

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285173	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/21/2024
NAME OF PROVIDER OR SUPPLIER  Florence Home		STREET ADDRESS, CITY, STATE, ZIP CODE 7915 North 30th Street Omaha, NE 68112	

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 0620</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Not require residents to give up Medicare or Medicaid benefits, or pay privately as a condition of admission; and must tell residents what care they do not provide.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47312</b></p> <p>Based on record review and interview; the facility failed to ensure its admission policy did not waive the potential liability for losses of a resident's personal property for Resident 2, 4, and 5. This had the potential to affect all residents in the facility. The facility census was 77.</p> <p>Findings are:</p> <p>Review of the facility, Admission Agreement, revised 01/24, revealed the following:</p> <p>-XIV. Personal Property: The Home shall not be liable for loss or damage to any personal property belonging to the resident and kept at the Home.</p> <p>Review of the facility, Personal Property policy, updated 1/2024, revealed the following:</p> <p>-[NAME] Home shall not be liable for loss or damage to any personal property belonging to the resident and kept at [NAME] Home, nor will [NAME] Home be responsible for replacing, lost, damaged or stolen items.</p> <p>Review of Resident 2's Admission Agreement, dated 9/18/09, revealed acknowledgement of the Personal Property agreement by Resident 2's resident representative.</p> <p>Review of Resident 4's Admission Agreement, dated 1/18/23, revealed acknowledgement of the Personal Property agreement by Resident 4.</p> <p>Review of Resident 5's Admission Agreement, dated 6/22/23, revealed acknowledgement of the Personal Property agreement by Resident 5's resident representative.</p> <p>An interview on 2/21/24 at 9:27 AM, the Social Services confirmed that the facility's Admission Agreement and Personal Property policy did waive the liability of the facility for losses of resident's personal property and that the agreement is signed upon admission by the resident or the resident's representative.</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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