STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	09/26/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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)
F 0563 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to receive visitors of his or her choosing, at the time of his or her choosing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45614 Licensure Reference 175 NAC 12-006.05(S) Based on interview and record review, the facility failed to ensure that 1 (Resident 5) of 3 sampled residents was able to have a visitor of their choice. The facility had a census of 123. Finding are: A record review of Resident 5's Clinical Resident Profile revealed Resident 5 had been admitted to the facility on [DATE] and the residents' family member was listed as their responsible party and their Power of Attorney for health care and financial. A record review of Resident 5's Minimum Data Set (MDS - a standardized assessment tool used to evaluate the health status of nursing home residents) revealed Resident 5 had a Brief Interview for Mental Status (BIMS - a cognitive screening tool used to assess a persons' cognitive functioning) of 3 indicating the resident severely cognitively impaired. A record review of an e-mail, dated 9/5/2024 from the facility Administrator (Admin) to the Ombudsman (a person who investigates, reports on and helps settle complaints) revealed the following information: Resident 5's family member was aggressive and threatening to the Social Services person. Resident 5's family member had called the police. The Admin asked the police to notify the family member they were banned from the facility until further notice. A telephone interview with Residents 5's family member on 9/25/2024 at 1:22 PM confirmed they were waiting for facility to set up a meeting so they could visit the resident. The residents' family member stated it has been a month and the situation has not been resolved. An interview with Resident 5 confirmed the resident was unable to answer questions verbally but was able to answer yes or no questions by nodding or shaking their head. When asked has your family member been to visit you this week? Resident 5 shook their head no. Do you want your family member to visit you? Nodded head and smiled. Yes. (continued on next page)

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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F 0563 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview was conducted on 9/25/2024 at 11:48 AM with the Administrator. During the interview the Administrator reported Resident 5's family member had reported Resident 5 was missing clothing. According to the Administrator it was sometime after that the family member came into the facility and was aggressive and threatening to a staff member. The family member reported having called the police and with a facility staff member waited outside. The Administrator further reported that once the police arrived the Administrator request that family member be banded from the facility until further notice . The Administrator confirmed the plan was to set up a meeting with the family member to discuss acceptable behavior in the facility. On 9-25-2025 at 12:17 PM an interview was conducted with Licensed Practical Nurse (LPN) A. During the interview LPN A reported Resident 5 could understand and be understood if asked yes, no questions. LPN A reported resident 5 liked having visit from the family member and further reported Resident 5 had no other visitors. An interview on 9/26/2024 at 11:55 AM with the Administrator confirmed they were aware it had been three weeks since Resident 5's family member had been banned from the facility and there had been no attempt to set up a meeting with residents' family member to resolve the issue. An interview on 9/26/2024 at 3:20 PM with the Administrator confirmed the facility had not contacted Resident 5's family member.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45614 Licensure Reference Number 175 NAC 12-006.05(S) Based on interview and record review, the facility failed to resolve grievances in a timely manner for 1 resident (Resident 5) of 3 residents sampled. The facility had a census of 123. Findings are: A record review of Resident 5's Clinical Resident Profile revealed Resident 5 had been admitted to the facility on [DATE] and the residents' family member was listed as their responsible party and their Power of Attorney for health care and financial. A record review of Resident 5's Minimum Data Set (MDS - a standardized assessment tool used to evaluate the health status of nursing home residents) revealed Resident 5 had a Brief Interview for Mental Status (BIMS - a cognitive screening tool used to assess a persons' cognitive functioning) of 3 indicating the resident severely cognitively impaired. A record review of the Social Services progress notes revealed the following note dated 9/3/2024. Care conference held with the resident (Resident 5). Social Services in attendance with Resident and family member/POA in person. Addressed questions regarding clothing, Residents room, and Residents daily routine. A record review of an unresolved grievance form dated 9/3/2024 provided by the Administrator revealed the Residents family member had complained about the resident missing clothes and they had made multiple calls to the facility and left messages which were unanswered. A record review of a grievance form dated 9/3/24for Resident 5 revealed the following: -Family member is claiming they had made multiple calls to the facility that have gone unanswered regarding missing clothing for their mom. -Person investigating grievance: Social Services Director -Grievance follow up: -Social Services, called family member to ask for description of missing items - family member unable to provide. Offered to have staff show resident unclaimed clothing or to reimburse family member if they purchase new clothes. -Resolution date: No date provided. (continued on next page)

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F 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A telephone interview with Residents 5's family member on 9/25/2024 at 1:22 PM revealed they had a discussion on 9/3/2024 at Resident 5's care conference and discussed Resident 5's missing clothes. The family member was informed the facility would be looking into the missing clothing. According to Resident 5's family member the issue has not been resolved. On 9-25-2025 at 12:17 PM an interview was conducted with Licensed Practical Nurse (LPN) A. During the interview LPN A reported Resident 5 could understand and be understood if asked yes, no questions. An interview on 9/25/2024 at 2:45 PM with Resident 5 confirmed the resident was able to answer yes or no questions by nodding or shaking their head. During the interview Resident 5 nodded their head yes when asked if they had missing clothing and if the facility staff were aware of that. Resident 5 nodded no when asked if anyone in the facility talked to you about your missing clothes and have they been replaced. An interview on 9/26/2024 at 3:20 PM with the facility Administrator confirmed the facility had not resolved the issue of Resident 5's missing clothes. A record review of the facility's undated Resident and Family Grievances policy revealed the following: -Procedure: d. (ii) All staff involved in the grievance investigation or resolution should make prompt efforts to resolve the grievance and return the grievance form to the Grievance Official. Prompt efforts include acknowledgement of complaint/grievances and actively working toward a resolution of that complaint grievance. g. In accordance with the residents' right to obtain a written decision regarding his or her grievance, the Grievance Official will issue a written decision on the grievance to the resident or representative at the conclusion of the investigation. The written decision will include at a minimum: (i) The date the grievance was received. 12. The facility will make prompt efforts to resolve grievances.