

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285057	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/09/2026
NAME OF PROVIDER OR SUPPLIER Eventide Lincoln Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 4720 Randolph Street Lincoln, NE 68510	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number NAC 175 12-006.09(H)Based on record review and interviews, the facility failed to follow physician orders for 1 (Resident 2) out of 3 sampled residents. The facility census was 134. Findings are:Record review of the facility's policy titled Medication Errors dated 2/26 revealed that a medication error is defined as a discrepancy between what was prescribed and what was administered.According to the American Medical Association (AMA), good nursing practice and nursing standards of care require nurses to act as independent professionals who execute physician orders responsibly.Record review of Resident 2's admission MDS dated [DATE] revealed an entry date to the facility on 5/18/2026 with a BIMS of 15 (indicates Resident 2 is cognitively intact) and a diagnosis of osteomyelitis (a bone infection) and type 2 diabetes mellitus (a chronic metabolic condition where the body fails to produce enough insulin to help regulate blood sugars) with foot ulcer.Record review of Resident 2's Comprehensive Careplan dated 5/19/26 revealed: -MRSA (methicillin-resistant Staphylococcus aureus - a type of bacteria that resistant to many common antibiotics and making the infection harder to treat) with an intervention to give antibiotic therapy as ordered. -diagnosis of osteomyelitis to left ankle and foot with an intervention of IV (intravenous which means into a vein) antibiotic as ordered and wound vac (a medical treatment that uses controlled suction to help severe or hard to heal wounds close faster) with treatment as ordered.Record review of Resident 2's current physician orders included IV Ampicillin/sulbactam (commonly known as Unasyn, an antibiotic used to treat bacterial infections) with a start date of 5/18/2026.Review of Resident 2's Medication Error report dated 6/13/26 revealed the wrong IV antibiotic was given to this resident. IV Ertapenem (also known as Invanz, a broad spectrum antibiotic used to treat serious bacterial infections) was given to the resident.Record review of a physician order dated 6/14/26 for Resident 2 revealed that the Infectious Disease (ID) doctor needed to be notified of the medication error.During an interview on 7/9/2026 at 4:46 PM RN (Registered Nurse) - A and Resident Care Manager (RCM) confirmed that Infectious Disease (ID) was not notified of the medication error and should have been because they were the ones that ordered the IV antibiotic for the resident's infection.During an interview on 7/9/26 RN - B and RCM revealed that if an order is not completed on the shift that it was received, the order should be communicated to the oncoming nurse. In this instance, the night nurse should have communicated with the oncoming day shift nurse.During an interview on 7/9/2026 at 5:15 PM LPN (Licensed Practical Nurse) - C confirmed that (gender) was the nurse on the next dayshift on 6/14/2026 and was not made aware of the new order to notify the Infectious Disease doctor.During an interview on 7/9/2026 at 5:32 PM the Administrator (Adm) confirmed that ID was not notified and should have been and that the physician orders were not followed.		

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
--	-------	-----------