

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  05/23/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50683</p> <p>Licensure Reference Number 175 NAC 12-006.18B3</p> <p>Based on observation and interview, the facility failed to maintain walls, floors, resident equipment, fixtures, air conditioning and ventilation covers in a clean, safe and functional manner in 7 rooms (116, 122, 123, 126, 127, 128 and 130) and in the east and west shower rooms, which had the potential to affect 55 of 64 residents that utilized those rooms. The total number occupied resident rooms was 42. The facility census was 64.</p> <p>Finding are:</p> <p>Observations on 05/20/24 between 7:30 AM and 12:30 PM revealed:</p> <ul style="list-style-type: none"> <li>- Multiple scrapes on the wall by the air conditioning unit in room [ROOM NUMBER] that has removed the painted surface leaving several dark marks.</li> <li>- A 1/2 inch irregular shaped opening (hole) around the air conditioner power intake cover for room [ROOM NUMBER].</li> <li>- The ventilation covers in resident bathrooms were covered with a gray substance resembling dust in rooms 116,122, 123,126,127,and 128.</li> <li>- The left armrest on Resident 31's wheelchair was broken exposing a sharp edge.</li> <li>-The bathroom door to room [ROOM NUMBER] had a several long horizontal scrapes approximately 3 feet long and 1/2 inch wide that removed the top surface of the wood leaving superficial dark marks on the lower third of the door.</li> <li>- The baseboards in room [ROOM NUMBER] had a built up of gray fuzzy substance resembling dust and floor near the airconditioning unit had an oily, greasy substance buildup.</li> <li>- The bathroom faucet had poor water pressure with only a trickle of water present in room [ROOM NUMBER].</li> </ul> <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>	<p>- Gouges/holes approximately 1/4 inches leaving an opening in the drywall around soap dispenser in rooms [ROOM NUMBERS].</p> <p>Observation on 5/23/24 between 8:00 AM and 9:15 AM during the environmental tour with the facility Maintenance Director and Administrator revealed the following:</p> <p>- Multiple scrapes on the wall by the air conditioning unit in room [ROOM NUMBER] that has removed the painted surface leaving several dark marks.</p> <p>- A 1/2 inch irregular shaped opening (hole) around the air conditioner power intake cover for room [ROOM NUMBER].</p> <p>- The ventilation covers in resident bathrooms were covered with a gray substance resembling dust in rooms 116,122, 123,126,127,and 128.</p> <p>- The left armrest on Resident 31's wheelchair was broken exposing a sharp edge.</p> <p>-The bathroom door to room [ROOM NUMBER] had a several long horizontal scrapes approximately 3 feet long and 1/2 inch wide that removed the top surface of the wood leaving superficial dark marks on the lower third of the door.</p> <p>- The baseboards in room [ROOM NUMBER] had a built up of gray fuzzy substance resembling dust and floor near the airconditioning unit had an oily, greasy substance buildup.</p> <p>- The bathroom faucet had poor water pressure with only a trickle of water present in room [ROOM NUMBER].</p> <p>- Gouges/holes approximately 1/4 inches leaving an opening in the drywall around soap dispenser in rooms [ROOM NUMBERS].</p> <p>- Rusty (oxidation of iron in the presence of air and moisture), brown discolored ceramic tiles in shower stalls in east and west shower rooms.</p> <p>Interview with the Maintenance Director 5/23/24 at 9:29 AM confirmed the above identified concerns were present and agreed that issues need to be addressed and corrected. The Maintenance Director confirmed that there were no previous or current work orders for any of the identified concerns listed above.</p> <p>Interview with Director of Nursing (DON) on 05/23/24 at 9:26 AM confirmed 55 residents utilize the east and west shower room for bathing.</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>50106</p> <p>Based on record review and interview, the facility staff failed to investigate and submit their written investigation of alleged misappropriations to the state agency within 5 working days for 1 (Resident 31) of 3 residents reviewed. The facility identified a census of 64.</p> <p>Findings are:</p> <p>Record review of an Adult Protective Services (APS) report dated 1/2/24 revealed APS was notified Resident 31 alleged a family member had stolen Resident 31's Net Spend card (similar to a debit card).</p> <p>Record review of Resident 31's Progress Notes dated 1/02/2024 revealed the facility staff had notified APS at 11:57 AM of the allegation of Resident 31's Net Spend card being stolen.</p> <p>A interview on 5/22/2024 at 10:02 AM was conducted with the Director of Nursing (DON). During the interview the DON confirmed a investigation and the results of the investigation being sent to the required state agency had not been completed.</p> <p>Record review of a facility Policy dated 1/2024 titled Abuse Protection revealed the following information:</p> <ul style="list-style-type: none"> <li>-Misappropriation is defined as the deliberate misplacement, exploitation, or wrongful (temporary or permanent) use of a resident's belongings or funds without the resident's consent.</li> <li>-Our facility is committed to protecting our residents from abuse by anyone including, but not necessarily limited to; facility staff, other residents, consultants, volunteers, staff from other agencies providing services to our resident, family members, legal guardians, surrogates, sponsors, friends, visitors, or any other individual.</li> <li>-Our facility conducts employee background checks and will not knowingly employ any individual who has been convicted of abusing, neglecting, or mistreating individuals.</li> <li>-Comprehensive policies and procedures have been developed to aid our facility in preventing abuse, neglect, or mistreatment of our residents. Our abuse prevention program provides policies and procedures that govern, as a minimum:</li> <li>-Reporting/response-The reporting and filing of accurate documents relative to incidents of abuse; reporting to State and Local agencies as required analyze and implement necessary changes to prevent future occurrences of abuse. The facility will follow the Elder Abuse Act which includes Reporting Abuse. The reports must be made both to the DHHS and to local law enforcement within twenty-four hours after a reasonable suspicion is formed. However, if the events causing reasonable suspicion could result in serious bodily injury, the reporting must be done within two hours after forming the suspicion.</li> </ul> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-483.12(c)(1)Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p>

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>50106</p> <p>Licensure Reference Number 175 NAC 12-006.095D5</p> <p>Based on interviews and record reviews, the facility failed to evaluate and implement interventions to manage triggers for 1 (Resident 7) of 1 resident with a diagnosis of Post Traumatic Stress Disorder (PTSD). The facility staff identified a census of 64.</p> <p>Findings are:</p> <p>Record review of Resident 7's Census revealed Resident 7's admitted was 9/20/23.</p> <p>Record review of Resident 7's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 3/26/24 revealed Resident 7's Brief Interview of Mental Status (BIMS, a test to determine cognition) had a score of 15. According to the MDS manual a score of 13-15 indicated a person was cognitively intact. Further review of Resident 7's MDS revealed Resident 7 had the diagnosis of Post Traumatic Stress Disorder (PTSD).</p> <p>Record review of Resident 7's Comprehensive Care Plan (CCP) initiated on 9/20/23 revealed no indication of PTSD or interventions staff were to use to mitigate triggers for Resident 7's PTSD.</p> <p>Interview with Resident 7 on 5/20/24 at 9:43 AM, Resident 7 stated, I see a therapist outside of the facility. I have PTSD, and I don't think the staff understand. I have a lot of trouble at night. I like to have the TV on and a soft voice to wake me up. When the staff come around the curtain, it can scare me.</p> <p>Interview on 5/23/24 at 6:42 AM with the Director of Nursing (DON), revealed there were no triggers or interventions within Resident 7's medical record for PTSD.</p> <p>Interview with the Social Worker (SW) on 5/23/24 at 8:54 AM, revealed there was no interview, assessment, or interventions completed for Resident 7's PTSD. The SW confirmed Resident 7 had never been asked for specific triggers or interventions directly related to the diagnosis of PTSD.</p> <p>Record review of the facility Mood and Behavior Policy and Procedure dated 1/2024 revealed the following:</p> <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility promotes and supports a resident centered approach to care. The purpose of this policy is to define and set expectations regarding mood and behavioral health services to attain or maintain the highest practicable well-being in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident whole emotional and mental well-being, therefore an individualized approach to care is essential. It is the policy of the facility that each resident must receive, and the facility must provide the necessary behavioral health care and services and medically related social services to attain or maintain the highest practicable physical, mental and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. The interdisciplinary team will utilize information from the PASARR process as well as to complete a comprehensive assessment of resident needs, strengths, goals, life history and preference using the resident assessment instrument (RAI) specified by CMS.</p> <p>The objective of the Mood and behavior policy and procedure identified the facility is to provide a plan of care that is individualized to the residents needs based upon the comprehensive assessment by the Interdisciplinary Team (IDT). This plan of care will include medically related social services to address mood and behavioral health service to attain or maintain the highest practicable well-being.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45614</p> <p>Licensure Reference Number 175 NAC 12.006.12E1</p> <p>Based on observations and interviews, the facility failed to ensure the east medication room was secure. This had the potential to affect 22 of 64 residents who were self-mobile and resided in the facility and 2 (Nursing Assistant A and B) of 3 unauthorized staff.</p> <p>Findings are:</p> <p>An observation on 05/23/2024 at 4:10 AM revealed the keys were in the lock of the medication storage room door on the east side of the building beside the nurses' station. The door was clearly visible by anyone who passed in the hallway. There were no staff present at the nurses' station at that time.</p> <p>An observation on 05/23/2024 at 4:10 AM revealed Registered Nurse (RN)-A at the end of the east hall outside room [ROOM NUMBER].</p> <p>An observation on 05/23/2024 at 4:10 AM revealed Resident 27 was in a wheelchair beside the nurses' station. A record review of Resident 27's Electronic Health Record confirmed Resident 27 had a BIMS (Brief Interview of Mental Status - a federally mandated tool used to screen and identify the cognitive condition of residents.) score of 5 which indicated the resident had severe cognitive impairment.</p> <p>An observation on 05/23/2024 at 4:40 AM revealed RN-A entered the medication room and removed the keys from the door at that time.</p> <p>An interview on 05/23/2024 at 4:43 AM with RN-A revealed the keys that were left in the lock of the medication storage room also contained the key for the padlock for the medication fridge located in the medication storage room. RN-A confirmed the keys should not have been within the lock.</p> <p>An interview on 05/23/2024 at 10:00 AM with the Director of Nursing (DON) confirmed the medication storage rooms are to be locked at all times. The DON confirmed the keys should not have been left in the door lock and that the east medication room was unsecured when the keys were left in the lock.</p> <p>An interview with the DON on 5/23/2024 at 12:45 PM revealed there were 22 of the 64 residents who resided in the facility which had the ability to open the medication room door if the keys were left in the lock. An interview with the DON confirmed two of three unauthorized staff members, Nurse Assistant (NA) NA-A and NA-B could have opened the medication room door when the keys were left in the lock.</p> <p>A record review of the Storage of Medications Policy from the Nursing Services Policy and Procedure Manual for Long-term care, copyright 2001 MED PASS, Inc. (Revised November 2020) revealed the following information:</p> <p>(continued on next page)</p>		

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(6) Compartments (including, but not limited to, drawers, cabinets, rooms, refrigerators, carts and boxes) containing drugs and biologicals are locked when not in use. Unlocked medication carts are not left unattended.</p> <p>(7) Medications requiring refrigeration are stored in a refrigerator located in the drug room at the nurses station or other secured location. Medications are stored separately from food and are labeled accordingly.</p> <p>(8) Schedule II-V controlled medications are stored in separately locked, permanently affixed compartments. Access to controlled medication is separate from access to non-controlled medications.</p>