

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285239	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/19/2024
NAME OF PROVIDER OR SUPPLIER  Emerald Nursing & Rehab Legacy Pointe LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  3110 Scott Circle Omaha, NE 68112	

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)
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 21492</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)(iii)(1)</p> <p>Based on observations, record review and interview; the facility staff failed to implement interventions to prevent potential development of pressure ulcers for 1 (Resident 7) of 5 residents. The facility staff identified a census of 60.</p> <p>Findings are:</p> <p>Record review of a Order Summary Report (OSR) printed on 11-18-2024 revealed Resident 7 admitted to the facility on [DATE] with the diagnoses of, Pain, Hypertension and Hemiplegia (paralysis) and Hemiparesis (weakness) related Cerebral Infarction (stroke) that effected the left side of the body. Further review of the OSR printed on 11-18-2024 revealed Resident 7's practitioner ordered a treatment to be completed to a wound on Resident 7's buttock/coccyx (tail bone area) three times a day.</p> <p>Record review of Resident 7's Minimum Data set (MDS, a federally mandated assessment tool used for care planning) dated 9-26-2024 revealed the facility staff assessed the following about the resident:</p> <p>-Brief interview of Mental Status (BIMS) was 11. According to the MDS [NAME] a score of 8 to 12 indicates a person has moderately impaired cognition.</p> <p>-Was dependent for eating, toilet use, dressing, personal hygiene and rolling left to right.</p> <p>-Identified Resident 7 was at risk for pressure ulcer development.</p> <p>Record review of Resident 7's CCP revised on 11-29-2023 revealed Resident 7 had a pressure ulcer and had the potential for pressure ulcer development. The goal identified on Resident 7's CCP was Resident 7 would have intact skin. Interventions to meet this goal with a revision date of 10-04-2024 was to provide pressure reducing/relieving device to bed that was a low loss air mattress (type of speciality mattress).</p> <p>Observation on 11-18-2024 at 11:44 AM revealed Resident 7 was in bed with heels were against the mattress and not elevated.</p> <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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Observation on 11-18-2024 at 12:52 PM revealed Resident 7 was in bed and heels were against the mattress and not elevated.</p> <p>Observation on 11-19-2024 at 5:10 AM revealed Resident 7 was in bed with feet sticking out of their blanket revealing Resident 7's heels were not elevated.</p> <p>Observation on 11-19-2024 at 7:06 AM of personal care with Nursing Assistant (NA) A and Licensed Practical Nurse (LPN) B revealed Resident 7 was in bed with heels on mattress and not elevated.</p> <p>On 11-19-2024 at 7:48 AM an interview was conducted with LPN B. During the interview LPN B reported Resident 7's heels should be off the mattress and elevated, such as on a pillow. LPN B confirmed Resident 7's heel were on the mattress and not elevated.</p> <p>Record review of the facility Prevention of Pressure revised on 6-07-2024 revealed the following:</p> <ul style="list-style-type: none"> <li>-Support Surfaces and Pressure Redistribution:</li> <li>-Select appropriate support surfaces based on the residents risk factors in accordance with current clinical standards.</li> </ul> <p>Record review of the National Pressure Injury Advisory Panel at NPIAP.com revealed the following information:</p> <ul style="list-style-type: none"> <li>-Page 145:The heel is one of two most common sites for pressure ulcers.</li> <li>-The reduction of pressure and shear at the heel is an important interest in clinical practice.</li> <li>-Page 147: Ensure the heels are free from the surface of the bed.</li> <li>-Page 148: Heel elevation,</li> <li>-Pressure can be relieved by elevating the lower leg and calf from the mattress. Ideally, heels should be free of all pressure- a state sometimes called floating heels.</li> </ul>

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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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 21492</p> <p>Licensure Reference Number 175 NAC 12-006.18</p> <p>Based on observations record review and interview; the facility staff failed to implement Enhanced Barrier Precaution (EBP,an infection control intervention designed to reduce transmission of resistant organisms that employs gown and glove use during high contact resident care activities) for 1(Resident 7) of 1 sampled resident. The facility staff identified a census of 60.</p> <p>Findings are:</p> <p>Record review of a Order Summary Report (OSR) printed on 11-18-2024 revealed Resident 7 admitted to the facility on [DATE] with the diagnoses of, Pain, Hypertension and Hemiplegia (paralysis) and Hemiparesis weakness) related to a Cerebral Infarction (stroke) that effected the left side of the body. Further review of the OSR printed on 11-18-2024 revealed Resident 7's practitioner ordered a treatment to be completed to a wound on Resident 7's buttock/coccyx (tail bone area) three times a day. In addition Resident 7's OSR revealed Resident 7 received tube feedings.</p> <p>Record review of Resident 7's Minimum Data set (MDS, a federally mandated assessment tool used for care planning) dated 9-26-2024 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> <li>-Brief interview of Mental Status (BIMS) was 11. According to the MDS [NAME] a score of 8 to 12 indicates a person has moderately impaired cognition.</li> <li>-Was dependent for eating, toilet use, dressing, personal hygiene and rolling left to right.</li> <li>-Identified Resident 7 was at risk for pressure ulcer development.</li> <li>-Received tube feedings.</li> </ul> <p>Record review of Resident 7's Treatment Administration Record (TAR) for November 2024 revealed Resident 7 had a treatment to feeding tube insertion site to be completed every shift.</p> <p>Observation on 11-18-2024 at 10:30 AM revealed Resident 7 was in their room. Further observations of Resident 7's room, including the door and walls revealed there were no indications to indicate Resident 7 was on EBP.</p> <p>Observation on 11-18-2024 at 12:21 PM of Resident 7's room including the entrance to the room revealed there was no indications Resident 7 was on EBP.</p> <p>Observation on 11-19-2024 at 5:10 AM revealed Resient 7 was in bed. Further observations of Resident 7's room and entrance revealed there was no indications Resident 7 was on EBP.</p> <p>(continued on next page)</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>Observations on 11-19-2024 at 7:06 AM of treatment to the buttock/coccyx and feeding tube insertion site by Licensed Practical Nurse (LPN) B revealed LPN B completed both treatments and had not gowned.</p> <p>On 11-19-2024 at 7:48 AM an interview was conducted with LPN B. During the interview LPN B confirmed they did not wear a gown while doing Resident 7's treatments. LPN B further reported not knowing what EBP was.</p> <p>On 11-19-2024 at 10:34 AM an interview was conducted with the Director Of Nursing (DON). During the interview the DON reported Resident 7 should have been on EBP.</p> <p>Record review of the facility Infection Control for EBP revised on 3-20-2024 revealed the following:</p> <ul style="list-style-type: none"> <li>-Framework for applying EBP in this facility is the application of EBP to routine care of residents with wounds or indwelling medical devices. The facility requires that staff participate in initial and on-going training on the facility's expectation about hand hygiene and gown and glove use.</li> <li>-Examples of chronic wounds include, but not limited to Pressure ulcers, diabetic foot ulcers.</li> <li>-unhealed surgical wound and venous stasis ulcers.</li> <li>-Indwelling medical devices examples: <ul style="list-style-type: none"> <li>-Central lines.</li> <li>-Urinary catheters.</li> <li>-feeding tubes.</li> </ul> </li> </ul>		