

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 10/16/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17285</p> <p>Licensure Reference Number 175 NAC 12-006.18</p> <p>Based on observation and interview, the facility failed to maintain the cleanliness and condition of walls, floors, fixtures, closet doors, lights, bathroom ceiling ventilation covers in 9 resident rooms (rooms 104, 106, 112, 116, 203, 204, 206, 210 and 212) of 33 occupied resident rooms in the facility. The facility census was 44.</p> <p>Findings are:</p> <p>Observation on 10/9/24 between 8:00 AM and 4:00 PM, during the initial pool observations of resident rooms, revealed the following environmental concerns:</p> <ul style="list-style-type: none"> - Scrapes on walls behind the beds and on the walls in bathrooms in rooms 104, 106, 112, and 204. - [NAME] stained areas of the floor around the toilet base in rooms 106, 112, 203, and 206. - Scrapes on the closet doors in room [ROOM NUMBER]. - Cracked bathroom sink in rooms 104. - Closet door was pulled off of the track in room [ROOM NUMBER]. - Cracks in the linoleum in bathroom in room [ROOM NUMBER]. - Missing / loose transition strip between the bathroom and room [ROOM NUMBER] and 212. - Lights not functioning above the beds in room [ROOM NUMBER]. - Loose toilet roll holder in room [ROOM NUMBER]. - Ventilation cover was coated with a gray fuzzy substance in room [ROOM NUMBER] and 206. <p>Observations on 10/16/24 between 08:30 and 09:10 AM with Regional Director of Operations and Maintenance Director [MD], during the environmental tour, revealed the following concerns:</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 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>17285</p> <p>Based on observation, record review and interview; the facility failed to ensure nurse staffing information was posted daily at the beginning of the shift and included the facility name, date, census, and the total number and actual hours worked per shift for Registered Nurses, Licensed Practical Nurses, and Nurses Aides who were responsible for resident care. This had the potential to affect all residents that resided in the facility. The facility census was 44.</p> <p>Findings are:</p> <p>Record review of a policy entitled Nurse Staffing Posting Information, dated 8-2023, revealed the following information:</p> <p>It is the policy of this facility to make nurse staffing information readily available in a readable format to residents and visitors at any given time policy explanation and compliance guidelines:</p> <ol style="list-style-type: none"> 1. The nurse staffing sheet will be posted on a daily basis and will contain the following information: <ul style="list-style-type: none"> a: Facility name b: The current date c: Facilities current resident census d: The total number and the actual hours worked by the following categories of licensed and unlicensed nursing staff directly responsible for resident care per shift <ul style="list-style-type: none"> i: Registered nurses ii: Licensed practical nurses / licensed vocational nurses iii: Certified nurse aides 2. The facility will post the nursing staffing sheet at the beginning of each shift 3. The information post did posted will be: <ul style="list-style-type: none"> a. presented in a clear and readable format b. in a prominent place readily accessible to residents and visitors 4. A copy of the schedule will be available to all supervisors to ensure the information posted is up to date and current. <p>(continued on next page)</p>		

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<p>F 0732</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>a. The information to reflect staff absences on that shift due to call outs and illness after the start of each shift actual hours will be updated to reflect such.</p> <p>b. Staffing shall include all nursing staff who are paid by the facility including contract staff any staff not paid for by the facility such as Hospice staff or individuals hired by families should not be included.</p> <p>5. Nursing schedules and posted information will be maintained in the Human Resource Department for review for a minimum of 18 months or as required by state law. whichever is greater number.</p> <p>6. The facility will upon oral or written request make the nurse staffing data available to the public for review the cost not to exceed the community standard.</p> <p>Observations throughout the facility on 10/9/24, 10/10/24, and 10/15/24 showed no information had been posted regarding the daily nurse staffing information.</p> <p>Interview on 10/15/24 at 10:59 AM with the Director of Nursing confirmed that the daily nurse staffing information had not been posted per the federal requirements and the facility policy.</p>		