

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 04/17/2025
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 1-005.04</p> <p>Based on record review and interview the facility failed to investigate and resolve grievances for 2 (Resident 5 and 6) of 3 residents sampled. The facility census was 105.</p> <p>The findings are:</p> <p>A. Record review of Resident 5's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 3-6-2025 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> -Brief Interview of Mental Status (BIMS) was scored at a 15. According to the MDS Manual a score of 13-15 indicates a person is cognitively intact. -Required total assistance with toileting. -Required substantial assistance with wheelchair mobility. -Required limited assistance with hygiene and transfers. <p>Record review of the facility's grievance log revealed Resident 5 had submitted a grievance on 03-21-2025.</p> <p>Record review of the facility's Grievance Policy dated 01-2024 revealed it is the policy of this facility that each resident has the right to voice grievances to the facility or other agency or entity that hears grievances without discrimination or reprisal and without fear of discrimination or reprisal. Such grievances include those with respect to care and treatment which has been furnished as well as that which has not been furnished, the behavior of staff and of other residents, and other concerns regarding their long-term care facility stay. The grievance official will lead any necessary investigations by the facility and will provide a written response to the resident or resident representative which includes:</p> <ul style="list-style-type: none"> -date of the grievance or concern -summary of the grievance. <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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-investigation steps</p> <p>-findings</p> <p>-resolution outcome and actions taken and date decision was issued.</p> <p>An interview on 04-16-2025 at 1:35 PM with Resident 5 revealed Resident 5 had not received a resolution to the grievance filed on 03-21-2025. Resident 5 revealed an email received on 03-21-2025 from the Social Service Director (SSD) that the SSD, the Director of Nursing (DON) and the Dietary Manager (DM) are actively working on a resolution.</p> <p>An interview conducted on 4-17-2025 with the SSD revealed the grievance process is the following:</p> <p>-the SSD was the grievance officer</p> <p>-the grievance comes the grievance officer and is logged on the grievance log.</p> <p>-the grievance officer then sends an email to the appropriate department head to address.</p> <p>-the department head addresses the grievance and submits the resolution to the Administrator (ADM).</p> <p>-once approved by the ADM, then the department head takes the resolution back to the resident.</p> <p>-the turnaround time for a grievance is 1-2 days.</p> <p>An interview conducted with the DON on 4-17-2025 at 2:40 PM confirmed an investigation and resolution was not completed for Resident 5's grievance dated 03-21-2025.</p> <p>B. Record review of Resident 6's MDS dated [DATE] revealed the facility staff assessed the following about the resident:</p> <p>-BIMS was scored as a 15. According to the MDS Manual a score of 13-15 indicates a person is cognitively intact.</p> <p>-required moderate assistance with bathing, and lower body dressing.</p> <p>-required limited assistance with transfers, bed mobility, and toileting.</p> <p>Record review of the facility's grievance log revealed Resident 6 had submitted a grievance on 04-09-2025.</p> <p>An interview with Resident 6 was conducted on 04-16-2025 at 1:45 PM revealed Resident 6 had submitted a grievance a week ago and had not received a resolution.</p> <p>An interview with the DON on 04-17-2025 at 2:40 PM confirmed that an investigation and resolution was not completed for Resident 6's grievance dated 04-09-2025.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)(iv)(5)</p> <p>Based on record review and interview the facility failed to monitor bowel movements for 1(Resident 4) of 3 residents sampled. The facility census was 105.</p> <p>Record review of Resident 4's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 04-04-2025 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> -BIMS was scored as a 15. -required total assistance with toileting, lower body dressing, bed mobility, and transfers. -required extensive assistance with upper body dressing. -was always incontinent of bowel and bladder. -a trial toileting plan was not attempted. <p>Record review of Resident 4's progress note dated 3-29-2025 revealed Resident 4 had been readmitted to the facility after hospitalization for a small bowel obstruction.</p> <p>Record review of Resident 4's progress notes from 03-30-2025 to 04-16-2025 did not address the small bowel obstruction, an abdominal assessment or bowel movements.</p> <p>Record review of Resident 4's Comprehensive Care Plan (CCP) dated 03-12-2025 revealed Resident 4 had bowel incontinence related to immobility.</p> <p>An interview on 04-17-2025 at 1:50 PM with Resident 4 revealed Resident 4 had a history of constipation and had recently been in the hospital for a small bowel obstruction.</p> <p>Record review of Resident 4's bowel movements from 03-19-2025 through 04-17-2025 revealed no bowel movement for the following dates:</p> <p>04-02-2025</p> <p>04-03-2025</p> <p>04-04-2025</p> <p>04-05-2025</p> <p>04-06-2025</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with the Director of Nursing on 04-17-2025 at 11:00 AM revealed the facility process for monitoring bowel movements was the night shift would run a report of all residents that had not had a bowel movement in the last 3 days. The night shift gives the report to the day shift and the day shift provides medications to residents according to the practitioner's orders.</p> <p>An interview with Registered Nurse (RN) C on 04-17-2025 at 11:05 AM revealed a list of resident that had not had a bowel movement in 3 days was not provided by night shift.</p> <p>An interview with Licensed Practical Nurse (LPN) A on 04-17-2025 at 11:15 AM revealed no consistent process for monitoring bowel movements and confirmed a report was not provided by the night shift.</p> <p>An interview with LPN B on 4-17-2025 at 11:35 AM revealed night shift has never reported or provided a list of residents that had not had a bowel movement in 3 days.</p> <p>An interview with the DON on 4-17-2025 at 3:55 PM confirms that staff should have been monitoring Resident 4's bowel movements after a recent hospitalization for a bowel obstruction.</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 12-006.09(H)(iv)(2)</p> <p>Based on record review and interview the facility failed to implement a toileting program for 2 (Resident 1 and 4) of 3 sampled residents. The facility census was 105.</p> <p>The findings are:</p> <p>Record review of Resident 1's admission bladder assessment dated [DATE] revealed the following about Resident 1:</p> <ul style="list-style-type: none"> -was currently incontinent of bladder, -had impaired mobility -had urine leakage on the way to the bathroom -the incontinence was new and occurred after an injury <p>Record review of Resident 1's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 03-30-2025 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> -admitted to the facility on [DATE]. -Brief Interview of Mental Status (BIMS) was scored as a 15. According to the MDS Manual a score of 13-15 indicates a person is cognitively intact. -admitted with a right fractured femur (upper leg). -required total assistance with lower body dressing. -required moderate assistance with transfers and bed mobility. -was frequently incontinent of bladder. -a trial toileting program had not been attempted. <p>An interview with Resident 1 conducted on 04-16-2025 at 12:30 PM revealed Resident 1 could feel the urge to urinate and used to call for assistance, and further reported by the time the staff arrived Resident 1 was incontinent.</p> <p>(continued on next page)</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 1's Comprehensive Care Plan revealed Resident 1 had bladder incontinence related to immobility from a fracture, and stress or functional incontinence. The goal identified was Resident 1 would remain clean and dry. The interventions listed for staff to utilize were to establish voiding patterns, and brief use change daily and as needed.</p> <p>Record review of Resident 1's 72-hour toileting log revealed the toileting log was reviewed on 03-25-2025.</p> <p>An interview with the Director of Nursing on 04-17-2025 at 2:30 PM revealed the 72-hour toileting log was not accurate and confirmed Resident 1 was not evaluated for a toileting program.</p> <p>B. Record review of Resident 4's readmission bladder assessment dated [DATE] revealed the following about Resident 4:</p> <ul style="list-style-type: none"> -currently incontinent of bladder -had impaired mobility and was dependent on 2 staff members for transfers. -not appropriate for a toileting program without rationale provided. <p>Record review of Resident 4'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 15. -required total assistance with toileting, lower body dressing, bed mobility, and transfers. -required extensive assistance with upper body dressing. -was always incontinent of bowel and bladder. -a trial toileting plan was not attempted. <p>Record review of Resident 4's CCP dated 03-12-2025 revealed Resident 4 had bladder incontinence related to impaired mobility, prostate enlargement and end stage renal disease. The goal identified for Resident 4 was to remain clean and dry. The interventions listed for staff to use were to wake the resident at night to void and to use disposable briefs, change on rounds and as needed.</p> <p>An interview with Resident 4 on 04-16-2025 at 12:45 PM revealed Resident 4 could feel the urge to urinate or have bowel movement, but did not use the toilet or commode because a mechanical lift was required to transfer Resident 4.</p> <p>Record review of Resident 4's 72-hour toileting log dated 04-08-2025 revealed the log was still in progress.</p> <p>An interview with Resident 4 on 04-17-2025 at 1:50 PM revealed Resident 4 began standing and pivoting to transfer instead of using a mechanical lift.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with the DON on 04-17-2025 at 2:30 PM revealed the 72-hour toileting log for Resident 4 was not completed and confirmed Resident 4 had not been evaluated for a toileting plan. Furthermore, the DON confirmed the facility did not have a policy for toileting programs.</p> <p>According to the Mayo Clinic treatment for bladder incontinence includes bladder training, double voiding, scheduled toilet trips and pelvic floor muscle exercises.</p>		