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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285097	A. Building B. Wing	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Emerald Nursing & Rehab Omaha	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17285 Licensure Reference Number 175 NAC 12-006.19A Based on observation, interview and record review; the facility failed to maintain walls, floors, baseboards, fixtures, equipment, window blinds, light fixtures, door knobs, air conditioning unit and urine odors in 16 (Rooms 208, 209, 214, 301, 306, 312, 316, 405, 408, 409, 412, 415, 504, 507, 509 and 510) of 50 occupied resident rooms. The facility census was 68. Findings are: Observation on 09/23/24 between 9:15 AM and 10:46 AM, with the facility Assistant Administrator [AA] , Housekeeping Director [HD], and Maintenance Director [MD], identified the following environmental concerns during the environmental tour of the facility; - Toilets were stained with a dark brown, greasy substance resembling feces: Rooms 208, 301, 306, - Base of toilets were stained with a a dark brown greasy substance: Rooms 208, 209, 301, 312, 409, 412, 504, 507, 509 - Baseboards and bathroom floors were stained and wax covered with dust and particles of dirt present: Rooms 208, 306, 312, 409 - Foot boards on beds were broken and loose: Rooms 312 bed 1, 316 bed 1, 405 bed 1 - Walls had dark stains and food spatters: room [ROOM NUMBER] - Missing baseboard on the wall under the sink: room [ROOM NUMBER] - Gouges in the drywall on the wall next to the bathroom door: room [ROOM NUMBER] - Tape was present on the floor to the entrance to the room which created an unclean surface: room [ROOM NUMBER] - Window blind would not retract and the chain was broken: room [ROOM NUMBER] (continued on next page)

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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	- Strong odors of urine present in resident bathrooms: Rooms 208, 214 - Bugs were present in the light fixture: room [ROOM NUMBER] - Missing the air conditioner cover and the insulation was exposed: room [ROOM NUMBER] - Missing the doorknob on the inside of the bathroom door room [ROOM NUMBER] Interview on 09/23/24 at 10:50 AM with the AA and HD confirmed the above areas of concern observed during the environmental tour of the facility. The AA confirmed the above identified issues needed to be fixed and / or cleaned. Interview on 09/23/24 at 11:10 AM with the facility MD confirmed that there were no work orders for the areas identified and that the observed concerns had not been identified prior to the environmental tour of the facility. Record review of a facility policy entitled: Maintenance Service, dated December 2009, revealed: 1. The Maintenance Department is responsible for maintaining the buildings, grounds, and equipment in a safe and operational manner at all times. Record review of a facility policy entitled: Work Orders, Maintenance, dated April 2010, revealed: 1. In order to establish a priority of maintenance service, work orders must be filled out and forwarded to the Maintenance Director. 3. A supply of work orders is maintained at the nurses station. 4. Work orders should be placed in the appropriate file basket at the nurses' station. Work orders are picked up daily. 5. Emergency requests will be given priority in making necessary repairs.

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17285 Licensure Reference Number 175 NAC 12.006.02(H) Based on record review and interview, the facility failed to complete a thorough written investigation and report an allegation of staff to resident abuse within the required timeframe to the Department of Health and Human Services [DHHS] for 1 (Residents 125) of 3 facility self-report investigations reviewed. The facility census was 68. Findings are: Record review of facility policies and procedures entitled Abuse, Neglect, and Exploitation dated November 2017 revealed the following information: The facility must: 7. Investigation of alleged abuse, neglect and exploitation: When suspicion of abuse, neglect or exploitation, or reports of abuse. neglect or exploitation occur, an investigation is immediately warranted. Once the resident is immediately cared for and initial reporting has occurred, an investigation should be conducted. Components of an investigation may include: a. Interview the resident involved, if possible, and document all responses. c. Interview all witnesses separately. Include roommates, residents in adjoining rooms, staff members in the area and visitors in the area. Obtain witness statements, according to appropriate policies. All statements should be signed and dated by the person making the statement. d. Document the entire investigation chronologically. 13. In response to allegations of abuse, neglect, exploitation or mistreatment, the facility must: a. Ensure that all allegations of alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later then 2 hours after the allegation is made, if the events that caused the allegation result in serious bodily injury, or not later the 24 hours if the advents that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other official (including the State Survey Agency and Adult Protective Services where state law provides for jurisdiction in long term care facilities) in accordance with State law. b. Have evidence that all alleged violations are thoroughly investigated. c. Prevent further potential abuse, neglect, exploitation or mistreatment, while the investigation is in progress. (continued on next page)

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F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	d. Report all investigations to the administrator or designated representative and to other official in accordance with state law, including the state survey agency, within 5 working days of the incident. The administrator should follow up with government agencies, during business hours, to confirm the report was received and to report the results of the investigation, when final, as required by the state agencies. Record review of Resident 125's admission Minimum Data Set [MDS, a comprehensive clinical assessment of the resident used to develop a residents plan of care] dated 1/25/24 revealed an admitted [DATE]. The MDS identified that Resident 125 had a Brief Interview for Mental Status [BIMS, a brief screener that aids in detecting cognitive impairment) score of 12 which indicated that Resident 125 had moderately impaired cognition. The MDS identified diagnoses that included acute cystitis with hematuria, no neurological or psychiatric disorders, no mood problems, no behaviors exhibited, wheelchair use, upper body impairment of range of motion on both sides, and lower body range of motion impairment on 1 side. The MDS identifed that Resident 125 required maximum assistance with upper and lower body dressing and total dependence on staff for toileting hygiene and all types of transfers. Record review of an Adult Protective Services [APS] report dated 1/26/24 revealed that facility staff had called in an allegation of staff to resident abuse that involved Resident 125 on 1/26/24 at 1:21 PM. The APS report revealed that the facility reporter stated that Resident 125 had reported that a staff member had grabbed the resident by the shirt and had thrown the resident into bed. The reporter advised that an internal investigation had been opened regarding the allegation. Record review of all facility reportable incidents since January 1st 2024 revealed that no incidents that involved Resident 125 had been reported to facility staff, APS or DHHS. Record review of Resident 125's Electronic Medical Record Progress Notes since January 1st 2024 revealed no written record of any incidents with staff or reports to the facility staff of alleged staff to resident abuse. Interview on 09/23/24 at 07:28 AM with the Director of Nursing [DON] confirmed that no written investigation report had been completed or sent into DHHS for the allegation of staff to resident abuse that involved Resident 125. The DON confirmed the facility policy for investigation and reporting of abuse and that all investigations must be submitted to the state survey agency [DHHS] within 5 working days. The DON confirmed that no investigation had been done into this incident so no report had been made to DHHS as required. Interview on 09/23/24 at 08:35 AM with the facility Social Worker [SW] revealed that the SW did recall calling into APS the allegation of staff to resident abuse that involved Resident 125 and that the facility Administrator or the DON was going to do the investigation. The SW was not able to produce any documentation of a facility written investigation into this allegation of abuse by Resident 125.

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F 0655

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 45614

Licensure Reference Number 175 NAC 12-006.09(F)

Based on record review and interview, the facility failed to develop a baseline care plan for 1 resident (Resident 177). The facility had a census of 68.

Findings are:

A record review of Resident 177's Electronic Health Record revealed Resident 177 was admitted to the facility on [DATE].

A record review of Resident 177's order summary revealed the following diagnoses:

Atherosclerotic Heart Disease of Native Coronary Artery without Angina Pectoris, Heart Failure, Personal History of other Venous Thrombosis and Embolism, Hyperlipidemia, End Stage Renal Disease, Personal History of Transient Ischemic Attack (TIA), and Cerebral Infarction without Residual Deficits, Chronic Fatigue, unspecified, Type 2 Diabetes Mellitus with other skin ulcer, non-pressure Chronic Ulcer of other part of left foot with unspecified severity, Chronic Kidney disease, Heart Transplant status with long term (current) use of immunosuppressive biologic, primary Hypertension, dependence on Renal Dialysis, Gangrene, Acute Embolism and Thrombosis of superficial veins of left upper extremity.

A record review of the pre-admission information e-mail from the Business Office Manager, dated 9/17/2024 revealed Resident 177's primary diagnosis was a diabetic foot infection of the left great toe, left upper arm deep vein thrombus (DVT) and right upper arm wound with a wound vac. Other diagnoses included end stage renal disease on dialysis, Heart Transplant.

Additional information included Residents mental status, weightbearing status, dialysis schedule and wound care with an additional note relating to the potential amputation of the left great toe.

A record review of Resident 177's baseline care plan revealed it does not address Resident 177's dialysis status, skin issues/wounds, central line or Residents medications.

An interview on 9/23/2024 at 8:40AM with Resident 177 confirmed the resident had not received a copy of the baseline care plan.

An interview on 9/23/2024 at 8:45AM with LPN C confirmed a baseline care plan is used to provide initial care for a new resident and inform nursing staff of a new resident's needs. LPN C confirmed Resident 177's baseline care plan would not inform the nursing staff of the residents' dialysis status, wound care needs, medications, and access devices.

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F 0684 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 49164 Licensure Reference Number 175 NAC 12.006.09(H)(iii)(3) Based on observation, interview and record review the facility failed to provide treatment for a skin breakdown for 1 (Resident 56) of 3 residents sampled residents. The facility census was 68. The findings are: Record review of Resident 56's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 08-16-2024 revealed the facility staff assessed the following about the resident: -Diagnosis of Diabetes Mellitus Type 2, Severe Protein Calorie Malnutrition, Cirrhosis of the liver, and Clostridium Difficile Enterocolitis (a condition that causes diarrhea and inflammation of the colon, or colitis, that can be life-threatening). -Brief Interview of Mental Status (BIMS, an assessment that aids in detecting cognitive impairment. A score of 0-7 equals severe impairment, 8-12 indicates moderate impairment and 13-15 indicates cognitively intact) score of 12 indicating moderate cognitive impairment. -required extensive assistance with oral hygiene and bed mobility. -required total assistance with dressing, toileting and bathing. -was always incontinent of bowel and bladder. Record review of Resident 56's Skin/Wound Weekly Observation Form (SWOF) dated 09-02-2024 revealed the were no skin issues identified. Record review of Resident 56's SWOF dated 09-09-2024 revealed a new skin issue was identified and described as Moisture Associated Skin Damage (MASD, is a general term for skin problems that occur due to prolonged exposure to moisture from bodily fluids such as urine or feces.) without measurements, to the groin and scrotum. The SWOF revealed Resident 56's physician was updated and response from the physician was pending. Record Review of Resident 56's Electronic Health Record (EHR) that included progress notes, orders and administration records revealed no follow up from the physician or Nurse Practitioner (NP). Record review of Resident 56's Treatment Administration Record (TAR) for September 2024 printed on 09-19-2024 revealed no treatment had been administered for MASD. Record review of Resident 56's progress note dated 09-15-2024 revealed the facility staff had noted that Resident 56 had an increase in redness to the groin, peri area, inner thighs and scrotal area that was foul smelling and Resident 56 had a new open area measuring 4 centimeters (cm) by 2 cm to the right buttock. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	Record review of Resident 56's SWOF dated 09-15-2024 revealed a new skin issue was identified and described as MASD to groin without measurements and a new skin issue identified as an open area to the right buttock measuring 4 cm by 2 cm. Furthermore, the SWOF indicated Resident 56's physician was notified and response from physician was will see on Monday (09-16-2024). Record Review of Resident 56's EHR such as progress notes, physician orders, and care plan revealed Resident 56 was not seen by the physician or NP on 09-16-2024 and did not contain information facility staff followed up to obtain a treatment for the skin breakdown. Record review of Resident 56's progress note dated 09-18-2024 revealed a Nurse Practitioner (NP) for Resident 56's physician was at the facility and gave treatment orders for MASD areas. Record review of Resident 56's TAR printed 09-23-2024 revealed an order dated 09-18-2024 to wash perineal area, groin, inner thighs and scrotal area with soap and water, pat dry, apply Desitin (a zinc oxide cream), cover with antifungal powder twice daily. The TAR revealed where staff are to sign that this treatment was administered was left blank until 09-21-2024, 2 days later. Observation on 09-23-2024 at 1:00 PM of Nursing Assistant (NA) E providing incontinence care for Resident 56 revealed Resident 56's pants were wet with urine and the incontinence brief that was in use was saturated. Further observation of Resident 56's skin revealed a dark red and swollen penis and scrotum, dark red skin to bilateral groins, inner thighs, gluteal cleft and bilateral buttocks. During the observation an open area was observed to Resident 56's right buttock that had a tear drop appearance that measured approximately 3 cm by 1 cm with dark red wound edges and a pale pink wound bed. Record Review of Resident 56's progress note dated 09-23-2024 revealed the NP had seen Resident 56 for MASD to scrotum, inner thighs, and groin with redness and swelling. New orders received for Prednisone (oral steroid) 10 milligrams daily for 7 days due to no improvement in redness or swelling. An interview with Licensed Practical Nurse (LPN) G on 09-24-2024 at 1:25 PM revealed on 09-23-2024 after observing the wound at 1:00 PM, LPN G notified the NP because the swelling to the penis and scrotum had worsened. An interview with the Director of Nursing (DON) on 09-24-2024 at 10:39 AM confirmed Resident 56 was not seen on Monday 09-16-2024 and was not seen by the NP until Wednesday 09-18-2024. An interview with the DON on 09-24-2024 at 1:33 PM revealed on 09-22-2024 the DON had observed the area and there wasn't any swelling and confirmed treatment of Resident 56's MASD was not received until 09-18-2024 and not implemented until 09-21-2024. Record Review of the Facility Skin and Wound Management-Prevention of Pressure dated 01/2024 revealed on page 4 under alterations in skin integrity for perineal denudation revealed directions to cleanse skin, gently dry. Apply a zinc oxide paste twice a day and as needed due to incontinence or excessive drainage. (continued on next page)

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F 0684 Level of Harm - Actual harm Residents Affected - Few	According to Allnurses.com a denuded wound is an injury that occurs when the protective top layer of the skin is gone, leaving the underlying tissue exposed and common causes of denuded wounds include trauma, burns, surgical procedures, and wound debridement. Trauma can include lacerations, abrasions, and puncture wounds. In addition, medical practices can cause denuded wounds if they involve scraping away the skin, such as in wound debridement. Other causes of denuded wounds include chronic diseases, such as diabetes and vascular disease, which can lead to ulcerations. Additionally, the skin can become denuded by prolonged contact with waste body fluids such as urine, wound exudate, and stool.

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube. 49164 Licensure Reference Number 175 NAC 12.006.09(H)(vi)(3)(a) Based on observation, interview and record review the facility failed to maintain a gastric feeding tube to prevent potential complications for 1 of 1 (Resident 65) sampled residents. The facility census was 68. Findings are: Record review of Resident 65's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 06-23-2024 revealed the facility staff assessed the following about the resident: -Diagnosis of CVA, with subsequent hemiplegia and dysphagia, HTN, and anxiety. - Brief Interview of Mental Status (BIMS, an assessment that aids in detecting cognitive impairment. A score of 0-7 equals severe impairment, 8-12 indicates moderate impairment and 13-15 indicates cognitively intact) of 12 which indicates moderate cognitive impairment. -Required set up assistance with eating. -Required extensive assistance with oral hygiene and upper body dressing. -Required total assistance with lower body dressing, toilet hygiene, bed mobility and transfers. -currently had a feed An interview was conducted with Resident 65 on 09-18-2024 at 1:42 PM which revealed Resident 65 reported having a feeding tube and further reported the staff had not done anything with the feeding tube since admission. An observation was conducted during the interview which revealed a feeding tube present to the abdomen. The feeding tube was without a securement device to prevent accidental dislodgement and a dark brown, black substance was present inside of the feeding tube. An interview on 09-23-2024 at 1:42 PM with the Director of Nursing (DON) and Licensed Practical Nurse (LPN) B revealed Resident 65 was admitted in June without orders for use, site care, flushes or securement. An observation was conducted on 09-23-2024 at 1:55 PM of Resident 65's abdomen with LPN B that revealed an unsecured feeding tube with a dark brown, black substance inside. During the observation an interview was conducted with LPN B that confirmed there was a dark brown, black substance in the feeding tube that could cause an infection. An interview with the facility Nurse Practitioner (NP) on 09-24-2024 at 9:03 AM confirmed the substance in the tube could cause an infection and the feeding tube should be removed. (continued on next page)

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F 0693 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview on 09-24-2024 at 1:49 PM with the DON confirmed the facility staff should have called Resident 65's practitioner for care and treatment orders of the feeding tube. Record Review of the Facility Policy Care and Treatment of Feeding Tubes dated 1-2024 revealed the following: -Policy-it is the policy of this facility to utilize feeding tubes in accordance with current clinical standards of practice, with interventions to prevent complications to the extent possible. -In accordance with facility protocol, licensed nurses will monitor and check that the feeding tube is in the right location (e.g. stomach or small intestine, depending on the tube): -tube placement will be verified before beginning a feeding and before administering medications. -the external retention device will checked daily to assure it is properly approximated to the abdominal wall and that the surrounding skin is intact. -direction for staff on how to provide the following care will be provided: -how to secure a feeding tube externally. -examination of the insertion site in order to identify, lessen, or resolve possible skin irritation and local infection. -frequency of and volume used for flushing, including flushing for medication administration and what to do when a prescriber's order does not specify. -the facility will notify and involve the physician or designated practitioner of any complications, and in evaluating and managing care to address the complications and risk factors.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. 45614 Licensure Reference Number 175 NAC 12-006.09 Based on observation, interview and record review, the facility staff failed to evaluate a dialysis access's site for 1 (Resident 177) of 1 sampled residents who received dialysis treatments. The facility reported a census of 68. Findings are: A record review of Resident 177's order summary revealed the following diagnoses: Atherosclerotic Heart Disease of Native Coronary Artery without Angina Pectoris, Heart Failure, Personal History of other Venous Thrombosis and Embolism, Hyperlipidemia, End Stage Renal Disease, Personal History of Transient Ischemic Attack (TIA), and Cerebral Infarction without Residual Deficits, Chronic Fatigue, unspecified, Type 2 Diabetes Mellitus with other skin ulcer, non-pressure Chronic Ulcer of other part of left foot with unspecified severity, Chronic Kidney disease, Heart Transplant status with long term (current) use of immunosuppressive biologic, primary Hypertension, dependence on Renal Dialysis, Gangrene, Acute Embolism and Thrombosis of superficial veins of left upper extremity. A record review of Resident 177's Order Summary revealed the following orders dated 9/18/2024: -Complete the Dialysis Pre-Observation that includes vital signs. Fill out the dialysis communication form to send with resident. in the morning every Mon, Wed, Fri for Dialysis A record review of Resident 177's practitioners orders dated 9/20/2024 revealed Resident 177's practitioner ordered the following: -Nurse to remove dressing on left subclavian approximately 4 hours after return from Dialysis every evening shift every Mon, Wed, Fri for ESRD. A record review of Resident 177's Electronic Health Record (EHR) revealed the dialysis Pre-observation and dialysis Post observation forms had not been filled out for Resident 177 on Wednesday 9/18/2024 or Friday 9/20/2024 that Resident 177 had received dialysis. An observation on 09/19/2024 at 12:10 PM of Resident 177 revealed Resident 177 had an undated dressing on their upper right arm. The Resident had a 2 port (opening) dialysis catheter in their upper left chest and a 3 lumen (lumen - a smaller tube that leads to a larger tube in the body) central line in their right femoral/groin area. An interview on 09/19/2024 at 8:20 AM with Resident 177 revealed the resident was alert and answered questions appropriately. Resident 177 reported they had an active dialysis (a treatment that removes excess fluid and waste products from the blood when the kidneys are unable to do so) access site in the left upper arm. (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview on 09/19/2024 at 12:10 PM with Resident 177 revealed they had a dialysis access site in their left elbow, but it caused blood flow trouble to the left arm and was removed. An observation on 09/23/2024 at 8:38 AM with Licensed Practical Nurse (LPN) C of Resident 177's access sites revealed the following: - LPN C confirmed Resident 177 had 2 port dialysis catheter in the left subclavian vein, a 3-lumen catheter in the right femoral and the presence of a thrill (a vibration caused by blood flowing through a fistula) in the residents left antecubital area. Resident informed LPN C a failed dialysis access had been partially removed but part of it was in their elbow. -LPN C confirmed they had not known Resident 177 had anything in the left elbow area and confirmed they had not assessed Resident 177's femoral access device correctly and had not noticed it had 3 lumens. An interview with LPN C on 9-23-2024 at 8:19 AM confirmed there were no records of a Pre or Post Dialysis observation forms in Resident 177's EHR. An interview on 09/19/2024 at 11:22 AM with Licensed Practical Nurse A (LPN) revealed LPN A did not know where the dialysis access site was on Resident 177. An interview on 09/19/2024 at 11:38 AM with LPN B revealed LPN B did not know where Resident 177's dialysis access site was located. An interview on 09/19/2024 at 12:44 PM with LPN B confirmed an assessment of Resident 177 revealed the Resident had a wound to the upper right arm, AV fistulas (a surgically created connection between and artery and a vein that allows for long-term dialysis access) in both right and left arms and a dialysis catheter (a hollow tube that's used to access a patient's blood for dialysis treatment) in the upper left chest. An interview on 09/23/2024 at 8:19 PM with LPN C confirmed a dialysis pre and post observation should be completed for a resident who receives dialysis. LPN C confirmed the pre and post dialysis observation form had not been completed for Resident 177. LPN C confirmed they had assessed Resident 177 on Wednesday September 17 and Resident 177 had a 2-port dialysis catheter in their upper left subclavian (below the collar bone) and a 2-port dialysis catheter in the right femoral. An interview on 09/19/2024 at 1:46 PM with the Director of Nursing (DON) confirmed it was the DON's expectation that the floor nurses perform a complete assessment of the residents. The DON reported it was the expectation the nurses complete the pre and post dialysis assessments including identifying the presence of an unused dialysis catheter during their assessment. A record review of the Special needs policy revised on 1/2024 revealed the following: -To address special needs, this facility will provide the necessary care and treatment, including medical and nursing care, consistent with professional standards of practice and in accordance with physician orders, the comprehensive person-centered care plan and the residents' goals and preferences. (continued on next page)

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Emerald Nursing & Rehab Omaha	5505 Grover Street Omaha, NE 68106

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-This policy pertains to the following needs: parenteral fluids, respiratory care, prostheses and dialysis, Colostomy, Urostomy Ileostomy. -7: Medical conditions will be monitored and managed to prevent complication: -a. The attending physician will assume responsibility for the overall care and treatment of the residents' medical conditions.' -b. RNs (Registered Nurse) and LPNs will participate in the management of medical conditions by following physicians' orders, assessment of residents and reporting changes in condition to the residents' physicians. -c. Interventions will be modified in a resident's plan of care as needed. -8: Policies and procedures related to special needs will reflect current professional standards of practice. -a. All employees are responsible for following established policies and procedures. -b. Violation of policies and procedures will result in disciplinary action up to and including termination. -A record review of the facility Dialysis Transportation Policy revised 1/2024 revealed the following: -5: Fistula/Shunt site will be checked every shift for bruits, bleeding increased pain, and signs of infection.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. 49164 Licensure Reference Number 175 NAC 12.006.09 (H) Based on interview and record review the facility failed to ensure parameters were followed related to blood pressure medications resulting in unnecessary medication use for 1 (Resident 46) of 5 sampled residents. The facility census was 68. The findings are: Record review of Resident 46's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) revealed the facility staff assessed the following about the resident: - Brief Interview of Mental Status (BIMS, an assessment that aids in detecting cognitive impairment. A score of 0-7 equals severe impairment, 8-12 indicates moderate impairment and 13-15 indicates cognitively intact) score of 14 indicating intact cognition. -Diagnosis of orthostatic hypotension (also known as postural hypotension, is a sudden drop in blood pressure that occurs when standing up from a sitting or lying down position.), diabetes, bipolar disorder, left below the knee amputation. Record review of Resident 46's Medication orders revealed an order for Midodrine 5mg tablet (a medication used to treat orthostatic hypotension by causing blood vessels to tighten, which increases blood pressure.), take 1 tablet by mouth before meals. Do not give at bedtime and Hold if Systolic Blood Pressure (SBP, is the maximum pressure in your arteries when your heart contracts and pumps blood into the body. It's the first and higher number in a blood pressure reading, which is written as systolic pressure over diastolic pressure) is greater than 120. Record Review of Resident 46's Medication Administration Record (MAR) printed on 09-23-2024 revealed the following for the administration of Midodrine: -on 09-06-2024 at 7:00 AM SBP was 131 and medication was documented as administered and at 11:00 AM SBP was 148 and medication was documented as administered. -on 09-09-2024 at 7:00 AM SBP was 147 and medication documented as administered and at 11:00 AM SBP was 145 and documented as administered. -on 09-10-2024 at 7:00 AM SBP was 142 and medication was documented as administered and at 11:00 AM SBP was 134 and medication was documented as administered. -on 09-12-2024 at 5:00 PM SBP was 138 and medication was documented as administered. -on 09-16-2024 at 11:00 AM SBP was 143 and medication was documented as administered. -on 09-19-2024 at 5:00 PM SBP was 140 and medication was documented as administered. (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-09-22-2024 at 7:00 AM SBP was 162 and medication was documented as administered and at 11:00 AM at 11:00 AM SBP was 149 and medication was documented as administered. An interview with the Director of Nursing on 09-23-2024 at 2:33 PM confirmed the Midodrine medication was given when the physician's orders indicated the medication should have been held and Resident 46 was given a medication that was not necessary on those dates. Record review of the Facility's Policy: Medication Regimen Review dated 1-2024 revealed the following: - it is the facilities policy to provide a Medication Regimen Review (MRR) for all residents admitted to the nursing facility. -A MRR is a thorough evaluation of the medication regimen of a resident with the goal of promoting positive outcomes and minimizing adverse consequences associated with medication. The review includes preventing, identifying, reporting, and resolving medication-related problems, medication errors, or other irregularities and collaborating with other members of the interdisciplinary team. -Each residents' drug regimen remains free of unnecessary drugs. An unnecessary drug is any drug when used: -in excessive doses, including duplicate therapy. -for excessive duration. -without adequate monitoring -without adequate indications for its use. -in the presence of adverse consequences which indicate the dose should be reduced or discontinued.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 17285 Licensure Reference Number 175 NAC 12.006.11(D) Based on observation, interview and record review, the facility failed to follow the standardized recipe for Shepard's Pie to maintain the taste and nutritional value of the food and in accordance with the facility policy. This had the ability to affect all residents that ate food prepared in the facility kitchen. The facility census was 68. Findings are: Record review of a facility policy entitled; Food and Nutrition Management, Preparation Guidelines dated 11/17 revealed the following: 1. The cook, or designee, should prepare menu items following the facilities written menu's and standardized recipes. Record Review of the planned facility Menu for Wednesday, 09/18/24, included Shepard's Pie as the entree. Observation on 09/18/24 between 10:30 AM and 10:55 AM revealed [NAME] D had began preparing Shepherds Pie for the lunch meal. Observation revealed that the Shepard Pie was partially done, with browned hamburger, onions and green beans layered into a large baking pan. [NAME] D prepared 1 large package of instant mashed potatoes with butter and milk. [NAME] D placed the prepared, unmeasured mashed potatoes on top of the green beans, added an unmeasured amount of shredded cheese on top of the mashed potatoes, then added an unmeasured amount of parsley and paprika on top to finish the Shepard's Pie. [NAME] D placed the large pan of prepared Shepard's Pie into the oven to bake. Observation, during the preparation of the Shepard's Pie, revealed that no written, standardized recipe was out on the counter or consulted during the preparation of the Shepard's Pie. Record review of the DiningRD.com recipe for Shepard's Pie, used by the facility as their standardized recipe, revealed the ingredients for the entree to make 60 servings were as followed: - Onions: 3 3/4 cup - Margarine: 2 1/2 ounces - Beef, ground: 18 pounds [lbs], 7 ounces - Salt: 3 tablespoons, 2 teaspoons - Pepper: 2 teaspoons - Carrots, fresh, diced: 1 pound, 14 ounces. - Tomatoes, diced, canned or crushed: 1 1/4 Number 10 can (continued on next page)

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- Flour: 2 cups - Water: 2 cups - Peas, green frozen: 10 pounds - Potatoes, mashed, instant prepared: 1 gallon, 1 quart - Cheese, cheddar, shredded 1 pound The recipe identified that one 3 inch by 3 inch portion size provided the following nutritional values: - Kcal [calories]: 470.767 Kcal - Protein: 27.413 grams - Carbohydrates: 35.543 grams - Fat: 24.510 grams Interview on 09/19/24 at 09:40 AM with [NAME] D confirmed that the recipe for the Shepherds Pie, prepared on 9/18/24, had not been followed or consulted. [NAME] D confirmed that the peas, carrots and tomatoes had been substituted with green beans because [NAME] D believed the green beans tasted better in Shepard's Pie. [NAME] D confirmed the parsley and paprika had been added for taste. Interview on 09/23/24 at 08:52 AM with the Dietary Manager [DM] confirmed that [NAME] D should have followed the written recipe for the Shepard's Pie entree served on 9/18/24. The DM confirmed that substituting vegetables could affect the taste and, potentially, the nutritional value of the Shepard's Pie. Interview on 09/23/24 at 09:12 AM with the Director of Nursing confirmed that all residents that resided in the facility ate foods prepared in the facility kitchen.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 17285 Licensure Reference Number 175 NAC 12-006.11 E Based on observation, record review and interview; the facility failed to perform hand washing and gloving during food preparation in the facility kitchen and failed to maintain equipment in a clean manner to prevent the potential for food borne illness. This had the potential to affect all residents that ate food prepared in the facility kitchen. The facility census was 68. Findings are: A. Observation on 09/18/24 between 07:15 AM and 07:45 AM revealed [NAME] D prepared egg and cheese biscuit sandwiches. [NAME] D left the food preparation area for a few minutes and, prior to returning to the food preparation area, performed hand washing for 10 seconds. Observation on 09/18/24 between 10:30 AM and 10:55 AM, during food preparation of the lunch meal entree revealed [NAME] D prepared the lunch meal entree. At 10:35 AM, [NAME] D left the food preparation area and the kitchen to bring juice to a resident at the request of a nurse. At 10:45 AM, [NAME] D returned to the kitchen, performed a 12 second hand wash , donned new gloves and returned to the food preparation area. Observation on 09/18/24 between 11:25 AM and 11:45 AM revealed [NAME] D performed hand hygiene for 10 seconds and donned clean gloves. [NAME] D prepared puree Shepard's Pie in a Robo Coup [electric blender] to a smooth mashed potatoes consistency. [NAME] D scooped the puree food into a pan, covered it and placed it onto the steam table. Wearing the same gloves and with no hand hygiene performed, [NAME] D took the soiled Robo coup and pan to the soiled dish area. [NAME] D put the Robo coup equipment through the wash and rinse cycle in the facility dish machine. [NAME] D removed and reassembled the Robo coup while it was still wet. Wearing the same gloves and with no hand hygiene performed, [NAME] D prepared puree spinach in the Robo coup to a smooth mashed potatoes consistency. [NAME] D placed the spinach into a pan, covered and placed it onto the steam table. Wearing the same gloves and with no hand hygiene performed, [NAME] D got several clean scoops out of a drawer for the foods on the steam table and placed them into the pans of food on the steam table. [NAME] D took soiled Robo coup, pan and scoop used for the puree foods into the dish room, cleaned up the food preparation area and threw away trash. [NAME] D removed and discarded the soiled gloves and used sanitizer solution to clean the counter of the food preparation area. Observation on 09/19/24 between 10:00 AM and 10:05 AM revealed [NAME] D doing dishes in the soiled dish room. [NAME] D left the dish room and, with no hand hygiene performed, went to the food preparation area and stirred meat (hamburger) cooking on the stove. [NAME] D returned to the dirty dish area and resumed doing dishes. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Observation on 09/19/24 between 10:25 AM and 10:40 AM revealed [NAME] J made 2 salads. With gloves in place, DA J used gloved hands to place lettuce on 2 plates. Wearing the same gloves, [NAME] J opened the refrigerator (touched the door handle) and removed a container of cheese. [NAME] J removed the gloves, went to the refrigerator and got a tomato. [NAME] J rinsed the tomato under running water, got a knife and a cutting board. With no hand wash performed, [NAME] J donned new gloves, cut the tomato and placed the cut pieces onto the top of the lettuce. [NAME] J wrapped the portion of unused tomato with plastic wrap, set it on the food preparation counter and took the knife and the cutting board to the dirty dish area. Wearing the same gloves and with no hand hygiene performed, [NAME] J got a new knife and a new cutting board, opened the refrigerator ((touched the door handle) and got out a bag of prepared lunch meat. Wearing the same gloves with no hand hygiene performed, [NAME] D touched the meat with gloved hands, cut the portions of lunch meat into pieces and placed the meat onto the salads. [NAME] J then resealed the bag of meat and placed it onto the food preparation counter. With no hand hygiene performed and wearing the same gloves, [NAME] J took the knife and cutting board to the soiled dish room. With no hand hygiene performed, [NAME] J removed 1 glove on the right hand, donned a new glove and used the gloved hand to place shredded cheese on the salad. With no hand hygiene performed, [NAME] J removed the right hand glove, donned a new right hand glove, opened the refrigerator and removed a bag of hard boiled eggs. [NAME] J removed an egg from the bag of hard boiled eggs and cut 1 egg with the egg slicer. With no hands hygiene and wearing the same gloves, [NAME] J retied the bag of eggs closed, placed them with the cheese container and left over tomato, picked them up and placed all the items into the refrigerator. [NAME] J removed the soiled gloves and applied new gloves with no hand hygiene performed. [NAME] J wrapped the salads with plastic wrap, removed the gloves, dated the salads, and placed into the reach in cooler by the serving table. With no hand hygiene performed, [NAME] J returned to the food preparation area. Interview on 09/23/24 at 08:52 AM with the Dietary Manager [DM] revealed that the facility expectation for hand washing in the kitchen is 20 seconds. The DM confirmed that staff are expected wash hands between clean and dirty tasks, if they leave the food preparation area, they should wash hands before coming back to the prep area. Record review of a facility policy entitled Preventing Food Borne Illness - Employee Hygiene and Sanitary dated January 2024 revealed the following information: Food service employees shall follow appropriate hand hygiene and sanitary procedures to prevent spread of food borne illness. 6. Employees must wash hands: - c. whenever entering or re-entering the kitchen - d. Before coming into contact with any food surfaces - e. After handling raw meat, poultry or fish and when switching between working with raw foods and working with ready to eat foods. - f. after handling soiled equipment or utensils - g. During food preparation, as often as necessary to remove soil and contamination when changing tasks and/or (continued on next page)

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	285097	A. Building B. Wing	09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	- h. After engaging in other activities that contaminate the hands. 10. Gloves are considered single use items and must be discarded after completing the task for which they are used. The use of disposable gloves does not substitute for proper hand washing. B. Record review of the Nebraska Food Code dated July 2016 section 4-602.12 revealed that non-food contact surfaces of equipment shall be cleaned at a frequency necessary to prevent the accumulation of soil residues. Observation on 9/18/24 between 07:15 AM and 07:45 AM during the initial kitchen tour, and on 09/23/24 between 09:15 AM and 09:30 AM with the DM revealed the following sanitation concerns in the food preparation areas of the facility kitchen: - A circulation fan inside the walk in cooler was coated with a dark gray fuzzy substance that resembled dust. The fan was on and blew the particles around the cooler. Pieces of the dark fuzzy substance were adhered to the walls of the cooler. - The ventilation hood and lights above the facility stove and oven were coated with a greasy substance. - A large air conditioning [AC] unit surface was covered with a reddish substance which resembled rust. It was turned on, functional and was positioned so the air blew toward the food preparation area, stove and ovens. Condensation was observed to be dripping from the surface of the air conditioning unit. Observation on 9/18/24 at 10:40 AM, during the food preparation of the lunch meal entree, revealed that the AC unit blew condensation water particles into the center of the food preparation area as [NAME] D was preparing the meal entree. [NAME] D asked Dietary Aide H to drain the unit as it was spewing particles of water into the food preparation area of the facility kitchen. [NAME] D reported that the AC unit had just been fixed, but still had some problems with condensation when it was full and hadn't been drained recently. Interview on 09/23/24 at 08:52 AM with the DM confirmed the circulation fan, ventilation hood and lights, and the large AC unit concerns identified needed to be cleaned and/or repaired. The DM was unable to provide cleaning or maintenance work orders for the identifed areas of concerns. Interview on 09/23/24 at 09:12 AM with the Director of Nursing confirmed that all residents that resided in the facility ate foods prepared in the facility kitchen.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50106 License Reference Number 175 12.006.18(B), 12.006.18(D), and 12.006.19(A) Based on observation, interviews, and record reviews, the facility failed to perform hand hygiene in a manner to prevent cross contamination during skin care for Resident 1, failed to identify a resident on Enhanced Barrier Precautions for Resident 1, failed to provide bags to secure oxygen tubing in a manner that prevents the potential for cross contamination for 2 Residents (Residents 41 and 23), and failed to utilize PPE for a resident on Enhanced Barrier Precautions during wound care for Resident 48. The Facility identified a census of 68. Findings are: A. Record review of Facility Policy entitled: Isolation-Categories of Transmission-Based Precaution dated 1/2024- Enhanced Barrier Precautions (EBP): An infection control intervention designed to reduce transmission of multi-drug-resistant organisms (MDROs, microorganisms that are resistant to one or more types of antibiotics making them difficult to treat and spread quickly) in nursing homes. EBP involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices). EBP expand the use of gown and gloves beyond anticipated blood and body fluid exposures. They focus on use of gown and gloves beyond anticipated blood and body fluid exposures. They focus on use of gown and gloves during high-contact resident care activities that have been demonstrated to result in transfer of MDROs to hands and clothing of healthcare personnel, even if blood and body fluid exposure is not anticipated. EBP are recommended for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices). Standard Precautions still apply while using EBP. For example, if splashes and sprays are anticipated during the high-contact care activity, face protection should be used in addition to the gown and gloves. B. Record review of Facility Policy entitled: Infection Control Standard Precautions-Handwashing dated 1/2024 revealed: Policy Statement: This facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation: 1. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections. 2. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, resident, and visitors. 3. Hand hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub, etc.) shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies. 4. Triclosan-containing soaps will not be used. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5. Resident, family members and/or visitors will be encouraged to practice hand hygiene through the use of fact sheets, pamphlets and/or other written materials provided at the time of admission and/or posted throughout the facility. 6. Wash hands with soap (antimicrobial or non-antimicrobial) and water for the following situations: -When hands are visibly soiled; and -After contact with a resident with infectious diarrhea including, but not limited to infections caused by norovirus, salmonella, shigella, and C. difficile. 7. Use and alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: -Before and after coming on duty. -Before and after direct contract with resident. -Before preparing or handling medications. -Before performing any non-surgical invasive procedures. -Before and after handling an invasive device (e.g., urinary catheters, IV access sites). -Before donning sterile gloves. -Before handling clean or soiled dressing, gauze pads, etc. -Before moving from a contaminated body site to a clean body site during resident care. -After contact with a resident's intact skin. -After contact with blood or bodily fluids. -After handling used dressings, contaminated equipment, etc. -After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident. -After removing gloves. -Before and after entering isolation precaution settings. -Before and after eating or handling food. -Before and after assisting a resident with meals; and -After personal use of the toilet or conducting your personal hygiene. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Hand hygiene is the final step after removing and disposing of personal protective equipment. 8. The use of gloves does not replace handwashing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare associated infections. 9. Single-use disposable gloves should be use: -Before aseptic procedures. -When anticipating contact with blood or body fluids; and -When in contact with a resident or the equipment or environment of a resident, who is in contact precautions. 10. Wearing artificial fingernails is strongly discouraged among staff members with direct resident-care responsibilities and is prohibited among those caring for severely ill or immunocompromised resident. C. Record review of Facility Policy entitled: Infection control Considerations, related to Oxygen Administration dated 9/2024 revealed the following: 1. Obtain equipment (i.e. oxygen tubing, reservoir, and distilled water). 2. Use distilled water for humidification per facility protocol. 3. [NAME] bottle with date and initials upon opening and discard after 24-hours. 4. Check water levels of refillable humidifier units daily. If the water level falls below the fill line: -Discard residual solution. -Pour a small amount of distilled water into the reservoir and swish around to rinse all surfaces. -Discard water. -Refill with distilled water to fill line. -Change the reservoir ever 48-hours and disinfect with 2% alkaline. 5. Change pre-filled humidifier when the water level becomes low. 6. Change the oxygen cannula and tubing every 7 days, or as needed. 7. Keep the oxygen cannula and tubing used in a plastic bag when not in use. (continued on next page)

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 09/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Emerald Nursing & Rehab Omaha	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.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	8. Wash filters from oxygen concentrators every seven days with soap and water. Rinse and squeeze dry. 9. Wash hands after manipulation. D. Record review of Resident 1's Face Sheet dated 9/19/2024 revealed an admitted [DATE]. Record review of Resident 1's Face Sheet revealed a diagnosis of Extended Spectrum Beta Lactamase (ESBL, an enzymes produced by some bacteria that make them resistant to many antibiotics, including penicillin and cephalosporins) resistance and a personal history of Methicillin Resistant Staphylococcus Aureus Infection (MRSA, an infection caused by a type of staph bacteria that becomes resistant to many of the antibiotics used to treat ordinary staph infections). Included in the list of MDROs are ESBL and MRSA. Record review of Resident 1 Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 6/30/2024 revealed Resident 1 had a Brief Interview for Mental Status (BIMS, a brief screening tool that aids in detecting cognitive impairment) score of 14. According to the MDS manual, a BIMS score of 13-15 indicated Resident 1 was cognitively intact. Resident 1's functional abilities were: Eating-set up/clean up assist, bed mobility-partial/moderate assist, toileting and transfers-dependent on facility staff. Observation on 9/19/24 at 7:53 AM revealed no EBP signage outside of Resident 1's door. Observation on 9/23/24 at 7:10 AM revealed no EBP signage outside of Resident 1's door. Observation on 9/23/24 at 7:51 AM revealed no EBP signage outside of Resident 1's door. Observation on 09/23/24 at 7:51 AM Nurses' Aide-I (NA-I) and Licensed Practical Nurse-B (LPN-B). NA-I did hand hygiene (HH) by washing hands with soap and water in the sink for 24 second and donned clean gloves. NA-I did not don a gown before care was to be provided. NA-I obtained a wet towel, cleaned the abdominal fold on the right side, using a clean edge of the towel with each swipe. On the right-side abdominal fold, a superficial open area was noted to be approximately 2 cm x 0.5 cm in the mid area of the fold. NA-I placed the soiled towel in a bag and obtained another clean towel without benefit of HH. Both sides of the abdominal folds were red with no odor noted. NA-I cleaned the left side of the abdominal fold using a clean area of the towel with each swipe. NA-I removed the soiled completed HH with hand sanitizer and applied clean gloves. Interview of NA-I on 9/23/24 at 8:10 AM confirmed NA-I did not do HH when completed with right side abdominal fold care and before beginning the left side abdominal fold care. Interview with Director of Nursing (DON) on 9/23/24 at 2:30 PM confirmed Resident 1 should have had EBP in place as Resident 1 had a diagnosis of ESBL and MRSA. E. Record review of Resident 23's Face Sheet dated 9/19/24 revealed an admitted [DATE]. Resident 23's diagnosis listed on the Face Sheet identified the following: Chronic Obstructive Pulmonary Disease (COPD) with acute exacerbation, obesity, Post-Traumatic Stress Disorder (PTSD), paranoid schizophrenia, depression, obstructive sleep apnea, hypertension, and colostomy placement. (continued on next page)

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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.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident 23's MDS dated [DATE] revealed a BIMS score of 13. According to the MDS manual, BIMS score of 13-15 indicated Resident 13 was cognitively intact. Resident 23 functional abilities were: Eating-set up/clean up assist, bed mobility-substantial/maximum assist, toileting and transfers-dependent. Record review of Order Summary for Resident 23 dated 12/1/2023 revealed an order for Oxygen (O2) as needed to keep O2 saturations (the amount of O2 carried by red blood cell and is measured with a medical device that clips to the finger called a pulse oximeter) greater than 90%, use no more than 4 liters of O2. Observation on 09/18/24 at 03:19 PM revealed Resident 23 had an O2 concentrator. The tubing to the O2 concentrator was wrapped around the concentrator and tucked into the handle at the top of the concentrator. There was no bag present for the tubing to be placed inside. Observation on 09/19/24 at 10:24 AM revealed Resident 23's O2 tubing was laying on the floor. Observation on 09/19/24 at 1:07 PM revealed Resident 23's O2 tubing is laying on the floor. Interview on 09/19/24 at 2:29 PM, the DON confirmed Resident 23's O2 tubing should not be on the floor and the tubing should have been in a bag when not in use. F. Record review of Resident 41's Face Sheet dated 9/19/2024 revealed an admitted [DATE]. Resident 41's medical diagnosis listed on the Face Sheet identified: Osteoarthritis of hip, diabetes, COPD, hypertension, major depressive disorder, and hypothyroidism. Record review of Resident 41's MDS dated [DATE] revealed Resident 41 is rarely/never understood. Staff Assessment of Mental Status revealed Resident 41 had Short-term memory problems, but Long-term memory was OK. Resident could normally recall the current season, location of own room, staff name and faces, and that they were in a nursing home. Resident 41 uses a wheelchair for locomotion. Resident 41's functional abilities were as follows: eating-setup or clean-up assistance, toileting-supervision or touching assistance, bed mobility and transfer-dependent on facility staff. Record review of Resident 41's Order Summary dated 4/30/2023 revealed an order for O2 at 2 liters as needed to keep O2 saturations above 90%. Observation on 09/19/24 at 7:50 AM of Resident 41's O2 tubing was hanging over the O2 concentrator, no bag was present to store the O2 tubing. Observation on 09/19/24 at 10:25 AM of Resident 41's O2 tubing was rolled up and hanging on the O2 concentrator, no bag was present to store the O2 tubing. Observation on 09/19/24 at 1:25 PM of Resident 41's O2 tubing rolled up and hanging on the O2 concentrator, no bag was present to store the O2 tubing. Interview on 09/19/24 at 2:29 PM, the DON confirmed Resident 41's O2 tubing should have been placed inside a bag when not in use. 49164 (continued on next page)

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NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Omaha		STREET ADDRESS, CITY, STATE, ZIP CODE 5505 Grover Street Omaha, NE 68106	

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	F. Record Review of Resident 48's Minimum Data Set, dated dated dated [DATE] revealed the facility staff assessed the following about the resident: -Brief Interview of Mental Status (BIMS, an assessment that aids in detecting cognitive impairment. A score of 0-7 equals severe impairment, 8-12 indicates moderate impairment and 13-15 indicates cognitively intact) score of 10 indicating moderate cognitive impairment. -Required moderate assistance with bed mobility. -Required total assistance with hygiene, bathing, toileting, dressing and transfers. -was frequently incontinent of bowel and bladder -currently had a pressure ulcer. Record review of a facility map used to identify rooms where Enhanced Barrier Precautions (EBP, an infection control intervention that is used in nursing homes that aims at reducing the spread of Multi-Drug Resistant Organisms) were in use updated on 09-19-2024 revealed Resident 48 was on EBP for a wound. An observation on 09-23-2024 at 12:00 PM of Licensed Practical Nurse B performing wound care for Resident 48 revealed a sign on door to the resident's room had a small orange sign with EBP on it. Inside the room was a cart with gowns and gloves in it. LPN B gathered supplies and entered the room and placed a paper towel on the bedside table and set the wound care supplies on it. After hand hygiene, LPN B applied clean gloves and removed the old dressing, cleansed the wound and patted dry. LPN B removed soiled gloves and used alcohol-based hand rub for hand hygiene and applied clean gloves and proceeded to dress the wound. An interview on 09-23-2024 at 12:10 PM with LPN B revealed EBP stood for Enhanced Barrier Precautions and confirmed a gown and gloves should have been worn during wound care for Resident 48. Record review of the facility policy titled Multi-Drug Resistant Organisms (MDRO stands for multi-drug-resistant organism, which is a term used to describe bacteria that are resistant to one or more classes of antibiotics) Personal Protective Equipment (PPE)-Enhanced Barrier Precautions revealed the following: Policy Statement- Enhanced Barrier Precautions (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 activities. -EBP may be indicated for residents with any of the following: -Chronic Wounds or indwelling medical devices, regardless of MDRO colonization status -Infection or colonization with an MDRO. -examples of chronic wounds include pressure ulcers, diabetic foot ulcers, unhealed surgical wounds and venous stasis ulcers. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities: -Dressing -bathing/showering -transferring -providing hygiene -changing linens -changing briefs or assisting with toileting -device care and use -wound care. An interview with the DON on 09-23-2024 at 3:30 PM confirmed Resident 48 was on EBP for a pressure wound and agreed a gown should have been worn.