| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 285218 | A. Building<br>B. Wing | 01/06/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| The Cypress at Midtown | 910 South 40th Street<br>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 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide care and assistance to perform activities of daily living for any resident who is unable.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49164<br><br>Licensure Reference Number 175 NAC 12-006.09(H)(i)(3)<br><br>Based on interview and record review the facility failed to provide baths according to the plan of care for 2 (Resident 17 and 34) of 3 residents sampled. The facility census was 40.<br><br>The findings are:<br><br>A. Record review of Resident 17's Minimum data Set ( MDS: a federally mandated assessment tool used for care planning) dated 11-26-2024 revealed the facility staff assessed the following about the resident:<br><br>-Brief Interview of Mental Status (BIMS) was scored as a 0. According to the MDS Manual a score of 0 to 7 indicates a person has a severe cognitive impairment.<br><br>-Required extensive assistance with toileting, bathing, transfers and lower body dressing.<br><br>-Required limited assistance with eating, hygiene, and bed mobility.<br><br>Record review of Resident 17's Care Plan dated 07-03-2023 revealed Resident 17 wanted a bath once a week on Wednesday with Resident 17 required substantial assistance with bathing.<br><br>Record review of Resident 17's Electronic Health Record (EHR) revealed a bath was provided on:<br><br>12-04-2024 and 12-14-2024, a 10 day span of time between baths.<br><br>An interview was conducted on 01-06-2024 at 12:00 PM with the Director of Nursing (DON). During the interview the DON reported 10 days is too long in between baths for Resident 17.<br><br>B. Record review of Resident 34's MDS dated [DATE] revealed the facility staff assessed the following about the resident:<br><br>-BIMS was scored as a 14. According to the MDS Manual a score of 13 to 15 indicate a person is cognitively intact.<br><br>-Required substantial assistance with bathing and lower body dressing<br><br>(continued on next page) |



| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0677<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -Required total assistance with transfers and toileting.<br><br>Record Review of Resident 34's Bathing Preferences Document dated 07-12-2024 revealed Resident 34 wanted 2 baths a week.<br><br>Record review of Resident 34's EHR revealed Resident 34 received a bath on:<br><br>12-05-2024, and 12-15-2024, a 10 spam between baths.<br><br>An interview conducted on 01-06-2024 at 12:00 PM with the Director of Nursing (DON) revealed 10 days is too long in between baths for Resident 34.<br><br>Record review of the facility policy titled Resident Showers dated 08-2024 revealed the following policy statement:<br><br>It is the practice of this facility to assist residents with bathing to maintain proper hygiene, stimulate circulation and help prevent skin issues as per current standards of practice.<br><br>The policy explanation and compliance guidelines revealed residents will be provided showers as per request or as per facility schedule protocols and based upon resident safety. |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident’s preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49164<br><br>Licensure Reference Number 175 NAC 12-006.09(H)(iii)<br><br>Based on observation, interview and record review the facility failed to follow practitioner's orders for wound care and skin integrity for 2 (Resident 5 and 34) of 4 sampled residents. The facility census was 40.<br><br>The findings are:<br><br>A. Record review of Resident 5's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 11-02-2024 revealed the facility staff assessed the following about the resident:<br><br>-Brief Interview of Mental Status (BIMS) was scored at a 15. According to the MDS Manual a score of 13 to 15 indicate a person is cognitively intact.<br><br>-required substantial assistance with toileting, lower body dressing, and bathing.<br><br>-required total assistance with putting on and taking off footwear.<br><br>Record review of Resident 5's Order Summary sheet printed on 12-31-2024 revealed an order for a double layer of compression to both lower extremities of small edema wear (blue) followed by tubigrip size F apply from below the knee to tips of toes.<br><br>An observation on 12-31-2024 at 12:30 PM revealed Resident 5 had tubigrip (a compression bandage for swelling) and edema wear (a compression bandage) over the tubigrip to both lower legs.<br><br>An observation on 01-02-2025 at 10:10 AM revealed Resident 5 had returned from taking a bath and both legs had a tubigrip dressing with an edema wear dressing over the top.<br><br>An interview with Registered Nurse (RN) B on 01-02-2025 at 10:15 AM revealed confirmed the compression dressings were applied in the wrong order. RN B reported the correct order was to apply the edema wear first followed by the tubigrip dressing.<br><br>B. Record review of Resident 34's MDS dated [DATE] revealed the facility staff assessed the following about the resident:<br><br>-BIMS was scored as a 14. According to the MDS Manual a score of 13 to 15 indicate a person is cognitively intact.<br><br>-Required substantial assistance with bathing and lower body dressing<br><br>-Required total assistance with transfers and toileting.<br><br>(continued on next page) |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Record review of Resident 34's order summary printed 12-31-2024 revealed an order for wound care to a sacral wound as follows:<br><br>-Wound treatment: Sacral wound: Vashe compress to wound for 10 minutes then apply triad paste directly into the wound bed, change daily on every day shift.<br><br>An observation on 01-02-2025 at 12:04 PM of RN E providing wound care for Resident 34 revealed a border dressing dated 12-31-2024 was on Resident 34's sacral area.<br><br>An interview conducted with RN E on 01-02-2025 at 12:15 PM revealed the dressing to Resident 34's sacrum was a daily dressing change. RN E confirmed the date on the dressing was 12-31-2024 and should have been changed on 01-01-2025.<br><br>Record review of the facility policy titled Wound Treatment Program dated 08-2023 revealed the following:<br><br>Policy: to promote wound healing of various types of wounds, it is the policy of this facility to provide evidence-based treatments in accordance with current standards of practice and physician orders.<br><br>Policy Explanation and Compliance Guidelines: Wound treatments will be provided in accordance with physician orders, including the cleansing method, type of dressing and frequency of dressing change. |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49164<br><br>Licensure Reference Number 175 NAC 12-006.09(I)(i)(B)<br><br>Based on observation, interview and record review the facility failed to implement interventions to prevent potential falls for 1 (Resident 17) of 4 residents sampled. The facility census was 40.<br><br>The findings are:<br><br>Record review of Resident 17's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 11-26-2024 revealed the facility staff assessed the following about the resident:<br><br>-Brief Interview of Mental Status (BIMS) was scored as a 0. According to the MDS Manual a score of 0 to 7 indicates a person has severe cognitive impairment.<br><br>-required substantial assistance with toileting, showering, lower body dressing, and transfers.<br><br>-required limited assistance with eating, hygiene, and bed mobility.<br><br>Record review of Resident 17's care plan dated 06-15-2020 with a revision date of 09-26-2024 revealed Resident 17 was a fall risk and had fallen on 12-18-2024 while attempting to self-transfer. An intervention with a initiation date of 12-18-2024 revealed staff were to be in attendance with eyes on resident when Resident 17 was up in chair in their room.<br><br>An observation on 01-02-2025 at 1:37 PM revealed Resident 17 was up in chair in room. During this observation, there were no staff present in Resident 17's room, at the nurse's station across the hall from the room, or in the hallway.<br><br>An interview with Nursing Assistant (NA) F on 01-02-2025 at 1:45 PM revealed that Resident 17 was to be supervised while eating, otherwise the resident did not require supervision.<br><br>An interview with Medication Aid (MA) D on 01-02-2025 at 1:50 PM revealed Resident 17 required supervision was while eating and no other time.<br><br>An observation on 01-06-2025 at 12:30 PM revealed Resident 17 was sitting in a chair in their room, without the presence of staff in the room, at the nurse's station or in the hallway.<br><br>An interview with Licensed Practical Nurse (LPN) A on 01-06-2024 at 12:35 PM confirmed Resident 17 was alone in their room without staff superviison. LPN A further reported Resident 17 did not need to be supervised while sitting in chair in room.<br><br>An interview was conducted on 01-06-2025 at 12:46 PM with the Director of Nursing (DON) confirmed the intervention for Resident 17's fall on 12-18-2024 was to have staff supervise the resident while up in chair in room.<br><br>(continued on next page) |

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| F 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Record review of the facility policy titled Fall Risk assessment dated ,d+[DATE] revealed the following:<br><br>-Policy: it is the policy of this facility to provide an environment that is free from accident hazards over which the facility has control, and provides supervision and assistive devices to each resident to prevent avoidable accidents.<br><br>-The risk assessment will be completed by the nurse or designee upon admission, quarterly, or when a significant change is identified.<br><br>-The risk assessment will contain the following components:<br><br>-a. Identify environmental hazards and individual risks, including the need for supervision.<br><br>-b. Evaluate and analyze hazards and risks.<br><br>-An at risk for falls care plan will be completed for each resident to address each item identified on the risk assessment and will be updated accordingly.<br><br>-The at risk for falls care plan will include interventions, including supervision, consistent with a resident's needs, goals, and current standards of practice in order to reduce the risk of an accident. |

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| F 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide enough food/fluids to maintain a resident's health.<br><br>49164<br><br>Licensure Reference Number 175 NAC 12-006.09(J)(ii)<br><br>Based on observation, interview and record review the facility failed to provide assistive equipment for eating for 1 (Resident 17) of 2 residents sampled. The facility census of 40.<br><br>The findings are:<br><br>Record review of Resident 17's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 11-26-2024 revealed the facility staff assessed the following about the resident:<br><br>-Brief Interview of Mental Status (BIMS) was scored as a 0. According to the MDS Manual a score of 0 to 7 indicates a person has severe cognitive impairment.<br><br>-required substantial assistance with toileting, showering, lower body dressing, and transfers.<br><br>-required limited assistance with eating, hygiene, and bed mobility.<br><br>Record review of Resident 17's care plan dated 06-15-2020 revised on 09-26-2024 revealed Resident 17 was a risk for a potential nutritional problem related to having had a stroke with subsequent swallowing problems. Interventions included on the care plan were to provide and serve the diet as ordered. A Scoop plate, weighted utensils, and 2 handled cups were to be provided at meals.<br><br>Record review of a green colored dietary slip dated 12-31-2024 for Resident 17 revealed the following:<br><br>-Diet: was a regular diet<br><br>-Texture consistency was pureed<br><br>-Other instruction were: no straws, supervision the at meals, provide a scoop plate, 2 handled cup, and a specialty plate.<br><br>-Adaptive equipment was identified as a weighted utensils, 2 handled cup with lid for all liquids.<br><br>An observation on 12-31-2024 at 12:30 PM revealed Resident 17 sitting on the side of the bed eating lunch. Resident 17 was served puree chicken pot pie, puree asparagus, puree cranberry bar served on a regular plate and weighted utensils were provided. Resident 17 was also served a cup of coffee in a maroon one handled cup and a glass of juice.<br><br>An observation on 01-02-2025 at 8:17 AM revealed Resident 17 was sitting on the side of the bed with bedside table in front of resident. Resident 17 was drinking coffee from a maroon one handled cup without a lid and a glass of juice without handles.<br><br>(continued on next page) |

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| F 0692<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | An interview with Nursing Assistant (NA) E on 01-02-2024 at 10:00 AM confirmed that Resident 17 was drinking coffee from a maroon cup with one handle and no lid and was served juice in a glass without handles.<br><br>An observation on 01-06-2025 at 8:53 AM revealed Resident 17 was sitting in a chair eating breakfast. Resident 17 was served a bowl of hot cereal, and pureed sausage and a pureed pancake on a regular plate with weighted utensils. Resident 17 had a cup of coffee in a maroon one handled cup without a lid, and a regular glass of juice without handles.<br><br>An interview on 01-06-2025 at 8:55 AM with NA E confirmed Resident 17 was not provided with a scoop plate or 2 handled cups for liquids with the breakfast meal.<br><br>An interview on 01-06-2025 at 9:06 AM with the Dietary Manager (DM) C confirmed that Resident 17 is to be served meals on a scoop plate with 2 handled cups for all liquids. |