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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                     | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>285098 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                  | (X3) DATE SURVEY COMPLETED<br><br>11/21/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Good Samaritan Society - Millard |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>12856 Deauville Drive<br>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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
|---|--|
| <p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>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.</p> <p>47733</p> <p>Licensure Reference Number 175 NAC 1-009.04(i)</p> <p>Based on record review, observation, and interview, the facility staff failed to maintain water temperatures in resident handwashing sinks to prevent the potential for hot water burns. This effected 6 of 62 residents (Resident 2, 13, 33, 36, 41 and 42). The facility identified a census of 62.</p> <p>Findings are:</p> <p>Observations on 11/18/2024 at 9:38 AM-10:30 AM revealed the following water temperature in residents hand washing sink:</p> <ul style="list-style-type: none"> <li>-Resident 36's water temperature was 128 degrees Fahrenheit.</li> <li>-Resident 41,42,13, and 33's water temperature was 122.3 degrees Fahrenheit.</li> </ul> <p>Observation with the Maintenance Director ( MD), Administrator, and Maintenance Technician Assistant (MTA)-C on 11/18/2024 between 12:52-1:26 PM revealed the following water temperatures in resident hand washing sinks:</p> <ul style="list-style-type: none"> <li>-Resident 36's water temperature was 130.1 degrees Fahrenheit.</li> <li>-Resident 41's water temperature was 130.0 degrees Fahrenheit.</li> <li>-Resident 13 and 33's water temperature was 129.0 degrees Fahrenheit.</li> <li>-Resident 2's water temperature was 130.7 degrees Fahrenheit.</li> </ul> <p>Interview with the MD, Administrator and MNT-C on 11/18/2024 at 1:30 PM revealed the MNT-C had been using an inferred thermometer for resident room water temperatures. MD reported to MNT-C the thermometer being used was incorrect. The MD and ADM confirmed the water temperatures in the resident rooms are above the temperatures of 110-115 degrees Fahrenheit.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Record review of the Facility policy titled Plumbing Systems, Resource Packet dated 1/17/2024, identifies Boilers water Heaters and Thermostatic mixing valves (TMVs)-R/S. LTC Senior Living.</p> <p>Hot Water Systems- R/S. LTC, Senior Living.</p> <p>Legionnaires Disease and Water Management Program- R/S. LTC</p> <p>Water temperatures- R/S. LTC, Senior Living, Outpatient Therapy</p> <p>Good Samaritan Society locations monitor water temperatures in the water systems to maintain max hot water temperatures within a range that provides both comfort and safety. Water temperatures must be compliant with all existing federal, state, and local statutes.</p> <p>Procedure:</p> <p>Monitoring Water Temperatures (Rehab/Skilled locations)</p> <ol style="list-style-type: none"> <li>1.) It is recommended that one room close to the hot water source and one room further away from the hot water source be monitored per week per wing. The room selection should vary from week to week.</li> <li>2.) The time of day that the temperatures are taken should also vary to ensure that they the desired temperature range is achieved under various hot water demand conditions.</li> <li>3.) Use the appropriate thermometer that is periodically calibrated (when calibrated these thermometers are typically accurate to 1 to 2 degrees Fahrenheit).</li> <li>4. Let the hot water run from the faucet for two to three minutes.</li> <li>5. Insert the stem into the stream of hot or cold running water so that the sensor is fully immersed for approximately 15 seconds to achieve the accurate temperature.</li> </ol> <p>The recommended hot water (HW) temperature range for domestic water is 110 degrees to 115 degrees Fahrenheit.</p> |

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| <p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>45614</p> <p>Licensure Reference Number 175 NAC 12-006.09(G)(ii)</p> <p>Based on record review and interview; the facility staff failed to provide a Transfer Discharge notification for 1 (Resident 18) of 1 resident. The facility had a census of 62.</p> <p>Findings are:</p> <p>A record review of Resident 18's progress notes revealed the resident had been sent to hospital on 7/5/2024 following a fall.</p> <p>Record review of Resident 18's medical record that included progress notes, faxes, demographic sheets and practitioner ordered revealed the was no evidence the facility staff had provided a Transfer Discharge notice to the resident or their responsible part.</p> <p>An interview on 11/20/2024 at 2:11 PM with the Facility Administrator confirmed a transfer discharge notification was not completed for Resident 18</p> <p>Record review of the facility Discharge and Transfer Policy reviewed/revised 01/03/24 revealed the following information:</p> <p>-Policy</p> <p>-Before a location transfers or discharges a resident, the location must:</p> <p>1. Notify the resident and the residents' representative of the transfer or discharge and the reason for the move in writing and in a language and manner they understand. The Notification of Transfer or Discharge or other state required form, will serve as the written notice to be given to the resident or the residents representative.</p> <p>Note: When a resident is temporarily transferred on an emergency basis to an acute care center this type of transfer is considered to be a facility-initiated transfer and a notice of transfer must be provided to the resident and resident representative as soon as practicable before the transfer.</p> <p>-Transfer to Hospital</p> <p>3. The social-worker or designated individual will:</p> <p>b. Complete the Notification of Transfer or Discharge. (NOTE) The charge nurse is responsible for completion of notification procedures if the transfer occurs at a time social services is not at the location.</p> |   |  |

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| <p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>45614</p> <p>Licensure Reference Number 175 NAC 12-006.10</p> <p>Based on record review and interview; facility staff failed to ensure 1 (Resident 18) of 5 residents was free of duplicate medication orders (orders for two or more identical medications or same therapeutic class). The facility had a census of 62.</p> <p>Findings are:</p> <p>A record review of Resident 18's Minimum Data Set (MDS -a federally mandated process for assessing the health needs and functional capabilities of residents in nursing homes) revealed Resident 18 had a Brief Interview for Mental Status (BIMS - a mandatory tool used to identify the cognitive function of a resident in a nursing home) of 12, which indicated Resident 18 is moderately cognitively impaired.</p> <p>A record review of Resident 18's electronic health record (EHR) revealed the following diagnoses: Adult failure to thrive, Bipolar disorder, Anxiety disorder, History of falling, Chronic Kidney Disease, stage 3, legal blindness.</p> <p>A record review of Resident 18's EHR revealed the following medication orders:</p> <p>-Acetaminophen Extra Strength Tablet 500 MG. Give 500 milligrams (mg) by mouth every 6 hours as needed for Pain Acetaminophen not to exceed 3,000 mg per day with a order start date of 7/9/2024.</p> <p>-Acetaminophen Extra Strength Tablet 500 MG. Give 500 mg by mouth four times a day for Pain Acetaminophen not to exceed 3,000 mg per day with a order start date of 8/31/2023.</p> <p>-Acetaminophen Tablet 325 MG Give 650 mg by mouth every 4 hours as needed for Pain. Acetaminophen not to exceed 3,000 mg per day with a order start date of 7/6/2024.</p> <p>An interview on 11/21/2024 at 10:42 AM with the Director of Nursing (DON) confirmed Resident 18 had three separate orders for Acetaminophen. The DON confirmed those medications would be considered duplicate therapy.</p> |