

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/31/2025
Form Approved OMB
No. 0938-0391

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 05/21/2025
NAME OF PROVIDER OR SUPPLIER Keystone Ridge Post Acute Nursing and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 17285</p> <p>Licensure Reference Number 175 NAC 12-006.19(A)</p> <p>Based on observation and interview, the failed to maintain the cleanliness and condition of fixtures, doors, walls, ceilings, baseboards, door jams, curtains, grip strips, lights, beds and odor control in 17 (rooms 511, 514, 516, 518, 520, 525, 528, 5099, 5101, 5102, 5104, 5105, 5106, 5109, 5115, 5119, 5126) of 41 occupied resident rooms. The facility had a total of 50 rooms and the facility census was 69.</p> <p>Findings are:</p> <p>Observation on 05/21/25 between 8:04 AM and 9:10 AM with the Maintenance Director [MD] and the facility Housekeeping Supervisor revealed the following concerns with the facility environment:</p> <ul style="list-style-type: none">- The caulking surrounding the base of the toilet was cracked and stained brown in resident bathrooms in rooms 511, 514, 516, 518, 520, 525, 528, 5102, 5104, 5106, and 5109.- There were scrapes present in the drywall on walls in resident rooms and bathrooms in rooms 514, 516, 518, 520, 525, 528, 5099, 5101, 5102, 5104, 5105, 5106, and 5126.- The ceiling tile was cracked and bubbled in resident room [ROOM NUMBER] along the seam of the wall.- The baseboard was pulled away from the wall in the bathroom in resident room [ROOM NUMBER] and 5106 (in the room near the closet).- There were food stains on the ceiling in resident room [ROOM NUMBER] and red and brown water damage stains present in resident room [ROOM NUMBER] and 5104 in the bathroom.- There were scraped areas / holes in the wood of bathroom and room doors in resident rooms 516, 518, 520, 528, 5099, 5101, 5104, 5105, 5106, and 5115.- The nightlight cover in the bathroom was broken / loose in resident room [ROOM NUMBER], 5105, and 5106. <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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - The kick plate was loose from the bathroom door in resident rooms [ROOM NUMBER], - The toilet paper holder is missing / broken in bathrooms in resident rooms 511, 518, 525, 5101, and 5126, - The towel bars were missing or broken in resident bathrooms in rooms 521, 5118, 5123, and 5124. - The window curtains / blinds were broken and loose in rooms [ROOM NUMBER] - There was a very strong urine odor in rooms 518, 525 and 5109. - The floors were soiled, wet and sticky in resident rooms 518, 525 and 5109. - There was a missing towel bar in the resident bathroom in room [ROOM NUMBER]. - Fall stop strips were loose and torn which created a surface not able to be cleaned in rooms 520, 5104, 5105, 5115, and 5119. - A overhead light cover was missing from the ceiling in room [ROOM NUMBER]. - Lights were out in resident bathrooms in rooms 518, 5101, 5102, and 5115. - A light was out above the bed in room [ROOM NUMBER]. - The bed was broken and the head of the bed could not be raised in room [ROOM NUMBER] bed 1. - A fall mat had spots of dried tube feeding solution spattered and dried on in room [ROOM NUMBER]. - The finish was peeled in spots on the floor and was coming loose in resident rooms [ROOM NUMBERS]. - The call light cord was missing in the resident bathroom in room [ROOM NUMBER]. <p>Interview on 05/21/25 at 9:00 AM with the MD confirmed that those areas identified needed to be cleaned / repaired. The MD confirmed there were no work orders for the areas identified and that the concerns had not been identified prior to the environmental tour of the facility.</p>		

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide or obtain dental services for each resident.</p> <p>52351</p> <p>Licensure Reference Number 175NAC 12-006.15 (A) &(B)</p> <p>Based on record reviews and interviews, the facility failed to assist residents in making a dental appointment. This had the potential to affect 2 (Resident 11 and Resident 5) out of 2 residents sampled. The facility staff identified a census of 69.</p> <p>Findings are:</p> <p>A. Record review of Resident 11'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 04/29/2025 revealed a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 15. The MDS manual identified a score of 15 as resident was cognitively intact.</p> <p>An interview was conducted with Resident 11 on 05/18/2025 at 9:55 AM. During the interview Resident 11 reported having a dental appointment that never occurred.</p> <p>A record review of a progress note dated 06/18/2024 revealed Resident 11 had returned from a dental appointment at oral and maxillofacial surgery with a follow up appointment for 06/06/2024.</p> <p>Record review of a the transportation calendar revealed Resident 11 had an appointment scheduled for 08/06/2024 to see oral surgery at the Nebraska Medical Center at 1:30 PM.</p> <p>An interview with the Director of Nursing (DON) on 05/19/2025 at 1:39 PM revealed that Resident 11's appointment was not completed. The DON further confirmed that there was not a rescheduled appointment.</p> <p>B. Record review of Resident 5'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 04/22/2025 revealed a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 15. The MDS manual identified a score of 15 as resident was cognitively intact.</p> <p>An interview was conducted on 05/18/2025 at 12:33 PM with Resident 5. During the interview it was revealed that the facility had lost the Resident's partial during a room move and the facility had not replaced it. Resident 5 reported the missing partial was reported to the Administrator in Training (AIT).</p> <p>An interview was conducted on 05/21/2025 at 09:55 AM with the AIT. During the interview, the AIT reported that resident did report the partial was missing. A Missing Item form dated 03/12/2025 was written regarding the lost partial.</p> <p>A record review of an email dated 03/13/2025 from 360 Care Dental Care revealed Resident 5 would be seen by the dentist on 04/03/2025.</p> <p>(continued on next page)</p>		

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>An email dated 04/02/2025 from 360 Care Dental Care revealed the appointment was canceled as the doctor could not make it to the facility.</p> <p>Record review of the facility's policy of Dental Services dated 01/01/2018:</p> <p>Policy: It is the policy of this facility to ensure that its residents who require dental services on a routine or emergency basis have access to such services without barrier. It is likewise the policy of the facility to repair or replace the dentures of a resident except in those situations where the loss or damage directly results from the action of an alert and oriented resident who is responsible for his/her own medical decisions.</p> <p>2. In the event that a facility resident requires emergency dental services for the repair or replacement of dentures or otherwise, the Facility will:</p> <p>-Promptly and, in any event, no later than 3 business days from the date of loss/damage, refer the resident for dental services.</p> <p>-Assist the resident in making the necessary dental appointments, when necessary or requested</p> <p>-Arrange for transportation to and from the dental services appointment/location, using the lowest cost or no cost option to minimize the financial burden on the resident.</p> <p>3. If a referral for dental services does not occur within 3 business days from the date of the loss/damage, the Facility will:</p> <p>-document what actions were taken to ensure the resident could eat, drink, and communicate (if applicable) adequately while awaiting dental services</p> <p>-Document the nature of the extenuating circumstances which led to the delay</p> <p>Guidelines for facility compliance:</p> <p>In order to comply with the facility's obligations as set forth in 42 CFR Section 483.55, the facility will:</p> <p>-provide or obtain from an outside resource, routine and emergency dental services for each resident</p> <p>-assist the resident as necessary or requested to make appointments for dental services or arrange for transportation to and from dental services locations.</p> <p>-Promptly, and within 3 days refer a resident with lost or damage partial or full dentures and/or documented extenuating circumstances that led to a delay]</p> <p>-Document what the Facility did to ensure that a resident with missing or damaged partial or full dentures could still eat and drink adequately while awaiting dental services</p> <p>(continued on next page)</p>		

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F 0791 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Not charge a resident for the loss or damage of partial or full dentures determined to by Facility policy to be the Facility's responsibility		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>52170</p> <p>LICENSURE REFERENCE NUMBER 175 NAC 12-006.11(E)</p> <p>Nebraska Food Code 2017 4-602.13; 6-201.11</p> <p>Based on observation, interview and record review; the facility failed to maintain the dual ovens, kitchen stand mixer, and floor in a manner to prevent food borne illness. This had the potential to affect all 69 residents that ate food prepared in the facility kitchen. The facility staff identified a census of 69.</p> <p>Findings are:</p> <p>Observation on 05/17/2025 from 7:17 AM through 7:32 AM during the initial kitchen tour revealed the following:</p> <ul style="list-style-type: none">-the presence of black buildup to the bottom of both ovens.-the presence of food debris buildup on the arm and stand of the kitchen mixer.-an absence of grout between two rows of tiles that was eight tiles wide located between the stove top and the dual ovens with a buildup of food debris in the unfilled space. <p>Observation on 05/20/2025 at 10:22 AM with the Certified Dietary Manager (CDM) and the Registered Dietitian (RD) revealed the presence of black buildup to the bottom of both ovens, the presence of food debris buildup on the arm and stand of the kitchen mixer, and the absence of grout with food debris between the tiles between the stove top and dual ovens.</p> <p>An interview on 05/20/2025 at 10:22 AM with the CDM confirmed the presence of black buildup to both ovens, the presence of food debris buildup on the arm and stand of the kitchen mixer, and the absence of grout between the tiles. The CDM revealed that there is a cleaning checklist for the kitchen and confirmed that the ovens should be cleaned weekly, and the kitchen mixer should be cleaned after use.</p> <p>An interview on 05/20/2025 at 10:25 AM with the RD confirmed grout was missing between the tiles and allowed food particles to build up.</p> <p>A record review of facility policy entitled Kitchen Cleaning Policy dated 08/2023 revealed:</p> <ul style="list-style-type: none">-the purpose was to maintain a clean, safe, and sanitary kitchen environment that supports the health and well-being of residents, staff, and visitors, and complies with local, state, and federal health regulations.-The CDM oversaw implementation and compliance with the policy. <p>(continued on next page)</p>		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>-Kitchen staff were responsible for daily, weekly, and monthly cleaning tasks.</p> <p>A record review of the Nebraska Food Code 2017 revealed the following:</p> <p>-4-602.13: Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues.</p> <p>-6-201.11: Floors, floor coverings, walls, wall coverings, and ceilings shall be designed constructed and installed so they are smooth and easily cleanable.</p>		

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>17285</p> <p>Licensure Reference Number 175 NAC 12-006.07C</p> <p>Based on record review and interviews; the facility failed to ensure the Quality Assurance Performance Improvement Program [QAPI, a facility process that identifies problems in the facility and works to correct the concerns] identified and addressed concerns related to deficient practice identified on the annual survey 2025 (F 584, F 791, F 812, F 865 and F880) and to ensure correction for repeat deficient practice from previous surveys (March 2023 and May 2024 for F 584 and May 2024 survey for F 812) was maintained. This had the potential to affect 69 residents that resided in the facility. The facility census was 69.</p> <p>Findings are:</p> <p>Record review of an undated facility policy entitled QAPI Program revealed the following QAPI goals and benefits:</p> <p>QAPI goals:</p> <ul style="list-style-type: none"> -Develop regulations that help facilities meet new standards -identify areas of need and advancement -expand the level of activities required by existing quality standards -involve all caregivers in problem solving <p>QAPI Benefits</p> <ul style="list-style-type: none"> -Improve quality of care and life for patients -Prevents or decreases the likelihood of problems in care delivery -addresses gap in health care systems <p>Meeting Times and Scope:</p> <p>The Quality Assurance and performance improvement (QAPI) Committee will meet quarterly at minimum and at each meeting the QAPI Committee will review areas such as:</p> <p>1. Plan of Correction and Survey results. Including any internal reviews and audits. From this we will review that audits have been completed and are effective to ensure compliance.</p> <p>(continued on next page)</p>		

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>2. Infection control data - could include PPE [Personal protective equipemnt] data, clinical data, guidance issued from CDC [Centers for Disease Control] or DIA [unknown] and any other information to ensure infection control program is utilized and data driven with benchmarks tracking and best practices</p> <p>3. Grievance - including tracking and trending</p> <p>4. Accidents/incidents - reviewed, tracked, and trended to determine if a PIP [Performance Improvement Project] is necessary</p> <p>5. Clinical Outcomes tracked, and trended to determine if a PIP is necessary</p> <p>6. Dietary Performance - tracked, and trended to determine if a PIP is necessary</p> <p>7. Performance Improvement Plans (PIPs) - discussion based on trends to implement PIP and review monthly current PIPs to determine effectiveness of interventions and how to graduate from the PIP.</p> <p>The QAPI committee will strive to formally meet monthly. The meeting will be extensive and include discussions of data/trends and the appropriateness of PIPS and interventions. During the meeting PIPS will be reviewed and new interventions put in place as needed. Ad Hoc meetings will occur when needed, including when high-risk incidents occur or if current PIPS are not met or interventions are ineffective. (We will not wait for the next meeting if we recognize the need for new interventions) each member of the QAPI committee will be required to prepare their data, create plans to improve outcomes, and report during QAPI meeting.</p> <p>Post-Acute QAPI Goals:</p> <p>The goals of Keystone Ridge Post Acute QAPI Committee for 2025:</p> <p>1. Implement a QAPI program that involves all staff and focuses on benchmarks to ensure quality for care and quality of life</p> <p>2. Continued improvement with infection control.</p> <p>3. Continued improvement of QAPI Program to include data and improvement plans to see overall improvement in all areas of the facility that are identified in QAPI.</p> <p>During the recent survey, with an end date of 05/21/2025, the following citations and repeated citations were identified:</p> <p>- F 584: The facility failed to ensure Resident 5's property was protected from loss and failed to maintain the cleanliness and condition of fixtures, doors, walls, ceilings, baseboards, door jams, curtains, grip strips, lights, beds and odor control in 17 of 41 occupied resident rooms in the facility.</p> <p>- F 791: The facility failed to ensure follow up on dental appointments were provided for Resident 11.</p> <p>(continued on next page)</p>		

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>- F 812: The facility failed to maintain kitchen appliances and the floor in the facility kitchen in a manner to prevent food borne illness. This had the potential to affect all 69 residents that ate foods prepared in the facility kitchen.</p> <p>- F 865: The facility failed to ensure the Quality Assurance Performance Improvement program [QAPI, a facility process that identifies problems in the facility and works to correct the concerns] identified and addressed concerns related to deficient practice identified on the annual survey 2025 (F 584, F 791, F 812, F880) and to ensure correction for repeat deficient practice from previous surveys (March 2023 and May 2024 for F 584 and May 2024 survey for F 812) was maintained. This had the potential to affect 69 residents that resided in the facility.</p> <p>-F 880: The facility failed to use a disinfectant wipe to clean a glucometer between resident use for Residents 16 and Resident 44 and failed to ensure Resident 66's catheter bag was not in contact with the trash can or floor.</p> <p>Repeat citations:</p> <p>- F 584 from previous surveys 03/09/2023 and 05/02/2024: environmental concerns</p> <p>-F 812: from previous survey 05/02/2025: kitchen sanitation concerns</p> <p>Interview on 05/21/25 at 11:31 AM with the facility Administrator confirmed that an environmental tag had been written for the past 2 years and was written again this year and no PIP had been brought through the QAPI program related to the environment. The Administrator confirmed that the kitchen tag had been written last year, and a PIP had been started in March but had not been effective in maintaining correction related to kitchen cleanliness. The Administrator confirmed that the QAPI process had identified the kitchen issues but was not effective to avoid a tag this year.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>52170</p> <p>LICENSURE REFERENCE NUMBER 12-006.18(B)</p> <p>Based on observation, interview, and record review; the facility failed to store a urinary catheter drainage bag in a manner to prevent cross-contamination for 1 (Resident 66) of 2 sampled residents; and failed to disinfect the glucometer during blood glucose checks. This had the potential to affect 1 (Resident 16) of 2 sampled residents. The facility staff identified a census of 69.</p> <p>Findings are:</p> <p>A. Record review of Resident 66's Admission Record revealed the facility admitted Resident 66 on 02/28/2025 and identified the following diagnoses: hyperosmolality (a condition where the blood is too concentrated) and hypernatremia (too much sodium in blood); severe protein-calorie malnutrition; pressure ulcer of sacral region; anoxic brain damage (a result of the brain not receiving enough oxygen, causing brain cells to die); sepsis (the body's extreme response to an infection); depression; epilepsy; and secondary pulmonary arterial hypertension (high blood pressure in the arteries of the lungs that is caused by another underlying health condition).</p> <p>Record review of Resident 66's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and help nursing home staff identify health problems) dated 03/14/2025 revealed a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 3. According to the MDS manual, a score of 3 indicated that the resident had severe cognitive impairment. Further review of the MDS identified Resident 66 utilized a urinary catheter for bladder elimination.</p> <p>An observation on 05/20/2025 at 9:45 AM revealed Resident 66 sitting in a wheelchair with the urinary catheter drainage bag hung inside a red trash can.</p> <p>An observation on 05/20/2025 at 11:07 AM revealed Resident 66 in a wheelchair in the resident's room watching television with the urinary catheter drainage bag directly on the floor.</p> <p>An observation on 05/20/2025 at 12:11 PM revealed Resident 66 in a wheelchair in the resident's room watching television with the urinary catheter drainage bag directly on the floor.</p> <p>An observation on 05/20/2025 at 12:43 PM revealed Resident 66 with a noon meal watching television with the urinary catheter drainage bag directly on the floor.</p> <p>An interview on 05/20/2025 at 12:46 PM with Nurse Aide (NA)-C confirmed that Resident 66's catheter bag was on the floor and should not be. NA-C further confirmed that the urinary catheter drainage bag should not be stored inside a trashcan.</p> <p>52351</p> <p>(continued on next page)</p>		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	B. An observation on 05/19/25 at 7:43 AM of Licensed Practical Nurse (LPN)-A completing a blood glucose check of Resident 16. LPN-A performed hand hygiene and applied gloves, completed the blood glucose check and returned to the treatment cart. LPN-A wiped the glucometer with an alcohol wipe and placed the glucometer on a clean surface. An Interview was conducted on 05/19/25 8:30 AM with the Director of Nursing (DON) and DON confirmed the glucometers should be disinfected with the Sani-Cloth Germicidal Wipes.		