

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER The Banyan at Montclair		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0584</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 04577</p> <p>Licensure reference: 175 NAC 12-007.04C1</p> <p>Based on observation, interview, and record review, the facility failed to ensure temperatures in 59 of 76 occupied resident rooms and common areas were maintained at a safe and comfortable level. This has the potential to affect all 119 residents of the facility.</p> <p>The facility was notified on 2/18/25 at 8:23 PM of an Immediate Jeopardy (IJ) which began on 2/18/25. The IJ was removed on 2/19/25, as confirmed by surveyor onsite verification.</p> <p>Findings are:</p> <p>A.</p> <p>A review of undated, un-timed temperature log revealed the following temperatures of less than 71 degrees F [Fahrenheit]: memory care unit 67.3 F; room [ROOM NUMBER] 68.3 F; and Station 1 67 F. A notation on the log revealed the log temperatures were due to a tripped breaker and the breaker had been reset. The log also stated an electrician had been called to increase the breaker size to prevent a reoccurrence.</p> <p>In an interview on 2/18/25 at 5:53 PM, the DON [Director of Nursing] reported that the undated log had been completed on 2/18/25 at 3 PM and that the low temperatures were due to the breaker being tripped.</p> <p>Observations on 2/18/25 between 3:56 PM-4:09 PM revealed the portal heaters in hallways as follows:</p> <ul style="list-style-type: none"> -500 hallway-4 portal heaters -600 hallway-3 portal heaters -700 hallway-2 portal heaters -400 hallway-1 portal heater -200 hallway-1 portal heater <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 0584</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Observations of random resident rooms on 2/18/25 between 4:56 PM-5:30 PM revealed the following temperatures below 71 F measured by the Maintenance Director with a facility thermometer:</p> <ul style="list-style-type: none"> -room [ROOM NUMBER]-69 F -room [ROOM NUMBER]-66 F -room [ROOM NUMBER]-68 F -room [ROOM NUMBER]-69.1 F -room [ROOM NUMBER]-63 F -200 hallway-64 F -room [ROOM NUMBER]-64 F -room [ROOM NUMBER]-58.6 F -room [ROOM NUMBER]-61 F -Hallway near North exit door in Memory Unit-51 F -Memory Care hallway-67 F -room [ROOM NUMBER]-61.7 F -room [ROOM NUMBER]-65.5 F -room [ROOM NUMBER]-69.6 F -800 hallway-70.5 F -room [ROOM NUMBER]-70.1 F -room [ROOM NUMBER]-70.2 F -500 hallway-66.9 F -room [ROOM NUMBER]-66.9 F -room [ROOM NUMBER]-69.6 F -room [ROOM NUMBER]-69.1 F -room [ROOM NUMBER]-67.3 F -600 hallway-64.9 F <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>-2:00 AM has 2 different entries for room temperature as follows:</p> <ul style="list-style-type: none"> -room [ROOM NUMBER] had 57.0 DF and 55.0 DF. -room [ROOM NUMBER] had 56.0 DF and 55.0 DF. -room [ROOM NUMBER] had 55.0 DF and 55.0 DF. -room [ROOM NUMBER] had 56.0 DF and 56.0 DF. -room [ROOM NUMBER] had 67.0 DF and 56.0 DF. -room [ROOM NUMBER] had 69.0 DF and 60.0 DF. -room [ROOM NUMBER] had 70.0 DF and 58.0 DF. -room [ROOM NUMBER] had 70.0 DF and 60.0 DF. -room [ROOM NUMBER] had 70.0 DF and 61.0 DF. -room [ROOM NUMBER] entries were not legible. <p>Record review of an undated temperature log sheet with a timed entry of 4:00 AM revealed the following information:</p> <ul style="list-style-type: none"> -room [ROOM NUMBER] was 52.3 DF. -room [ROOM NUMBER] was 49.0 DF. -room [ROOM NUMBER] was 52.9 DF. -room [ROOM NUMBER] was 53.0 DF. -room [ROOM NUMBER] was 54.1 DF. -room [ROOM NUMBER] was 56.7 DF. -room [ROOM NUMBER] was 57.7 DF. -room [ROOM NUMBER] was 69.0 DF. <p>Observation on 2-19-2025 at 5:24 AM revealed the windows in rooms 204, 205 and 206 had frost build up. Further observations revealed the residents in the 200 section of the building had 2 to 3 blankets covering them.</p> <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>On 2-19-2025 at 5:28 AM an interview was conducted with Licensed Practical Nurse (LPN) A. During the interview LPN A confirmed resident room temperatures were obtained every 2 hours and not hourly as directed in the facility abatement plan. LPN A further confirmed the resident rooms in the 200 had were cold. LPN A reported not being aware if the Maintenance Director (MD) had been notified of the continued cold resident room. LPN A confirmed LPN A had not followed up on the resident room temperatures.</p> <p>C.</p> <p>Observation on 2-19-2025 at 5:48 AM revealed upon entering the secured memory support unit revealed there were 2 portable heating units with one of the heating units tuned off.</p> <p>On 2-19-2025 at 5:48 AM Nursing Assistant (NA) C reported they were instructed to turn off the 1 heating unit as it was blowing out cold air. NA C further reported the secured unit was cold and they were trying to keep the residents covered with extra blankets.</p> <p>Observation on 2-19-2025 at 5:52 AM with Registered Nurse (RN) B revealed RN B using the facility thermometer gun from another unit, obtain the temperatures in the following rooms:</p> <ul style="list-style-type: none"> -room [ROOM NUMBER] was 56.6 DF. -room [ROOM NUMBER] was 50.5 DF. -room [ROOM NUMBER] was 57.9 DF. -room [ROOM NUMBER] was 62.8 DF. -room [ROOM NUMBER] was 53.4 DF. <p>On 2-19-2025 at 5:52 AM during the observation RN B confirmed the resident rooms were cold. RN B reported the thermometer gun staff had been using in the secured unit was not accurate.</p> <p>D.</p> <p>Record review of a Room Temps (temperature) sheet dated 2-19 and no year identified, with a time of 7:00 AM revealed the following information:</p> <ul style="list-style-type: none"> -room [ROOM NUMBER] was 68.4 DF. -room [ROOM NUMBER] was 64.6 DF. -room [ROOM NUMBER] was 59.2 DF. -room [ROOM NUMBER] was 61.5 DF. -room [ROOM NUMBER] was 62.4 DF. -room [ROOM NUMBER] was 60.1 DF. <p>(continued on next page)</p>

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<p>F 0584</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>-room [ROOM NUMBER] B was 64.0 DF.</p> <p>On 2-19-2025 at 7:02 AM an interview was conducted with the Maintenance Director (MD). During the interview the MD reported not being notified of the cold rooms or the portable heating unit being off on the 500 hall exit door area.</p> <p>On 2-19-2025 at 7:10 AM an interview was conducted with RN D. During the interview when asked how often were resident room temperatures and resident temperature were to be obtained, RN D reported every 2 hours. RN D further reported if the residents rooms were cold, the MD was to be called.</p> <p>On 2-19-2025 at 7:12 AM an interview was conducted with LPN E. During the interview when asked how often temperatures in residents room and residents were to be obtained, LPN E reported hourly.</p> <p>On 2-19-2025 at 9:40 AM an interview was conducted with the DON. During the interview review of the temperature logs on the 200 and temperatures obtained by RN B was completed. The DON confirmed the original abatement plan had not been followed and further confirmed the secured unit resident rooms were cold. The DON reported the MD should have been called to report the residents rooms were cold.</p> <p>According to Accucheck.com temperature on the morning of 2-19-2025 was 10 below zero.</p> <p>On 2-19-2026 at 11:02 AM the facility implemented a revised abatement plan to to remove the immediacy of situation and to protect the residents as follows:</p> <p>-On February 18,2025 the building temperatures were not maintained at a safe and comfortable levels, according to federal requirements. To protect the safety of the affected residents, the following steps were being taken:</p> <p>-Every resident will have their temperature taken every two hours to assess for hypothermia. If the resident temperature drops, to the resident shows signs of hypothermia, appropriate medical treatment will be provided, beginning with moving the resident to a warmer environment.</p> <p>-Every occupied room temperature will be taken every hour to assure they maintain their temperature.</p> <p>-If the room temperature falls by more than 1 degree or there are problems with the portable heaters, maintenance will be notified immediately.</p> <p>-If a resident is cold in their room, another room will be offered. If no other warmer rooms are available,the residents will be moved to the dining room.</p> <p>-Education will be provided to nursing staff of the temperature process and schedule.</p> <p>-Education will be provided to staff on the signs of the hypothermia.</p> <p>-A portable whole building heating unit was obtained from Nebraska Machinery. The heater will be operational by approximately midnight on 2/18/25.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>-staff were re-educated on 2/19/2025 on taking room temperatures every hour, residents temperatures every 2 hours, and when to call maintenance. Education will be provided every shift by DON or designee, until all staff have been educated and are able to verbalize understanding of the temperature process.</p> <p>-DON or designee will verify that temperature procedures are being followed, and all heating units are functioning properly every two hours.</p> <p>-The doors to the memory care unit will be opened to allow heat to flow through. A staff member will be stationed at each memory care unit entrance continuously to ensure no resident leave the unit unattended. Velcro door signs will be added to each unit doorway as a visual reminder for residents. We will re-evaluate temperatures in 24 hours to determine if this needs to continue.</p> <p>-Three additional large heating units have been obtained and en route to the building as of 1000.</p> <p>-Heating company called to check heating system to ensure current system is working properly.</p> <p>-Maintenance are working to patch large portable units into wall ventilation system so that we are not dependent on hallway heater. If maintenance unable to connect heating units to ventilation system, we will blow heat directly into the building through a door opening or window opening. Hourly monitoring to continue until comfortable temperatures are maintained.</p> <p>-staff will be educated the carbon monoxide detectors on each unit and what to do if they alarm.</p> <p>At the time of the survey, the violation was determined to be at the immediate jeopardy level L. Based on observation, interview and record review completed during the onsite visit, it was determined the facility had implemented corrective action to remove the IJ violation at the time. A final revisit will be conducted to determine if the facility is in substantial compliance with participation requirements.</p> <p>At the time of exit, the severity of the deficiency was lowered to the F level.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285054	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER The Banyan at Montclair		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0835</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p>21492</p> <p>Licensure Reference Number 175 NAC 12-006.01 (C)</p> <p>Licensure Reference Number 175 NAC 12-006.02(A)(G)</p> <p>Based on observations, record review, and interviews; the facility administration staff failed to ensure effective management of facility resources to maintain the highest practical well being of residents and the facility environment as evidenced by failure to implement an effective plan of action to maintain correction for previously cited areas of deficient practice result. The facility staff identified a census was 119.</p> <p>Findings are:</p> <p>Review of the facility survey history revealed the facility received a citation at F584 for failing to ensure temperatures on the 200 hallway were maintained on 12-05-2024.</p> <p>F 584, The facility failed to maintain temperatures in resident rooms and common area. The facility failure resulted in an Immediate Jeopardy (IJ) situation. According to the Center for Medicare and Medicaid Services (CMS) A IJ is a situation in which the nursing home's non-compliance with one or more requirements has caused, or is likely to cause, serious injury, harm, impairment, or death to a resident.</p> <p>On 2/18/25 facility provided an abatement plan to remove the immediacy of situation and to protect the residents.</p> <p>Observations and record reviews on 2-19-2025 revealed the facility staff had not implemented the complete abatement plan.</p> <p>On 2-19-2025 at 9:40 AM an interview was conducted with the Director of Nursing (DON). The DON confirmed the original abatement plan had not been followed.</p>