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	07/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Health of Omaha	1540 North 72ndstreet 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 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. Licensure Reference Number 175 NAC 12-006.09(H)(vi)(3)(a)Based on observation, interview and record review the facility failed to ensure resident's receiving a continuous tube feeding had a head of bed elevation of at least 30 degrees for 1 (Resident 18) of 2 residents sampled. The facility census was 78.The findings are:Record review of Resident 18's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 05-12-2025 revealed the facility staff assessed the following about the resident:-had a diagnosis of an anoxic brain injury (an injury that completely deprives the brain of oxygen).-had a gastric tube (a tube inserted into the stomach for the delivery of nutrition).-was ventilator (a medical device that helps a person breathe) dependent.-required total assistance with hygiene, toileting, dressing, bathing, bed mobility and transfers. Record review of Resident 18's orders revealed an order for a continuous tube feeding at 55 milliliters (ml) per hour continuously and to elevate the Head of Bed (HOB) 30 degrees every shift, day and night.Record review of Resident 18's Comprehensive Care Plan (CCP) revealed a problem of potential altered nutrition and hydration related to total dependence on tube feedings for nutrition and hydration. The CCP also revealed the goal was to meet the nutritional needs of Resident 18, without signs of dehydration or tube feeding rejection. Under approaches for the staff to use revealed the HOB was to be elevated no less than 30 degrees. An observation on 07-08-2025 at 8:52 AM revealed Resident 18 was lying in bed with the tube feeding running and the HOB was elevated 15 degrees according to the gauge on the side of the bed. An observation on 07-09-2025 at 6:20 AM revealed Resident 18 was lying in bed with the tube feeding running and the HOB was elevated 15 degrees according to the gauge on the side of the bed.An observation on 07-10-2025 at 9:16 AM revealed Resident 18 was lying in bed with the tube feeding running and the HOB was elevated 15 degrees according to the gauge on the side of the bed. An interview with the Registered Nurse (RN) D at 9:20 AM confirmed the bed was not elevated 30 degrees but it was close. An observation on 07-22-2025 at 12:00 PM with the Administrator (ADM) and Director of Nursing (DON) measuring the angle of the HOB with a cell phone app which revealed when the gauge on the bed reads 15 the angle of the HOB was 18 degrees. Record review of the facility's policy titled Tube Feeding: Continuous dated 06-2025 revealed the following:-it is the policy of this facility to provide continuous enteral feedings for the resident when it is indicated and prescribed by the physician. Under the procedure section, the policy directs the staff to elevate the head of bed 30-45 degrees unless contraindicated.

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 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. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure that the ordered parameters were followed prior to Carvedilol (a medication used to treat heart failure and high blood pressure) administration for 1 (Resident 40) of 5 sampled residents. The facility census was 78.Findings are: A record review of the facility's Medications: Administration-General Principles dated 09/2019 revealed it was the policy of the facility to administer medications as prescribed by the physician. A special preparation for the medication administration procedure was to take any required vital signs prior to administration for medications with parameters for administration. A record review of Resident 40's Face Sheet dated 07/10/2025 revealed the resident was admitted to the facility on [DATE]. The resident had diagnoses of Hypertension (high blood pressure), Congestive Heart Failure (CHF), Duchenne or [NAME] muscular Dystrophy (genetic disorder characterized by the progressive loss of muscle), Chronic Respiratory Failure, Dependence on a Respirator (breathing machine), Tracheostomy (trach)(tube inserted in neck to assist with breathing), and Gastronomy (G-tube)(tube in the stomach to allow feeding). A record review of Resident 40's Minimum Data Set (MDS)(a comprehensive assessment used to develop a resident's care plan) dated 05/27/2025 revealed the resident was admitted to the facility 08/20/2024. The resident had a Brief Interview for Mental Status (BIMS)(a score of a resident's cognitive abilities) of 15 which indicated the resident was cognitively aware. The resident was dependent on staff for all activities of daily living (ADLs). The resident required a trach, G-tube, and an invasive mechanical ventilator (breathing machine). The resident had Hypertension. A record review of Resident 40's Care Plan with an admission date of 08/20/2024 revealed the resident was on a Beta Blocker (medicines that lower blood pressure). A record review of Resident 40's Orders dated 07/08/2025 revealed Resident 40's practitioner ordered the following: -Carvedilol tablet; 12.5 milligram (mg): 1 tablet in the evening; Once an evening, decrease evening carvedilol to 12.5 mg if Systolic Blood Pressure (SBP)(top number of the reading which represented the arteries) below 100 re-check in 60 minutes and call the provider prior to holding. Start date 04/22/2024.- Carvedilol tablet; 25 mg: 1 tablet in the morning; Once a morning Carvedilol 25 mg if SBP below 100 recheck in 60 minutes call the provider prior to holding medication. Star date 04/22/2024. A record review of Resident 40's Medication Administration History (MAR) dated 05/01/2025 - 05/31/2025 and the resident's Vitals Report dated 05/01/2025 - 05/31/2025 revealed the following: -On 05/04/2025 the morning dose of Carvedilol was administered but the blood pressure had not been taken. -On 05/05/2025 the morning dose of Carvedilol was administered but the blood pressure had not been taken. -On 05/08/2025 the morning dose of Carvedilol was administered and the SBP was 97 -On 05/13/2025 the evening dose of Carvedilol was administered and the SBP was 95 -On 05/17/2025 the evening dose of Carvedilol was administered and the SBP was 95. -On 05/18/2025 the evening dose of Carvedilol was administered and the SBP was 90. -On 05/04/2025 the morning dose of Carvedilol was administered but the blood pressure had not been taken. -On 05/20/2025 the evening dose of Carvedilol was administered and the SBP was 90. -On 05/21/2025 the evening dose of Carvedilol was administered but the blood pressure had not been taken. -On 05/20/2025 the evening dose of Carvedilol was administered and the SBP was 97. -On 05/22/2025 the evening dose of Carvedilol was administered and the SBP was 96. -On 05/2/2025 the morning dose of Carvedilol was administered and the SBP was 98. -On 05/24/2025 the morning dose of Carvedilol was administered but the blood pressure had not been taken. -On 05/25/2025 the morning dose of Carvedilol was administered but the blood pressure had not been taken. -On 05/26/2025 the evening dose of Carvedilol was administered but the blood pressure had not been taken. -On 05/28/2025 the morning dose of Carvedilol was administered but the blood pressure had not been taken. -On 05/22/2025 the evening dose of Carvedilol was administered and the SBP was 98. -On 05/30/2025 the evening dose of Carvedilol was administered but the blood pressure had not been taken. -On 05/22/2025 the evening dose of Carvedilol was administered and the SBP was 94 A record review of Resident 40's MAR dated 06/01/2025 - 06/30/2025 and the resident's Vitals Report dated 06/01/2025 - 06/30/2025 revealed that: -On 06/02/2025 the morning dose of Carvedilol was administered and the SBP was 88. -On 06/03/2025 the evening dose of Carvedilol was administered and the SBP was 95. -On 06/04/2025 the evening dose of Carvedilol was administered but the blood pressure had not been taken. -On 06/05/2025 the evening dose of Carvedilol was administered and the SBP was 90. -On 06/07/2025 the evening dose of Carvedilol was administered but the blood pressure had not been taken. -On 06/08/2025 the morning dose of Carvedilol was administered but the

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12.006.11(D)Licensure Reference Number 175 NAC 12.006.11(E) Based on observation, interview, and record review, the facility failed to ensure that all food stored in the facility's dry storage, refrigerators (fridge) and freezer were labeled, dated, and sealed, the low-temperature dish machine was reaching 120 degrees Fahrenheit (F)(a temperature scale) during every wash cycle, items were tested for the temperature (temped) after being reheated in the microwave to prevent foodborne illness, failed to follow recipes, and failed to ensure the kitchen shelving and equipment were clean to prevent cross contamination. This had the potential to affect 32 residents that consumed food from the kitchen. The total facility census was 78.Findings are: A.A record review of the facility's Food Receiving and Storage dated 12/21/2025 revealed that dry foods that were stored in bins are removed from original packaging, labeled and dated (use by date). All foods stored in the refrigerators or freezer are covered, labeled, and dated (use by date). Refrigerated foods are labeled, dated, and monitored so they are used by their use-by date, frozen, or discarded. An observation on 07/07/2025 at 7:04 AM - 7:45 AM revealed:The True 3-door fridge contained: 1 each 5-pound (lb) container of [NAME] Cottage Cheese that was opened but not dated and expired 07/01/2025. 1 each 5-lb [NAME] Sour Cream that was opened, not dated. 2 bags of a leafy green substance that were opened, not labeled or dated. 1 partial, long, round object sealed in plastic wrap not labeled or dated.The walk-in fridge contained: 1 each cube of a white substance wrapped in plastic wrap, not labeled or dated. 1 plastic bag of slices of a white substance that was opened, not labeled or dated. 3 plastic bags of a shredded and grated white substance, 1 bag not labeled or dated, 1 bag not labeled, and 1 bag not dated. 1 small black container with a clear lid with 2 peeled eggs inside, not labeled or dated. 1 open bag of mixed vegetables, not sealed or dated. 1 large clear container with a red lid that contained a red liquid, not labeled. 1 gallon of [NAME] Mayo that had been opened, not dated. 1 gallon of Imperial Honey Mustard Dressing that had been opened, not dated. 1 gallon Casa [NAME] Enchilada Sauce that had been opened, not dated. 1 gallon Marzetti Buttermilk Ranch Dressing that had been opened, not dated. 2 each Grove Apple concentrate that had been opened and dated 05/19. 1 each Grove Pineapple concentrate that had been opened and dated 05/19. 1 each 25 lb container of Chef Grade Hard Cooked Peeled Eggs opened, not sealed or datedThe walk-in freezer contained: 1 bag of round bread items that had been opened, not labeled or dated. 1 bag of long, brown sticks that had been opened, not sealed, labeled or dated. 1 bag of long, brown sticks that had been opened, not labeled or dated. 1 bag of small, tan sticks that had been opened, not labeled or dated. 1 bag of brown, breaded strips that had been opened, not labeled or dated.The dry storage room contained: 1 large clear container with a blue lid that contained a white powder substance that was not sealed, labeled, or dated. 1 bag of a brown powder substance in a box that had been opened, not labeled or dated. 1 opened bag of small marshmallows that had been opened, not sealed or dated. 1 bag of small chunks that had been opened, not sealed and dated 3/21. 1 bag of Dark Roast Gravy Mix wrapped in plastic wrap that had been opened, not dated. 1 silver bag labeled croutons that had been opened, not dated. 1 6-quart plastic container with a red lid labeled corn meal that had 1 label dated 9/19 and another label was dated 4-10. In an observation on 07/07/2025 at 7:45 AM with the Kitchen Manager (KM) revealed The True 3-door fridge contained 1 each 5-pound (lb) container of [NAME] Cottage Cheese that was opened but not dated and expired 07/01/2025. 1 each 5-lb [NAME] Sour Cream that was opened, not dated. 2 bags of a leafy green substance that were opened, not labeled or dated. 1 partial, long, round object sealed in plastic wrap not labeled or dated.The walk-in fridge contained: 1 each cube of a white substance wrapped in plastic wrap, not labeled or dated. 1 plastic bag of slices of a white substance that was opened, not labeled or dated. 3 plastic bags of a shredded and grated white substance, 1 bag not labeled or dated, 1 bag not labeled, and 1 bag not dated. 1 small black container with a clear lid with 2 peeled eggs inside, not labeled or dated. 1 open bag of mixed vegetables, not sealed or dated. 1 large clear container with a red lid that contained a red liquid, not labeled. 1 gallon of [NAME] Mayo that had been opened, not dated. 1 gallon of Imperial Honey Mustard Dressing that had been opened, not dated. 1 gallon Casa [NAME] Enchilada Sauce that had been opened, not dated. 1 gallon Marzetti Buttermilk Ranch Dressing that had been opened, not dated. 2 each Grove Apple concentrate that had been opened and dated 05/19. 1 each Grove Pineapple concentrate that had been opened and dated 05/19. 1 each 25 lb container of Chef Grade Hard Cooked Peeled Eggs opened, not sealed or dated The walk-in freezer contained: 1 bag of round bread items that had