

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285059	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/18/2025
NAME OF PROVIDER OR SUPPLIER Rose Blumkin Jewish Home		STREET ADDRESS, CITY, STATE, ZIP CODE 323 South 132nd Street Omaha, NE 68154	

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 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>Licensure Reference Number 175 NAC 12-006.09(H)(iv)(6)Based on interview and record review the facility failed to change an indwelling catheter and monitor post void residuals for 1(Resident 1) of 3 residents sampled. The facility census was 93. The findings are:Record review of Resident 1's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) revealed the facility's staff assessed the following about the resident:-Brief Interview of Mental Status (BIMS) was scored as a 12. According to the MDS Manual a score of 8-12 indicates moderate cognitive impairment.-required substantial assistance with upper body dressing and hygiene.-required total assistance with toileting, bathing, lower body dressing, bed mobility and transfers. Record review of Resident 1's Comprehensive Care Plan (CCP) dated 08-11-2025 revealed Resident 1 had an indwelling foley catheter (a tube inserted into the bladder to drain urine) due to obstructive and reflux uropathy (a condition where the outflow of urine is blocked and urine backs up into the kidneys).Record review of Resident 1's Treatment Administration Record (TAR) for September 2025 revealed an order to change to indwelling catheter every 30 days, leave the catheter out and monitor post void residual (the amount of urine left in the bladder after an individual has voided). If the post void residual volume was greater than 500 milliliters (ml) the facility staff were to replace the indwelling catheter. According to the TAR, this was due on 09-15-2025 and there was no initial in the box indicating the staff changed the catheter. The TAR also revealed an order for indwelling catheter care every shift. An interview with the Director of Nursing (DON) on 10-02-2025 at 8:45 AM confirmed Resident 1's catheter was not changed on 09-15-2025 and the catheter should have been changed and post void residuals should have been monitored.</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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