STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285146	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adept Nursing & Rehab of Gretna	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(H)(vi)(3)(g). The facility failed to obtain settings and ensure tubing and mask was changed for the use of a noninvasive ventilator for 1 (Resident 3) of 1 residents sampled, failed to monitor oxygen saturations to ensure oxygen blood levels were maintained for 1 (Resident 1) of 4 residents sampled and failed to ensure oxygen tubing was dated for 2 (Residents 2 and 42) of 4 residents sampled. The facility census was 40. The findings are: A.Record review of the facility's undated policy titled Noninvasive Ventilation (CPAP, BiPAP, AVAPS, Trilogy) revealed it is the policy of this facility to provide noninvasive ventilation as per physician's orders and current standards of practice. The facility will obtain an order for the use of CPAP, BiPap, AVAPS, or Trilogy device and settings from the practitioner. The facility will replace equipment routinely in accordance with manufacturer recommendations. General guidelines for face mask and tubing changes was once every 3 months. Record review of the facility's undated policy titled Oxygen Administration revealed oxygen is administered to residents who need it, consistent with professional standards of practice, the comprehensive person-centered care plans, and the resident's goals and preferences. The resident's care plan shall identify the interventions for oxygen therapy, based upon the resident's assessment and orders, such as, but not limited to: -type of oxygen delivery system -when to administer, such as continuous or intermittent and/or when to discontinue. -equipment settings for the prescribed flow rates. -monitoring of oxygen saturation levels and/or vital signs as ordered. -monitoring for complications associated with the use of oxygen. The staff shall perform hand hygiene and wear gloves when administering oxygen. Other infection control measures include: -follow manufacturer recommendations for the frequency of cleaning equipment filters. -change oxygen tubing and mask/cannula weekly and as needed if it becomes soiled or contaminated. B. Record review of Resident 3's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) revealed the facility staff assessed the following about the resident: (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
	285146	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adept Nursing & Rehab of Gretna	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Brief Interview of Mental Status (BIMS) was scored as 15. According to the MDS Manual a score of 13 to 15 indicate a person is cognitively intact. -required partial assistance with upper body dressing. -required extensive assistance with hygiene and bed mobility. -required total assistance with toileting, bathing, lower body dressing and transfers. -was receiving oxygen therapy. -was using a noninvasive ventilator. Record review of Resident 3's Order Summary (OS) printed on 03-02-2026 revealed an order to apply Trilogy Noninvasive Ventilator mask at bedtime, with heated humidity and 4 liters of oxygen bled in (oxygen attached to the ventilator). Further review of the OS revealed the absence of settings for the Trilogy noninvasive ventilator or orders for replacement of the Trilogy face mask and tubing. An interview conducted with the Director of Nursing (DON) on 03-05-2026 confirmed the settings for the Trilogy noninvasive ventilator was not obtained from the practitioner and the facility has no record of the last time the face mask and tubing had been changed. C.Record review of Resident 1's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) revealed the facility staff assessed the following about the resident: -Brief Interview of Mental Status (BIMS) was scored as13. According to the MDS Manual a score of 13 to 15 indicates a person is cognitively intact. -required partial assistance with upper body dressing and personal hygiene. -required substantial assistance with bed mobility. -required total assistance with toileting, bathing, lower body dressing, and transfers. -was receiving oxygen therapy. Record review of Resident 1's OS printed on 03-02-2026 revealed an order for oxygen titrate (adjusting the flow rate of supplemental oxygen up or down to maintain a blood oxygen saturation) 2 to 4 liters to maintain oxygen saturations greater than 90% continuous via nasal cannula. Record review of Resident 1's Electronic Health Record including progress notes, vital sign documentation, Medication and Treatment Administration Records (MAR and TAR) revealed only daily oxygen saturation monitoring. An interview conducted with the DON on 03-05-2026 at 1:15 PM confirmed in order to ensure Resident 1 was receiving the correct flow of oxygen to keep blood oxygen saturations greater than 90% the staff would need to check Resident 1's oxygen saturations more than once a day and at least shiftly. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285146	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adept Nursing & Rehab of Gretna	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	D. A record review of a Medicare 5 day MDS dated [DATE] revealed Resident 2 had a BIMs of 14/15 indicating cognitively intact, required set up for eating, partial/moderate assist for oral hygiene, upper body dressing, substantial/max assist for toileting hygiene, shower bathing, and lower body dressing, dependent for putting on and taking off footwear, and required oxygen for intermittent use. A record review of order summary report revealed the following orders; 12/29/25 for Oxygen therapy 2 liters per minute via nasal canula to keep oxygen saturation level greater than 88%. 12/31/25 Oxygen at 1 liter via nasal canula at night. A record review of the Medication Administration Record for January and February 2026 revealed Oxygen was signed out daily. An observation of Resident 2 on 3/3/26 at 8:06 A.M. revealed Oxygen on per nasal canula at 2 liters per minute. An oxygen concentrator next to the bed had a plastic baggie dated 2/26/26, no markings on the tubing to indicate the date. An observation of Resident 2 on 3/4/26 at 5:53 A.M. revealed oxygen on per nasal canula at 2 liters per minute. An oxygen concentrator next to the bed had a plastic baggie dated 2/26/26, no markings on the tubing to indicate the date. An observation of Resident 2 on 3/5/26 at 7:22 A.M. revealed oxygen on per nasal canula at 2 liters per minute. An oxygen concentrator next to the bed had a plastic baggie dated 2/26/26, no markings on the tubing to indicate the date. Interview with DON on 03/05/2026 at 7:26 AM confirmed the oxygen tubing should be marked with the date the tubing was changed. E. Record review of Resident 42's admission Face Sheet revealed an admission date of 4/16/25 and diagnoses that included Chronic Pulmonary Obstructive Disease, obstructive sleep apnea, respiratory failure with hypoxia and dependance on supplemental oxygen. Record review of Resident 42's MDS dated [DATE] revealed a BIMS score of 3 which indicated severe cognitive impairment, total dependance on staff for all activities of daily living and oxygen use while a resident. Record review of Resident 42's Physician Orders revealed the following order: 07/19/2025 O2 [Oxygen] 4 LPM [liters per minute] via NC [nasal cannula]. May titrate as able with goal of O2 saturations greater than 94% every shift. Observations on 03/02/2026 at 8:58 AM and 10:23 AM revealed Resident 42 in bed with Oxygen in place and running on a concentrator at 4 liters per minute via nasal cannula. The tubing had no date (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285146	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adept Nursing & Rehab of Gretna	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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	that identified when it had last been changed. Observations on 03/03/2026 at 7:55 AM and 03/04/2026 at 6:02 AM revealed Resident 42 in bed with Oxygen in place and running on a concentrator at 4 liters per minute via nasal cannula. The tubing had no date that identified when it had last been changed. Record review of Resident 42's February and March 2026 Treatment Administration Records revealed no information documented as to when the tubing had last been changed for the use of the oxygen. Interview on 03/04/2026 at 11:15 AM with the DON: confirmed that the Oxygen tubing was not dated and should be dated when changed, changed weekly and documented on the TAR.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285146	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adept Nursing & Rehab of Gretna	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)
F 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. Licensure Reference Number 175 NAC 12-006.10(D). Based on observation, interview and record review the facility failed to ensure a medication error rate of 5% or less as evidenced by 3 errors out of 25 opportunities for error resulting in a medication error rate of 12%. The facility census was 40. The findings are:Record review of the facility's undated policy titled Medication Errors revealed it is the policy of the facility to provide protections for the health, welfare, and rights of each resident by ensuring residents receive care and services safely in an environment free of significant medication errors.Medication error means the observed or identified preparation or administration of medications or biologicals which were not in accordance with the prescriber's order; manufacturer's specifications regarding preparation and administration of medication or biological; or accepted professional standards and principles which apply to professionals providing services. The facility shall ensure medications will be administered as follows:-according to physician's orders-per manufacturer's specifications regarding preparation and administration of the drug or biological-in accordance with the accepted standards and principles which apply to professionals providing services. The facility must ensure that it is free of medication error rates of 5% or greater as well as significant medication error events. A.Record review of Resident 35's Physician's Orders (PO) revealed an order for torsemide 80 milligrams (mg), give by mouth in the morning for edema (swelling). An observation conducted on 03-04-2026 at 7:10 AM of Medication Aide (MA) D administering medications to Resident 35 revealed a medication torsemide 80 mg was unavailable for administration. An interview conducted on 03-04-2026 at 7:15 AM with MA D revealed MA D would inform the charge nurse of the need to obtain the torsemide from the facility's medication bank. An interview conducted on 03-04-2026 at 8:30 AM with Licensed Practical Nurse (LPN) E revealed Torsemide 80 mg was not available in the facility's medication bank and the pharmacy had been notified. An interview conducted on 03-04-2026 at 2:00 PM with LPN E confirmed the Torsemide for Resident 35 had not arrived from the pharmacy and Resident 35 had missed a dose and a missed dose is a medication error. B.Record review of Resident 24's PO revealed an order for sucralfate (a medication used to treat stomach ulcers) 1 gram (GM) by mouth before meals and at bedtime. An observation conducted on 03-04-2026 at 12:45 AM of MA C administering medications to Resident 24 revealed the sulcrafate 1 GM was administered after Resident 24 had already eaten lunch. An interview conducted on 03-04-2026 at 12:50 PM with MA C confirmed the medication was given after the meal and should have been administered before. C.Record review of Resident 33's PO revealed an order for finasteride 5 mg by mouth one time a day for urinary retention. The finasteride was scheduled to be given at 8:00 PM. An observation conducted on 03-04-2026 at 1:00 PM of MA C administering medications to Resident 33 revealed MA C administered finasteride 5mg. An interview conducted with the Director of Nursing (DON) on 03-05-2026 at 8:30 AM confirmed the finasteride 5mg should have been administered at 8:00 PM for Resident 33 and confirmed missed doses and medications given at the wrong time were medication errors.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285146	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adept Nursing & Rehab of Gretna	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)
F 0578 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and interview the facility failed to update advanced directives in the medical record for 1 (Resident 1) of 17 residents sampled. The facility census was 40. The findings are:Record review of the facility policy dated 10-01-2022 titled Communication of Code Status revealed it is the policy of the facility to adhere to residents' rights to formulate advance directives. In accordance to these rights, this facility will implement procedures to communicate a resident's code status to those individuals who need to know this information. The facility will follow facility policy regarding resident's right to request, refuse and/or discontinue medical or surgical treatment and to formulate an Advance Directive. When an order is written pertaining to a resident's presence or absence of an Advance Directive, the directions will be clearly documented in designated sections of the medical record. Examples of directions to be documented include: Full Code, Do Not Resuscitate, Do Not Intubate and Do Not Hospitalize. The nurse who notates the order is responsible for documenting the directions in all relevant sections of the medical record.Record review of Resident 1's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) revealed the facility staff assessed the following about the resident:-Brief Interview of Mental Status (BIMS) was scored as13. According to the MDS Manual a score of 13 to 15 indicates a person is cognitively intact. -required partial assistance with upper body dressing and personal hygiene.-required substantial assistance with bed mobility.-required total assistance with toileting, bathing, lower body dressing, and transfers.-was receiving oxygen therapy. Record review of Resident 1's Advance Directive Information ([NAME]) dated 01-07-2026 revealed Resident 1 had changed the advance directive from I wish Cardio-Pulmonary Resuscitation (CPR) to I do not want CPR. Record review of Resident 1's Comprehensive Care Plan (CCP) printed on 03-02-2026 revealed Resident 1 had orders that include a status of Full Code. An interview conducted on 03-02-2026 at 11:43 AM with Licensed Practical Nurse (LPN) A confirmed there was a discrepancy between the [NAME] and the CCP and there should not have been.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285146	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adept Nursing & Rehab of Gretna	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)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.05(G)Based on record review and interview, the facility failed to identify and monitor specific target behaviors and side effects for the use of psychotropic medications for Residents 42 and 43 and failed to ensure AIMS testing had been completed for Resident 6 and failed to monitor and evaluate sleep patterns for the continued use of hypnotic medications for 3. A total of 5 residents were reviewed for unnecessary medication use. The census was 40. Findings are:A. Record review of a facility policy (undated) entitled Use of Psychotropic medication revealed the following information: It is the intent of this policy to ensure that residents receive psychotropic medications when nonpharmacological interventions are clinically contraindicated. Additionally, these medications should only be used to treat the residents' medical symptoms. Definitions: Adverse Consequences is a broad term referring to unwanted, unintended, or dangerous effects that a drug may have, such a impairment / decline in an individual's mental or physical condition or functional or psychosocial status. Policy Explanation and Compliance Guidelines: A psychotropic drug is any drug that affects brain activities associated with mental processes and behavior. Psychotropic drugs include but are not limited to the following categories: antipsychotics, antidepressants, anti=anxiety, and hypnotics. Psychotropic medications that are to be used only when a practitioner determines that the medication(s) is appropriate to treat a residents specific, diagnosed and documented condition and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication(s). The indications for initiating, maintaining or discontinuing medications, as well as the use of non-pharmacological approaches, will be determined by evaluating the residents physical, behavioral, mental, and psychosocial signs and symptoms in order to identify and rule out any underlying medical conditions, including the assessment of the relative risks and benefits, and the preferences and goals for treatment. 13. Residents that receive an antipsychotic medication will have an abnormal Involuntary Movement Scale (AIMS) test performed on admission, quarterly, with a significant change, change in antipsychotic medication PRN [as needed] or as per facility policy 15. The resident's response to the medication(s), including progress towards goals and presence / absence of adverse consequences, shall be documented in the resident's medical record. B. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285146	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adept Nursing & Rehab of Gretna	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)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident 42's admission Face Sheet revealed that Resident 42 was admitted to the facility on [DATE] and included a diagnosis of bipolar disorder [a mood disorder], major depressive disorder, recurrent severe with psychotic symptoms and generalized anxiety disorder. Record review of Resident 42's quarterly MDS (Minimum Data Set-a comprehensive assessment tool used to develop a resident's plan of care) most recent quarterly MDS dated [DATE] revealed that Resident 42 had a Brief Interview for Mental Status (BIMS) (a brief screening tool that aids in detecting cognitive impairment) score of 03 which indicated that Resident 42 was severely cognitively impaired. (a score of 0 - 7 indicated severe cognitive impairment, required total dependance on staff for activities of daily living [dressing, bathing, grooming, transfers, toileting and Hygiene], and used antipsychotic and antidepressant medications daily with indications for use present. Record review of Resident 42's Physician Orders revealed the following psychotropic medication orders: 11/15/25 Seroquel [an antipsychotic medication used to treat psychosis which includes symptoms like hallucinations and delusions [fixed beliefs]. Oral Tablet 50 mg [milligrams] (Quetiapine Fumarate) Give 100 mg by mouth at bedtime for anxiety, delusion. 11/15/25 Seroquel Oral Tablet 50 mg (Quetiapine Fumarate) Give 50 mg by mouth in the afternoon for anxiety, delusion. 11/15/25 Seroquel Oral Tablet 50 mg (Quetiapine Fumarate) Give 50 mg by mouth in the morning for anxiety, delusions related to bipolar disorder. 11/18/25 Sertraline [an antidepressant medication] HCl Oral Capsule 150 mg, Give 150 mg by mouth one time a day related to major depressive disorder, recurrent. Record review of Resident 42's Comprehensive Care Plan [CCP, a document that includes measurable objectives and timetables to meet a residents medical, nursing, and mental and psychosocial needs thata re identified in the comprehensive assessment] dated 2/27/26 identified that Resident 42 used psychotropic medications with the following interventions identified: Psychotropic Drug Use: [Resident 42] receives psychotropic medications related to depression, anxiety, bipolar disorder and delusional disorder Date Initiated: 04/25/2025 Revision on: 05/08/2025 [NAME] will be free from discomfort related to psychotropic medication therapy through the next 90 days. Date Initiated: 05/08/2025 Revision on: 12/02/2025 Target Date: 05/06/2026 Administer medications as ordered. Monitor/document for side effects and effectiveness. Date Initiated: 05/08/2025 Administer antidepressant medications as ordered by physician. Monitor/document side effects and effectiveness. Antidepressant side effects include Dry mouth, dry eyes, blurred vision, constipation, urinary retention, sedation/drowsiness, excessive weight gain, and suicidal ideations. Date Initiated: 05/08/2025 Administer anti-anxiety medications as ordered by physician. Side effects antianxiety medications: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285146	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adept Nursing & Rehab of Gretna	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)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Drowsiness, lack of energy, slow reflexes, slurred speech, confusion, depression, dizziness, Impaired thinking and judgment, forgetfulness, gastric distress, changes in vision. Paradoxical side effects: Mania, Hostility and rage, impulsive behavior, and Hallucinations. Date Initiated: 05/08/2025 Evaluate effectiveness and side effects of medications routinely for possible decrease/elimination of psychotropic medications. Date Initiated: 05/08/2025 SW Monitor/record/report to MD [Medical Doctor] prn [as needed] side effects and adverse reactions of psychoactive medications: unsteady gait, tardive dyskinesia, EPS (shuffling gait, rigid muscles, shaking), frequent falls, refusal to eat, difficulty swallowing, dry mouth, depression, suicidal ideations, social isolation, blurred vision, diarrhea, fatigue, insomnia, loss of appetite, weight loss, muscle cramps nausea, vomiting, behavior symptoms not usual to the person. Date Initiated: 05/08/2025 Monitor interaction of resident with other people for appropriateness. Date Initiated: 05/08/2025 Record review of Resident 42's CCP dated 2/27/26 identified that Resident 42 exhibited ongoing behavioral concerns with the following interventions: Behavioral Problem: [Resident 42] has a behavior problem as evidenced by: refusing to accept caregivers suggestions, arguing, making false accusations, making racially in appropriate statements. Date Initiated: 04/25/2025 Revision on: 12/30/2025 [Resident 42]'s behavior will not interfere with the delivery of care or services, or result in harm to self or others through the next review date. Date Initiated: 05/10/2025 Revision on: 12/02/2025 Target Date: 05/06/2026 Administer medications as ordered. Monitor and document for effectiveness and potential adverse side effects. Date Initiated: 05/10/2025 Monitor behavior episodes and attempt to determine underlying cause. Consider location, time of day, persons involved, and situations. Document behaviors and interventions in behavior log. Date Initiated: 05/10/2025 Intervene as necessary to protect the rights and safety of others. Remove resident to an alternate location when needed to protect the rights and safety of others. Date Initiated: 05/10/2025 Assist to develop more appropriate methods of coping and interacting. Encourage to express feelings appropriately. Date Initiated: 05/10/2025 Psychiatric consult per indication or physician's order. Date Initiated: 05/10/2025 Record review of Resident 42's Medication Administration Record [MAR] for [DATE] and [DATE] revealed that Resident 42 received Seroquel and Sertraline per the physicians orders. Record review of Resident 42's Electronic Medical Record, MAR and TAR [treatment administration record] revealed that no specific side effects had been identified and no behavior monitoring had been completed related to the antipsychotic and antidepressant medication use. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285146	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adept Nursing & Rehab of Gretna	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)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 03/04/2026 at 11:48 AM with the Director of Nursing [DON] confirmed no specific target behaviors had been identified on the TAR for the use of the Seroquel and the Sertraline and should have been. The DON confirmed that behavior monitoring had not been documented on the TAR and should have been. The DON confirmed target behaviors and side effect monitoring should be monitored daily and documented on the TAR. The DON confirmed that side effects and some target behaviors had been identified in the care plan, but they did not make it on the TAR for documented monitoring. C. Record review of Resident 6's admission face sheet revealed an admission date of 6/17/24 and diagnoses that included Schizoaffective Disorder Bipolar Type [a mental condition that combines symptoms of Schizophrenia such as hallucination and delusions with mood disorder symptoms]. Record review of Resident 6's annual MDS dated [DATE] revealed that Resident 6 had a BIMS score score of 07 which indicated that Resident 6 was severely cognitively impaired. (a score of 0 - 7 indicated severe cognitive impairment), was independent with activities of daily living [dressing, bathing, grooming, transfers, toileting and Hygiene], rejected cares 1-3 days per week and used antipsychotic and antidepressant medications daily with indications for use present. Record review of Resident 6's Physician Orders revealed the following psychotropic medication orders: 05/01/2025 Quetiapine Fumarate Oral Tablet 150 MG (Quetiapine Fumarate) Give 1 tablet by mouth at bedtime for behaviors related to schizoaffective disorder, bipolar type 05/01/2025 Quetiapine Fumarate Oral Tablet 200 MG (Quetiapine Fumarate) Give 1 tablet by mouth in the morning for behaviors related to schizoaffective disorder, bipolar type Record review of Resident 6's Medication Administration Record [MAR] for [DATE] and [DATE] revealed that Resident 6 received Seroquel per the physicians orders. Record review of Resident 6's AIMS testing revealed that Resident 6 had not had an AIMS test performed since 08/25/2025. Interview on 03/04/2026 at 1:59 PM with the DON confirmed that Resident 6 had not had an AIMS test since August of 2025. The DON confirmed that AIMS testing should be done quarterly and this was not done for Resident 6. D. A record review of the Quarterly MDS, dated [DATE] revealed Resident 43 had a BIMS of 15/15 indicating intact cognition, with no behaviors noted. Resident 43 was noted to be Independent with eating, oral hygiene, toileting hygiene, upper body dressing, lower body dressing, putting on and taking off footwear, personal hygiene, transferring self in and out of bed, and required partial/moderate assistance to shower/bathe self. Medications listed on MDS were antipsychotic, antianxiety, and antidepressant (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285146	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adept Nursing & Rehab of Gretna	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)
F 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Medical Diagnosis sheet in the electronic medical record revealed diagnosis of Bipolar Disorder dated 10/14/25, General Anxiety Disorder dated 5/9/23, Major Depressive Disorder, single episode, unspecified, dated 5/9/23 A record review of the Order Summary Report revealed the following orders 2/24/26 Buspirone HCL oral Tablet 7.5mg. Give 1 tablet by mouth two times a day. 12/1/25 Clonazepam Oral tablet Denigrating 0.5mg. Give 1 tablet by mouth in the morning. 10/14/25 Duloxetine HCL Oral Capsule Delayed Release Particles 60 mg. Give 1 capsule by mouth one time a day. 10/14/25 Escitalopram Oxalate oral tablet 5mg. give 1 tablet by mouth one time a day. 10/14/25 Quetiapine Fumarate Oral Tablet 25 mg. Give one tablet by mouth at bedtime. Give with 50mg tablet for a total of 75mg. 10/14/25 Quetiapine Fumarate Oral Tablet 50 mg. Give one tablet by mouth at bedtime. Give with 25mg tablet for a total of 75mg. A record review of the Care Plan Report dated 10/14/25 with a focus on psychotropic drug use did not list any target behaviors. An interview with the DON on 3/6/26 at 7:26 AM confirmed there were no target behaviors documented for Resident 43.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285146	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adept Nursing & Rehab of Gretna	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)
F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. Licensure Reference Number 175 NAC 12-006.09(F0(iii) Based on record review and interview, the facility failed to review and revise the Comprehensive Care Plan (CCP, a document that includes measurable objectives and timetables to meet residents medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment) to ensure the correct advanced directive information was identified for 1(Resident 8) of 1 resident reviewed for Hospice. The facility census was 40. Findings are: Record review of Resident 8's admission Face Sheet revealed an original admission date of 06/08/2023 and the Clinical Census identified a re-admission to Medicaid Hospice Services on 2/19/26. Record review of Resident 8's significant change Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 2/27/26 revealed that Resident 8 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 14 (a score of 13 - 15 indicated the resident is cognitively intact), required extensive to total assistance from staff with activities of daily living and received Hospice services while a resident. Record review of the Hospice admission for the Coordination of Care documents dated 2/19/26 identified a Hospice admission diagnosis of Cerebral Infarction. Record review of a Do Not Resuscitate Order document dated 2/19/26 revealed a signed document that identified that Resident 8 understood that a Do-Not-Resuscitate (DNR) order means that if the heart stops beating or breathing stops, no medical treatment will be started or continued. The document was signed by Resident 8's legally authorized representative. The legally authorized representative checked the box that indicated that Resident 8 did want a DNR order. Record review of Resident 8's Physician Orders revealed an order for Do Not Resuscitate dated 2/19/26. Record review of Resident 8's Comprehensive Care Plan (CCP, a document that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment) dated January 2026 revealed the following information for Resident 8: My Advanced Directives are full code.Date Initiated: 06/20/2023Revision on: 08/20/2025 I do not want to change myadvance directive at this time.Date Initiated: 06/20/2023Revision on: 07/11/2025Target Date: 03/06/2026 Request change in doctor's order if appropriate.Date Initiated: 06/20/2023 Resident will be given assistance to set up an appointment with their doctor asneeded to discuss changes in their advanced directive.Date Initiated: 06/20/2023 Resident will be informed/educated about advanced directives and be giveninformation per resident request.Date Initiated: 06/20/2023 Interview on 03/04/2026 at 9:50 AM with the facility Social Worker confirmed that Resident 8's CCP had not been updated to include a no code status and should have been. The SW confirmed that it should have been changed after the resident went on Hospice and the facility got the DNR order and the signed documents from Hospice. The SW confirmed that Resident 8's CCP still identified a full code status.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285146	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adept Nursing & Rehab of Gretna	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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. Licensure Reference Number 175 NAC 12-006.09 Based on observation, interview and record review the facility failed to implement a fluid restriction for 1(Resident 28) of 2 residents sampled. The facility census was 40. The findings are:Record review of the facility's undated policy titled Fluid Restriction revealed fluid restrictions may be ordered by a qualified professional (Physician, Nurse Practitioner, or when delegated to the Registered Dietician) as a part of a fluid management program for residents with edema, heart failure or dialysis. The amount of fluid allowed per 24 hours is written as a Physician's order using the approved community process. The fluid restriction order is sent to dining services in writing via the designated diet order form. Responsibility for dividing and communicating the allowed milliliters (ml) of fluids between Dining Services and Nursing Services per 24 hours is facilitated by the Dining Manager. Record review of Resident 28's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) revealed the facility staff assessed the following about the resident:-Brief Interview of Mental Status (BIMS) was scored as 12. According to the MDS Manual a score of 7-12 indicates moderate cognitive impairment.-required extensive assistance with toileting, bathing and lower body dressing.-required limited assistance with upper body dressing, bed mobility and transfers. Record review of Resident 28's Medication Administration Record for February 2026 revealed Resident 28 was on a 1500 ml fluid restriction without division of fluids between Dietary and Nursing Services.Record review of Resident 28's Comprehensive Care Plan (CCP) printed on 03-02-2026 revealed the absence of a fluid restriction. Record review of Resident 28's Dietary Meal Ticket (DMT) printed on 03-04-2026 revealed no information regarding a fluid restriction or how much fluid Resident 28 should have with each meal. An observation on 03-03-2026 at 12:00 PM revealed Resident 28 was in the dining room for lunch and had a Styrofoam cup of water. An observation on 03-03-2026 at 12:15 PM revealed Resident 28 was in (gender) with family eating Arby's. Resident 28 had a medium size soda, and a water pitcher in the room that was half gone. An interview conducted on 03-04-2026 at 9:00 AM with Resident 28 revealed (gender) had an order for a fluid restriction but isn't being enforced right now. An interview with Nursing Assistant (NA) B on 03-04-2026 at 11:00 AM revealed NA B was not aware of a fluid restriction for Resident 28.An interview with the Director of Nursing (DON) on 03-05-2026 confirmed the fluid restriction was not implemented and should have been.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285146	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adept Nursing & Rehab of Gretna	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)
F 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(H)(iii)(2). Based on interview and record review the facility failed to obtain orders for treatment of a pressure ulcer for 1(Resident 51) of 2 residents sampled. The facility census was 40. The findings are:Record review of the facility policy dated 08-2025 titled Wound Treatment Management revealed the policy was to promote wound healing of various types of wounds, it is the policy of the facility to provide evidence-based treatments in accordance with the current standards of practice and physician orders. Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing, and frequency of dressing change. In the absence of treatment orders, the licensed nurse will notify the physician to obtain treatment orders. Record review of Resident 51's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) revealed the facility staff assessed the following about the resident:-admitted to the facility on [DATE].-could not make themselves understood.-required partial assistance with bed mobility, eating and hygiene.-required substantial assistance with upper body dressing and transfers.-required total assistance with toileting and lower body dressing. Record review of Resident 51's Admission/readmission Assessment ([NAME]) dated 01-09-2026 revealed a pressure ulcer had been identified to the sacral area (the area just above the tailbone) measuring 2.0 by 1.0 centimeters (cm). Record review of Resident 51's Order Summary (OS) printed on 03-02-2026 revealed no order for the treatment of the pressure ulcer to the sacrum. An interview conducted with Registered Nurse (RN) F on 03-05-2026 at 10:35 AM revealed Resident 51 had a pressure ulcer to the sacral area and confirmed the physician was not notified and an order was not obtained and should have been.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285146	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Adept Nursing & Rehab of Gretna	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)
F 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures. Licensure Reference Number 175 NAC 12-006.12(vi)Based on record review and interview the facility failed to ensure a rationale was provided for the continued use of ibuprofen for Resident 43. The facility identified a census of 40.Findings are:A.A Record review of a Policy entitled Medication Regimen Review dated 8/3/25 and revised 8/3/25 revealedPolicy:The drug regimen of each resident is reviewed at least once a month by a licensed pharmacist and included a review of the resident's medical chart.4. The pharmacist shall document, either manually or electronically, that each medication review has been completed. a. The pharmacist shall document either that no irregularity was identified or the nature of any identified irregularities. b. The pharmacist does not need to document continuing irregularity in the report each month if the attending physician has documented a valid clinical rationale for rejecting the pharmacist's recommendations. B.A record review of the Quarterly Minimum Data Set (MDS , a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 1/16/26 revealed Resident 43 had a Brief Interview for Mental Status (BIMS) of 15/15 indicating intact cognition, with no behaviors noted. Resident 43 was noted to be Independent with eating, oral hygiene, toileting hygiene, upper body dressing, lower body dressing, putting on and taking off footwear, personal hygiene, transferring self in and out of bed, and required Partial/moderate assistance to shower/bathe self.A record review of a Physicians Order dated 2/12/26 revealed an order for Ibuprofen Oral Capuls 200mg, Give 2 capsules by mouth two times a day for PainA record review of a Physician Order dated 2/9/26 revealed an order for Ibuprofen Oral Capsule 200mg, Give 2 capsuled by mouth every 12 hours as needed for Pain Record review of a document entitled Pharmacist's Recommendation to Prescriber date 1-27-2026 for Resident 43 revealedPrescriber: [Physicians name]Resident is on the anticoagulant Xaretlo and is taking the following nonsteroidal anti-inflammatory drug (NSAID):Ibuprofen cap 200mg: Take two capsules (400 mg) by mouth twice dailyAnticoagulants in combination with NSAID's can increase the risk of bleeding. Recommendation:Discontinue the above NSAID order for IbuprofenPhysicians ResponseDisagree - (Clinical record must include clear rationale)Prescriber's Comments:Take 400mg Ibuprofen every 12 hours as needed for pain-dated 2/6/26 In an interview with the DON on 3/6/26 at 10:36 a.m. confirmed the prescriber had not documented the rationale for ibuprofen.