STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285137	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Omaha	6032 Ville DE Sante Drive 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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to provide a report to the receiving healthcare institution after an emergent transfer from the facility for 2 (Resident 1 and 3) of 4 residents sampled. The facility census was 95. The findings are: A. Record review of Resident 1's admission assessment dated [DATE] revealed the facility staff assessed the following about the resident: -was alert and oriented to person, place and time. -was receiving dialysis. -required extensive assistance with transfers. -required limited assistance with bed mobility, dressing, toileting and hygiene. -had an active infectious disease that required transmission-based precautions. Record review of Resident 1's progress notes dated 05-24-25 revealed Resident 1 and spouse wanted to be sent to the hospital due to body pain and had declined treatment for this at the facility. Furthermore, the progress note reveals the on-call supervisor was notified and 911 was called and an ambulance arrived at the facility to take Resident 1 to the hospital. Record review of Resident 1's Electronic Medical Record including physician's orders, progress notes, and transfer forms revealed no notification to the receiving hospital on the care needs of the resident. An interview with Licensed Practical Nurse (LPN) E on 06-11-2025 at 10:00 AM revealed LPN E was the nurse that transferred Resident 1 to the hospital on [DATE] and confirmed that a report was not given to the hospital after Resident 1's transfer. B. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285137	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Omaha	6032 Ville DE Sante Drive 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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident 3's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 05-06-2025 revealed the facility staff assessed the following about the resident: -the resident is rarely understood. -required total assist with eating, hygiene, dressing, toileting, bathing, bed mobility and transfers -had a urinary catheter. Record review of Resident 3's progress notes dated 4-27-2025 revealed Resident 3 was unresponsive and the staff called 911 and sent the resident to the hospital. Record review of Resident 3's Electronic Health Record revealed no information on when the ambulance arrived and what information was communicated to the receiving hospital on the care and needs of the resident. An interview with the Director of Nursing on 06-11-20256 at 1:15 PM revealed the expectation was for the staff to call the hospital and provide a report on the resident that is being sent there and confirmed that a report was not given to the hospital after Resident 3's transfer.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285137	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Omaha	6032 Ville DE Sante Drive 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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.04 Based on record review and interview the facility failed to train licensed staff on an external cardiac defibrillator, prior to providing care to 1 (Resident 1) of 1 residents sampled. The facility census was 95. The findings are: Record review of Resident 1's admission assessment dated [DATE] revealed the facility staff assessed the following about the resident: -was alert and oriented to person, place and time. -was receiving dialysis. -required extensive assistance with transfers. -required limited assistance with bed mobility, dressing, toileting and hygiene. -had an active infectious disease that required transmission-based precautions. Record review of Resident 1's discharge orders from the hospital revealed an order for a life vest (an external defibrillator designed to protect individuals at risk of Sudden Cardiac Arrest by monitoring heart rhythms and delivering a shock when abnormal rhythms are detected) was to be worn at all times. An interview with Licensed Practical Nurse (LPN) E on 06-10-2025 at 3:00 PM revealed LPN C had worked and who provided care for Resident 1 revealed LPN C had no prior training on the Life Vest. Furthermore, LPN C revealed there were no training materials for the staff to refer to if needed. An interview with LPN D on 06-11-2025 at 10:15 AM that revealed LPN D had provided care for Resident 1 and had no prior training on the Life Vest. An interview with LPN F on 06-11-2025 at 10:30 AM that revealed LPN F had provided care for Resident 1 and had no prior training at the facility on the Life Vest. An interview with the Director of Nursing (DON) on 06-11-2025 at 2:40 PM confirmed that training on the Life Vest had not occurred prior to admitting and providing care Resident 1 who had a Life Vest in use.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285137	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Omaha	6032 Ville DE Sante Drive 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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 1-005.06(E & F), 12-006.18(B) Based on observation, interview and record review the facility failed to utilize contact precautions for 1(Resident 2) of 3 residents sampled and failed to utilize enhanced barrier precautions for 2 (Resident 3 and 4) of 2 residents sampled. The facility census was 95. The findings are: A. Record review of Resident 2's Minimum Data Set, (MDS: a federally mandated assessment tool used for care planning) dated 04-16-2025 revealed the facility staff assessed the following about the resident: -Brief Interview of Mental Status (BIMS) was scored as a 15. According to the MDS Manual a score of 13 to 15 indicate a person is cognitively intact. -was legally blind -had a C. Difficile infection (a bacterium that can cause inflammation of the colon and diarrhea) -was on isolation for an active infection. -required supervision and minimal assistance with toileting, bathing and transfers. -was occasionally incontinent of bowel and bladder. An observation on 06-10-2025 at 8:15 AM of Resident 2's room revealed a sign on the door that stated contact precautions staff must wear a gown and gloves upon entering the room. There was another sign on the door that indicated hand hygiene with soap and water only. There was a cart located on the outside of the room that contained gowns and gloves. An observation on 06-10-2025 at 12:50 PM revealed Housekeeper (HK) K mopping the floor in Resident 2's room, without wearing a gown. An interview with HK K on 06-10-2025 at 1:00 PM confirmed a gown was not worn to mop the floor and should have been worn based on the sign on the door. An interview with the Regional Nurse Consultant (RNC) on 06-11-2025 at 2:30 PM confirmed Resident 2 was on contact precautions and the HK K should have worn a gown and gloves while cleaning and mopping the room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285137	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Omaha	6032 Ville DE Sante Drive 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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of the facility policy titled Contact Precautions dated 04-22-2025 revealed contact precautions should be used when a resident develops signs and symptoms of a transmissible infection or has a laboratory confirmed infection that requires use of contact precautions to prevent transmission of pathogens that are spread by direct person to person contact or indirect contact with the resident or environment and requires the use of personal protective equipment (PPE) including a gown and gloves. B. Record review of Resident 3's MDS dated [DATE] revealed the facility staff assessed the following about the resident: -the resident is rarely understood. -required total assist with eating, hygiene, dressing, toileting, bathing, bed mobility and transfers -had a urinary catheter. An observation on 06-10-2025 at 9:30 AM of Resident 3's room revealed a sign that stated Enhanced Barrier Precautions (EBP) and the sign instructed the staff must wear a gown and gloves for the following high resident contact activities: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use: such as urinary catheter, feeding tube, and wound care. An observation on 06-11-2025 at 9:10 AM of Nursing Assistant (NA) G and NA J providing care for Resident 3 without wearing a gown. Resident 3 had just returned from the shower and was transferred onto the bed. NA G had assisted Resident 3 to roll to the side, while NA J dried Resident 3's back and buttocks. Furthermore, Resident 3 had a dressing to the buttocks that had become loose, and NA J removed the loose dressing and dried the area. During the observation, Resident 3 had a bowel movement and NA J provided perineal care and placed a new brief under the resident. NA G then rolled Resident 3 to the back and assisted with Resident 3 with dressing. An interview conducted with NA J on 06-11-2025 at 9:25 AM revealed NA J did not wear a gown because (gender) was not aware a gown was required. An interview conducted with NA G on 06-11-2025 at 9:33 AM revealed a gown was not worn because (gender) was not aware of Resident 3 being on EBP. An interview with the RNC on 06-11-2025 at 2:30 PM confirmed Resident 3 was on EBP and the staff should have worn a gown while providing care for Resident 3. C. Record review of Resident 4's MDS dated [DATE] revealed the facility staff assessed the following about the resident: -BIMS was scored at a 15 indicating intact cognition. -had a multidrug resistant organism (MDRO; a germ that is resistant to many antibiotics). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285137	A. Building B. Wing	06/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Life Care Center of Omaha	6032 Ville DE Sante Drive 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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-required dialysis (a medical procedure that cleans blood when the kidneys are unable to so). -required total assistance with toileting, bathing, dressing, transfers, and bed mobility. An observation on 06-10-2025 at 1:00 PM of Resident 4's room revealed a sign that stated Enhanced Barrier Precautions (EBP) and the sign instructed the staff must wear a gown and gloves for the following high resident contact activities: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use: such as urinary catheter, feeding tube, and wound care. An observation on 06-11-2025 at 11:00 AM revealed NA H and NA I transferring Resident 4 into bed from the electric wheelchair, without wearing a gown. After Resident 4 was on the bed, NA I left the room and NA H continued to provide care for the resident. NA H proceeded to perform a brief change and perineal care for Resident 4 without a gown. Furthermore, the observation revealed a vascular access port used for dialysis to the right upper chest. An interview with NA H on 06-11-2025 at 11:25 AM confirmed a gown was not worn while providing care even though there was an EBP sign on the door. An interview with Registered Nurse (RN) B at 11:35 AM revealed RN B was not aware of Resident 4 being on EBP. An interview with the RNC on 06-11-2025 at 2:30 PM confirmed Resident 4 was on EBP and the staff should have worn a gown while transferring and providing perineal care. Record review of the facility policy titled Enhanced Barrier Precautions dated 04-22-2025 revealed the facility should use EBP as an additional MDRO mitigation strategy for residents that meet the following criteria, during high-contact resident activities: -wounds and/or indwelling medical devices even if the resident is not known to be infected or colonized with a MDRO. -indwelling medical device examples include central lines, urinary catheters, feeding tubes, and tracheostomies.