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| 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 02/06/2025 |
| 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) |
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| <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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21492</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)(iii)</p> <p>Based on observations, record reviews, and interview; the facility staff failed identify wound sizes and failed to re-evaluate treatment interventions for 1 (Resident 4) of 3 sampled residents. The facility staff identified a census of 71.</p> <p>Findings are:</p> <p>Record review of a Order Summary Report (OSR) dated 2-05-2025 revealed Resident 4 admitted to the facility on [DATE]. Further review of OSR dated 2-05-2025 for Resident 4 revealed Resident 4's practitioner on 5-20-2024 ordered a barrier cream to be applied to Resident 4's buttocks and perineal areas, 3 times a day related to Moisture Associate Skin Damage (MASD, caused by prolonged exposure to various sources of moisture, such as, urine, stool and perspiration).</p> <p>Record review of a Skin/Wound Weekly Observation (SWWO) sheet dated 1-01-2025 revealed the facility staff evaluated Resident 4's skin as having MASD. Resident 4's SWWO sheet dated 1-01-2025 revealed both buttocks had redness with scattered scratch marks and did not have the measurements of the scratch marks.</p> <p>Record review of a Skin/Wound Weekly Observation (SWWO) sheet dated 1-08-2025 revealed the facility staff evaluated Resident 4's skin as having MASD. Resident 4's SWWO sheet dated 1-08-2025 revealed both buttocks had redness with scattered scratch marks and did not have the measurements of the scratch marks.</p> <p>Record review of Resident 4's SWWO sheet dated 1-15-2025, 1-22-2025 and 1-29-2025 revealed Resident 4 continued to have the MASD with redness to both buttocks and did not have measurements.</p> <p>Record review of Resident 4's medical record that included Progress Notes (PN), practitioners orders, care plans, and faxes revealed there had not been changes in the treatment plan since the order for the barrier cream on 5-20-2024.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 2-06-2025 at 2:28 an interview was conducted with Unit Manager (UM) B. During the interview UM B confirmed the facility staff did not measure the area of redness to Resident 4 buttocks. UN B reported if a resident is being seen by the skin nurse they usually change the treatment if it's not effective. UM B further confirmed a evaluation of Resident 4's treatment for the MASD had not been completed.</p> <p>According to information at myamericannurse.com revealed the following information:</p> <p>-A change in treatment for MASD should occur when there is a worsening of skin condition, increased moisture exposure, a change in the underlying cause of moisture (like incontinence management), a lack of improvement with the current treatment, or the development of secondary infection.</p> <p>-Consulting a wound care specialist is especially important if MASD worsens or fails to improve after initial interventions.</p> <p>The facility was not able to provide additional information on Resident 4's MASD prior to exit from the facility.</p> |

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| <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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 21492</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)(iv)(2)</p> <p>Based on observations record review and interview; the facility staff failed to evaluate a toileting program for 1(Resident 4) of 1 sampled resident. The facility staff identified a census of 71.</p> <p>Findings are:</p> <p>Record review of a Order Summary Report sheet dated 2-05-2025 revealed Resident 4 was admitted to the facility on [DATE].</p> <p>Record review of Resident 4's Minimum Data Set (MDS, a federally mandated assessment to used for care planning) dated 11-23-2024 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> -Brief Interview of Mental Status (BIMS) revealed the facility staff assessed Resident 4 with a BIMS score of 13. According to the MDS [NAME] a score of 13 to 15 indicates a person is cognitively intact. -Dependent on staff for toileting. -Required superviison or touch assistance with personal hygiene. -Required partial to moderate assistance with sitting to standing position. -Always incontinent of bladder and did not have a toileting program. -Frequently incontinent of bowel and did not have a toileting program. <p>Record review of Resident 4's Comprehensive Care Plan (CCP) with a date of 11-14-2023 revealed Resident 4 would become excoriate at times due to Resident 4's incontinence and refusing to allow staff to change Resident 4.</p> <p>Record review of Resident 4's medical record that include Progress Notes (PN), practitioners orders and fax sheets revealed there was no indications Resident 4 had been refusing incontinence care from 2-01-2025 to 2-06-2025.</p> <p>Observation on 2-05-2025 at 8:56 AM revealed Resident 4 was seated up in a wheelchair. Further observation on 2-05-2025 at 8:56 AM revealed Resident 4's pants were wet with a strong urine like odor in Resident 4's room.</p> <p>Observation on 2-06-2025 10:20 AM revealed Resident 4 was seated in a wheelchair. Resident 4's pants was observed to be wet and a urine odor was in the room.</p> <p>(continued on next page)</p> | | |

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| <p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>On 2-05-2025 at 8:56 AM an interview was conducted with Resident 4. During the interview toileting assistance was discussed with the resident. Resident 4 reported they would like more assistance with toileting and staying dry.</p> <p>On 2-06-2025 at 10:20 AM a interview was conducted with Licensed Practical Nurse (LPN) A. During the interview LPN A confirmed Resident 4's pants were wet. LPN A further reported Resident 4 usually is wet let that twice on LPN A's shift.</p> <p>On 2-06-2025 at 11:28 AM an interview was conducted with the Director of Nursing (DON). During the interview the DON reported Resident 4 had not been evaluated for a toileting program.</p> |

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| <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>21492</p> <p>Licensure Reference Number 175 NAC 12-006.17</p> <p>Based on observations, record review and interviews; the facility staff failed to utilize handwashing and gloving techniques to prevent potential cross contamination and failed to implement Enhanced Barrier Precautions during the provision of care for 1 (Resident 4) of 3 sampled residents. The facility staff identified a census of 52.</p> <p>Findings are:</p> <p>Record review of the facility policy for Enhanced Barrier Precaution revised on 3-20-2024 revealed the following information:</p> <p>-Policy Statement:</p> <p>-Enhanced Barrier Precaution (EBP) are an infection control intervention designed to reduce the transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activity.</p> <p>-EBP maybe indicated for residents with any of the following:</p> <p>-Wounds, indwelling medical devices, infection or colonization with Multi-Drug Resistant Organism (MDRO).</p> <p>Record review of the facility policy for Handwashing revised on 3-20-2024 revealed the following:</p> <p>Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of infections.</p> <p>-7 Use alcohol based hand rub (ABHR) containing at least 62% alcohol:or alternately, soap and water for the following situations:</p> <p>-b. Before and after direct contact with residents.</p> <p>-h. before moving from contaminated body site to clean body site during resident care.</p> <p>-i. After contact with residents intact skin.</p> <p>-m. After removing gloves.</p> <p>Record review of Resident 4's Comprehensive Care Plan (CCP) revised on 6-14-2024 revealed Resident 4 was colonized with Methicillin Resistant Staphylococcus Aureus (type of bacteria that is resistant to the antibiotic methicillin and other antibiotics in the same class). Resident 4's CCP directed staff were to wear gowns and gloves when changing contaminated linens.</p> <p>(continued on next page)</p> | | |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Record review of a Skin/Wound Weekly Observation sheet dated 3-18-2025 revealed Resident 4 had Moisture Associated Skin Damage (MASD, caused by prolonged exposure to various sources of moisture, such as, urine, stool and perspiration) to the right thigh area that measured 10.34 centimeters (cm) by 8.40 cm's, to the left thigh area that measured 7.37 cm's by 7.32 cm's and to the scrotum that measured 3.69 cm's by 3.27 cm's.</p> <p>Observation on 3-25-2025 at 9:06 AM revealed Resident 4 was seated on the toilet in the bathroom. Nursing Assistant (NA) D without handwashing, using ABHR or having a gown on applies a gait belt around Resident 4's waist. NA D applied gloves and instructed Resident 4 to stand in order to cleanse the resident after use of the bathroom. NA D obtained a wipe and wiped the buttocks area removing bowel moment. NA D obtained another wipe and completed the cleansing of the buttocks. NA D without completing hand hygiene, ABHR or changing the soiled gloves obtained a wipe and cleansed the front groin areas. NA D removed the soiled gloves and did not complete hand hygiene.</p> <p>Observation on 3-25-2025 at 9:12 AM revealed Resident 4 was standing up in the bathroom in preparation for Licensed Practical Nurse (LPN) B to complete the treatment to the right and left thighs and Resident 4's scrotal area. Resident 4 was observed to have a whitish of ointment like substance to the right, left and scrotal areas. LPN B without donning a gown ,applied gloves without using ABHR or handwashing applied the treatment ointment Resident 4's practitioner had ordered. LPN B without changing the soiled gloves or using ABHR touch clean briefs that were applied to Resident 4, Resident 4's arm, shirt and gait belt.</p> <p>On 3-25-2025 at 9:32 AM an interview was conducted with LPN B. During the interview LPN B confirmed soiled gloves were not changed and hands santitized between clean and soiled item and a gown had not been worn.</p> <p>On 3-25-2025 1:07 PM an interview was conducted with NA D. During the interview NA D confirmed hands were not washed, gloves were not changed and that a gown should have been worn and was not.</p> | | |