurements had been included in the assessment. Skin issue #002 skin issue has been evaluated, the location was the buttocks and the description stated it was reddened. The wound was acquired in-house and it was unknown how long the wound had been present.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-04-28-2025 Skin issue: #001 skin issue has been evaluated and the location was the right gluteus. Issue type stated it was an open lesion. Wound was acquired in-house and the reason measurements were not documented was because measurements were not taken during the assessment. Skin issue #002 had been evaluated, the location was the buttocks, issue type stated reddened.</p> <p>-05-05-2025 Skin issue #001 skin issue had not been evaluated. The location was right gluteus, issue type stated open lesion. Wound acquired in house, and no measurements were included in the assessment. Skin issue #002 has not been evaluated to the buttocks of generalized redness.</p> <p>-05-12-2025 Skin issue #001 has not been evaluated to the right gluteus, issue type was an open lesion, wound acquired in-house and no measurements were included in the assessment.</p> <p>An observation on 05-13-2025 at 8:33 AM of Nursing Assistant (NA)-P performing a brief change for Resident 65 revealed 2 open wounds to the left buttock, one was approximately 2 centimeters (cm) length by 1 cm width and the other open wound was approximately 1 cm length by 0.5 cm width. The right buttock had an open wound that was approximately 1 cm in length and 0.5 cm in width. The upper right thigh near the gluteal fold had an open wound that was approximately 3 cm in length by 0.5 cm in width. All wound beds were pink in color and had a scant amount of pink drainage.</p> <p>An interview was conducted on 05-13-2025 with NA-P at 8:55AM which revealed the areas observed on Resident 65's buttocks were not new, but the NA did not know what the treatment for the wounds were.</p> <p>An interview was conducted with the Unit Manager (UM)-C on 05-13-2025 that confirmed the wounds had not been measured weekly and should have been.</p> <p>Record review of the facility policy titled Skin Assessment/Wound Care dated 04-10-2025 revealed it is the facility's policy to perform a full body skin assessment as part of our systematic approach to pressure injury prevention and management. This policy includes procedural guidelines for performing the full body skin assessment.</p> <p>-A full body, or head to toe, skin assessment will be conducted by a licensed nurse upon admission, readmission, and weekly thereafter.</p> <p>-Documentation of the skin assessment will include the date and time of the assessment, document observations, such as skin conditions, document the type of wound, describe the wound with measurements, color, type of tissue in the wound bed, drainage, odor or pain.</p>

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NAME OF PROVIDER OR SUPPLIER  Douglas County Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4102 Woolworth Avenue Omaha, NE 68105	
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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)(iii)(1)</p> <p>Based on observation, interview and record review the facility failed to implement interventions to offload heels to prevent the potential for pressure ulcer development for 1 (Resident 236) of 3 sampled residents. The facility census was 235.</p> <p>The findings are:</p> <p>Record review of Resident 236's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 03-19-2025 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> <li>-Brief Interview of Mental Status (BIMS) was scored as a 15. According to the MDS Manual a score of 13-15 indicates a person is cognitively intact.</li> <li>-The resident required extensive assistance with upper body dressing and bed mobility.</li> <li>-The resident required total assistance with transfers, toileting, bathing, and lower body dressing.</li> <li>-The resident currently had a pressure ulcer.</li> </ul> <p>Record review of Resident 236's Order Summary Report (OSR) printed on 05-07-2025 revealed an order dated 04-24-2025 to offload heels while the patient is in bed, as tolerated.</p> <p>Record review of Resident 236's Comprehensive Care Plan printed on 05-07-2025 revealed a focus area pressure ulcer to sacrum will show signs of healing and the resident will be free of further skin breakdown, and pressure injuries. Interventions listed included:</p> <ul style="list-style-type: none"> <li>-administer treatments as ordered and monitor for effectiveness.</li> <li>-follow facility policies/protocols for the prevention/treatment of skin breakdown.</li> <li>-if resident refuses treatment, confer with the resident, family and the interdisciplinary team to determine why and try alternative methods to gain compliance. Document the alternative methods.</li> </ul> <p>There was no evidence of interventions specific to preventing pressure to the resident's heels.</p> <p>An observation on 05-12-2025 at 7:16 AM revealed Resident 236 was lying in bed on back with heels resting on the mattress without being offloaded.</p> <p>An observation on 05-12-2025 at 9:33 AM revealed Resident 236 was lying in bed on back and heels were not offloaded.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview conducted with Resident 236 on 05-12-2025 at 1:05 PM revealed that while Resident 236 was in the hospital, their feet were offloaded by placing a pillow under the lower leg to allow the heels to float, but the staff didn't do that at the facility.</p> <p>An observation on 05-12-2025 at 1:25 PM of Resident 236 lying in bed on back without heels offloaded. During this observation Registered Nurse (RN)-M entered the room to perform wound care and confirmed the heels were not offloaded and should have been.</p> <p>Record review of the facility policy titled Pressure Injury Prevention and Management dated 03-27-2025 revealed the facility is committed to the prevention of avoidable pressure injuries, unless clinically unavoidable, and to provide treatment and services to heal the pressure ulcer/injury, prevent infection and the development of additional pressure ulcers/injuries.</p> <p>Listed under interventions for prevention and to promote healing:</p> <p>-Section c. Evidence based interventions for prevention will be implemented for all resident who are at risk or have a pressure injury present. Basic or routine care interventions include but are not limited to: redistribute pressure (such as repositioning, protecting or offloading heels, etc.)</p>

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 175 NAC 12-006.09(H)(v)</p> <p>Based on observation, record review and interview; the facility failed to reevaluate wheelchair positioning, ensure foot pedals were in place and head rest was positioned to support the head for 1 (Resident 164) of 2 sampled residents. The facility census was 240.</p> <p>Findings are:</p> <p>Record review of Resident 164's clinical census report revealed Resident 164 was admitted to the facility on [DATE] and to Hospice on 11/29/24.</p> <p>Record review of Resident 164's quarterly Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 2/10/25 revealed a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 0/15. The MDS manual identified that a score of 0-7 indicated severe cognitive impairment. The MDS identified that Resident 164 was dependent on staff for all Activities of Daily Living (ADLs) (tasks related to personal care, such as dressing, eating, and mobility). The MDS identified that Resident 164 used a manual wheelchair for locomotion and utilized hospice services while a resident.</p> <p>Record review of hospice physician orders for Resident 164 dated 11/29/24 revealed an order for a tilt in space wheelchair and leg rests to go on the wheelchair. The wheelchair and leg rests were delivered to the facility on [DATE] for Resident 164.</p> <p>Observation on 05/07/25 at 11:57 AM revealed Resident 164 seated in a tilt in space wheelchair. No leg rests were attached to the wheelchair and Resident 164's legs dangled from the chair with no support provided. The head rest attached to the chair was positioned in contact with the top of the shoulders with the head left unsupported.</p> <p>Observation on 05/07/25 at 02:00 PM revealed Resident 164 seated in a tilt in space wheelchair. No leg rests were attached to the wheelchair and Resident 164's legs dangled from the chair with no support provided. The head rest attached to the chair was positioned in contact with the top of the shoulders with the head left unsupported.</p> <p>Observation on 05/08/25 at 10:07 AM revealed Resident 164 seated in a tilt in space wheelchair. No leg rests were attached to the wheelchair and Resident 164's legs dangled from the chair with no support provided. The head rest attached to the chair was positioned in contact with the top of the shoulders with the head left unsupported.</p> <p>Observation on 05/08/25 at 2:15 PM revealed Resident 164 seated in a tilt in space wheelchair. No leg rests were attached to the wheelchair and Resident 164's legs dangled from the chair with no support provided. The head rest attached to the chair was positioned in contact with the top of the shoulders with the head left unsupported.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 05/12/25 between 11:55 AM and 12:20 PM revealed Nursing Assistant (NA)-A and NA-B knocked and entered Resident 164's room. Unit Manager (UM)-C entered the room also to observe. NA-A and NA-B proceeded to transfer the resident into the tilt in space wheelchair. NA-A tried to position the headrest to support the residents head, but it kept falling and come into contact with the residents upper shoulders. NA-A stated, It wont stay so we just use it to support (gender) back. UM-C left the room and returned a minute later with leg rests. NA-B placed the leg rests into position on the wheelchair and placed the residents feet onto the foot pedals. The residents legs were very long, and the foot pedals were shorter than the residents legs which caused the residents knees to be up in the air and not in contact with the seat of the wheelchair. UM-C then positioned the head rest on the wheelchair behind the residents head and tried to tighten the head rest so that it would stay in that position. The head rest stayed in that position until the resident was moved into the dining area. The head rest then fell back down and rested against the resident upper shoulders. No staff attempted to reposition the residents headrest. The residents right leg had slipped off of the foot pedal after being transported into the dining area, and the right leg dangled unsupported by the foot rest. No staff attempted to reposition the residents right leg onto the foot pedal.</p> <p>Observation on 05/13/25 at 8:54 AM revealed Resident 164 in the wheelchair in the main dining room. Foot pedals were in place on the wheelchair with both feet on the pedals. The residents knees were up in the air due to the short wheelchair pedals and were not supported by the wheelchair seat. The headrest was positioned against the residents upper back and not in a position to support the head.</p> <p>Interview on 05/13/25 at 8:57 AM with UM-C revealed that the hospice company had provided Resident 164 with the wheelchair and foot pedals. UM-C confirmed that the wheelchair pedals should have been in place on the wheelchair to provide support to the legs and the head rest should have been positioned to support the head. UM-C confirmed that the facility had not contacted the hospice agency to reevaluate the wheelchair. The UM-C confirmed that the facility had not reevaluated the wheelchair because it was a hospice-provided wheelchair. The UM-C stated that the hospice provided the wheelchair and they go by height and weight to determine what size of wheelchair was provided.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 12-006.09(H)(vi)(3)(g)</p> <p>Based on observation, interview and record review, the facility failed to obtain and implement orders for a non-invasive ventilator including settings and daily, weekly, and monthly cleaning for 1 (Resident 55) of 4 sampled residents. The facility census was 235.</p> <p>The findings are:</p> <p>Record review of Resident 55's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 04-18-2025 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> <li>-The resident was admitted to the facility on [DATE].</li> <li>-A Brief Interview of Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) was scored as a 14/15. According to the MDS Manual a score of 13-15 indicates a person is cognitively intact.</li> <li>-The resident required extensive assistance with lower body dressing, bed mobility, and transfers.</li> <li>-The resident required total assistance with toileting and bathing.</li> <li>-The resident had diagnoses of congestive heart failure and obstructive sleep apnea (a condition where breathing repeatedly stops and starts while asleep).</li> <li>-The resident required a non-invasive mechanical ventilator.</li> <li>-The resident had impairment in range of motion to one of the upper extremities.</li> </ul> <p>Record review of Resident 55's Order Summary Report (OSR) printed on 05-08-2025 revealed no orders for the use of a non-invasive ventilator, such as a BiPAP machine.</p> <p>Record review of Resident 55's Comprehensive Care Plan dated 04-11-2025 revealed a focus area of BiPAP Therapy with an initiation date of 04-11-2025 with a goal that Resident 55 would adhere to the BiPAP regimen, and interventions listed for the staff to use was to encourage Resident 55 to use the BiPAP.</p> <p>An observation on 05-07-2025 at 3:09 PM revealed a BiPAP machine on Resident 55's bedside table.</p> <p>An interview was conducted on 05-12-2025 at 3:34 PM with the Unit Manager (UM)-L which confirmed BiPAP settings were not obtained because the BiPAP machine that was in use was Resident 55's home machine and confirmed that daily, weekly and monthly cleaning were not implemented until 05-11-2025.</p> <p>Record review of the facility policy CPAP/BIPAP Care dated 07-03-2024 revealed the following:</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-CPAP/BIPAP Daily Care: Clean mask/cushion pillow with warm, soapy water, rinse and air dry.</p> <p>-CPAP/BIPAP Weekly Care: Wash headgear, tubing, mask, cushion/pillows in warm soapy water, rinse and air dry. Wipe CPAP/BIPAP unit off with a damp cloth. Rinse water chamber with vinegar, rinse with water and air dry.</p> <p>-CPAP/BIPAP Monthly Care: Remove filter from the unit and replace with a new one. Your mask cushions, and/or nasal pillows may be disinfected by soaking for 5 to 10 minutes in a 1:1 vinegar/water solution.</p>

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p>Based on record review and interview, the facility failed to assess for pain prior to administering scheduled pain medication and failed to monitor for the effectiveness of pain medication for 1 (Resident 19) of 2 sampled residents. The facility had a census of 240.</p> <p>Findings are:</p> <p>A record review of the facility's Pain Management Policy which was last modified on 3/20/2025 revealed the following policy statement:</p> <p>-A resident will be assessed for the presence/absence of pain on admission, at least quarterly at the time of the MDS (Minimum Data Set - a federally mandated standardized assessment tool used in nursing homes to gather information about resident's health, functional status, and preferences) assessment and when there is a change in the resident's condition and any time a resident is receiving pain medication.</p> <p>A record review of Resident 19's physicians orders revealed Resident 19 has an order for scheduled Tramadol HCL (a medication used to relieve moderate to moderately severe pain) 50 MG (milligrams - a unit of measurement) tablet. 1 tablet three times a day for pain.</p> <p>A record review of Resident 19's MDS (Minimum Data Set - a federally mandated, standardized assessment tool used in Medicare and Medicaid certified nursing homes and skilled nursing facilities to evaluate residents' functional capabilities and identify health problems) dated 3/25/2025, Section J pain assessment revealed Resident 19 had frequent pain that had limited their day-to-day activities. Resident 19's pain was assessed at an 8 on a zero to ten scale with zero being no pain and ten as the worst pain you can imagine.</p> <p>A record review of Resident 19's Medication Administration Record (a document used to track and document the medications administered to a patient) for May 2025 revealed it does not include pain level assessments (a tool used to understand and quantify a persons' pain when the scheduled pain medication was administered).</p> <p>A record review of Resident 19's Physicians order summary revealed there is no order to assess the residents' pain.</p> <p>A record review of Resident 19's Care Plan (a written document that outlines a person's individual needs, goals, and the specific services and support they will receive to support those needs), copied 5/8/2025 revealed an intervention (the act or fact of taking action about something in order to have an effect on its outcome) dated 10/15/2024 which stated, Evaluate the effectiveness of pain-relieving interventions (non-medication and medication).</p> <p>An interview on 5/12/2025 at 2:45 PM with Registered Nurse (RN)-D confirmed the resident did not have an order for pain assessments or to monitor the effectiveness of the scheduled pain medication administered.</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record reviews and interviews, the facility failed to ensure trauma survivors received trauma-informed care to eliminate triggers that may cause re-traumatization for 1 (Resident 135) of 2 sampled residents. The facility census was 240.</p> <p>Findings are:</p> <p>A record review of Resident 135's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and help nursing home staff identify health problems) revealed Resident 135 was admitted to the facility on [DATE] with diagnoses of unspecified dementia, anxiety disorder and post-traumatic stress disorder (PTSD). Resident 135 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 10/15. The MDS manual identified a score of 8-12 as having moderately impaired cognition.</p> <p>A record review of progress notes written by Licensed Practical Nurse (LPN)-I on 05/02/2025 and 05/03/2025 revealed Resident 135 was confrontational with cares and hallucinating about the war.</p> <p>A record review of Resident 135's medical record revealed no PTSD or trauma informed care assessment had been completed.</p> <p>An interview was conducted with Social Worker (SW)-E on 05/08/25 at 11:52 AM regarding the diagnosis of post-traumatic stress disorder (PTSD) for Resident 135. SW-E confirmed that the diagnosis was not addressed on Resident 135's care plan. SW-E also confirmed there was no assessment completed to determine what triggers would affect the resident.</p> <p>A record review of the facility's policy DCHC Trauma Informed Care dated 03/03/2025 revealed:</p> <p>Policy:</p> <p>It is the policy of this facility to provide care and services which, in addition to meeting professional standards, are delivered using approaches which are culturally competent, account for experiences and preferences, and address the needs of trauma survivors by minimizing triggers and/or re-traumatization.</p> <p>Definitions:</p> <p>Trauma Informed Care is an approach to delivering care that involved understanding, recognizing and responding to the effects of all types of trauma. A trauma-informed approach to care delivery recognizes the widespread impact and signs and symptoms of trauma in residents, and incorporates knowledge about trauma into care plans, policies, procedures and practices to avoid re-traumatization.</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>(continued on next page)</p>

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. The facility will use a multi-pronged approach to identifying a resident's history of trauma, as well as [gender] cultural preferences. This will include asking the residents about triggers that may be stressors or may prompt recall of a previous traumatic event, as well as screening and assessment tools such as the Resident Assessment Instrument (RAI), admission Assessment, the history and physical, the social history/assessments, and others.</p> <p>4. The facility will collaborate with resident trauma survivors, and as appropriate, the resident's family, friends, the primary care physician, and any other health care professionals (psychologists and mental health professionals) to develop and implement individualized care plan interventions.</p>		

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<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>Based on record reviews and interviews, the facility failed to ensure 3 (Resident 218, 135, 226) of 7 residents had a physician conduct a face-to-face visit within the first 30 days after admission. The facility census was 240.</p> <p>Findings are:</p> <p>A.</p> <p>A record review of Resident 218's admission record revealed an admission date of 07/30/2024.</p> <p>A review of Resident 218's records revealed there was no evidence of a physician visit within the first 30 or 60 days after admission. Record review revealed Resident 218 was seen by a nurse practitioner (NP) on 08/09/2024 to establish care and on 09/20/24 for recertification.</p> <p>B.</p> <p>A record review of Resident 135's admission record revealed an admission date of 03/11/2025.</p> <p>A review of Resident 135's records revealed there was no evidence of a physician visit within the first 30 days after admission. A record review revealed Resident 135 was seen by an NP on 03/11/2025 for admission history and physical.</p> <p>C.</p> <p>A record review of Resident 226's admission record revealed an admission date of 04/15/2025.</p> <p>A review of Resident 226's records revealed there was no evidence of a physician visit within the first 30 days after admission. A record review revealed Resident 226 was seen by an NP on 04/15/2025 for an admission history and physical.</p> <p>An interview was conducted on 05/12/25 at 8:02 AM with the Compliance Officer, who stated there was no policy on physician visits for the facility.</p> <p>On 05/12/25 at 11:38 AM an interview with the Medical Director (MD) was conducted regarding initial admission assessments for new admissions. The MD stated the initial visit was not conducted by the MD and stated the NPs completed the initial admission assessments within 24 hours since they were assigned to the facility. The MD stated the notes were available for review and if the NP had concerns, MD would be available to visit on site.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Licensure Reference Number 175 NAC 12-006.11(E)</p> <p>Based on observation, interview and record review the facility failed to utilize beard restraints while preparing food in facility kitchen. This had the potential to affect 231 of the 235 residents in the facility. The facility census was 240.</p> <p>The findings are:</p> <p>Record review of the Nebraska Food Code 2-402.11 revealed food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair that are designed and worn to effectively keep their hair from contacting exposed food, clean equipment, utensils and linens and unwrapped single service items.</p> <p>Observation on 05-07-2025 at 7:30 AM revealed Dietary Aide (DA)-R was at the cold side of the service line assisting with plating food without a beard net in place and DA-R had a goatee that was approximately an inch long.</p> <p>Observation on 05-08-2025 at 8:49 AM revealed DA-R at the cold side of the service line, plating food without a beard net and DA-R had a goatee. Furthermore, Dietary [NAME] (DC)-Q was at the short-order grill preparing eggs without a beard net and DC-Q had a mustache and goatee that was approximately 1 and a half inch in length.</p> <p>An observation on 05-13-2025 at 7:00 AM revealed DA-R was at the service line assisting with plating room trays and DC-Q was at the short-order grill cooking an omelet both were not wearing hair nets and both had facial hair.</p> <p>An interview with the Dietary Manager (DM) on 05-13-2025 at 7:30 AM confirmed both DA-R and DC-Q had facial hair that required a beard restraint.</p> <p>Record review of the facility policy titled Dress Code Policy dated 07-03-2024 revealed the purpose of the policy was to promote a safe work environment and a positive image to others, giving attention to infection control and safety requirements. Furthermore, under the dietary section of the policy, sideburns, mustaches and beards are to be trimmed and groomed. Beards greater than <math>\frac{1}{2}</math> inch in length shall be covered with a beard net.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/13/2025
NAME OF PROVIDER OR SUPPLIER  Douglas County Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4102 Woolworth Avenue Omaha, NE 68105	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 175 NAC 12-006.18(B) &amp; 1-005.06</p> <p>Based on observation, interview and record review the facility failed to secure a catheter bag for 1 (Resident 221) of 2 residents and failed to secure oxygen tubing with cannula for 1 (Resident 108) of 5 residents sampled in a manner to prevent the potential for cross contamination. The facility census was 240.</p> <p>The findings are:</p> <p>A.</p> <p>Record review of Resident 221's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 03-12-2025 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> <li>-Brief Interview of Mental Status (BIMS) was not conducted because Resident 221 was not able to complete the interview.</li> <li>-The resident required extensive assistance with dressing and personal hygiene.</li> <li>-The resident required total assistance with bed mobility, toileting and bathing.</li> <li>-The resident had an indwelling urinary catheter (a tube inserted into the bladder to collect urine).</li> </ul> <p>An observation on 05-07-2025 at 9:10 AM revealed Resident 221 was lying in bed and their urinary catheter drainage bag was lying on the floor without a cover or barrier.</p> <p>An observation on 05-12-2025 at 7:02 AM revealed Resident 221 was lying in bed and their urinary catheter drainage bag was lying on the floor without a cover or barrier.</p> <p>An interview on 05-12-2025 at 7:15 AM with Nursing Assistant (NA)-N confirmed the catheter drainage bag was on the floor and it should not have been.</p> <p>B.</p> <p>Record review of Resident 108's MDS dated [DATE] revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> <li>-BIMS was scored as 0/15. According to the MDS Manual a score of 0-7 indicates severe cognitive impairment.</li> <li>-The resident required extensive assistance with transfers, and personal hygiene.</li> <li>-The resident required total assistance with toileting, bathing, and dressing.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285019	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/13/2025
NAME OF PROVIDER OR SUPPLIER  Douglas County Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4102 Woolworth Avenue Omaha, NE 68105	

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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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The resident was receiving oxygen.</p> <p>An observation on 05-07-2025 at 12:39 PM revealed Resident 108 was in the dining room and in the resident's room, their oxygen concentrator was running with the oxygen tubing and cannula on the floor.</p> <p>An observation on 05-13-2025 at 7:30 AM revealed Resident 108 was sitting in the dining room and in the resident's room the oxygen tubing and cannula were lying on the floor.</p> <p>An interview on 05-13-2025 at 7:35 AM with NA-O confirmed the oxygen tubing and cannula were lying on the floor and should not have been.</p> <p>Record review of the facility policy titled Infection Prevention and Control Program dated 07-30-2025 revealed the facility has established and maintains an infection control program designed to provide safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. All staff are responsible for following all policies and procedures related to the program. Under section 11 titled Supplies Protocol all non-sterile items are stored and maintained as clean.</p>