STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285238	A. Building B. Wing	10/24/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keystone Ridge Post Acute Nursing and Rehab	7501 Keystone Drive Omaha, NE 68134

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 04577 Licensure reference: 175 NAC 12-006.04(F)(i)(5). Based on record review and interview, the facility failed to ensure medical provider was notified of blood pressures outside of established parameters for 1 [Resident 6] of 10 sampled residents. The facility had a total census of 67 residents. Findings are: A review of Resident 6's Admission Record revealed Resident 6 was admitted to the facility on [DATE]. Resident 6's Admission Record included the following diagnoses: type 2 diabetes mellitus [a disease that occurs when the body doesn't use insulin properly], chronic obstructive pulmonary disease [lung disease causing restricted air flow and breathing problems], essential hypertension [high blood pressure], and dependence on renal dialysis. A review of Resident 6's 6/2024 MAR [Medication Administration Record] revealed the following orders: -Carvedilol [a medication to treat high blood pressure and heart failure] 25 mg give 1 tablet orally in the evening every Tuesday, Thursday, and Saturday. Hold for SBP [systolic blood pressure] less than 120 and HR [heart rate] less than 50. -Carvedilol 25 mg give 1 tablet orally 2 times a day every Monday, Wednesday, Friday, and Sunday hold for systolic blood pressure less than 120 and heart rate less than 50 -Hydralazine [a medication to treat high blood pressure] 25 mg give 3 tablets orally 3 times per day Monday, Wednesday, Friday, and Sunday -Hydralazine 25 mg give 3 tablets orally 2 times per day every Tuesday, Thursday, and Saturday -Weekly vital signs notify MD of systolic blood pressure greater than 180 or less than 80, Heart rate greater than 120 or less than 50, temperature greater than 100 F, or oxygen saturation less than 88% (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/24/2024
NAME OF PROVIDER OR SUPPLIER Keystone Ridge Post Acute Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 7501 Keystone Drive Omaha, NE 68134	

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 6's Progress Notes dated 6/1/24 revealed Resident 6 was admitted to the hospital for hypotensive episode [low blood sugar]. A review of Resident 6's Blood Pressure Summary revealed the following blood pressures: -6/19/24 at 10:47 AM 74/57 -6/21/24 9:48 AM 77/58 A review of Resident 6's Progress Notes did not reveal any documentation of Resident 6's provider being notified of blood pressure of 74/57 on 6/19/24 and 77/58 on 6/21/24. In an interview on 10/24/24 at 12:40 PM, the Director of Nursing confirmed that Resident 6's physician should have been notified for a blood pressure outside of the parameters.

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NAME OF PROVIDER OR SUPPLIER: Keystone Ridge Post Acute Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE: 7501 Keystone Drive, Omaha, NE 68134	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 04577 Based on record review and interview, the facility failed to report and submit an investigation of potential neglect for 1 [Resident 1] of 10 sampled residents. The facility had a total census of 67 residents. Findings are: A review of Resident 1's Admission Record revealed Resident 1 admitted to the facility on [DATE] with diagnoses of epilepsy [seizure disorder] and hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side [left side paralysis after stroke]. A review of Resident 1's Progress Notes revealed a Progress Note dated 10/13/24 at 10:22 AM revealed Resident 1 reported that Resident 1 had spilled coffee on self in the upstairs dining room yesterday evening. Resident 1 reported pain in groin. Resident 1 was found to have a 10 cm by approximately 2 cm wide area of redness with raised areas through including a fluid filled blister measuring 3 cm x 0.5 cm and a second distal fluid filled blister measuring approximately 0.3 cm x 0.4 cm. A scant amount of blood was noted to redness on inner groin area. The Progress Note stated that Assistant Director of Nursing and Administrator were notified. A review of undated list of facility investigations from 9/23/24 through 10/15/24 did not include an investigation of Resident 1's burn. A review of Performance Improvement Plan initiated 10/13/24 revealed the facility took the following action due to burn from coffee: -10/13/24 Resident 1 was re-evaluated by Occupational Therapy for lidded cup, -10/13/24 A hot liquid evaluation was completed for Resident 1, -10//13/24 Certified Dietary Manager reviewed hot liquid temperature log for 10/12/24 and 10/13/24, -10/14/24 hot liquid policy revised and education provided to staff, -Dietary staff interviewed to verify competency in process from machine to resident, -10/132/4 Staff education provided regarding temperature, coffee handling, and dining. In interviews on 10/21/24 at 1:02 PM and 4:58 PM and 10/24/24 at 2:20 PM, the Administrator reported conducting interviews regarding the burn. The Administrator confirmed that the burn was not reported to Adult Protective Services or a report submitted to the survey agency as the burn was not considered a significant injury. (continued on next page)

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of facility policy titled Abuse: Prevention of and Prohibition Against revised 12.2023 revealed the following: -All allegations of abuse, neglect, misappropriation of resident property, and exploitation will be promptly and thoroughly investigated by the Administrator or his/her designee. -The investigation will include the following: -An interview with the person(s) reporting the incident; -An interview with the resident(s); -Interviews with any witnesses to the incident, including the alleged perpetrator, as appropriate; -A review of resident's medical record; -An interview with staff members who may have information regarding the alleged incident; -Interviews with other residents to whom the accused employee provides care or services or who may have information regarding the alleged incident; -An interview with staff members having contact with the accused employee; and -A review of all circumstances surrounding the incident. -Allegations of abuse, neglect, misappropriation or resident property, or exploitation will be reported outside the Facility and to the appropriate State or Federal agencies in the applicable time frames, as per this policy and applicable regulations.