

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285218	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/20/2025
NAME OF PROVIDER OR SUPPLIER  The Cypress at Midtown		STREET ADDRESS, CITY, STATE, ZIP CODE  910 South 40th Street Omaha, NE 68105	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49164</p> <p>Licensure Reference Number 175 NAC 12-006.09(I)</p> <p>Based on observation, interview and record review the facility failed to implement interventions to prevent falls for 2 (Resident 1 and 2) of 3 residents sampled. The facility census was 40.</p> <p>Findings are:</p> <p>Record review of the facility policy titled Fall Prevention Program dated 08-2024 revealed the following:</p> <ul style="list-style-type: none"> <li>-each resident will be assessed for fall risk and will receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls.</li> <li>-the facility uses a standardized risk assessment for determining a resident's fall risk.</li> <li>-the risk assessment categorizes residents according to low, moderate, or high risk.</li> <li>-upon admission the nurse will complete a fall risk assessment along with the admission assessment to determine the resident's level of fall risk.</li> <li>-the nurse will refer to the facility's High Risk or Low/Moderate Risk protocols when determining primary interventions.</li> <li>-each resident's risk factors and environmental hazards will be evaluated when developing the resident's comprehensive plan of care.</li> <li>-interventions will be monitored for effectiveness.</li> <li>-the plan of care will be revised as needed.</li> </ul> <p>A.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 1's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 02-16-2025 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> <li>-Brief Interview of Mental Status (BIMS) was scored as a 3/15. According to the MDS Manual a score of 0-7 indicates severe cognitive impairment.</li> <li>-The resident required set up and supervision for eating and upper body dressing.</li> <li>-The resident required substantial assistance with toileting, bathing, lower body dressing and transfers.</li> </ul> <p>Record review of Resident 1's Comprehensive Care Plan (CCP) dated 03-17-2025 revealed Resident 1 had the potential for falls related to having had a stroke and a history of seizures. The CCP also indicated that Resident 1 was to have an alarm to bed and wheelchair.</p> <p>An observation on 3-18-2025 at 2:40 PM of Resident 1 sitting in a wheelchair next to the nurse's station revealed no alarm in use on the wheelchair.</p> <p>An observation on 3-20-2025 at 8:05 AM of Resident 1 sitting in the wheelchair in the library revealed no alarm in use on the wheelchair.</p> <p>An interview on 3-20-2025 at 10:35 AM with the Director of Nursing (DON) which confirmed Resident 1 did not have a fall alarm on the wheelchair and should have had one.</p> <p>B.</p> <p>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"> <li>-BIMS was scored as a 9/15. According to the MDS Manual a score of 8-12 indicates moderate cognitive impairment.</li> <li>-The resident required substantial assistance with bathing and lower body dressing.</li> <li>-The resident required partial assistance with toileting, personal hygiene, upper body dressing, transfers and bed mobility.</li> </ul> <p>Record Review of Resident 2's CCP dated 02-13-2025 revealed Resident 2 had a history of falls and was to have a clip alarm when in chair and bed, and a fall mat when in bed.</p> <p>An observation on 3-18-2025 at 1:50 PM revealed Resident 2 sitting in a wheelchair, in room without a clip alarm in use.</p> <p>An observation on 3-20-2025 at 6:50 AM revealed Resident 2 lying in bed without a clip alarm in place, or a fall mat next to bed.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 3-20-2025 at 7:55 AM with Nurse Aid (NA)-C which revealed Resident 2 does not use a clip alarm or a fall mat.</p> <p>An interview with the DON on 3-20-2025 at 10:35 AM confirmed Resident 2 should have had a clip alarm and a fall mat when in bed.</p>		