

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285058	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2024
NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehabilitation Mercy		STREET ADDRESS, CITY, STATE, ZIP CODE 7410 Mercy Road Omaha, NE 68124	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49164</p> <p>Licensure Reference Number 175 NAC 12-006.04(F)(i)(5)</p> <p>Based on interview and record review the facility failed to notify the resident's physician prior to transfer to the hospital for 1(Resident 5) of 3 residents sampled. The facility census was 99.</p> <p>Findings are:</p> <p>Record Review of Resident 5's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 7-11-2024 revealed Resident 5 had the diagnosis of Acute Cystitis, Dementia, Bipolar Disorder, Chronic Obstructive Pulmonary Disease, and had a Multi Drug Resistant (MDRO, bacteria that is resistant to more than 1 antibiotic), and a Brief Interview of Mental Status (BIMS, an assessment that aids in detecting cognitive impairment. A score of 0-7 equals severe impairment, 8-12 indicates moderate impairment and 13-15 indicates cognitively intact) score of 12 indicating moderate cognitive impairment. The MDS also indicated Resident 5 was occasionally incontinent of bladder and frequently incontinent of bowel and required moderate assistance from staff with upper body dressing, maximal assistance from staff for showering, bed mobility and transfers and was dependent on staff for toileting hygiene and lower body dressing. The MDS also revealed an admitted [DATE] and a discharge date of [DATE].</p> <p>Record Review of the facilities Admission/Discharge To/From Report dated 07-01-2024 to 07-30-2024 and printed 07-18-2024 revealed Resident 5 was admitted to the facility from the hospital on 07-08-2024 and discharged from the facility to the hospital on 07-11-2024.</p> <p>Record Review of Resident 5's Nursing Progress note dated 07-11-2024 revealed Resident 5 discharged to the hospital. The progress note did not indicate what hospital, why the resident needed to be transferred, or if the attending physician was notified of the transfer.</p> <p>An interview conducted with Licensed Practical Nurse (LPN) B on 07-22-2024 at 11:00 AM revealed LPN B was unaware of the need to transport Resident 5 to the hospital and was instructed to do so. The interview also revealed that Resident 5 was transferred to the hospital by the facility van and with a medication list and no additional information. According to LPN D, LPN D did not call and give a report to the receiving hospital emergency department of the residents condition.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview conducted with facility Van Driver (VD) G on 07-22-2024 at 12:50 PM revealing (gender) transported Resident 5 to the hospital emergency department on 07-11-2024.</p> <p>Record Review of the facility policy Notification of Changes dated 01-2024 revealed it is the policy of this facility that changes in a resident's condition or treatment are reported to the attending physician or delegate. The policy also indicated under requirements for notification of the resident's physician when there is a need to alter treatment significantly.</p> <p>An interview with the Director of Nursing (DON) on 07-23-2024 at 3:00 PM confirmed the physician had not been updated prior to the transfer.</p>

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49164</p> <p>Licensure Reference Number 175 NAC 71-71-6022 (1)</p> <p>Based on record review and interview, the facility failed to document the basis for transfer and failed to provide a report the receiving provider for 1 (Resident 5) of 3 residents sampled who had transferred to the hospital. The facility census was 99.</p> <p>Findings are:</p> <p>Record Review of Resident 5's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 7-11-2024 revealed Resident 5 had a diagnosis of Acute Cystitis, Dementia, Bipolar Disorder, Chronic Obstructive Pulmonary Disease, and had a Multi Drug Resistant (MDRO, bacteria that is resistant to more than 1 antibiotic), and a Brief Interview of Mental Status (BIMS, an assessment that aids in detecting cognitive impairment. A score of 0-7 equals severe impairment, 8-12 indicates moderate impairment and 13-15 indicates cognitively intact) score of 12 indicating moderate cognitive impairment. The MDS also indicated Resident 5 was occasionally incontinent of bladder and frequently incontinent of bowel and required moderate assistance from staff with upper body dressing, maximal assistance from staff for showering, bed mobility and transfers and was dependent on staff for toileting hygiene and lower body dressing. The MDS also revealed an admitted [DATE] and a discharge date of [DATE].</p> <p>Record Review of the facilities Admission/Discharge To/From Report 07-01-2024 to 07-30-2024 printed on 07-18-2024 revealed Resident 5 was admitted to the facility from the hospital on 07-08-2024 and discharged from the facility to the hospital on 07-11-2024.</p> <p>Record Review of Resident 5's Nursing Progress note dated 07-11-2024 revealed Resident 5 discharged to the hospital. The progress note did not indicate what hospital, why the resident needed to be transferred or whether the receiving hospital was given report on Resident 5.</p> <p>An interview conducted with Licensed Practical Nurse (LPN) B on 07-22-2024 at 11:00 AM revealed the reason Resident 5 went to the hospital was because the Director of Nursing (DON) told LPN B to do so. The interview also revealed that Resident 5 was transferred to the hospital in the facility van and a medication list and no other information was sent with the resident. LPN D reported not call and give a report to the receiving hospital emergency department the over all condition of the resident.</p> <p>An interview was conducted with the facility Van Driver (VD) G on 07-22-2024 at 12:50 PM revealed (gender) transported Resident 5 to the hospital emergency department on 07-11-2024.</p> <p>Record Review of the facility policy Transfer and Discharge from the Facility Policy dated 01-2024 revealed when the facility transfers or discharges a resident the facility must ensure transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving healthcare institution. The documentation in the resident's record must include:</p> <p>(continued on next page)</p>		

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<p>F 0622</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-The basis for transfer</p> <p>-The specific resident need(s) that cannot be met, the facility attempts to meet the needs, and the service available at the receiving facility to meet the need(s).</p> <p>Information provided to the receiving provider must include a minimum of the following:</p> <ul style="list-style-type: none"> -Contact information of the practitioner responsible for the care of the resident. -Resident Representative information including contact information. -Advance Directive information. -All special instruction or precautions for ongoing care, as appropriate. -Comprehensive care plan goals -All other necessary information, to ensure a safe and effective transition of care. <p>An interview with the Director of Nursing on 07-23-2024 at 3:00 PM confirmed the absence of documentation in Resident 5's medical record regarding the basis for the transfer, an order from a physician to transfer Resident 5 to the hospital, and a report was given to the receiving hospital Emergency Department.</p>

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49164</p> <p>Nebraska Statute 71-6022(2)</p> <p>Based on interview and record review the facility failed to provide a discharge notice 30 days prior to a facility-initiated discharge for 1 of 3 (Resident 5) sampled residents. The facility census was 99.</p> <p>Record Review of Resident 5's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 7-11-2024 revealed Resident 5 had diagnosis of Acute Cystitis (an infection in the bladder), Multi Drug Resistant Organism (MDRO, a bacteria that is resistive to treatment by more than 1 antibiotic), Dementia, Bipolar Disorder(a mental health conditions characterized by periodic, intense emotional states affecting a person's mood, energy, and ability to function), Chronic Obstructive Pulmonary Disease (COPD, is a condition caused by damage to the airways or other parts of the lung that blocks airflow and makes it hard to breathe), and a Brief Interview of Mental Status (BIMS, an assessment that aids in detecting cognitive impairment. A score of 0-7 equals severe impairment, 8-12 indicates moderate impairment and 13-15 indicates cognitively intact) score of 12 indicating moderate cognitive impairment. The MDS also indicated Resident 5 was occasionally incontinent of bladder and frequently incontinent of bowel and required moderate assistance from staff with upper body dressing, maximal assistance from staff for showering, bed mobility and transfers and was dependent on staff for toileting hygiene and lower body dressing. The MDS also revealed an admitted [DATE] and a discharge date of [DATE].</p> <p>Record Review of the facilities Admission/Discharge To/From Report 07-01-2024 to 07-30-2024 printed 07-18-2024 revealed Resident 5 was admitted to the facility from the hospital on 07-08-2024 and discharged from the facility to the hospital on 07-11-2024.</p> <p>Record Review of Resident 5's nursing progress note dated 07-11-2024 revealed Resident 5 was discharged to the hospital. Further review of Resident 5's progress note provided no other information about the discharge, including providing a 30-discharge notice.</p> <p>An interview with the facility Administrator (ADM) C was conducted on 07-23-2024 at 12:30 PM confirmed a 30-day discharge notice was not issued for Resident 5.</p> <p>Record review of the facility policy Transfer and Discharge from the Facility Policy dated 01-2024 revealed before the facility transfers or discharges a resident, the facility must-</p> <ul style="list-style-type: none"> -Notify the resident and the resident's representative of the transfer or discharge and the reasons for the move in writing and in a language and manner they understand. -The facility must send a copy of this notice to a representative of the Office of the State Long Term Care Ombudsman. <p>-- the transfer/discharge notice will be issued with a discharge date of at least 30 days before the resident is transferred or discharged .</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>49164</p> <p>Licensure Reference Number 175 NAC 12-006.09(I)(i)(1)</p> <p>Based on observation, interview, and record review the facility failed to implement fall interventions for 1 (Resident 1) of 3 sampled residents. The facility census was 99.</p> <p>The Findings are:</p> <p>Record Review of Resident 1's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 04-07-2024 revealed a diagnosis of intervertebral disc degeneration in the lumbar region Intervertebral disc disease is a common condition characterized by the breakdown (degeneration) of one or more of the discs that separate the bones of the spine (vertebrae), causing pain in the back or neck and frequently in the legs and arms), ataxia (Ataxia describes poor muscle control that causes clumsy movements), anemia (Anemia is a problem of not having enough healthy red blood cells or hemoglobin to carry oxygen to the body's tissues), osteoarthritis (Osteoarthritis is a degenerative joint disease, in which the tissues in the joint break down over time) of bilateral hips, hypertension, and peripheral vascular disease (Peripheral vascular disease is the reduced circulation of blood to a body part other than the brain or heart) The MDS also revealed Resident 1 had Brief Interview of Mental Status (BIMS, an assessment that aids in detecting cognitive impairment. A score of 0-7 equals severe impairment, 8-12 indicates moderate impairment and 13-15 indicates cognitively intact) of 14 and required moderate assistance from staff for bed mobility, dressing and toileting hygiene, maximal assistance from staff for bathing and transfers.</p> <p>Record Review of a list provided by the facility on 07-18-2024 of Residents who had a fall with injury revealed Resident 1 had a fall with injury on 06-28-2024 and 07-03-2024.</p> <p>Record Review of Resident 1's care plan printed 07-18-2024 revealed Resident 1 was at risk for falls. The care plan also listed the following interventions:</p> <ul style="list-style-type: none"> -06-24-2024: Will remove fall mat as it seems to be a barrier for unassisted self-transfers. -7-03-2024 Anti-roll back device will be added to the resident's wheelchair. -10-23-2024 Call before you fall sign in room and bathroom. -05-20-2024 Dycem (non-slip material keeps objects from sliding or rolling) to wheelchair. -05-20-2024 Non-skid strips to be applied next to the bed. -07-12-2024 The resident is to have foot pedals on her wheelchair during transport. <p>An observation of Resident 1's room on 07-22-2024 at 7:20 AM revealed Resident 1 was lying in bed, the floor next to the bed did not have nonskid strips in place, there was no signage on the walls in the room or bathroom to call don't fall, and the wheelchair did not have dycem on the seat.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview conducted on 07-22-2024 at 7:25 AM with the Assistant Director of Nursing (ADON) A confirmed that the fall interventions of nonskid strips next to bed, call before you fall signs were not present in the room or bathroom, and dycem was not in place in the wheelchair.</p> <p>Record Review of the facility policy Falls Management revised on 01-2024 revealed a Risk Reduction, Falls and Injuries Program will be used to assess residents to determine fall risk factors. The interdisciplinary team identifies and implements appropriate interventions to reduce the risk of falls or injuries while maximizing dignity and independence. The policy also revealed under procedure step 2, implement goals and interventions with resident/patient/family for inclusion in the interdisciplinary plan of care based on individual needs.</p>

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<p>F 0760</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</p> <p>49164</p> <p>Licensure Reference Number 175 NAC 12-006.10(D)</p> <p>Based on observation, interview and record review the facility failed to ensure residents were free of significant medication errors for 1 of 5 (Resident 6) sampled residents. The facility census was 99.</p> <p>Findings are:</p> <p>Record Review of Resident 6's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 07-02-2024 revealed diagnosis of Heart Failure, Peripheral Vascular Disease (PVD, is the reduced circulation of blood to a body part, other than the brain or heart, due to a narrowed or blocked blood vessel), Right Below the Knee Amputation (surgical removal of a limb), Renal insufficiency (gradual decline in kidney function over time), and Diabetes Mellitus. The MDS also revealed Resident 6 had a Brief Interview of Mental Status (BIMS, an assessment that aids in detecting cognitive impairment. A score of 0-7 equals severe impairment, 8-12 indicates moderate impairment and 13-15 indicates cognitively intact) score of 8 and required moderate assistance from staff for upper body dressing, maximal assistance from staff for bed mobility and was dependent on assistance from staff for toileting hygiene, lower body dressing and transfers.</p> <p>An interview on 07-22-2024 at 11:15 AM with Resident 6 revealed Resident 6 had an appointment on 07-17-2024 and had new orders and provided a copy. Resident 6 stated (gender) was unsure about being provided with the right medications.</p> <p>Record Review of the physician's visit document provided by Resident 6 revealed an order to reduce Lasix (a medication used to treat the symptoms of fluid retention in individuals with heart failure, liver disease or kidney disorder) to 40 milligrams (mg) once daily.</p> <p>An observation on 07-22-2024 at 8:00 AM of Medication Aid (MA) F administering medications to Resident 6 revealed Lasix 40 mg and Lasix 80 mg was administered to Resident 6.</p> <p>An interview conducted with the Director of Nursing on 07-23-2024 at 12:00 PM confirmed that the administration of Lasix 40 mg and Lasix 80 mg was an error.</p> <p>An interview with LPN B at 2:20 PM on 07-23-2024 revealed Resident 6 had received 120 mg of Lasix daily since 07-19-2024, when 40 mg should have been administered.</p> <p>Record Review of the facility policy Medication Errors revised 01-2024 under Policy Explanation and Compliance Guidelines defines a Medication Error means the observed or identified preparation or administration of medications or biologicals which in not in accordance with:</p> <ol style="list-style-type: none"> 1. The prescriber's order; 2. Manufacturer's specifications (not recommendations) regarding the preparation and administration of the medication or biological; or <p>(continued on next page)</p>		

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Accepted professional standards and principles which apply to professionals providing services. Accepted professional standards and principles include the various practice regulation in each State, and currently commonly accepted health standards established by national organizations, boards, and councils.		