STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285058	A. Building B. Wing	04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Emerald Nursing & Rehabilitation Mercy	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)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. Licensure Reference Number 175 NAC 12-006.09(H) Based on record review and interview the facility failed to perform pre and post dialysis (a life-sustaining treatment used when kidneys fail to filter waste and excess fluid from the blood) assessments for 2 (Residents 2 and 3) of 3 sampled residents, failed to assess the dialysis access sites (the locations where a dialysis machine can access the blood stream to perform dialysis) on each shift for 2 (Residents 2 and 3) of 3 sampled residents who had a dialysis access site, and failed to ensure the physician was notified of missed dialysis treatment for 1 (Resident 1) of 3 sampled residents. The facility had a census of 108. Findings are: A record review of the facility's Special Needs policy dated 11-17; 1-2024 revealed the following information: This policy pertains to the following needs: parenteral fluids, respiratory care, prostheses and dialysis, colostomy, urostomy, ileostomy. - Policy Explanation and Compliance Guidelines: - 7. Medical conditions will be monitored and managed to prevent complications. - b. Registered Nurses (RN) and Licensed Practical Nurses (LPN) will participate in the management of medical conditions by following physicians' orders, assessment of residents, and reporting changes in condition to the residents' physicians. A record review of the facility's Special Needs - Dialysis Transportation policy, revised 3/30 revealed the following information: - Policy: This policy is to outline care and services for dialysis residents to reduce the risk of infections, complications and to provide for ongoing monitoring and interventions. - Procedure. General Information: - 5. Fistula/shunt site will be checked every shift for bruits, bleeding, increased pain, and signs of infection. (continued on next page)

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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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	- 7. Documentation will occur according to protocols. - 8. The physician and dialysis center will be notified of any condition changes. A. A record review of the order summary for Resident 2 revealed they do not have any dialysis care orders in their medical charts. An interview on 4/29/25 at 5:20 PM with Licensed Practical Nurse (LPN)-A confirmed there are no orders in the medical chart of Resident 2 to assess their dialysis access site (the locations where a dialysis machine can access the blood stream to perform dialysis) on each shift or to perform pre and post dialysis assessments. LPN-A confirmed they know the resident goes to dialysis because a sheet is placed on the desk each day informing staff on the unit as to who is going to dialysis. LPN-A confirmed they had not received education specific to dialysis patients prior to beginning work at the facility. An interview on 4/30/35 at 7:25 AM with LPN-B, confirmed Resident 2 did not have any orders relating to dialysis on their medical charts. An interview on 4/30/25 at 12:07 PM with the Director of Nursing (DON) confirmed Resident 2 does not have orders to assess their dialysis site on each shift and does not have orders to complete pre and post dialysis assessments on the days the resident receives dialysis. B. A record review of the order summary for Resident 3 revealed they do not have any dialysis care orders in their medical charts. An interview on 4/29/2025 at 4:15 PM with Resident 3 confirmed they do not have a pre and post dialysis assessment completed each time they go to dialysis. An interview on 4/29/25 at 5:20 PM with LPN-A confirmed there are no orders in the medical chart of Resident 3 to assess their dialysis access site on each shift or to perform pre and post dialysis assessments of a resident receiving dialysis. LPN-A confirmed they know the resident goes to dialysis because a sheet is placed on the desk each day informing staff on the unit as to who is going to dialysis. LPN-A confirmed they had not received education specific to dialysis patients prior to beginning work at the facility. An interview on 4/30/35 at 7:25 AM with LPN-B, confirmed Resident 3 did not have any orders relating to dialysis on their medical charts. An interview on 4/30/25 at 12:07 PM with the DON confirmed Resident 3 does not have orders to assess their dialysis site on each shift and does not have orders to complete pre and post dialysis assessments on the days the resident receives dialysis. (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview on 4/30/25 at 12:07 PM with the DON confirmed the facility expectation is that pre and post assessments are completed for each dialysis resident on the days they receive dialysis and the dialysis access site is assessed each shift. The DON confirmed that if the orders for pre and post observations are not in the system there is nothing to prompt the staff to complete the assessments. C. A record review of Resident 1's medical chart revealed Resident 1 had a diagnosis of dependence on renal dialysis due to Chronic Kidney disease, stage 5 (the most severe stage of kidney failure, where the kidneys are unable to filter waste and fluids from the blood effectively). A record review of Resident 1's dialysis schedule revealed they were to have dialysis on 4/17/2025 and they did not go to the appointment. A record review of Resident 1's medical chart revealed no evidence the provider had been notified that Resident 1 had missed a dialysis appointment. An interview on 4/30/2024 at 8:55 AM with LPN-C revealed Resident 1 had missed a dialysis appointment a few weeks ago but they did not know when or if the physician was notified. An interview on 4/30/2025 at 9:55 AM with Resident 1 revealed they had missed dialysis a couple of weeks ago and did not remember why. Resident 1 was unable to remember if the doctor had been told they had missed dialysis. An interview on 4/30/2025 at 12:07 PM with the DON confirmed Resident 1 was to have a dialysis fistula (a surgically created connection between an artery and a vein) replacement/repaired on 4/17/2025 and then attend dialysis. The fistula appointment was cancelled, and Resident 1 did not attend dialysis. The DON confirmed there was no written indication in Resident 1's chart that the provider had been notified that Resident 1 missed a dialysis appointment. The DON confirmed the provider should have been notified of the missed dialysis per the dialysis policy. An interview on 4/30/2025 at 1:15 PM with LPN-D confirmed there were no notes in the resident's chart that the provider had been notified that Resident 1 missed a dialysis appointment.