

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285085	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  01/29/2026
NAME OF PROVIDER OR SUPPLIER  Newport House		STREET ADDRESS, CITY, STATE, ZIP CODE  6798 N 67th Plaza Omaha, NE 68152	
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>Licensure Reference Number 175 NAC 12-006.04(F)(i)(5)Based on record review and interview, the facility failed to notify the medical practitioner of 10 consecutive days of refusal of scheduled bowel medications for 1 (Resident 4) of 1 sampled residents. The facility staff identified a census of 92.Findings are:Record review of a facility policy entitled Notification to Physician/ Family of Change in Resident Health Status dated reviewed 08/27/2018 revealed the following: - Policy Statement: The Care Communities will notify the resident's physician or designee the resident's legal representative when there is: - A need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences or ineffectiveness and/or need to implement a new form of treatment). - Definitions: - C. A need to alter treatment significantly such as a need to stop a form of treatment because of adverse consequences (e.g., an adverse drug reaction), or need to initiate a new form of treatment to deal with a problem (e.g., the use of any medical procedure or therapy that is not currently ordered. - Procedure: - A. Notification tool - SBAR [SBAR, a structured communication framework used in healthcare to provide clear, concise, and complete information. SBAR is divided into four parts situation (what is happening now), background (relevant history), assessment (professional evaluation), and recommendation (what action is suggested)] - 3. In non-emergent or non-urgent situations, such as notification of a fall without injury, the SBAR can be faxed to the physician's or designee's office. - 4. The SBAR serves as documentation of the information provided and is filed in the Physician's Order section of the chart. - B. Notification - 1. The Care Communities will attempt to contact the resident's physician or designee with changes in resident's health status. - a. If the resident has one or more consulting physicians, the primary physician or designee will be contacted unless there are other specific instructions. - b. After hours, the on-call physician or designee will be responsible for emergency care. - c. In the event that the on-call physician or designee is not available, the house supervisor/designee will contact the Medical Director or send the resident to the Emergency Department.Record review of Resident 4's Census List revealed the facility admitted the resident on 06/20/2022.Record review of Resident 4's Diagnosis Report revealed Resident 4 had conditions which included cerebral infarction (stroke), hemiplegia (total or partial paralysis on one side of the body that results from disease or injury to the motor centers of the brain) and hemiparesis (muscular weakness or partial paralysis restricted to one side of the body) following cerebral infarction affecting the right dominant side, and difficulty in walking.Record review of Resident 4'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 12/16/2025 revealed Resident 4 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 7. According to the MDS manual, a score of 7 indicated the resident had moderate cognitive impairment. Further review of the MDS identified Resident 4 had rejected care during one to three</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  285085	Facility ID:  285085  If continuation sheet Page 1 of 3

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