

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  01/29/2026
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)		
F 0580  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure reference: 175 NAC 12-006.04(F)(i)(5) Based on interview and record review, the facility failed to notify resident representative of changes in treatment and significant weight loss for 1 [Resident 3] of 3 sampled residents. The facility had a total census of 111 residents. Findings are:A.A review of facility policy dated 2024 titled Notification of Changes revealed: The facility must inform the resident, consult with the resident's physician and/or notify the resident's family member or legal representative when there is a change requiring such notification. The facility further identified the following circumstances that required notification:- 1. Accidents a. Resulting in injury. b. Potential to require physician intervention.- 2. Significant change in the resident's physical, mental or psychosocial condition such as deterioration in health, mental or psychosocial status.This may include: Life-threatening conditions, orClinical complications- 3. Circumstances that require a need to alter treatment.This may include:New treatment.Discontinuation of current treatment due to:Adverse consequencesAcute conditionExacerbation of a chronic condition.- 4. A transfer or discharge of the resident form the facility.- 5. A change of room or roommate assignment.- 6. A change in resident rights. B.A review of Resident 3's admission Record revealed Resident 3 was admitted to the facility on [DATE] with diagnoses of Alzheimer's disease with late onset and chronic kidney disease, stage 3 unspecified. Resident 3's admission Record identified family member as POA [Power of Attorney]. In interviews on 1/27/26 at 10:47 AM and 1/28/26 at 8:40 AM, the POA reported being told Resident 3 was losing weight and would be starting on a supplement during a care conference that had occurred 3-4 months ago. The POA reported that the POA had heard nothing more about Resident 3's weight loss until 2 weeks prior when Resident 3 was put on hospice. A review of Social Service Note dated 10/22/25 revealed a care plan conference was held for Resident 3 with POA in attendance. Social Service Note did not identify weight loss as a concern. A review of Resident 3's Weight and Vital Summary report revealed the following weights for Resident 3:-7/1/25 152.5 lbs.-7/6/25 151.5 lbs.-8/21/25 147 lbs.-9/9/25 148 lbs.-9/30/35 145.8 lbs.-10/16/25 142 lbs.-11/20/25 137 lbs., -10% change [comparison weight 7/1/2025 152.5 lbs. -10.2%, -15.5 lbs.]-12/2/25 134.8 lbs., -10% change [Comparison Weight 7/1/2025, 152.5 lbs., -11.6%, -17.7 lbs.]-7.5% change [comparison weight 9/9/25, 148.0 lbs., -8.9%, -13.2 lbs.]-1/7/26 121 lbs., -10% change [comparison weight 8/21/2025, 147.0 lbs., -17.7%, -26.0 lbs.]-5% change [Comparison weight 12/2/2025, 134.8 lbs., -10.2%, -13.8 lbs.]-7.5% change [comparison weight 10/16/2025, 142.0 lbs., -14.8%, -21.0 lbs.]-1/14/26 114 lbs.-10.0% change [comparison weight 8/21/2025, 147.0 lbs., -22.4%, 33.0 lbs.]-5.0% change [comparison weight 1/7/2026, 121.0 lbs., -5.8%, -7.0 lbs.]-7.5% change [comparison weight 10/16/2025, 142.0 lbs., 19.7%, -28.0 lbs.] A review of Dietary Progress Note dated 11/29/25 revealed Resident 3 was started on med pass 60 cc [nutritional supplement], three times per day for slow weight loss. A review of Health Status Note dated 11/25/25 revealed new order to start Resident 3 on KCL [potassium chloride] 40 meq.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 285054	If continuation sheet Page 1 of 4

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>once per day for hypokalemia [low potassium]. A review of Nurses Note dated 12/11/25 revealed new order was received to start Resident 3 on Metformin [a medication used to treat high blood sugars] 500 mg twice per day for prediabetes. A review of Health Status Note dated 1/8/26 revealed new order to start Resident 3 on Mirtazapine [an antidepressant] 15 mg every night for dementia with depression and weight loss. A review of physician order for Resident 3 dated 1/8/26 revealed an order for prealbumin [a lab test used to assess nutritional status] lab test due to weight loss. A review of provider orders for Resident 3 dated 1/8/26 revealed orders for weekly weights and renal ultrasound due to history of mass to significant weight. A handwritten note on order sheet identified that family declined ultrasound. A review of 1/14/26 Social Service Note revealed email was sent to Resident 3's POA regarding Resident 3 refusing meals, not eating, significant weight loss and sleeping a lot. The email suggested a discussion about hospice. A review of Resident 3's Progress Notes between 10/20/25 and 1/8/26 did not reveal any documentation of Resident 3's POA being notified of Resident 3's weight changes, orders for prealbumin lab, new orders for potassium chloride, metformin, and mirtazapine. A review of Medical Professional Progress Notes dated 10/15/25, 10/27/25, 11/18/25, 11/24/25, 12/12/25, 1/5/26, and 1/8/2026 did not reveal any documentation of Resident 3's POA being notified of Resident 3's weight changes, orders for prealbumin lab, new orders for potassium chloride, metformin, and mirtazapine. In an interview on 1/29/26 at 12:55 PM, Registered Dietitian A confirmed that Registered Dietitian A had not spoken with Resident 3's family regarding Resident 3's weight loss. In an interview on 1/29/26 at 3:09 PM and 4:18 PM, ADON B [Assistant Director of Nursing] confirmed that the nurses are to notify POA of changes in condition including weight loss and changes in medication. ADON B confirmed ADON B contacted Resident 3's POA about weight loss and kidney ultrasound on 1/8/26 and family declined. ADON B confirmed that no additional information could be located regarding notification of Resident 3's POA.</p>

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure reference: 175 NAC 12-006.09(J)(i)(l) Based on record review and interview, the facility failed to monitor nutritional status after implementation of nutritional interventions for weight loss for 1 [Resident 3] of 3 sampled residents. The facility had a total census of 111 residents. Findings are:A.A review of facility policy dated 4/1/24 titled Weight Monitoring revealed the following:- Interventions will be identified, implemented, monitored and modified (as appropriate), consistent with the resident's assessed needs, choices, preferences, goals, and current professional standards to maintain acceptable parameters of nutritional status.- A weight monitoring schedule will be developed upon admission for all residents: a. Weights should be recorded at the time obtained. Mathematical rounding should be utilized (i.e., if weight is X.5 pounds [lbs.] or more, round weight upward to the nearest whole pound. If weight is X.1 to X.4 [lbs.] round down to the nearest whole pound). b. Newly admitted residents-monitor weight weekly for 4 weeks c. Residents with weight loss-monitor weight weekly d. If clinically indicated-monitor weight daily e. All others-monitor weight monthly B.A review of Resident 3's admission Record revealed Resident 3 was admitted to the facility on [DATE] with a Diagnosis of Alzheimer's disease with late onset and chronic kidney disease, stage 3 unspecified. Resident 3's admission Record identified family member as POA [Power of Attorney]. A review of Resident 3's quarterly MDS [Minimum Data Set: a comprehensive assessment used for care planning] dated 12/29/25 revealed the following:-Resident 3 scored a 12 on Brief Interview for Mental Status exam with a score of 8-12 identified as moderate impairment-Resident 3 is identified as independent with eating-Resident 3 was not identified as having a weight loss of 5% or more in last month or 10% or more in last 6 months A review of Resident 3's Care Plan revealed a focus area related to nutritional status which was initiated on 7/2/25 and updated on 1/15/26. Resident 3 was identified with significant weight loss and admitted to hospice care with loss being identified as unavoidable. Interventions identified for Resident 3 included the following:-Offer/assist Resident 3 as needed with meals initiated 1/27/26-provide and serve diet as ordered-mech soft revised on 10/8/25-Dietary Manager to discuss food preferences with resident or family upon admission and as needed initiated on 7/2/25 A review of dietary note dated 11/29/25 revealed Resident 3 had a current body weight of 137 lbs. which was identified as 3.5% loss in 30 days. Interventions for Resident 3 were listed as add med pass 60 cc three times per day, monitor weight, continue diet as ordered and offer snacks as requested. Registered Dietitian to monitor oral intake, diet status, weight trends and skin integrity. A review of dietary note dated 12/18/25 revealed Resident 3 had a current body weight of 134.8 lbs. which was identified as 8.9% weight loss in 90 days with a new intervention of prealbumin lab being ordered. The plan included review of prealbumin, continue diet as ordered and offer snacks as requested. The Registered Dietitian would monitor oral intake, diet status, weight trends and skin integrity. A review of provider orders for Resident 3 revealed an order dated 12/16/25 for a prealbumin lab [a lab to assess nutritional status] for Resident 3 due to unintended weight loss. A review of Resident 3 electronic medical record did not reveal any results for prealbumin order dated 12/16/26. In an interview on 1/29/26 at 4:50 PM, Regional Nurse Consultant C confirmed that no results could be located for prealbumin lab ordered on 12/16/26. A review of Resident 3's Weight and Vital Summary report revealed a weight on 12/2/25 of 134.8 lbs. and the next recorded weight on 1/7/26 of 121 with reflected a weight loss of 13.8 lbs. or 10.2% between 12/2/25 and 1/7/26. A review of Resident 3's order dated 1/8/26 revealed an order for prealbumin lab for weight loss and order for Mirtazapine 15 mg [an antidepressant] at night for dementia with depression and weight loss. A review of Resident 3's Weight and Vital Summary report revealed a weight on 1/14/16 of 114</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>lbs. which reflected a loss of 7 lbs. or 5.79% in one week. A review of Resident 3's prealbumin lab dated 1/14/26 revealed a level of 14 which could indicate malnutrition. A review of Social Service Note for Resident 3 dated 1/15/26 revealed Resident 3 was admitted to hospice. In interviews on 1/29/26 at 12:55 PM and 4:35 PM, Registered Dietitian A had confirmed that weekly weights were not started. Registered Dietitian A reported Resident 3 was started on med pass supplement and reviewed at weekly risk meeting weight loss.</p>		