

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 03/20/2025
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 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>52170</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 family of the development of a new wound and new treatment orders for 1 (Resident 108) of 4 sampled residents reviewed for wounds. The facility identified a census of 111.</p> <p>Findings are:</p> <p>A record review of Resident 108's Skin/Wound Weekly Observation dated 7/19/24, 7/28/24, and 8/5/24 revealed an existing wound to the left toes with a wound vac (medical device that removes drainage and assist with wound healing) treatment in place and no other skin conditions.</p> <p>A record review of Resident 108's Tissue Analytics dated 7/24/24 revealed a new trauma wound to the right great toe with treatment orders dated 7/25/24 to continue to paint the wound with betadine.</p> <p>A record review of Resident 108's medical record including progress notes revealed that there was no documentation regarding the resident's family member being notified of the new wound or new treatment.</p> <p>On 3/20/25 at 8:10 AM the Director of Nursing confirmed that the expectation would be to notify the Resident's family member of changes of condition.</p> <p>A record review of a facility policy entitled Change in Condition Notification dated 12/2014 revealed:</p> <p>-The facility's policy is to monitor residents for changes in their condition, to respond appropriately to those changes and to notify the physician and responsible party/family member of changes.</p> <p>-3. The responsible party/family member will be notified of changes in condition unless directed otherwise in the resident's chart/IPOC.</p> <p>The facility was unable to provide additional documentation at the time of survey exit.</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
---	-------	-----------

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 03/20/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 04577</p> <p>Licensure reference: 12-006.09(H)(i)(3)</p> <p>Based on interview and record review, the facility failed to ensure baths were provided in accordance with resident choice for 2 [Resident 68 and 75] of 37 sampled residents and failure to ensure assistance with eating for 1 [Resident 84] of 37 sampled residents. The facility had a total census of 111 residents.</p> <p>Findings are:</p> <p>A. A review of Resident 68's Admission Record revealed Resident 68 was admitted to the facility on [DATE] with a diagnosis of acute respiratory failure [lungs are unable to adequately exchange oxygen and carbon dioxide] with hypoxia [low blood oxygen levels].</p> <p>A review of Resident 68's MDS [Minimum Data Set; a comprehensive assessment used for care planning] revealed Resident 68 had a Brief Interview for Mental Status score of 8 indicating moderately impaired cognitive function. Further review of MDS revealed Resident 68 was dependent for bathing self.</p> <p>A review of Resident 68's Care Plan revealed Resident 68 was dependent for bathing and preferred two showers per week.</p> <p>A review of bath documentation dated 3/20/25 for Resident 68 revealed Resident 68 had a bath on 2/26/25 and refused a bath on 2/28/25. There was no baths or refusals documented between 2/28/25 and 3/20/25.</p> <p>A review of Resident 68's census reported revealed Resident 68 was moved to the 4th floor on 3/3/25.</p> <p>A review undated bath schedule for 4th floor revealed Resident 68 was not listed on the bath schedule.</p> <p>In an interview on 3/18/25 at 2:24 PM, the DON [Director of Nursing] confirmed that Resident 68 was not on the 4th floor bath schedule. The DON reported Point Click Care [electronic medical record systems] needed to be updated to remind staff when a bath is due.</p> <p>52170</p> <p>B. A record review of Resident 75's Medical Diagnoses printed 3/18/25 revealed diagnoses of cellulitis (bacterial infection of the skin) of left lower limb and Methicillin resistant staphylococcus aureus infection.</p> <p>A record review of Resident 75's Quarterly MDS dated [DATE] revealed a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 15. According to the MDS [NAME] a score of 13 to 15 indicates a person is cognitively intact.</p> <p>(continued on next page)</p>		

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 03/20/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of Resident 75's Comprehensive Care Plan (CCP, a document that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment) dated 4/15/24 revealed the resident required setup or clean-up assistance with bathing and the resident wished to complete bathing hygiene twice weekly.</p> <p>An interview with Resident 75 on 3/18/25 at 1:15 PM revealed that the resident is scheduled for bathing on Monday and Thursday each week. The resident revealed that [gender] chooses to not take a bath on Monday because it causes them to be fatigue.</p> <p>A record review of Resident 75's Documentation Survey Report v2 for January, February, and March of 2025, printed on 3/18/2025 revealed the following:</p> <ul style="list-style-type: none"> -January 2025, Resident 75 received 2 showers and should have received 9. -February 2025 Resident 75 refused a shower 2 times. Further review of the bathing documentation for February 2025 revealed there was no indications the 6 other baths were provided. -March 2025, up to 3-20-2025, Resident 75 received 1 shower of the 5 Resident 75 should have received. <p>An observation on 3/17/25 at 10:55 AM and an observation on 3/18/25 at 1:15 PM revealed that Resident 75's hair was oily, shiny, and not styled.</p> <p>An interview with the DON on 3/18/25 at 1:28 PM revealed that the DON was unable to locate any further bathing documentation for the past 90 days of Resident 75 receiving additional baths. The DON reported the expectation is bathing is completed per resident preferences and for staff to document bathing or refusal of bathing in the electronic medical record.</p> <p>Record review of a facility policy entitled Activities of Daily Living (ADLs) dated revised 1/2024 revealed that the facility will ensure a resident's abilities in ADL's do not deteriorate unless deterioration is unavoidable. This includes the resident's ability to: 1. Bathe, dress, and groom. The policy identified that a resident who is unable to carry out ADLs would receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>C. Record review of Resident 84's MDS revealed a score of 3. According to the MDS [NAME] a score of 0 to 7 indicates a person has severe cognitive impairment. The MDS identified that Resident 84 had a range of motion limitation to all extremities and the resident required setup assistance to eat.</p> <p>Record review of Resident 84's CCP revised on 7/29/24 revealed Resident 84 was supervision for eating. A second entry on the CCP dated 6/19/24 revealed that the resident required substantial assistance and supervision with eating during meals and that the resident at times will refuse to eat stating that [gender] is not hungry with the following interventions dated revised 6/19/24:</p> <ul style="list-style-type: none"> - Resident needs to be taken into the dining room for all meals in order to get assistance with eating during meals. Should the resident have family visiting family is willing to assist the resident in the room. <p>(continued on next page)</p>

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 03/20/2025
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Resident will get a PB&J sandwich each morning to have with resident should resident get hungry after refusing to eat at mealtimes.</p> <p>- Should resident refuse to eat try to encourage resident to take a bite. If resident continues to refuse the meal, document refusal.</p> <p>Continuous observations of Resident 84 on 3/17/25 from 10:40 AM through 1:15 PM revealed the following</p> <p>-At 10:40 AM Resident 84 was sitting at the nurse's station.</p> <p>-At 11:50 AM the resident left the unit with therapy staff.</p> <p>-At 12:20 PM the resident returned to the unit's dining room for lunch.</p> <p>-At 12:46 PM revealed the following:</p> <p>_Resident 84 was served chili, cornbread, and a desert. The desert was served in a bowl covered with plastic wrap. Resident 84 removed the plastic and attempted to eat chili which ran off the spoon onto the resident's clothing. Resident 84 pulled off a bite of the cornbread using their fingers. To open the desert Resident 84 pierced the plastic wrap with a fork, put two fingers in the hole and separated the fingers to open a larger hole and pulled bites off to eat.</p> <p>-At 1:04 PM, the resident was removed from the dining room without an offer of assistance to finish the meal. Resident 84 consumed approximately 30% of the noon meal.</p> <p>An interview on 3/20/25 at 8:10 AM with the DON confirmed that the resident required supervision and assistance with meals.</p> <p>Record review of a facility policy entitled Activities of Daily Living (ADLs) dated revised 1/2024 revealed that the facility will ensure a resident's abilities in ADLs do not deteriorate unless the deterioration is unavoidable. This includes the resident's ability to: 1. Bathe, dress, and groom; 2. Transfer and ambulate; 3. Toilet. The policy identified that a resident who is unable to carry out ADLs would receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p>		

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 03/20/2025
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 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>52170</p> <p>Licensure Reference Number 175 NAC 12-006.10</p> <p>Based on interview and record review; the facility failed to obtain an order prior to administration of the Covid-19 vaccine for 1 (Resident 84) of 6 sampled residents. The facility identified a census of 111.</p> <p>Record review of facility policy entitled Quality of Care - Immunizations Vaccination of Residents Dated revised 1/2024 revealed:</p> <p>-All residents will be offered vaccines that aid in preventing infectious diseases unless the vaccine is medically contraindicated, or the resident has already been vaccinated.</p> <p>-7. Certain vaccines (e.g., influenza and Pneumococcal vaccines) may be administered per the physician approved facility protocol (standing orders) after the resident has been assessed by the physician for medical contraindications for each vaccine. The resident's attending physician must provide a separate written order for any other vaccination, and such orders shall be recorded in the resident's medical record.</p> <p>Record review of Resident 84's Medical Diagnoses printed 3/18/25 revealed diagnoses of anoxic brain damage (loss of oxygen supply to the brain), cardiac arrest, cerebral infarction, traumatic hemorrhage of Left Cerebrum (brain), other psychoactive substance abuse, and urinary tract infection.</p> <p>Record review of Resident 84's Quarterly Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 10/23/24 revealed a score of 3 of 15 which indicated the resident had a severe cognitive impairment and that the resident's Covid-19 vaccination was not up to date.</p> <p>Record review of Resident 84's Informed Consent for Influenza & Covid-19 Vaccine signed 10/25/24 revealed the resident's Healthcare Power of Attorney (POA, surrogate decision maker) revealed permission was given for the Covid-19 vaccination. Further review of the Informed Consent for Influenza & Covid-19 Vaccine sheet dated 10/25/2024 revealed the vaccine was administered in the left arm.</p> <p>Record review of Resident 84's Progress Notes (PN) dated 10/30/24 at 10:45 AM revealed the facility was called by the provider's nurse regarding the resident's immunization status. According to the PN dated 10/30/2025 Resident 84 received a Covid-19 vaccine and didn't receive the Flu Vaccine. Resident 84's PN dated 10/30/2025 revealed Resident 84 had been vaccinated twice with Covid-19 vaccine.</p> <p>Record review of Resident 84's Immunizations from Methodist Health System with fax date and time stamp of 10/30/24 at 10:46 AM confirmed Resident 84 had received the Covid-19 vaccination at the clinic on 10/22/24.</p> <p>Record review of Resident 84's Physician Order Summary printed 3/17/25 revealed no order or standing order for the Covid-19 vaccination.</p> <p>(continued on next page)</p>		

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 03/20/2025
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 84's Order Recap Report reviewing orders from 8/1/24 through 10/31/24 revealed no order or standing order for the Covid-19 vaccination.</p> <p>An interview on 3/20/25 at 10:43 AM with the Director of Nursing (DON) confirmed that an order or standing order should have been obtained prior to administration of the Covid-19 vaccine.</p>

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 03/20/2025
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52351</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)(iii)(2)</p> <p>Based on observations, record reviews and interviews, the facility failed to provide a pressure ulcer treatment as ordered for 1 one (Resident 112) of 5 residents reviewed for wound management. The facility census was 111.</p> <p>Findings are:</p> <p>Record review of Resident 112's admission Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 03/11/2025 revealed the resident was dependent for toileting hygiene, needs substantial assistance to roll left and right, to move from a sitting to lying position, and needs substantial assistance to transfer from the bed to the chair. The MDS revealed Resident 112 had an unhealed pressure ulcer at Stage 1 (intact skin with a localized area of non-blanchable erythema (redness) or higher, and two unstageable(full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because the wound bed is obscured by slough (dead tissue) or eschar(brownish, black tissue))pressure ulcers that were present upon admission/entry. According to Resident MDS date 3/11/2025 Resident 112 admitted to facility on 03/05/2025. Resident 112's Brief Interview for Mental Status (BIMS, brief interview of mental status) was a 14. According to the MDS [NAME] a score of 13 to 15 indicate a person is cognitively intact.</p> <p>Record review of Resident 112's Comprehensive Care Plan (CCP, a document that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment) dated 03/07/2025 revealed Resident 112 was admitted with a pressure ulcer to the right buttock and was followed by the Medical Director and Advanced Practice Registered Nurse (APRN).</p> <p>Record review of a Order Summary Report printed on 3-18-2025 revealed the following pressure ulcer treatment orders to the right buttocks:</p> <p>-Wound Vac (device to remove drainage and assist in wound healing by a suction method) to the right buttocks with the dressing to be changed every 3 days and as needed.</p> <p>-Staff were directed to use an Adaptic (a type of dressing) to the base of the wound and the use a black foam covering. The wound Vac machine setting was to be 125 millimeters of mercury (mmHg) suction.</p> <p>Observation on 3/17/2025 at 10:36 AM of wound care revealed Licensed Practical Nurse (LPN-G) placed the black foam into the wound bed and did not place the Adaptic dressing to the base of the wound as ordered. Further observation on 3/17/2025 at 10:36 AM revealed LPN-G did not measure the wound and the Wound Vac was set at 120 mmHg instead of the 125 mmHg as ordered.</p> <p>(continued on next page)</p>		

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 03/20/2025
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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with was conducted with LPN-G on 3/17/2025 at 3:30 PM. During the interviewer LPN-G confirmed Resident 112's wound vac was running at 120 mmHg, the Adaptic was not used during the wound care dressing change and no wound measurements were completed for Resident 112.</p> <p>A record review of the facility's Skin and Wound Management Policy dated 01/2024 revealed:</p> <p>Assessment and Recognition</p> <p>2. In addition, the nurse shall describe and document/report the following:</p> <p>a) full assessment of pressure sore including location, stage, length, width and depth, presence of exudate or necrotic tissue;</p>

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 03/20/2025
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52351</p> <p>Licensure Reference Number 175 NAC 12-006.09(I)</p> <p>Based on observation, record review and interview; the facility failed to implement interventions to prevent falls for 1 (Resident 119) of 4 residents. The facility census was 111.</p> <p>Findings are:</p> <p>Record review of Resident 119's clinical census revealed an admitted [DATE].</p> <p>Record review of Resident 119's Admission Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 3-12-2025 revealed a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 15. According to the MDS [NAME] a score of 13 to 15 indicates a person is cognitively intact. Further review of Resident 119's MDS dated [DATE] revealed Resident 119 had lower extremity impairment on one side, the use of a walker and a wheelchair for mobility, and the resident required supervision or touching assistance when standing from sitting in a chair.</p> <p>Record review of Resident 119's Comprehensive Care Plan (CCP), a document that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment) revealed diagnoses that included fracture of unspecified metatarsal bone(s) right foot, subsequent encounter for fracture with routine healing, major depressive disorder, recurrent, severe with psychotic symptoms, morbid obesity, bipolar disorder, and anxiety disorder.</p> <p>Record review of Resident 119's CCP dated 03/06/2025 revealed that Resident 119 was at risk for falls. Interventions were as follows:</p> <ul style="list-style-type: none"> - lock brakes on shower chair dated 03/16/2025. -Physical Therapy (PT)/ Occupational Therapy (OT) to evaluate and treat if indicated dated 03/06/2025. - Residents 119's safety insight is poor at this time,staff will conduct routine visual rounding per routine care task to determine additional safety queuing. <p>Interview on 03/16/2025 at 11:25 AM with Resident 119 revealed Resident 119 had a fall on 03/15/2025 in the shower room. Resident 119 reported they was alone in the shower and after completion of personal hygiene cares, the resident tried to sit back down on the shower chair and the chair slipped out from underneath the resident. Resident 119 further reported staff said the brakes on the shower chair were not locked and then stated the brakes were broken.</p> <p>(continued on next page)</p>		

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 03/20/2025
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the Fall Data Collection dated 03/15/2025 at 1:30 PM revealed that Resident 119 had an unwitnessed fall in the whirlpool room. According to the Fall Data Collection form dated 3/15/2025 Resident 119 went to stand up to wash their private area and the chair moved backwards causing Resident 119 to land on the buttocks on the floor. The Fall Data Collection sheet dated 3/15/2025 identified safety measures in place at the time of the fall indicated none were in use, and the and did not have on footwear. The Fall Data Collection information sheet dated 3/15/2025 revealed that the likely root cause of the fall was the amount of assistance in effect, and footwear or lack thereof in place. The initial intervention that was implemented to prevent reoccurrence included staff to assist with showers and get shower chair that locks.</p> <p>A interview on 03/17/2025 at 3:00 PM was conducted with Licensed Practical Nurse (LPN)-A. During the interview LPN-A reported hearing yelling come from down the hall on 03/15/2025. LPN-A reported asking the Nursing Assistant (NA) what happened with the NA reporting Resident 119 was in the shower and had fallen.</p> <p>Record review of Resident 119's Physical Therapy (PT) notes dated 03/07/2025 to 04/05/2025 revealed that Resident 119 was non-weight bearing and contact guard assist with transfers.</p> <p>Interview on 03/18/2025 at 9:55 AM with the Director of Rehabilitation (DOR) confirmed Resident 119 is non-weight bearing and should not have been left alone in the shower.</p> <p>Observation on 03/18/2025 at 04:40 AM of the shower chair revealed two labels on the chair. One label read: Product to be used with assistance at all times. Never leave person unattended. Recommend 2 persons be used for transferring occupant in/out of shower chairs or any other products. The other label read: casters may slide when brake is engaged depending on type of flooring and/or use in a wet environment.</p> <p>Interview on 03/18/2025 at 11:51 AM with Director of Nursing (DON) confirmed that no one should be left alone in the shower. The DON also confirmed that Resident 119 had a fall in the shower while unsupervised.</p>		

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 03/20/2025
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52351</p> <p>Licensure Reference Number 175 NAC 12-006.12(A)(vi)</p> <p>Based on record review and interviews, the facility failed to ensure recommendations for pharmacy requests were reviewed and actions taken related to Gradual Dose Reduction (GDR, Stepwise tapering of a dose to determine whether or not symptoms, conditions, or risks can be managed by a lower dose or whether or not the dose or medication can be discontinued), discontinued medications, and stops dates not updated for Resident 46, and failed to follow up on pharmacy recommendations for gradual dose reduction for antidepressant medications used for Resident 47. This affected two (Residents 46 and 47) of five residents reviewed for unnecessary medications. The facility census was 111.</p> <p>Findings are:</p> <p>A. Record review of a facility policy entitled Medication Regimen Review (MRR, includes medication reconciliation, a review of all medications a resident is currently using, and a review of the drug regimen to identify, and if possible, prevent potential clinically significant medication adverse consequences) dated January 2024 revealed that upon completion of the MRR, the facility designee and/or physician will respond to the recommendations in a timely manner.</p> <p>Record review of Resident 46's quarterly Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) revealed Resident 46's Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score was a 7 which indicated severe cognitive impairment. Diagnoses included major depressive disorder, generalized anxiety disorder, and Parkinson's disease.</p> <p>Record review of current Physician's Orders dated 03/20/25 revealed orders for the following medications:</p> <ul style="list-style-type: none"> - Lorazepam tab 1 milligram (mg) take 1 tablet by mouth every one hour as needed for anxiety/restlessness/behaviors started on 01/09/2025 - Mirtazapine tab 7.5mg give 1 tablet orally at bedtime for antidepressant started on 06/14/2024 - Tramadol HCL tab 50mg give 1 tablet orally every 6 hours as needed for pain started on 03/03/2023 <p>Record review of Resident 46's MRR revealed the following information:</p> <ul style="list-style-type: none"> - Mirtazapine - Recommendation to discontinue (DC) on 06/17/2024 - no response - Mirtazapine - Recommendation to DC on 10/16/2024 no response <p>(continued on next page)</p>		

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 03/20/2025
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- Lorazepam MRR dated 10/15/24 - recommendation to add stop date of 04/15/2025 - physician agreed to this 11/05/2024 - record review of Resident 46's Medication Administration Records (MAR) dated April 2025 revealed no stop date was added.</p> <p>- Tramadol MRR dated 10/16/2024 revealed the following finding - Active on facility MAR. This order was discontinued in May. I see no recent active order from provider No response as of 11/15/2024</p> <p>- Mirtazapine - recommendation to DC on 10/16/2024 - declined with no rationale on 11/15/2024</p> <p>- Mirtazapine - recommendation to DC 11/15/2024 -no response as of 12/20/2024</p> <p>- Mirtazapine - recommendation to DC 12/20/2024 -no response as of 1/15/2025</p> <p>- Lorazepam - 12/20/2024 recommendation to add stop date of 06/20/2025 - no response as of 01/15/2025</p> <p>- Lorazepam - 02/13/2025 recommendation to add stop date - no response as of 03/12/2025</p> <p>- Lorazepam - 03/12/2025 recommendation to add stop date - no response as of 03/20/2025</p> <p>- Mirtazapine 02/13/2025 request for GDR no response as of 03/12/2025</p> <p>- Mirtazapine 2nd Request for GDR 03/12/2025 no response as of 03/20/2025</p> <p>Interview on 03/18/2025 at 1:15 PM with Consultant Pharmacist revealed that the facility pharmacy or facility were able to make changes in the electronic medical record based on recommendations. If changes were made in the resident's electronic medical record, the facility pharmacist would be able to confirm the changes were made and recommendations followed.</p> <p>Interview on 03/20/2025 at 09:40 AM with Director of Nursing (DON) confirmed several months of pharmacy recommendations for Resident 46 were not addressed as recommended on the MRR.</p> <p>17285</p> <p>B. Record review of Resident 47's quarterly MDS dated [DATE] revealed an admitted [DATE] and diagnoses that included Major Depressive Disorder and anxiety disorder. Resident 47's MDS identified that resident 47 had a BIMS score of 05 which indicated severe cognitive impairment. The MDS identified that Resident 47 had lower extremity impairment on both sides, was dependent on staff for toileting, showering, lower body dressing, bed mobility, and transfers. The MDS identified that Resident 47 used an antidepressant medication daily with indications for use.</p> <p>Record review of Resident 47's Physicians Orders revealed the following antidepressant medication orders:</p> <p>- Duloxetine 20 mg cap take 2 capsules by mouth daily for Major Depressive Disorder active on 12/24/24.</p> <p>- Sertraline 50 mg take 1 tab by mouth daily for Major Depressive Disorder active on 12/24/24.</p> <p>(continued on next page)</p>		

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 03/20/2025
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 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 47's Pharmacy MMR's from March 2024 - current 3/16/25 revealed the following information:</p> <ul style="list-style-type: none"> - 3/26/24 GDR requested for the use of Duloxetine, Sertraline, Vraylar, Divalpro, Lithium No response as of 4/17/24. - 4/17/24 No recommendations, did not address GDR of antidepressant medications. - 5/13/24 GDR requested for the use of Duloxetine, Sertraline, Vraylar, Divalpro, Lithium Second request, No response as of 6/14/24. - 6/14/24 GDR requested for the use of Duloxetine, Sertraline, Vraylar, Divalpro, Lithium Third request, agreed on 7/10/24 discontinued Vraylar, did not address other medications. - 7/10/24 Did not address GDR of antidepressant medications. - 8/16/24 No recommendations, did not address GDR of antidepressant medications. - 9/11/24 No recommendations, did not address GDR of antidepressant medications. - 10/14/24 Did not address GDR of antidepressant medications. - 11/12/24 No recommendations, did not address GDR of antidepressant medications. - 12/19/24 GDR request for the use of Duloxetine and Sertraline, no response as of 1/15/25. - 1/15/25 Did not address GDR of antidepressant medications. - 2/12/25 No recommendations, did not address GDR of antidepressant medications. - 3/12/24 GDR request for the use of Duloxetine and Sertraline, identified duplicate antidepressant therapy, no response as of 1/15/25. <p>Interviewed on 03/20/25 at 09:39 AM with the DON confirmed there had been no follow up on the pharmacy recommendations for a GDR for the antidepressant medications for Resident 47.</p>

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 03/20/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>04577</p> <p>Licensure reference: 175 NAC 12-006.11(E)</p> <p>Based on observations, interviews, and record reviews, facility failed to label and date foods and to ensure food is disposed of in accordance with facility policy to ensure food safety. This has the potential to effective 110 of 111 residents residing in the facility.</p> <p>Findings are:</p> <p>A. Observations on 3/18/25 at 5:39 AM and 6:05 AM revealed the following items in the 4th floor refrigerator:</p> <ul style="list-style-type: none"> -2 unlabeled bottles of a green substance -an undated jar of Miracle Whip -an undated jar of mustard -an undated jar of salsa -a bottle of white chocolate sauce with no label and an expiration date of 3/7/25 -a bottle of BBQ sauce with no label or date -orange juice concentration dated 2/25 <p>In an interview on 3/18/25 at 6:05 AM, the Dietary Director confirmed foods in the refrigerator need to be labeled and dated and the white chocolate sauce was outdated. The Dietary Director confirmed that foods needed to be disposed of 7 days after opening.</p> <p>Observations on 3/18/25 at 5:56 AM and 6:11 revealed the following items in the third floor refrigerator:</p> <ul style="list-style-type: none"> -yogurt with an open date of 3/10 -an undated small container of salad dressing -a undated drink from a coffee house <p>In an interview on 3/18/25 at 6:11 AM, the Dietary Director confirmed the foods that are not labeled and dated need to be discarded.</p> <p>Observations of the reach-in refrigerator on 3/18/25 at 8:18 AM revealed sliced turkey in a pan labeled 3/18/25.</p> <p>(continued on next page)</p>

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 03/20/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an interview on 3/18/25 at 8:18 AM, the Dietary Director confirmed that food needs to be disposed of after 7 days.</p> <p>A review of undated facility policy titled Food Safety Requirements (Use And storage of Food and Beverage Brought in for Residents, Food Procurement) revealed the following regarding education of anyone including staff that may provide food to residents:</p> <ul style="list-style-type: none"> -1. Proper food handling to prevent foodborne illness -2. Perishable food such as meat, poultry, fish and dairy products must be frozen or refrigerated immediately after receipt. -3. Requirements for covered containers or secure wrapping -4. Proper labeling and dating of each item -5. Leftover foods will be used within 3 days or discarded -6. All refrigerators will be at or below 41 degrees F, freezers will be cold enough to keep foods frozen solid to the touch -7. Leftovers will be reheated to 165 degrees -8. Method for checking proper food temperature. <p>A further review of undated facility policy titled Food Safety Requirements (Use And storage of Food and Beverage Brought in for Residents, Food Procurement) revealed the following:</p> <ul style="list-style-type: none"> -Facility staff will be appointed to check resident refrigerators for proper temperatures, food containment and quality, and disposal of items per facility policy. <p>B. Observations on 3/16/25 at 7:16 AM revealed Dietary Aide B working in the kitchen with beard and no beard guard.</p> <p>Observations on 3/18/25 at 9:27 AM revealed Dietary Aide B working in the kitchen with beard and no beard guard.</p> <p>Observations on 3/20/25 at 9:22 AM revealed Dietary Aide B working with dirty dishes with beard and no beard guard.</p> <p>In an interview on 3/18/25 at 9:32 AM the Dietary Director confirmed Dietary Aide B need to wear a beard guard.</p> <p>A review of facility policy dated Preventing Foodborne Illness-Employee Hygiene and Sanitary dated 1/2024 revealed the following:</p> <ul style="list-style-type: none"> -Hair nets or caps and/or beard restraints must be worn to keep hair from contacting exposed food, clean equipment, utensils and linens. <p>(continued on next page)</p>

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 03/20/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>C. A review of Diet Roster dated 3/20/25 revealed one resident of the facility did not eat food prepared by the facility.</p>

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 03/20/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 52170</p> <p>Licensure Reference Number 175 NAC 1-005.06(D, E & F)</p> <p>Licensure Reference Number 175 NAC 12-006.18(B)</p> <p>Based on observation, interview and record review; the facility failed to perform hand hygiene between glove changes during toileting care for 1 (Resident 84) of 4 sampled residents. The facility failed to utilize enhanced barrier precautions (EBP, an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition [e.g., residents with wounds or indwelling medical devices]) during wound cares for 1 (Resident 75) of 4 sampled residents. The facility failed to ensure EBP was in place for 23 resident rooms in the facility with residents who had orders for EBP (Rooms 208, 211, 212, 224, 308, 402, 403, 404, 405, 408, 424, 426, 429). A total of 25 residents resided in those rooms and were identified as needing EBP due to high-risk care needs of residents. The facility failed to utilize enhanced barrier precautions during personal hygiene cares for 3 (Resident 115, 5, and 56) of 3 sampled residents. The facility identified a census of 111.</p> <p>Findings are:</p> <p>Record review of a facility policy entitled Infection Control Standard Precautions-Handwashing revised 1/2024 revealed that the facility considers hand hygiene the primary means to prevent the spread of infections and identified that an alcohol-based hand rub containing at least 62% alcohol; or alternatively soap and water after removing gloves.</p> <p>Record review of a facility policy entitled Isolation-Categories of Transmission-Based Precautions revised 1/2024 revealed:</p> <p>Enhanced Barrier Precautions</p> <p>An infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infection with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices). Enhanced Barrier Precautions expand the use of gown and gloves beyond anticipated blood and body fluid exposures. They focus on use of gown and gloves during high-contact resident care activities that have been demonstrated to result in transfer of MDROs to hands and clothing of healthcare personnel, even if blood and body fluid exposure is not anticipated. Enhanced Barrier Precautions are recommended for residents know to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices). Standard Precautions still apply while using Enhanced Barrier Precautions. For example, if splashes and sprays are anticipated during the high-contact care activity, face protection should be used in addition to the gown and gloves.</p> <p>(continued on next page)</p>		

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 03/20/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A. Record review of Resident 84's Medical Diagnoses printed 3/18/25 revealed diagnoses of anoxic brain damage (loss of oxygen supply to the brain), cardiac arrest, cerebral infarction, traumatic hemorrhage of Left Cerebrum (brain), other psychoactive substance abuse, and urinary tract infection.</p> <p>Record review of Resident 84's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 1-23-2025 revealed a score of 3. According to the MDS [NAME] a score of 0 to 7 indicates a person has severe cognitive impairment. According to Resident 84 MDS dated [DATE] Resident 84 had a range of motion limitation to all extremities, required partial/moderate assistance with toilet transfers and required substantial/maximal assistance with toileting hygiene.</p> <p>A record review of Resident 84's Comprehensive Care Plan (CCP, a document that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment) revealed interventions dated revised 7/29/24 of substantial assistance for toileting hygiene and partial assistance for toilet transfers. The CCP identified the following urinary incontinence interventions dated revised 4/26/24:</p> <p>-Voiding Routine: Wake the resident at night to void.</p> <p>-Incontinent: Routine Check and change as required for incontinence.</p> <p>-Brief Use: The resident uses disposable briefs. Change on rounds and PRN (as needed).</p> <p>An observation on 3/17/25 at 1:11 PM revealed Nursing Assistant (NA)-C assisted Resident 84 to the restroom. NA-C donned gloves, removed a soiled incontinence brief from Resident 84, and assisted Resident 84 to sit on the toilet. NA-C doffed (removed) gloves and did not perform hand hygiene. Once Resident 84 finished using the restroom NA-C donned gloves and performed peri-care. NA-C doffed gloves and without performing hand hygiene donned new gloves applied barrier cream and a clean incontinence brief to Resident 84. NA-C removed the soiled gloves and did not perform hand hygiene.</p> <p>An interview on 3/17/25 at 1:20 PM with NA-C confirmed hand hygiene was not performed after doffing gloves and should have been.</p> <p>B. Record review of Resident 75's Medical Diagnoses printed on 3/18/25 revealed diagnoses of cellulitis (bacterial infection of the skin) of left lower limb and methicillin resistant staphylococcus aureus infection.</p> <p>Record review of Resident 75's Quarterly MDS dated [DATE] revealed a BIMS score of 15. According to the MDS [NAME] a score of 13 to 15 indicate a person is cognitively intact. In addition, Resident 75's MDS dated [DATE] identified Resident 75 had open skin lesion.</p> <p>Record review of Resident 75's Physician Order Summary revealed an order dated 2/17/25 indicating the resident was in enhanced barrier precautions. The physician order summary also identified wound care to the left medial ankle dated 2/19/25 where staff is to gently remove the old dressing using normal saline if needed; cleanse the wound with normal saline and pat dry; apply Medihoney (specialized jel) to the wound and apply several layers of Xeroform (a type of dressing)over the wound bed. Cover with an abdominal pad, wrap with kerlix and secure with tape.</p> <p>(continued on next page)</p>		

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 03/20/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident 75's CCP revealed the following skin interventions dated 4/15/24:</p> <ul style="list-style-type: none"> -Avoid Scratching and keep hands and body parts from excessive moisture. Keep fingernails short. - Educate resident/family/caregivers of causative factors and measures to prevent skin injury. - Keep skin clean and dry. Use lotion on dry skin. -Use caution during transfers and bed mobility to prevent injury. <p>An observation on 3/18/25 at 6:47 AM revealed a signed posted in the room entitled Enhanced Barrier Precautions which indicated everyone must clean their hands when entering and when leaving the room. The sign further instructed providers and staff must also: wear gloves and a gown for the following high-contact resident care activities: dressing; bathing/showering; transferring; changing linens; providing hygiene; changing briefs or assisting with toileting; device care or use: central line, urinary catheter, feeding tube, tracheostomy; and wound care: any skin opening requiring a dressing. Further observations on 3/18/2025 at 6:47 AM revealed a plastic three drawer cart was present with gowns available directly beneath the sign.</p> <p>An observation of Resident 75's wound care on 3/18/25 at 6:50 AM revealed Registered Nurse (RN)-E entered the room, disinfected a and placed a barrier on the table. RN-E retrieved supplies and placed them on the barrier. Without wearing a gown, RN-E performed hand hygiene, donned gloves and proceeded with the ordered wound treatment.</p> <p>An interview on 3/20/25 at 8:09 AM with the Director of Nursing (DON) confirmed that resident 75 was on enhanced barrier precautions and RN-E should have worn a gown and gloves.</p> <p>52351</p> <p>C Record review of Resident 112's MDS dated [DATE] revealed the resident was dependent for toileting hygiene, needs substantial assistance to roll left and right, to move from a sitting to lying position, and needs substantial assistance to transfer from the bed to the chair. The MDS revealed Resident 112 had an unhealed pressure ulcer at Stage 1 (Intact skin with a localized area of non-blanchable erythema (redness) or higher, and two unstageable (full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because the wound bed is obscured by slough (dead tissue) or eschar (brownish to black tissue) pressure ulcers that were present upon admission/entry. According to Resident 112's MDS dated [DATE] Resident 112 had a BIMS of a 14.</p> <p>Record review of Resident 112's CCP dated 03/07/2025 revealed Resident 112 was admitted with a pressure ulcer to the right buttock and was followed by the Medical Director and Advanced Practice Registered Nurse (APRN).</p> <p>(continued on next page)</p>		

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 03/20/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An observation on 03/17/2025 at 10:36 AM revealed Licensed Practical Nurse (LPN)-G completed wound care on Resident 112. LPN-G had on a gown, gloves, and all supplies were on a sterile field. LPN-G placed Petroleum Gauze to the left buttocks opened areas and placed black foam in wound bed on right buttock. Wearing the same soiled gloves with no hand hygiene performed, LPN-G placed Petroleum Gauze to a reddened area on right buttock up to the right hip. A wound vacuum dressing was applied to the buttocks. LPN-G changed gloves but did not perform hand hygiene. LPN-G applied new glove and a new canister was added to the wound vacuum. Wearing the same soiled gloves, LPN-G repositioned the resident and began cleaning up the area. LPN-G removed the soiled gloves and performed hand hygiene prior to leaving the room.</p> <p>An Interview on 03/20/2025 at 8:15 AM was completed with the Assistant Director of Nursing (ADON). During the interview the ADON confirmed that hand hygiene should have been completed prior to and during wound care treatments and hand hygiene should have been performed between glove changes.</p> <p>17285</p> <p>D. Record review of an order listing report printed and dated current on 03/16/2025 revealed a total of 23 resident rooms in the facility with orders for enhanced barrier precautions. A total of 25 residents resided in those rooms and were identified that the residents in those rooms needed enhanced barrier precautions during high contact resident care activities.</p> <p>Observation on 3/16/2025 between 01:30 PM and 2:09 PM revealed the following rooms with no personal protective equipment (gowns) available and no sign on the door which would indicate that the residents that resided in those rooms were to be in EBP.</p> <p>- Rooms 203, 204, 205, 208, 210, 211, 212, 216, 224, 235, 305, 308, 402, 403, 404, 405, 406, 408. 418, 424, 426, 429, 435.</p> <p>Observation on 3/16/2025 at 1:35 PM revealed NA-H knocked and entered room [ROOM NUMBER] with no gown in place. NA-H proceeded to provide personal hygiene cares to Resident 115.</p> <p>Interview on 3/16/2025 at 1:45 PM with NA-H confirmed that no gown was worn during the provision of personal hygiene cares for Resident 115.</p> <p>Observation on 03/16/2025 at 1:40 PM revealed NA-I was observed in room [ROOM NUMBER] and provided personal hygiene cares to Resident 5. NA-I did not have a gown in place.</p> <p>Interview on 3/16/2025 at 1:55 PM with NA-I confirmed that no gown was worn during the provision of personal hygiene cares for Resident 5.</p> <p>Observation on 3/18/2025 at 4:42 AM with NA-J was observed in room [ROOM NUMBER] and provided personal hygiene cares to Resident 56. NA-J did not have a gown in place.</p> <p>Observation during walking rounds in the facility on 03/20/25 between 7:45 AM - 8:15 AM with the ADON confirmed that no gowns were available or signs present to indicate EBP in resident rooms 203, 204, 205, 208, 210, 211, 212, 216, 224, 235, 305, 308, 402, 403, 404, 405, 406, 408. 418, 424, 426, 429, and 435. The ADON confirmed that Residents 115, 5 and 56 were in enhanced barrier precaution rooms and gowns should have been worn when cares were provided to those residents.</p> <p>(continued on next page)</p>		

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 03/20/2025
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Interview on 3/20/25 at 8:15 AM with the ADON confirmed that the expectation is that isolation gowns needed to be present in the rooms near the doors and an enhanced barrier signs present on the outside of the door to identify those residents that were on EBP.</p>		