

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 10/31/2024
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 0710</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47312</p> <p>Licensure Reference Number 175 NAC 12-006.08</p> <p>Based on interview and record review, the facility failed to notify a resident's medical practitioner of a significant weight loss for one (Resident 8) of one sampled resident. The facility census was 71.</p> <p>Findings are:</p> <p>Review of Resident 8's weights revealed that [gender] had a 7.91% weight loss from 9/1/24 to 10/1/24 based on the following weights:</p> <p>-9/1/24: 139.6 lbs (lbs-pounds),</p> <p>-10/1/24: 128.6 lbs.</p> <p>Review of Resident 8's Minimum Data Set (MDS- a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care), dated 10/2/24, revealed that Resident 8 had a weight loss of 5% or more in the last month or loss of 10% or more in last 6 months and that [gender] was not on a physician-prescribed weight-loss regimen.</p> <p>Review of Resident 8's electronic health record and paper chart revealed no documentation of [gender] medical practitioner being notified of the significant weight loss.</p> <p>Interview on 10/31/24 at 9:36 AM, the Director of Nursing confirmed that Resident 8 had a significant weight loss and that there was no documentation available that indicated that [gender] medical practitioner had been notified of the weight loss.</p> <p>Review of the policy, [NAME] of Condition-Reporting to Physician, Resident Representative and Staff, dated 9/2024, revealed the following:</p> <p>-To communicate with physicians, resident representative any changes in Resident conditions and to ensure appropriate medical follow-up.</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
-----------------------------------------------------------------------	-------	-----------

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 10/31/2024
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)		
F 0710 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Change in condition: 2. non-immediate notification a. new or worsening symptoms that do not meet above criteria (immediate notification: any symptoms, sign or apparent discomfort that is acute or sudden in onset, marked change in relation to usual symptoms and signs or unrelieved by measure already prescribed)		

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 10/31/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>49380</p> <p>Licensure Reference Number 175 NAC 12.006.17B</p> <p>Based on observation, interview, and record review, the facility staff failed to sanitize multiple resident use equipment when exiting an Enhanced Barrier Precaution room for 1 (Resident 24) of 1 sampled residents, and failed to store oxygen tubing to prevent potential cross contamination for 1 (Resident 18) of 1 sampled residents. The facility identified a census of 71.</p> <p>Findings are:</p> <p>A.</p> <p>An observation of the provision of medications and G-tube feeding (method of delivering nutritional liquid through a small, flexible tube inserted into the stomach) for Resident 24 on 10/28/2024 at 2:04 PM revealed a sign on the resident 24's door that stated Enhanced Barrier Precautions (an infection control strategy that uses personal protective equipment to reduce the spread of multidrug resistant organisms in nursing homes). Licensed Practical Nurse (LPN)-A entered room, washed [gender] hands for more than 20 seconds, put on an isolation gown and gloves. LPN-B was in the room and observing LPN-A. LPN-A used a stethoscope that was resting around LPN-A's neck and placed the bell of the stethoscope on Resident 24's stomach and verified the tube placement. LPN-A put stethoscope back around their neck and then administered ordered medications and nutritional feeding through Resident 24's G-tube.</p> <p>An observation on 10/28/2024 at 3:07 PM revealed LPN-A exited the room without cleaning or sanitizing the stethoscope around [gender] neck.</p> <p>An interview with LPN-A on 10/29/2024 at 3:10 PM confirmed that the stethoscope should have sanitized when leaving an Enhanced Barrier Precaution room.</p> <p>An interview with LPN-B on 10/29/2024 at 3:10 PM confirmed that LPN-A should have sanitized the stethoscope when leaving an Enhanced Barrier Precaution room.</p> <p>An interview with Director of Nursing (DON) on 10/29/2024 at 3:14 PM confirmed that any medical equipment, including a stethoscope, should be sanitized when leaving a room with Enhanced Barrier Precautions.</p> <p>A record review of the facility's Infection Prevention and Control Program Policy drafted March 2011 and Modified March 2022 revealed Environmental Controls:</p> <p>-Multiple Resident use equipment that have the potential for contamination with blood and other body fluids will be cleaned with approved cleaning wipes after each resident use. These devices include but are not limited to : blood glucose monitoring machine, blood pressure machine, spot oximetry machine, thermometer, pacemaker check devices, etc.</p> <p>B.</p> <p>(continued on next page)</p>		

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 10/31/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>review of the facility policy titled Oxygen Therapy, last modified on February 2018 stated: Oxygen will be administered appropriately to residents to improve oxygenation and provide comfort to residents experiencing respiratory difficulties.</p> <p>A record review of Resident 18 Care Plan (undated entry) revealed Resident 18 has diagnoses of: Acute systolic (congestive) heart failure (CHF) (a serious condition that occurs when the heart's left ventricle is unable to pump enough blood to the body.) CHF produce symptoms (not limited to) of Shortness of breath, fatigue and a persistent cough or wheezing.</p> <p>A record review of resident 18's Care Plan dated 04/18/2024 reveals a problem stated:</p> <p>Potential for infection related to potential exposure to Respiratory syncytial virus, Influenza, COVID. An intervention was listed for this problem: Standard precautions.</p> <p>A record review of resident 18's Treatment Record revealed an order dated 10/29/2024 for:</p> <p>Oxygen at 4 liters per minute every night at bedtime, this order is without an end date.</p> <p>An observation on 10/28/2024 at 3:10 PM revealed Resident 18's oxygen tubing was laying under the bed. The Oxygen tubing and nasal cannula were touching the floor. The oxygen concentrator did not have any devices for storage of the oxygen tubing or nasal cannula attached to it. Resident 18 was not in the room at that time.</p> <p>An observation on 10/29/2024 at 2:58 PM revealed Resident 18's nasal cannula and oxygen tubing were laying on the floor in front of the oxygen concentrator. Resident 18 was sitting in their room in the recliner chair placed at the opposite corner of the room.</p> <p>An observation on 10/30/2024 at 2:33 PM revealed Resident 18's oxygen tubing and nasal cannula were laying on the floor under Resident 18's bed. Resident 18 is not in the room.</p> <p>An interview on 10/29/2024 at 2:58 PM with Resident 18 revealed [gender] denied self-removing the oxygen tubing and the nasal cannula.</p> <p>An interview with Registered Nurse-C (RN-C) 10/29/2024 at 2:58 PM confirmed the oxygen tubing and nasal cannula should not be on the ground, the oxygen tubing and nasal cannula should be stored hanging on the wall on a provided hook. RN-C confirms the oxygen tubing and nasal cannula were located on the floor under Resident 18's bed and the hook for the wall could not be located.</p> <p>An interview with the Director of nursing (DON) on 10/29/2024 at 3:25 PM confirmed storage of the oxygen tubing and nasal cannula should not be touching the ground.</p> <p>50683</p>