

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285097	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/05/2024
NAME OF PROVIDER OR SUPPLIER  Emerald Nursing & Rehab Omaha		STREET ADDRESS, CITY, STATE, ZIP CODE  5505 Grover Street Omaha, NE 68106	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49164</p> <p>Licensure Reference Number 175 NAC 12.006.09(H)(iii)(2)</p> <p>Based on observation, interview and record review the facility failed to ensure practitioner's orders for wound and skin care were followed for 2 (Resident 1 and 4) of 3 sampled residents. The facility census was 62.</p> <p>Findings Are:</p> <p>A.</p> <p>Record review of Resident 1's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 09-23-2024 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> <li>-A Brief Interview of Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) was scored as a 13/15. According to the MDS Manual a score of 13 to 15 indicate a person is cognitively intact.</li> <li>-The resident required total assistance with eating, dressing, bathing and bed mobility.</li> <li>-The resident had a diagnosis of Quadriplegia.</li> <li>-The resident had 3 pressure ulcers.</li> </ul> <p>Record review of Resident 1's Electronic Health Record (EHR, a digital version of a patient's paper medical chart) revealed Resident 1 was readmitted to the facility from the hospital on 11-29-2024.</p> <p>Record review of Resident 1's transition orders from the hospital dated 11-29-2024, revealed an order for PREVENT Silicone Cream to be applied twice daily to the wound bed on Resident 1's right posterior thigh.</p> <p>Record review of Resident 1's progress notes dated 12-02-2024 revealed the wound to the resident's right posterior thigh was left open to air because the PREVENT Silicone Cream was not available. Further review of Resident 1's progress notes revealed the PREVENT Silicone cream was also not available on 12-03-2024, 12-04-2024 and 12-05-2024.</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
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<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview conducted on 12-05-2024 at 9:40 AM with a pharmacy tech (CP) revealed the pharmacy received the order for PREVENT Silicone Cream on 12-03-2024 and the pharmacy was waiting for facility approval due to the cream not being covered by insurance.</p> <p>An interview with Licensed Practical Nurse (LPN)-A on 12-05-2024 at 2:00 PM revealed the PREVENT Silicone Cream had not been available and confirmed the wound treatment had not been administered as the practitioner ordered.</p> <p>B.</p> <p>Record review of Resident 4's MDS dated [DATE], revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> <li>-The resident's BIMS was scored as an 8/15. According to the MDS Manual a score of 8 to 12 indicated a person had moderate cognitive impairment.</li> <li>-The resident required total assistance with eating, hygiene, bathing, toileting, dressing and bed mobility.</li> <li>-The resident had limited range of motion to both upper extremities.</li> </ul> <p>Record review of Resident 4's EHR revealed an order to wash and dry both palms of hands. There was also an order to apply palm guards to both hands every morning and remove at bedtime for contractures.</p> <p>An observation of Resident 4 on 12-04-2024 at 12:00 PM revealed the absence of palm guards to both hands.</p> <p>An observation was conducted of skin care for Resident 4 on 12-05-2024 at 9:50 AM revealed LPN-B washed and dried both of the resident's hands but did not apply the resident's palm guards.</p> <p>An interview was conducted with LPN-A on 12-05-2024 at 2:00 PM revealed Resident 4 was evaluated for a splint but then did not want to return to be fitted. The interview also confirmed that the order for palm guards was not being followed as the palm guards were not available for use.</p> <p>An interview with the Director of Nursing (DON) on 12-05-2024 at 2:15 PM confirmed the physician had not been contacted regarding Resident 1's palm guards and when a treatment is unavailable the provider should be contacted and an alternative treatment obtained.</p>		