

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 05/05/2025
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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49164</p> <p>Licensure Reference Number 175 NAC 12-006.04(F)(i)(5)</p> <p>Based on interview and record review the facility failed to provide bathing services in accordance with the resident's preferences for 4 (Resident 1, 2, 3 and 5) of 4 residents sampled. The facility census was 43.</p> <p>The findings are:</p> <p>A.Record review of Resident 1's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 01-30-2025 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> -Brief Interview of Mental Status (BIMS) was scored as a 6. According to the MDS Manual a score of 0-7 indicates severe cognitive impairment. -Required moderate assistance with upper body dressing, bed mobility, and personal hygiene. -Required total assistance with lower body dressing, toileting, bathing, and transfers. <p>Record review of a form titled Bath Preferences dated 01-28-2025 revealed Resident 1 wanted a bath twice a week.</p> <p>Record review of the facility documentation for baths in March and April of 2025 revealed Resident 1 received a bath on:</p> <ul style="list-style-type: none"> -03-06-2025 -03-13-2025 -03-21-2025 -04-03-2025 -04-10-2025 <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 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident 1 should have received 2 baths the week of March 3, March 10, March 17, March 24, March 31, April 7, April 14, and April 21 for a total of 16 baths.</p> <p>B. Record review of Resident 2's MDS dated [DATE] revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> -admitted [DATE]. -BIMS was scored as a 15. According to the MDS Manual a score of 13-15 indicates a person is cognitively intact. -Required extensive assistance with toileting, lower body dressing and bathing. -Required partial assistance with bed mobility, transfers, upper body dressing and personal hygiene. <p>Record review of a Bath Preference form dated 03-24-2025 revealed Resident 2 preferred 2 baths or showers per week.</p> <p>Record review of facility documentation for baths in March and April 2025 revealed Resident 2 received a bath on:</p> <ul style="list-style-type: none"> -04-02-2025 -04-13-2025 -04-25-2025 <p>Resident 2 should have received 2 baths/showers for the week of March 24, March 31, April 7, April 14, and April 2 for a total of 10 baths/showers.</p> <p>C. Record review of Resident 3's MDS dated [DATE] revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> -BIMS was scored as a 9. According to the MDS Manual a score of 8-12 indicates moderate cognitive impairment. -required extensive assistance with eating and bed mobility. -required total assistance with toileting, bathing, dressing and transfers. <p>Record review of Resident 3's Comprehensive Care Plan (CCP) dated 09-02-2022 revealed Resident 3 preferred 2 showers a week.</p> <p>Record review of the facility's bathing documentation for March and April 2025 revealed Resident 3 received a bath on:</p> <ul style="list-style-type: none"> -03-01-2025 <p>(continued on next page)</p>

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-03-21-2025</p> <p>-04-02-2025</p> <p>-04-09-2025</p> <p>-04-12-2025</p> <p>-04-16-2025</p> <p>Resident 3 should have received 2 showers the week of March 3, March 10, March 17, March 24, March 31, April 7, April 14, April 21 and April 28 2025 for a total of 18 baths.</p> <p>D. Record review of Resident 5's MDS dated [DATE] revealed the facility staff assessed the following about the resident:</p> <p>-BIMS was not scored</p> <p>- required moderate assistance with bed mobility.</p> <p>-required total assistance with bathing, toileting, lower body dressing and transfers.</p> <p>Record review of Bathing Preferences for Resident 5 dated 02-27-2025 revealed a preference of 2 showers a week.</p> <p>Record review of the facility's bathing documentation for March and April of 2025 revealed Resident 5 received a bath on:</p> <p>-03-06-2025</p> <p>-03-13-2025</p> <p>-03-21-2025</p> <p>-04-02-2025 resident refused</p> <p>-04-03-2025</p> <p>-04-10-2025</p> <p>Resident 5 should have received 2 showers the week of March 3, March 10, March 17, March 24, March 31, April 7, April 14, April 21 and April 28 2025 for a total of 18 showers.</p> <p>An interview conducted on 05-05-2025 at 3:30 PM with the Director of Nursing confirmed baths/showers were not provided according to preference for Resident 1, 2, 3 and 5.</p> <p>Record review of the facility policy titled Resident Rights dated 2023 revealed the following:</p> <p>(continued on next page)</p>

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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-the resident has the right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside of the facility.</p> <p>-Self determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to:</p> <p>-the resident has a right to choose activities, schedules, health care and providers of health care services consistent with his or her interests.</p> <p>-the resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p>

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49164</p> <p>Licensure Reference Number 175 NAC 12-006.05(E).</p> <p>Based on observation, interview and record review the facility failed to notify the medical practitioner of new pressure ulcers for 2 (Resident 2 and 3) of 3 residents sampled. The facility census was 43.</p> <p>The findings are:</p> <p>A. Record review of Resident 2' Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 03-27-2025 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> -Brief Interview of Mental Status (BIMS) was scored as a 15. According to the MDS Manual a score of 13-15 indicates a person is cognitively intact. -Required extensive assistance with toileting, lower body dressing and bathing. -Required partial assistance with bed mobility, transfers, upper body dressing and personal hygiene. <p>Record review of Resident 2's progress notes dated 04-02-2025 revealed an unmeasured skin issue was identified to the left heel and the staff called the practitioner and obtained a one-time order to wash the left heel with soap and water and cover the wound with petroleum jelly.</p> <p>Record review of Resident 2's wound assessment conducted by a Nurse Practitioner on 04-03-2025 revealed a pressure ulcer stage 3 measuring 1.64 cm in length and 2.99 cm in width to the left heel. The wound bed was red without dead skin tissue present. No treatment orders were included in the assessment.</p> <p>An interview with the Director of Nursing (DON) on 05-05-2025 at 3:30 PM revealed the practitioner was made aware of the wound on 04-03-2025 and confirmed that orders were not received on 04-03-2025 and the practitioner should have been notified to request treatment orders.</p> <p>B. Record review of Resident 3's MDS dated [DATE] revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> -BIMS was scored as a 9. According to the MDS Manual a score of 8-12 indicates moderate cognitive impairment. -required extensive assistance with eating and bed mobility. -required total assistance with toileting, bathing, dressing and transfers. <p>(continued on next page)</p>

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 3's progress note dated 04-17-2025 revealed an open area was noted to the left side of the back below the shoulder blade measuring 3 cm in length by 2.5 cm in width.</p> <p>An observation on 05-05-2025 at 2:35 PM revealed a wound to the left side of the back and a wound to the sacrum.</p> <p>Record review of Resident 3's April 2025 TAR revealed no treatment orders for a wound on the left side of the back or the sacrum.</p> <p>Record review of the facility policy titled Notification of changes dated 2023 revealed the following:</p> <ul style="list-style-type: none"> -policy-the purpose of this policy is to ensure the facility promptly informs the resident, consults the resident's physician, and notifies, consistent with his or her authority, the resident's representative when there is a change requiring notification. -circumstances requiring notification include circumstances that require a need to alter treatment or obtain a new treatment. <p>An interview with the DON on 05-05-2025 at 3:30 PM confirmed the practitioner was not notified of the wound to the left side of the back until today.</p>

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<p>F 0686</p> <p>Level of Harm - 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** 49164</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)(iii)(1) and 12-006.09(H)(iii)(2)</p> <p>Based on observation, interview and record review the facility failed to evaluate, monitor and implement interventions for pressure ulcer prevention and to promote wound healing for 2 (Resident 2 and 3) of 3 residents sampled. The facility census was 43.</p> <p>The findings are:</p> <p>A.Record review of Resident 2' Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 03-27-2025 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> -an admitted [DATE] -had a right hip fracture. -Brief Interview of Mental Status (BIMS) was scored as a 15. According to the MDS Manual a score of 13-15 indicates a person is cognitively intact. -Required extensive assistance with toileting, lower body dressing and bathing. -Required partial assistance with bed mobility, transfers, upper body dressing and personal hygiene. -Resident was at risk of developing pressure ulcers. -Required pressure relieving surfaces to the bed and wheelchair. <p>Record review of Resident 2's admission assessment dated [DATE] revealed Resident 2 admitted to the facility with a surgical incision to the right hip that was 8 centimeters (cm), maceration associated skin damage (MASD: skin erosion due to prolonged exposure to moisture) to the sacrum (the bone between the 2 hip bones) without measurements, and an unmeasured area to the left heel that had a small amount of redness.</p> <p>Review of Resident 2's Care Plan, Progress Notes, Practitioner Orders and Skin Evluation Sheets revealed there was no indications the facility staff implemented interventions to prevent futher skin breakdown to Resident 2's left heel.</p> <p>Record review of a skin evaluation dated 03-31-2025 identified a stage 1 pressure area to the right and left buttock and did not identify any skin irregularities to the left heel.</p> <p>Record review of Resident 2's progress notes dated 04-02-2025 revealed an unmeasured skin issue was identified to the left heel.</p> <p>(continued on next page)</p>

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 2's wound assessment conducted by a Nurse Practitioner (NP) on 04-03-2025 revealed a pressure ulcer stage 3 measuring 1.64 centimeters (cm) in length and 2.99 cm in width to the left heel. The wound bed was red without dead skin tissue present. No treatment orders were identified on the wound assessment.</p> <p>Record review of Resident 2's Comprehensive Care Plan (CCP) revealed the following under Pressure Ulcer Risk</p> <ul style="list-style-type: none"> -Resident 2 had the potential for the development of a pressure ulcer and on 04-02-2025 had an open area to the left heel. Date initiated 04-08-2025. -The goal was resident's current skin concerns will show signs of healing with a decrease in size through the next review date. Date initiated 04-08-2025 <p>Interventions identified on the CCP that were initiated on 04-08-2025:</p> <ul style="list-style-type: none"> -prevalon boot (pressure relieving boot) per physician's orders. -reposition frequently or more often as needed or requested. -apply moisture barrier with each incontinent change. -provide nutritional supplements as ordered to maintain skin integrity. -weekly skin checks to monitor for redness, circulatory problems, pressure sores, open areas, and other changes in skin integrity. Report new conditions to the physician. <p>Two other goals were added to the CCP on 04-25-2025 of Stage 3 pressure ulcer to left medial heel will improve/resolve by the review date and a Stage 2 pressure ulcer to the sacral area will improve/resolve by the review date. Additional interventions were initiated on 04-25-2025 of a low air loss mattress.</p> <p>Record review of Resident 2's progress notes dated 04-05-2025 revealed a big blister was noted to the left heel measuring 2 cm by 3 cm that was covered with a band-aid.</p> <p>Record review of Resident 2's wound assessment conducted by a NP on 04-10-2025 revealed the stage 3 pressure ulcer to the left heel measured 2.70 cm length by 2.86 cm in width. The wound bed had a moderate amount of dead skin tissue revealing a decline in the wound condition since 04-03-2025. New orders identified on the assessment were to cleanse the wound with mild soap and water, apply Santyl (a wound debridement) ointment to the wound bed, cover with mepilex (a type of wound dressing) daily and as needed and for a prevalon boot to be worn while in bed.</p> <p>Record review of Resident 2's Treatment Administration Record (TAR) for April 2025 revealed an order for a pressure relieving boot dated 04-11-2025 and a treatment for the stage 3 pressure ulcer to the left medial heel dated 04-12-2025.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>An observation on 05-05-2025 at 12:00 PM of Registered Nurse (RN) A providing wound care to Resident 2's stage 3 pressure ulcer to the left heel which revealed a dry brown round shaped area. During the observation, RN A measured the wound at a length of 3.5 cm by 1.5 cm in width.</p> <p>An interview was conducted with the Director of Nursing (DON) on 05-05-2025 at 3:30 PM revealed orders for treatment were not obtained on 04-03-2025 and the facility should have followed up with the practitioner for orders. The DON also confirmed that treatment for the stage 3 pressure ulcer to the left heel was not initiated until 04-12-2025 and the wound had worsened.</p> <p>B. Record review of Resident 3's face sheet printed on 05-01-2025 revealed an admitted [DATE].</p> <p>Record review of Resident 3's MDS dated [DATE] revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> -BIMS was scored as a 9. According to the MDS Manual a score of 8-12 indicates moderate cognitive impairment. -required extensive assistance with eating and bed mobility. -required total assistance with toileting, bathing, dressing and transfers. -was identified at risk of pressure ulcer development and currently did not have one. <p>Record review of Resident 3's CCP dated 08-17-2025 and revised on 12-05-2023 revealed Resident 3 had a potential for pressure ulcer development related to decreased mobility. The goal was Resident 3 would be free from pressure ulcers through the review date. Interventions included the following:</p> <ul style="list-style-type: none"> -turn and reposition at least every 2 hours and as requested. Date initiated 09-02-2022. -administer treatments as ordered and monitor for effectiveness. Date initiated 08-17-2022. -assess/monitor/record wound healing as needed: Measure length, width, and depth. Assess and document the status of the wound perimeter, wound bed and healing progress. Report improvements and declines to the practitioner. Date initiated 08-17-2022 -follow facility policies/protocols for the prevention/treatment of skin breakdown.Date initiated 08-17-2022. -monitor/document/report as needed any changes in skin status: appearance, color, wound healing, signs of infection, wound size and stage. Date initiated 08-17-2022. -pressure reducing mattress and wheelchair cushion. Date initiated 08-17-2025 -monitor nutrition status.Serve diet as ordered, monitor intake and record. Date initiated 08-17-2022. <p>Record review of Resident 3's progress note dated 04-17-2025 revealed an open area was noted to the left side of the back below the shoulder blade measuring 3 cm in length by 2.5 cm in width.</p> <p>(continued on next page)</p>		

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<p>F 0686</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 3's Weekly Skin Evaluation (WSE) dated 04-17-2025 revealed Resident 3 was evaluated as having an open area to the left shoulder that measured 3 cm by 2.5 cm.</p> <p>Record review of Resident 3's entire health record including the care plan, progress notes, practitioner's orders, and weekly skin evaluations revealed no indication of the resolution of the left shoulder open area.</p> <p>An observation on 05-05-2025 at 2:35 PM of RN A and the Assistant Director of Nursing (ADON) providing wound care for Resident 3 right foot and ankle revealed an undated foam dressing to the left side of Resident 3's back and an undated foam dressing to the sacrum. Furthermore, the ADON removed both dressings which revealed an open wound to the left side of the back approximately the size of a quarter with yellow slough (dead tissue) in the center, and an open wound to the sacrum that was round approximately 2.5 cm in length by 2.5 cm in width with yellow slough in the center.</p> <p>An interview with ADON on 05-05-2025 at 2:55 PM confirmed the wound to the sacrum was a pressure ulcer and the area on the left side of back could have been caused by friction.</p> <p>An interview with RN A was conducted on 05-05-2025 at 3:00 PM confirmed there were no treatment orders for the wounds to the left back or sacrum.</p> <p>An interview conducted with the DON on 05-05-2025 at 3:30 PM confirmed the wounds had not been measured and a treatment had not been requested.</p> <p>Record review of the facility policy titled Pressure Injury Prevention and Management revealed the following:</p> <p>-Policy- the facility is committed to the prevention of avoidable pressure injuries, unless clinically unavoidable, and to provide treatment and services to heal the pressure ulcer/injury, prevent infection and the development of additional pressure ulcers/injuries.</p> <p>-the facility shall establish and utilize a systematic approach for pressure injury prevention and management, including prompt assessment and treatment, intervening to stabilize, reduce or remove underlying risk factors, monitoring the impact of the interventions and modifying the interventions as appropriate.</p>		