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	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Keystone Ridge Post Acute Nursing and Rehabilitati	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 0808 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law. Licensure Reference Number 175 NAC 12-006.11 (A)(iv) Based on observation, record reviews and interviews, the facility failed to follow physician ordered diets for 1 (Resident 9) of 5 sample residents. The facility identified a census of 71. Findings are:A. A record review of the facility's Physician Orders policy with a revision date of 11/2022 revealed the following: It is the policy of this facility that drugs and diet orders shall be administered only upon the written order of a person duly licensed and authorized to prescribe such drugs/diets. B.A record review of Resident 9's Order Summary Report dated 4/16/2026 revealed an order for a regular diet soft and bite sized- level 6 texture, mildly thick- Level 2 consistency. A record review of Resident 9's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 1/27/2026 revealed a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 12/15 indicating the resident has moderate cognitive impairment. Resident 9's MDS revealed that the resident has a diagnosis of dysphagia (difficulty swallowing). An observation on 4/16/2026 at 7:30 AM revealed License Practical Nurse (LPN)-D poured Resident 9 a full glass of thin water out of the water pitcher on the medication cart. An observation on 4/16/2026 at 7:38 AM revealed the Administrator (Admin) brought Resident 9 a sandwich and poured Resident 9 thin water from the water pitcher on the medication cart. LPN-D informed the Admin that Resident 9 had just had a glass of water and drank it fast and was coughing. The Admin proceeded to give Resident 9 water. In an interview on 4/16/2026 at 9:45 AM Director of Rehabilitation confirmed that Resident 9 is on a regular diet and nectar thicken water. In an interview on 4/16/2026 at 10:06 AM Administrator (Admin) confirmed that Resident 9 was ordered to be on thicken liquids. The Admin confirmed that the water the admin provided to Resident 9 was not thickened and should have been. In an interview on 4/16/2026 at 11:59 AM License Practical Nurse (LPN)-D confirmed that Resident 9 was ordered to have nectar thicken fluids. LPN-D confirmed that the water that LPN-D provided to Resident 9 was not thickened and should have been.

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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(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** Licensure Reference Number; 175 NAC 12-006.18Based on observation, record review and interview the facility failed to implement Enhanced Barrier Precautions for 2 (Resident 6 and 7) of 5 residents sampled , and failed perform hand hygiene between gloving for 1 resident (Resident 7) of 4 sampled residents, and failed perform peri care and catheter care in a manor to prevent cross contamination for 1 (Resident 7) of 4 residents sampled. The facility staff identified a census of 71. Findings areA. Observation of an Enhanced Barrier Precautions sign outside room [ROOM NUMBER] on 4/16/26 at 9:58 A.M. stated the following: Stop Enhanced Barrier Precautions (EBP)-Stop; Everyone must clean their hands before entering and when leaving the room. Providers and staff must also: wear gloves and a gown for the following High-Contact Resident Care Activities. Dressing, Bathing/Showering, Transferring, Changing Linens, Providing Hygiene, Changing briefs or assisting with toileting, Device Care of use: central line, urinary catheter, feeding tube, tracheostomy Wound Care: any skin opening requiring a dressing. Do not wear the same gown and gloves for the care of more than one person. B. Record review of a facility policy titled IPCP Standard and Transmission-Based Precautions dated 06/2021 with a revision/review date of 7/2022; 10/2022 revealed the following: It is the policy of this facility to implement infection control measures to prevent the spread of communicable diseases and conditions. In Long Term Care (LTC), it is appropriate to individualize decisions regarding resident placement (shared or private), balancing infection risk with the need for more than one occupant in the room, the presence of risk factors that increase the likelihood of transmission, and the potential for adverse psychological impact on the infected or colonized resident. 3. Enhanced Barrier Precautions (EBP): expand the use of Personal Protective Equipment (PPE) and refer to the use of gowns and gloves during high contact resident care activities that provide opportunities for indirect transfer of Multi Drug Resistant Organisms (MDROs, are germs that have become resistant to multiple antibiotics, making infections difficult to treat with standard drugs) to staff hands and clothing then indirectly transferred to residents or from resident-to-resident.(e.g., residents with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDROs). a. PPE: The use of gowns and gloves for high-contact resident care activities is indicated, when Contact Precautions do not otherwise apply, fr nursing home residents with: i. Wounds and/or indwelling medical devices regardless of MDRO colonization as well as for residents. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	c. Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include: i. Dressing ii. Bating/showering iii. Transferring iv. Providing hygiene v. Changing linens vi. Changing briefs or assisting with toileting vii. Device care or use: central vascular line (including hemodialysis catheters), indwelling urinary catheter, feeding tube, tracheostomy/ventilator. C. Record review of a policy titled Hand Hygiene revealed the following: Policy It is the policy of this facility to provide the necessary supplies, education, and oversight to ensure healthcare workers perform hand hygiene based on accepted standards. Purpose Hand hygiene is one of the most effective measures to prevent the spread of infection. Studies show that effective hand decontamination can significantly reduce the rate of healthcare associated infections. All personnel shall follow the handwashing/hand hygiene procedure to help prevent he spread of infections to other personnel, residents and visitors. Procedure 1. Wash hands with soap and water for the following situations: a. When hands are visibly soiled (e.g., blood, body fluids) b. After caring for a resident with known or suspected Clostridioides © Difficile or Norovirus infection during an outbreak, or if infection rates of C. Difficile Infection (CDI) are high. 2. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: a. Before and after coming on duty; (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	b. before direct contact with residents; e. Before and after handling an invasive device (e.g., urinary catheters, IV access sites); h. Before moving from a contaminated body site to a clean body site during resident care; i. After contact with a resident's intact skin; k. after handling contaminated dressings, contaminated equipment, etc.; l. After contact with objects (e.g. medical equipment) in the immediate vicinity of the resident; m. After removing gloves D. Record review of a facility policy titled Indwelling Urinary Catheter Care with an original date of 5/2007 and a revision/Review date of 4/2025 revealed the following: Policy It is the policy of this facility that each resident with an indwelling catheter will receive care daily and as needed (PRN) to promote hygiene, comfort, and decrease the risk of infection. Procedure 7. Perform hand hygiene, using soap and water. 8. [NAME] gloves. 9. Moisten the washcloth and apply soap to the washcloth or using moistened disposable wipes, clean the catheter in a downward motion (front to back) beginning at the urinary meatus (insertion point) and at least 4 inches down (from resident toward the collection bag). Use a clean portion of the washcloth or fresh disposable wipe for one cleansing motion. E. Record Review of Residents 1's Quarterly MDS (MDS, a federally mandated comprehensive assessment tool used to determine a residents functional capabilities and helps nursing home staff identify health problems) dated 3/10/26 revealed Resident 7 was admitted to the facility on [DATE] with diagnoses of obstructive and reflux uropathy (a condition causing urine to back up into the kidneys) requiring an indwelling catheter. Resident 7's cognition was moderately impaired. required substantial/maximal assistance for shower/bathing, and personal hygiene and was dependent on staff for toileting hygiene. Observations of care of Resident 7 on 4/16/26 at 10:00 A.M. revealed Nursing Assistant (N.A.) E gathered the supplies needed, entered the room and did not don personal protective equipment (PPE). N.A. E explained procedure to Resident 7 and applied gloves without performing hand hygiene, took a clean washcloth and put it in a basin of warm water, N.A. E then picked up a bottle of soap and (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	pumped soap onto wet washcloth, N.A. E then took the wash cloth and wiped down the left groin area, wiping back and forth with same side of the washcloth. N.A. E then folded the washcloth and wiped across groin again going back and forth with the same side of washcloth. The soiled washcloth was then placed in a trash bag. N.A. E without changing gloves or preforming hand hygiene, got a new washcloth and put in the water basin to moisten, picked up bottle of soap and pumped soap onto the moist washcloth, wiped down the right groin and up. N.A. E removed catheter tubing from securement device attached to left thigh, folded the washcloth and wiped from tubing connection towards urethra and wiped around the head of the penis and shaft, lifting the penis and wiping around the scrotal area. N.A. E discarded the washcloth into a trash bag. N.A.E. then obtained another washcloth, placed in water basin to moisten used washcloth to rinse down left groin, across the groin, down right side of groin, and from connection of foley towards urethra. N.A. E then replaced foley tubing in the securement device on the left thigh. N.A. E then discarded the soiled washcloth into a trash bag. N.A. E removed gloves and put in trashcan, applied new gloves without preforming hand hygiene, used a dry washcloth to dry resident 7's left groin, across the groin and down the right side of groin, penis and scrotum. N.A. E removed gloves and asked the resident to roll on left side, applied new gloves without preforming hand hygiene got washcloth and moistened in basin of water, picked up the bottle of soap oap to pump soap on washcloth wiped between gluteal folds from front to back, folded washcloth and wiped again front to back, placed the soiled washcloth in the trash bag. N.A. E took a towel, put part of towel in water basin to moisten, wiped between gluteal fold wiping front to back. Folded towel and used dry side of towel to dry between gluteal fold. N.A. E. removed their gloves and discarded them in the trash, applied new gloves without preforming hand hygiene, placed clean brief under resident, removed gloves and discarded then in the trash. In an interview with the N.A.E. on 4/16/26 at10:20 A.M. it was confirmed N.A.E. did not don a gown before performing cares on Resident 7 and should have. In an interview with the N.A. E. on 4/16/26 at10:20 A.M. it was confirmed she did not perform hand hygiene before performing cares on Resident 7 or between gloving and should have. In an interview with the N.A.E. on 4/16/26 at10:20 A.M. it was confirmed the N.A wiped toward the urethra and not away from the urethra and should have. In an interview with the N.A. E. on 4/16/26 at10:20 A.M. it was confirmed the N.A. she did not wipe and fold the washcloth when doing peri care. F. Record review of Resident 6's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 03-03-2026 revealed the facility staff assessed the following about the resident: -admitted to the facility on [DATE] -had a non-traumatic brain injury. -Brief Interview of Mental Status (BIMS) was scored as a 6. According to the MDS Manual a score of 0 to 7 indicates severe cognitive impairment. -required total assistance with eating, hygiene, dressing, bed mobility, transfers, bathing and wheelchair mobility. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-weighed 169 pounds -had a feeding tube -51% or more of Resident 6's total calories came from the tube feeding. Record review of Resident 6's Order Summary (OS) printed on 04-15-2026 revealed Resident 6 had an order for Enhanced Barrier Precautions (EBP) to be utilized for the resident. An observation conducted on 04-15-2026 at 12:15 PM revealed an EBP sign outside Resident 6's room that stated: EBP everyone must: -clean their hands, including before and when leaving the room. Providers and staff must also: Wear gloves and a gown for the following High Contact Resident activities: -dressing -bathing -transferring -changing linens -providing hygiene -changing briefs or assisting with toileting -Device care or use: central line, urinary catheter, feeding tube and tracheostomy. -wound care: any skin opening requiring a dressing. An observation conducted on 04-16-2026 at 7:35 AM of Licensed Practical Nurse (LPN) A discontinuing the tube feeding for Resident 6 revealed LPN A entered the room after using Alcohol Based Hand Rub (ABHR) and donned gloves then proceeded to disconnect and flush the feeding tube without donning a gown. An observation conducted on 04-16-2026 at 7:45 AM of Nursing Assistant (NA) B getting Resident 6 out of bed revealed NA B entered the room and donned gloves and proceeded to assist Resident 6 with dressing and changing the brief, then NA C entered the room with a lift machine and donned gloves and assisted NA B transfer Resident 6 with a lift into the wheelchair. NA C then removed gloves and took the lift and left the room. NA B then proceeded to assist Resident 6 with oral care. An interview conducted with LPN A on 04-16-2026 at 10:35 AM confirmed EBP was not utilized when discontinuing Resident 6's tube feeding and should have. An interview conducted with NA B on 04-16-2026 at 10:45 AM revealed NA B did not know a gown was (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	to be worn when working with Resident 6. An interview conducted on 04-16-2026 at 1:30 PM with NA C confirmed a gown was not worn this morning while assisting with Resident 6's transfer and should have.