

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285240	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/01/2024
NAME OF PROVIDER OR SUPPLIER  Omaha Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4835 South 49th Street Omaha, NE 68117	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</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)(3)</p> <p>Based on observation, record review and interview; the facility staff failed to follow practitioners orders for wound care for 1 (Resident 3) of 3 sampled residents. The facility staff identified a census of 60.</p> <p>Findings are:</p> <p>Record review of an Order Summary Report (OSR) sheet printed on 10-01-2024 revealed Resident 3 was admitted to the facility on [DATE] with the diagnoses of Hypertension, Severe Sepsis with Septic Shock (infection with severe complication) and Diabetes. Further review of the OSR sheet printed on 10-01-2024 revealed Resident 3's practitioner order a treatment to Resident 3's left foot second toe as follows:</p> <p>-Lt (left) 2nd toe: clean with mild soap and water, pat dry, apply betadine ( a antiseptic used for skin disinfection) and allow to dry. Cover with a non-adherent dressing and secure it with Kerlex and tape.</p> <p>Record review of a Office Visit Form (OVF) dated 9-26-2024 revealed Resident 3 had gone to their practitioner due to a toe nail issue on the left foot. Further review of the OVF dated 9-26-2024 revealed Resident 3's practitioner order had order a antibiotic for additional treatment for the left 2nd toe.</p> <p>Observation on 10-01-2024 at 10:00 AM of Resident 3's wound treatment to the left 2nd toe revealed Licensed Practical Nurse (LPN) A washed hands and donned gloves. LPN A removed a 4 by 4 piece of gauze from a cup of pre-poured saline. LPN A used the 4 by 4 to cleanse the left 2nd toe. LPN A after removing the soiled gloves and completing hand hygiene, donned clean gloves and completed the treatment on Resident 3's 2nd great toe.</p> <p>On 10-01-2024 at 1:12 PM an interview was completed with LPN A. During the interview LPN A confirmed mild soap and water was not used to cleanse Resident 3's 2nd great toe and should have been.</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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