

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 11/14/2024
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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49164</p> <p>Licensure Reference Number 175 NAC 12-006.09</p> <p>Based on record review and interviews; the facility failed to conduct neurological assessments after unwitnessed falls and falls with head injuries for 3 (Residents 1,2, and 4) of 4 sampled residents. The facility census was 101.</p> <p>Findings are:</p> <p>A.</p> <p>Record review of Resident 2's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 10-13-2024 revealed the facility staff assessed the following about the resident:</p> <p>-Brief Interview of Mental Status (BIMS) was scored as an 8. According to the MDS Manual a score of 8 to 12 indicate a person has severe cognitive impairment.</p> <p>-Required total assistance with dressing, toileting, bathing, transfers and bed mobility.</p> <p>Record review of Resident 2's progress notes revealed on 10-23-24 Resident 2 fell out of bed when the nursing assistant rolled [gender] to the left side. Furthermore, Resident 2 had sustained a hematoma (a solid swelling of clotted blood within the tissues) to the right side of the forehead and neurological assessments had been initiated.</p> <p>Record review of the Resident 2's Electronic Health Record (EHR), including assessments revealed the absence of a neurological assessment record.</p> <p>An interview conducted with Licensed Practical Nurse (LPN) A on 11-14-2024 at 11:30 AM revealed LPN A worked on 10-24-2024 with Resident 2 and did not perform neurological assessments.</p> <p>An interview conducted on 11-14-2024 at 2:00 PM with Nursing Assistant (NA) D revealed NA D had worked with Resident 2 on 10-25-2024 and had noticed that Resident 2 was not acting right. Furthermore, NA D revealed Resident 2 had a red and white bump to the forehead and when NA D moved the Resident 2's legs, Resident 2 winced.</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 0684</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 2's progress notes revealed on 10-25-2024 Resident 2 was exhibiting confusion and was unable to follow directions and was sent to the hospital.</p> <p>An interview conducted on 11-14-24 at 2:15 PM with the Interim Director of Nursing (IDON) confirmed that neurological assessments were not performed for Resident 2.</p> <p>B.</p> <p>Record review of Resident 1's MDS dated [DATE] revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> -BIMS was scored as a 14. According to the MDS Manual a score of 13 to 15 indicates a person is cognitively intact. -required extensive assistance with toileting, dressing, and transfers. -required total assistance with bathing. <p>Record review of a list provided by the facility of incidents by incident type dated 11-14-2024 revealed Resident 1 had an unwitnessed fall on 09-08-2024, 09-29-2024, 10-15-2024, 10-19-2024, 10-29-2024.</p> <p>Record review of Resident 1's EHR revealed incomplete neurological assessments for the unwitnessed fall on 09-08-2024, and no neurological assessments for the unwitnessed falls on 09-29-2024, 10-15-2024, 10-19-2024 and 10-29-2024.</p> <p>An interview with the Assistant Director of Nursing (ADON) B conducted on 11-14-2024 at 2:55 PM revealed the facility could not locate any neurological assessments in the EHR or on paper for Resident 1.</p> <p>C.</p> <p>Record review of Resident 4's Care Plan printed on 11-14-2024 revealed the following about the resident:</p> <ul style="list-style-type: none"> -had diagnosis of Dementia, Diabetes and a left Below the Knee Amputation (BKA). -required extensive assistance with dressing. -required total assistance with bed mobility, transfers, and bathing. <p>Record review of the facility list of incidents by incident type dated 11-14-2024 revealed Resident 4 had an unwitnessed fall on 10-16-2024 and 10-29-2024.</p> <p>Record review of Resident 4's EHR revealed an incomplete neurological assessment for the fall on 10-16-2024 and no neurological assessments for the fall on 10-29-2024.</p> <p>(continued on next page)</p>

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F 0684 Level of Harm - Actual harm Residents Affected - Few	<p>An interview with the Assistant Director of Nursing (ADON) B conducted on 11-14-2024 at 2:55 PM revealed the facility could not locate any neurological assessments in the EHR or on paper for Resident 4.</p> <p>Record review of the facility policy Accidents/Neuro Checks dated 01-2024 revealed the following</p> <ul style="list-style-type: none"> -Policy: the purpose of this procedure is to provide guidelines for a neurological assessment. -Neurological assessments are indicated: <ul style="list-style-type: none"> -upon physician order; -following an unwitnessed fall; -following a fall or other accident/injury involving head trauma; or -when indicated by resident's condition. <p>An interview with the Interim Director of Nursing (IDON) on 11-14-2024 at 3:00 PM confirmed that neurological assessments for Resident 1, 2 and 4 were not done or not completed and should have been performed after an unwitnessed fall or a fall with head injury.</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>49164</p> <p>Licensure Reference Number 175 NAC 12.006.04(G)(i)</p> <p>Based on record review and interviews; the facility failed to ensure 4 of 4 nursing staff sampled had competency evaluations. This had the ability to affect all residents that reside in the facility. The facility census was 101.</p> <p>The findings are:</p> <p>Record review of the facility's list of staff with position revealed the following:</p> <ul style="list-style-type: none"> -Nursing Assistant (NA) C was hired on 09-13-2022. -NA D was hired on 05-28-2024. -NA E was hired on 04-09-2024. -NA F was hired on 10-01-2024. <p>Record review of the facility's competencies for Nursing Assistants revealed the absence of competency evaluations for NA C, D, E, and F.</p> <p>An interview with the Interim Director of Nursing (IDON) was conducted on 11-14-2024 at 2:15 PM confirmed that competency evaluations were not completed for NA C, D, E, and F.</p>