STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285127	A. Building B. Wing	05/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Health of Omaha	1540 North 72nd Street Omaha, NE 68114

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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50106 License Reference Number 175 NAC 12-006.12B Based on interviews and record review, the facility failed to ensure a documented rationale was provided by the physician for an as needed psychotropic medication for an order of longer duration than two-week period for 1 (Resident 29) of 5 sampled resident. The facility identified a census of 83. The findings are: A record review of the Resident 29's census sheet revealed an admitted [DATE]. A record review of Resident 29's undated Diagnosis Sheet listed the following diagnoses: Mitochondrial metabolism disorder, unspecified, chromosomal abnormality, cyclical vomiting, congenital insufficiency of aortic valve-Bicuspid aortic valve, respiratory disorder, anemia, hypertension, diaphragmatic hernia with obstruction, pneumonitis, due to inhalation of food and vomit, obstructive sleep apnea, atrial septal defect, constipation, disturbances of salivary secretion, and insomnia. A record review of Resident 29's Minimum Data Set (MDS, a federally mandated assessment tool used for care-planning) dated 2/20/24 revealed the resident to be [AGE] years old. Resident had short- and long-term memory problems. Resident's ability to make daily decisions was identified as severely impaired. Resident 29 had no physical or verbal behaviors, nor any rejection of care issues. The resident did routinely take an antipsychotic (a medication used to reduce or relive symptoms of psychosis), antidepressant and an anticoagulant (a blood thinner). A record review of Resident 29's Physician's Order revealed an order for Lorazepam (psychotropic medication in the class of anti-anxiety medication, used to treat anxiety) 2 milligrams (mg) per milliliter (ml) intravenous (IV medication given in the vein), dilute in minimum of 1:1 with normal saline every 6 hours as needed for excessive drooling and retching. The start date for the Lorazepam was 07/21/2023 with no stop date. A record review of Resident 29's Pharmacy Consults since July of 2023 throught April of 2024 revealed no review for the use of the as needed Lorazepam for cyclic vomiting was mentioned. An interview with the Director of Nursing (DON) on 05/13/24 at 1:31 PM revealed there was no documented rationale for the use of the as needed Lorazepam for longer than 2-week was available. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview on 05/14/24 12:18 PM with the IV Medication Pharmacist confirmed the pharmacy did not have a documented rationale for the use of the as needed Lorazepam for longer than 2 weeks. An interview on 05/14/24 at 12:19 PM to the Pharmacy Consultant confirmed the facility did not have a documented rationale for the use of the as needed Lorazepam longer than a 2-week period.

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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. 49164 Licensure Reference Number NAC 175 12.006.17B Based on observation, interview and record review; the facility staff failed to wear a gown during wound care for 1 resident (Resident 19) of 1 sampled residents who was on contact precautions. The facility census was 83. Findings are: Record Review of Resident 19's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 04-10-2024 revealed Resident 19 had a 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 15 indicating intact cognition. The MDS also revealed Resident 19 had diagnoses of respiratory failure and was ventilator (Ventilators are machines used to move air in and out of a patient's lungs when lung capacity decreases or stops altogether) dependent and was receiving wound care and treatments for a surgical wound. Record Review of Resident 19's Electronic Health Record (EHR, a digital version of a patient's paper chart) revealed Resident 19 had a surgical wound on the left thigh and a culture (a sample of body fluid or tissue is added to a substance that promotes the growth of germs) and sensitivity (sensitivity test checks to see what kind of medicine, such as an antibiotic, will work best to treat the illness or infection) lab test was collected on 05-02-2024 that revealed growth of Methicillin Resistant Staphylococcus Aureus (MRSA, a multidrug resistant organism) and Methicillin Sensitive Staphylococcus Aureus (MSSA)organisms. The EHR also revealed Resident 19's physician had ordered on 01-30-2024 daily dressing changes for the surgical wound on the left thigh and on 05-08-2024 Bactrim DS (an antibiotic) was ordered twice a day for 7 days to treat the MRSA and MSSA in the left thigh wound. An observation on 05-09-2024 at 10:40 AM of Resident 19's bathroom door revealed a sign that instructed staff that Resident 19 was on Contact Precautions (Contact Precautions are intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the patient or the patient's environment). The sign indicated that staff should always wear a gown and gloves. An observation on 05-09-2024 at 10:45 AM of the Wound Nurse (WN) B without a gown on performing wound care to Resident 19's left thigh wound. An interview on 05-09-2024 at 11:10 AM revealed WN-B was aware that Resident 19 was on contact precautions and should have worn a gown during wound care. An interview conducted on 05-09-2024 at 1:31 PM with the Unit Coordinator (UC) A confirmed that Resident 19 was on contact precautions and gown and gloves should be used when providing care. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	According to the recommendations from the Centers of Disease Control (CDC) to prevent the spread Multi Drug Resistant Organisms (MDRO) in Long Term Care Facilities (LTCF) for ill residents (e.g., those totally dependent upon healthcare personnel for healthcare and activities of daily living, ventilator-dependent) and for those residents whose infected secretions or drainage cannot be contained, use Contact Precautions in addition to Standard Precautions.