| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 285137 | A. Building<br>B. Wing | 03/17/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Life Care Center of Omaha | 6032 Ville DE Sante Drive<br>Omaha, NE 68104 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>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.<br><br>49164<br><br>175 NAC 12-006.09(H)(vi)(3)(a)<br><br>Based on observation, interview and record review the facility failed to administer enteral tube feedings and water flushes according to the practitioner's orders for 1 (Resident 5) of 1 residents sampled. The facility census was 99.<br><br>The findings are:<br><br>Record review of Resident 5's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 12-24-2024 revealed the facility the following about the resident.<br><br>-Brief Interview of Mental Status (BIMS) was scored as a 3. According to the MDS Manual a score of 0-7 indicates severe cognitive impairment.<br><br>-had a diagnosis of Protein Calorie Malnutrition<br><br>-required total assistance with eating, hygiene, toileting, bathing, dressing, transfers and bed mobility.<br><br>-had a feeding tube and was receiving 51% or more of the daily total calories through the feeding tube.<br><br>Record review of Resident 5's order summary printed on 03-13-2025 revealed an order Nepro enteral feeding at 45 milliliters (ml) per hour through the feeding tube for 24 hours a day continuously. Additionally, the order summary did not have an order to flush the feeding tube with water.<br><br>An observation on 03-13-2025 at 1:30 PM revealed Resident 5 sitting in the room with the tube feeding running at 45 ml per hour, the feeding bag was dated 03-12-2025 and the bag was labeled Isosource 45 ml per hour and another feeding bag with clear liquid in it with no label or date on the bag.<br><br>(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 0693<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | An interview conducted on 03-13-2025 at 2:05 PM with Registered Nurse (RN) C confirmed the tube feeding infusing for Resident 5 was labeled Isosource 45ml per hour dated 03-12-2025 and the clear liquid in the other feeding bag was water and the pump was set at 300 ml of water every 6 hours. RN C further confirmed the order was for Nepro tube feeding. RN C reported not find an order to flush the feeding tube with 300 ml of water every 6 hours.<br><br>An interview conducted on 03-17-2025 at 11:03 AM with the facility's Registered Dietician (RD) confirmed that Nepro tube feeding formula is not interchangeable with Isosource tube feeding formula and the Isosource should not have been administered to Resident 5.<br><br>Record review of the facility policy titled Enteral Therapy (Continuous) dated 09-10-2024 revealed as the policy statement:<br><br>-the facility will provide continuous enteral nutrition therapy in accordance with physician orders and professional standards of practice. |

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| F 0759<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure medication error rates are not 5 percent or greater.<br><br>49164<br><br>Licensure Reference Number 175 NAC 12-006.10(D)<br><br>Based on observation, interview and record review the facility failed to ensure a medication error rate of less than 5%. Observation of 29 medications administered revealed 3 errors resulting in a medication error rate of 10.34%. The medication errors affect 2 (Resident 2 and 3) of 4 residents. The facility census was 99.<br><br>Findings are:<br><br>A. Record review of Resident 3's Medication Administration Record (MAR) printed on 03-13-2025 revealed the following medications to be administered for 8:00 AM:<br><br>-Amlodipine Besylate (medication used for blood pressure management) 10 milligrams (mg)<br><br>-Baclofen (muscle relaxant) 15 mg<br><br>-Calcium Carbonate Chewable 500 mg<br><br>-Culturelle Capsules 1 capsule<br><br>-Donepezil (medication used to improve mental function) HCl 10 mg<br><br>-Fluticazone Propionate Nasal Suspension 1 spray each nare<br><br>-Gabapentin (anticonvulsant medication) 300 mg<br><br>-Isosorbide mononitrate ( ER 30 mg<br><br>-Refresh Tears Solution 0.5 % 1 drop in both eyes.<br><br>An observation on 03-13-2025 at 7:35 AM of Registered Nurse (RN) B administering medications for Resident 3 revealed the Refresh Tears Solution was not administered.<br><br>An interview on 03-13-2025 at 7:45 AM with RN B confirmed the Refresh eye drops for Resident 3 were unavailable therefore the eye drops were omitted from the administration.<br><br>B. Record review of Resident 2's MAR printed on 03-13-2025 revealed the following medications to be at administered at 8:00 AM:<br><br>-Certirizine HCL (medication used for allergies) 10 mg<br><br>-Oxcarbazepine (anticonvulsant medication) 300mg<br><br>-Atorvastatin Calcium ( medication used to manage cholesterol) F/C 20 mg<br><br>(continued on next page) |

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| F 0759<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -Lantus (Insulin Glargine) injection 15 units<br><br>-Timolol Maleate gel forming solution 0.5% 1 drop both eyes<br><br>An observation on 03-13-2025 at 8:15 AM with Licensed Practical Nurse (LPN) A administering medications to Resident 2 revealed the administration of Atorvastatin 20 mg and Oxcarbapine 300 mg and Lantus insulin 15 units. The Certirizine and the Timolol Maleate medications were not administered at the time of the observation.<br><br>An interview was conducted on 03-13-2025 at 10:05 AM with LPN A which confirmed the Certirizine 10 mg was not administered for Resident 2 and the Timolol Maleate gel solution 0.5% was administered late at 10:00 AM.<br><br>Record review of the facility policy titled Administration of Medications revealed the following:<br><br>-The facility must ensure medications are administered safely and appropriately per physician order to address residents' diagnoses and signs and symptoms.<br><br>-Medication error- this means the observed or identified preparation and administration of medications or biological's which is not in accordance with:<br><br>-the prescribe's order<br><br>-Manufacturer's specifications (not recommendations) regarding the preparation or administration of the medication or biological; or<br><br>-Accepted professional standards and principles which apply to professionals providing services. Accepted professional standards and principles include the various practice regulations in each State, and current commonly accepted health standards established by national organizations, boards, and councils.<br><br>-Staff who are responsible for medication administration will adhere to the 10 rights of Medication Administration including:<br><br>-Right time and Frequency- check the order for when the medication should be given. |

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| F 0761<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 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.<br><br>49164<br><br>175 NAC 12-006.12(D)(iii)<br><br>Based on observation, interview and record review the facility failed to ensure 10 insulin pens were labeled with the date opened for Residents 5, 6 and 8 during an observation of 1 medication cart sampled. The facility census was 99.<br><br>The findings are:<br><br>Record review of the facility policy Guidance for Using Insulin Products revealed the following information:<br><br>-insulin products should not be used if they were frozen.<br><br>-Before opening all unused vials, pens, and cartridges of insulin are best stored in a refrigerator between 36 and 46 degrees Fahrenheit and can be kept until the expiration date printed on the packaging.<br><br>-Storage of unopened insulin products outside of the refrigerator is permissible but results in an earlier expiration date.<br><br>-Upon opening all vials, cartridges, pens should be dated and stored away from direct heat or light. Insulin pens should not be refrigerated once opened.<br><br>-Lantus insulin opened and stored at room temperature will expire in 28 days.<br><br>-Lispro insulin opened and stored at room temperature will expire in 28 days.<br><br>Observation on 03-17-2025 at 7:45 AM revealed the following 10 insulin pens were available for use without opened dates:<br><br>-3 Lantus pens and 2 lispro pens did not have an opened date for Resident 8.<br><br>- 3 Lispro pens did not have an opened date for Resident 5<br><br>-1 Lantus pen and 1 lispro pen did not have an opened date for Resident 6.<br><br>An interview conducted with Registered Nurse (RN) C on 03-13-2025 at 7:50 AM confirmed that the 10 insulin pens did not have a date indicating when initial use began and that the insulin will expire 28 days after opening. |