

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 10/01/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>47733</p> <p>Licensure Reference Number 175 NAC 12-006.10</p> <p>Based on record review and interview, the facility failed to follow the medical provider's orders for 1 (Resident 2) of 3 sampled residents. The facility identified a census of 106.</p> <p>Findings are:</p> <p>Record review of Resident 2's admission orders dated 7-30-2024 revealed, Resident 2's practitioner order the medications be administered through the G-tube (A tube that is inserted into the gastrointestinal tract to provide nutrition or medication).</p> <p>Record review of an practitioners order dated 9/04/2024 revealed Resident 2's Medical Practitioner had changed the medication route from G-tube to oral (consumption by mouth).</p> <p>Record review of the Resident 2's Medication Administration Record (MAR) for September 2024 revealed that the facility discontinued the medications on 9/4/2024 and restarted the medications on 9/06/2024 for the following:</p> <ul style="list-style-type: none"> - Pantoprazole 2 MG/ML, give 20 Milliliters (ML) orally in the morning related to Gastro-Esophageal Reflux (Inflammation of the esophagus). - Amiodarone 200 Milligram (mg) Tablet, give 1 tablet orally in the morning related to Atrial Fibrillation (a heart condition that causes an irregular heartbeat, often resulting in a faster-than-normal heart rate). - Atorvastatin 40 mg Tablet, give 1 tablet in the morning related to Hyperlipidemia, (A condition in which there are elevated levels of fat particles (lipids) in the blood). - Famotidine 20 mg Tablet, give 1 tablet orally two times a day related to Hyperlipidemia. - Gabapentin CAP 100 mg, give 1 capsule orally two times a day related to Post Traumatic Seizures (Seizures that result from traumatic brain injury, brain damage caused by physical trauma). <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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - Hydrochlorot Tab 25 mg, give 1 tablet orally one time a day related to Chronic Diastolic (Congestive) Heart Failure (a condition where the left ventricle of the heart becomes stiff and unable to fill properly with blood). - Losartan Potassium Tab 50 mg, give 1 tablet in the morning related to Anemia (a condition in which your body does not produce enough healthy red blood cells, or your red blood cells do not function properly). - Metoprolol Tartrate Tab 25 mg, give 1 tablet orally two times a day related to Diastolic (Congestive)Heart Failure. - Oxcarbazepine Tab 300 mg, give 1 tablet every 8 hours related to Post Traumatic Seizures. - Tab-A-Vite TAB IRON/BET, give 1 tablet orally in the morning for supplement. <p>Further review of Resident 2's MAR for September 2024 revealed the medication Levetiracetam (a anticonvulsant) was not restarted until 9/09/2024.</p> <p>An interview on 10/01/2024 at 9:45 AM with the Director of Nursing (DON) confirmed the order received from the medical provider was to change the route of the medications and not to discontinue the medications. The DON confirmed that Resident 2 did not receive the medications as ordered by the Medical Practitioner.</p>		