STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285218	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Cypress at Midtown	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** License Reference Number 175 NAC 12.006.09(H)(iii)(2)Based on observation, interview and record review, the facility failed to ensure staff members performed hand hygiene when providing wound care to 2 residents (Residents 2 and 3) of 3 residents surveyed. The facility had a census of 46.A record review of the facilities Infection Prevention and Control Program, reviewed on 1/1/2025 revealed the following:Policy:This facility has established and maintains an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines.Policy Explanation and Compliance Guidelines:All staff are responsible for following all policies and procedures related to the Program.Standard Precautions:All staff shall assume that all residents are potentially infected or colonized with an organism that could be transmitted during the course of providing resident care services.A record review of the facilities Hand Hygiene policy reviewed 11/2/2025 revealed the following:Policy:All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility.Policy Explanation and Compliance Guidelines:Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice.Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table.This includes: After handling contaminated objects,Before applying and after removing personal protective equipment (PPE), including gloves.Before and after handling clean or soiled dressings, linens, etc.After handling items potentially contaminated with blood, body fluids, secretions, or excretions.When, during resident care, moving from a contaminated body site to a clean body site.Additional Considerations:The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves.A. A record review of Resident 2's Clinical Resident profile sheet revealed Resident 2 was admitted to the facility on [DATE] with the following diagnoses: surgical aftercare for surgery on the genitourinary system, Acute kidney failure (a sudden, often reversible loss of kidney function occurring within hours or days), sepsis (a life-threatening reaction to an infection that causes the immune system to harm healthy tissues and organs) due to enterococcus (bacteria normally found in the human gut which can cause infection, and severe protein-calorie malnutrition (undernutrition cause by inadequate intake of protein and calories).A record review of Residents 2's Minimum Data Set (MDS - a federally mandated standardized tool used in nursing homes to evaluate resident health status and care needs) dated 1/17/2026, revealed Resident 2 had a Brief Interview for Mental Status (BIMS - a standardized screening tool use in long-term care settings to assess cognitive function) of 11, indicating Resident 2 is moderately cognitively intact.(experiences noticeable memory or thinking problems greater than normal ageing but still maintains independence in daily functioning).A record review of Resident 2's progress note dated 4/5/2026 revealed Resident 2 was sent to the Emergency department on 4/5/2026 via 911 for a decrease in level of consciousness.A record review of Resident 2's progress note dated 4/9/2026 revealed Resident 2 returned from the hospital with an admitting diagnosis of Sepsis with Acute (continued on next page)

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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