

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285146	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER The Willows at Gretna		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Highway 6 Gretna, NE 68028	

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)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47733</p> <p>Licensure Reference Number 175 NAC 12-006.09D2a</p> <p>Based on observation, interview, and record review, the facility staff failed to obtain treatment orders for pressure ulcers for 2 (Resident 1 and Resident 3) of 3 sampled residents. The facility identified a census of 43.</p> <p>Findings are:</p> <p>A. Record review of Resident 1's Clinical Census sheet dated 5/1/24 revealed Resident 1 was initially admitted to the facility 2/7/24, was hospitalized and readmitted to the facility 4/26/24.</p> <p>Record review of the Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated March 28th, 2024, revealed Resident 1's Brief Interview for Mental Status (BIMS) was 2 of 15. According to the MDS Manual a score of 0-7 indicates a person is severely cognitively impaired.</p> <p>Record review of Resident 1's After Visit Summary sheet dated 4/26/24 revealed Resident 1 had returned to the facility on [DATE] with a pressure ulcer on the left lateral foot.</p> <p>Record review on 5/1/24 of Resident 1's medical record that includes progress notes, care plan, admission orders, revealed there was no indication the facility staff had evaluated Resident 1's skin condition.</p> <p>Record review of Resident 1's skin assessment on 5/1/24 at 7:02 PM revealed the facility had not identified any skin breakdown to Resident 1's left heel wound.</p> <p>Record review of Resident 1's order summary for active orders as of 5/1/24 revealed no treatments for the wound on the left foot.</p> <p>Record review of Resident 1's Wound Dr's Dictation sheet dated 5/2/24 revealed there were no orders for the pressure wound on the left foot.</p> <p>Record review of the Medication Administration Record (MAR) and Treatment Administration Record (TAR) for April 2024 revealed there were no orders identified to treat Resident 1's left lateral foot.</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 5/1/24 at 10:30 AM of Registered Nurse (RN) RN-A completed a dressing change to the right foot. Further observation on 5/1/24 at 10:30 AM revealed RN-A identified skin issues to the left lateral foot. Continued observation on 5/1/24 at 10:30 AM revealed the left lateral foot has eschar (dead tissue) that measured approximately 4.0 centimeters (a metric measurement to measure a wound area (cm) in length by 3.0 cm wide, without drainage.</p> <p>An interview with Registered Nurse (RN)-A and Assistant Director of Nursing (ADON) on 5/1/24 at 10:30 AM confirmed there is no ordered treatment for Resident 1's left lateral foot.</p> <p>A follow up interview was conducted with the Assistant Director of Nursing (ADON) on 5/2/24 at 8:30 AM. During the interview the ADON confirmed there were no orders for wound care to the left lateral foot.</p> <p>B. Record review of Resident 3's Admission assessment dated [DATE] at 2:52 PM revealed no documentation of the left heel wound.</p> <p>Record review of Resident 3's Order Summary sheet for active orders as of 4/25/24 revealed no treatments for the wound on the left heel. Resident admitted to the facility for rehabilitation services on 4/25/24.</p> <p>Record review of of Resident 3's Wound Dr's dictation dated 5/2/24 revealed there were no orders for the pressure wound on the left heel.</p> <p>On 5/01/2024 at 8:30 AM an interview was conducted with Resident 3. During the interview Resident 3 reported having other open area to the left leg.</p> <p>Observation on 5/2/24 at 9:45 AM of the wound rounds with the Nurse Practitioner (NP) for Metro Geriatric Services revealed Resident 3's left heel had a pressure wound that is unstageable (a full-thickness skin and tissue loss in which the extent of tissue damage within the ulcer cannot be confirmed because the wound bed is obscured by slough or eschar) measuring 3.8 cm in length by 4.0 cm width by 0.1 cm depth with moderate serosanguineous (a descriptive word that describes a thin pink drainage) drainage.</p> <p>Interview with the ADON 5/2/24 at 8:30 AM confirmed there were no orders for wound care to Resident 3's left heel.</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47733</p> <p>Licensure Reference Number 175 NAC 12-006.12E</p> <p>Based on observation, interview, and record review, the facility failed to secure residents medications and treatments in medication carts. The facility identified a census of 43.</p> <p>Findings are:</p> <p>Record review of the facility's undated policy titled Medication Storage revealed the following: Policy: It is the policy of this facility to ensure all medications housed on our premises will be stored in the pharmacy and/or medication rooms according to the manufacturer's recommendations and sufficient to ensure proper sanitation, temperature, light, ventilation, moisture control, segregation, and security. Policy explanation and compliance guidelines: General Guidelines: All drugs and biologicals will be stored in locked compartments (i. e., medication carts, cabinets, drawers, refrigerators, medication rooms) under proper temperatures.</p> <p>Observation on 5/1/24 at 6:52 AM revealed a medication cart next to an office that was unlocked and unattended. Continued observation revealed there were 2 carts down the 200 hall that were unlocked and unattended.</p> <p>Observation on 5/1/24 at 7:13 am Registered Nurse (RN) RN-A was entering room [ROOM NUMBER] with a treatment. RN-A then began having a conversation with the resident occupying that room. RN-A was completing the treatment in the resident's room, with the cart unlocked in the hall.</p> <p>Observation on 5/1/24 at 8:32 AM revealed RN-A was in room [ROOM NUMBER] performing a treatment with the door open. The treatment cart was outside room [ROOM NUMBER], and out of RN-A's view. The treatment cart was unlocked and unattended.</p> <p>An interview on 5/1/24 at 7:02 AM with Registered Nurse (RN) RN-A confirmed that the cart should not be left unlock and unattended. RN-A stated that when the RN left the cart to let the someone in the building, the RN didn't lock the cart before going to the door.</p> <p>An interview conducted with the Administrator (ADM) on 5/2/24 at 8:40 AM revealed, the facility has 15 self-ambulatory residents, and of those 15 residents 7 of them have cognitive impairment. The ADM confirmed the medication carts and treatment cart should be locked unless the nurse is preparing a treatment or medication.</p>		