

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285098	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER Good Samaritan Society - Millard		STREET ADDRESS, CITY, STATE, ZIP CODE 12856 Deauville Drive Omaha, NE 68137	

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 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>49164</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)</p> <p>Based on interview and record review the facility failed to perform neurological checks after a fall for 2 (Resident 1 and 3) of 4 residents sampled. The facility census was 59.</p> <p>The findings are:</p> <p>A.</p> <p>Record review of Resident 1's Electronic Health Record (EHR) revealed Resident 1 had an unwitnessed fall on 02-01-2025.</p> <p>Record review of Resident 1's Neuro Vital Sign Sheet Report (NVSSR) dated 02-01-2025 revealed at the top of the sheet instructions that after the completion of the initial neurological evaluation with vital signs, continue with evaluations every 30 minutes for 4 sets, then every 8 hours for the next 3 days. Furthermore, the NVSSR only had vital signs logged on the form.</p> <p>An interview with Registered Nurse (RN) H on 02-24-2025 at 7:50 AM revealed when performing neurological checks, the first check is completed when the fall occurred and then every 30 minutes for 4 sets, then every 8 hours for 3 days. Additionally, the vital signs are charted on the NVSSR and the remainder of the assessment is to be charted into the EHR.</p> <p>Record review of Resident 1's assessments titled Neuro (Neurological) Check revealed 2 entries dated 02-01-2025 and one dated 02-02-2025.</p> <p>B.</p> <p>Record review of Resident 3's EHR revealed Resident 3 had an unwitnessed fall on 01-31-2025.</p> <p>Record review of Resident 3's NVSSR dated 01-31-2025 revealed only vital signs were logged on the form.</p> <p>Record review of Resident 3's assessments titled Neuro Check revealed only 2 entries dated 01-31-2025.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the facility's policy Neurological Evaluation-Rehab/Skilled revealed the following:</p> <p>-the purpose of the policy is to establish a baseline neurological status upon which subsequent evaluations may be compared and changes in neurological status may be determined.</p> <p>Use the neurological evaluation following a witnessed fall when a resident has hit the head, following an unwitnessed fall, and following a resident event that results in a known or suspected head injury.</p> <p>An interview with the Director of Nursing (DON) on 02-24-2025 at 7:52 AM confirmed the Neuro Check entries in the EHR should match the vital signs on the NVSSR and confirmed that the Neuro Check evaluation was not completed at the appropriate intervals for Resident 1 and 3.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49164</p> <p>Licensure Reference Number 12-006.09 (l)(i)(3).</p> <p>Based on observation, interview and record review the facility failed to implement fall interventions for 2 (Resident 3 and 4) of 4 residents sampled. The facility census was 59.</p> <p>The findings are:</p> <p>A.</p> <p>Record review of Resident 3's Minimum Data Set (MDS; a federally mandated assessment tool used for care planning) dated 12-18-2024 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> -Brief Interview of Mental Status (BIMS), a brief screen that aids in detecting cognitive impairment, was scored as a 4. According to the MDS Manual a score of 0-7 indicates severe cognitive impairment. -required moderate assistance with toileting, bathing and lower body dressing -required supervision assistance with transfers. <p>Record review of Resident 3's care plan printed on 02-20-2025 revealed Resident 3 had a fall on 12-25-2024 and the intervention put into place to prevent further falls was to have the call light secured to the bed with Velcro.</p> <p>An observation on 02-20-2025 at 10:55 AM revealed Resident 3 was lying in bed on the left side and the call light cord that is not secured to the bed with Velcro.</p> <p>An observation on 02-20-2025 at 12:45 PM revealed Resident 3 was lying in bed and the call light was not secured to the bed with Velcro.</p> <p>An interview with Registered Nurse (RN) D on 02-20-2025 at 12:50 PM confirmed the call light was not in secured.</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"> -BIMS was scored as a 9. According to the MDS Manual a score of 8-12 indicates moderate cognitive impairment. -required maximum assist with bathing <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-required moderate assist with personal hygiene and bed mobility.</p> <p>-required supervision with transfers.</p> <p>Record review of Resident 4's care plan printed on 02-20-2025 revealed Resident 4 had a fall on 12-25-2024 and the intervention put into place to prevent further falls was to have the call light secured to the bed with Velcro for ease of access.</p> <p>An observation on 02-20-2025 at 10:50 AM revealed Resident 4 was asleep in the recliner. The call light is not secured to the bed with Velcro. It is lying on the bed.</p> <p>An observation on 02-20-2025 at 1:30 PM revealed Resident 4 was sitting in his recliner and the call light is laying on the bed not secured with Velcro.</p> <p>An interview on 02-20-2025 at 1:35 PM with Nurse Aid E revealed Resident 4 was to have the call light secured with Velcro and confirmed it wasn't.</p> <p>Record review of the Facility Policy Falls Resource Packet dated 05/07/2025 revealed Fall reduction efforts include:</p> <ul style="list-style-type: none"> -Communicating with the resident, family and visitors: -to identify fall risk factors and implement interventions to reduce falls. -communicating residents' fall risk and reduction efforts to employees: <p>Through shift report, employee meetings and in-services and care conferences.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>49164</p> <p>Licensure Reference Number 12-006.12(D)(i)</p> <p>Based on observation, interview and record review the facility failed to ensure the treatment carts on the 200 and 500 halls were secure while left unattended. The facility census was 59.</p> <p>An observation on 02-20-2025 at 1:20 PM revealed an unlocked treatment cart on the 200 Hall.</p> <p>An interview on 02-20-2025 at 1:25 PM with Registered Nurse (RN) D revealed insulin (a medication used to treat Diabetes) was stored in the treatment cart and confirmed the treatment cart was unlocked and should have been when left unattended.</p> <p>An observation on 02-20-2025 at 1:34 PM revealed an unlocked treatment cart on the 500 Hall.</p> <p>An interview on 02-20-2025 at 1:40 PM with RN F revealed insulin was stored in the treatment cart and confirmed the treatment cart was unlocked and should have been when left unattended.</p> <p>Record review of the facility policy titled Medications: Acquisition Receiving Dispensing and Storage dated 03-29-2024 revealed under section 5 the following:</p> <p>Medications will be stored in a locked medication cart, drawer or cupboard. Only the person passing medications and the director of nursing services and/or designee will be permitted to have access to the keys to the medication storage areas.</p>