STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285240	A. Building B. Wing	07/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Omaha Nursing and Rehabilitation Center	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)
F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. (continued on next page)

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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F 0697 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Nebraska Licensure Reference Number 175 NAC 12-006.09(H)Based on interview and record review, the facility failed to manage pain for 1 (Resident 5) of 4 sampled residents. The facility staff identified a census of 65.The findings are:Record review of Resident 5's admission Record revealed the facility admitted the resident on 08/27/19 and identified Resident 5 had diagnoses which included pneumonia, chronic inflammatory demyelinating polyneuritis (an autoimmune disorder that attacks the nerve cell coverings), carpal tunnel of unspecified upper limb, neuropathy (nerve pain), chronic pain, and osteoarthritis.Record review of Resident 5's quarterly 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 05/01/25 revealed a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 14. According to the MDS manual, a BIMS score of 14 indicated that the resident had intact cognition. Further review of the MDS revealed the facility assessed the following about Resident 5:-received scheduled and PRN (as needed) pain medications.-experienced pain that affected sleep and day-to-day activities almost constantly.-experienced pain that affected therapy activities frequently.-received opioid pain medication.Record review of Resident 5's Comprehensive Care Plan (CCP, a document that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment) identified the following interventions for pain all dated 11/12/21:-able to: call for assistance when in pain, reposition self, ask for medication, tell you how much pain is experienced, tell you what increases or alleviates pain;-administer analgesia medication as per orders. Give half an hour before treatments or care dated; and-anticipate need for pain relief and respond immediately to any complaint of pain. Non-pharmacological interventions 1. Distraction. 2. Spiritual.Record review of Resident 5's Pain Management Review (PMR) dated 06/27/25 identified Resident 5's pain medication regimen included Cymbalta (an antidepressant medication), a Lidoderm patch, and buprenorphine (an opioid pain medication) scheduled; and acetaminophen as needed (PRN). Further review of the PMR revealed Resident 5's pain is worst in the early morning and late evening and an acceptable pain rating level of 4 on a scale of 0-10. Record review of Resident 5's Medication Administration Record (MAR) dated July 2025 revealed buprenorphine was ordered to be administered three times per day and was not administered on the following dates:-07/03/25 at 8:00 PM with no recorded pain level;-07/04/25 at 8:00 AM with a pain rating of 5, at 2:00 PM with a pain rating of 7, and at 8:00 PM with no recorded pain level;-07/05/25 at 8:00 AM with a pain rating of 9, at 2:00 PM with a pain rating of 9, and at 8:00 PM with no recorded pain level;-07/06/25 at 8:00 AM with a pain rating of 8, at 2:00 PM with a pain rating of 8, and at 8:00 PM with a pain rating of 8; and-07/07/25 at 8:00 AM with a pain rating of 8.Further review of Resident 5's Electronic Health Record including MAR and progress notes showed no evidence of any interventions for pain management offered until 07/07/25 at 2:25 PM in the absence of scheduled buprenorphine.Record review of Resident 5's Progress Notes (PN) revealed buprenorphine was awaiting pharmacy delivery or unavailable to be administered on 07/03/25, 07/04/25, 07/05/25, 07/06/25, and 07/07/25.Record review of Resident 5's PN revealed on 07/03/25 an Advanced Practice Registered Nurse (APRN) was notified on 07/03/25 to request a one-time order for buprenorphine as the resident's supply from pharmacy was in transit. The APRN's response was pending. There was no indication the facility followed up until 07/07/25.An interview on 07/09/25 at 1:09 PM with Unit Manager (UM-B) confirmed the APRN was notified on 07/03/25 that Resident 5's buprenorphine would run out. A one-time order was requested but no response was received from APRN. UM-B further confirmed Resident 5 did not receive scheduled buprenorphine for 11 consecutive doses from 07/03/25 through 07/07/25. UM-B confirmed that a pain rating of 8-9 is considered a severe pain rating. UM-B confirmed that there was no documentation the resident was offered any interventions for pain until 07/07/25. UM-B identified the nurses assigned to care for Resident 5 from 07/03/25 through 07/06/25 should have offered the resident an intervention for pain. UM-B reported that further education needed to be completed with licensed nurses regarding reordering medications enough in advance, so the medications arrive at the facility before running out, and what to do when pain medications are not available.An interview on 07/10/25 at 8:32 AM with Resident 5 revealed the resident was utilizing a tablet computer to track when the buprenorphine was unavailable. Resident 5 identified buprenorphine was unavailable from 07/03/25 through 07/07/25. Resident 5 identified he did receive buprenorphine at 8:00 pm on 07/07/25. Resident 5 stated rated pain at 15 on a scale of 0-10 in the period when the buprenorphine was

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. Nebraska Licensure Reference 175 NAC 12-006.12Based on interview and record review, the facility failed to ensure medications were available for 1 (Resident 5) of 4 residents sampled. The facility staff identified a census of 65.The findings are: Record review of Resident 5's admission Record revealed the facility admitted the resident on 08/27/19 and identified Resident 5 had diagnoses which included pneumonia, chronic inflammatory demyelinating polyneuritis (an autoimmune disorder that attacks the nerve cell coverings), carpal tunnel of unspecified upper limb, neuropathy (nerve pain), chronic pain, and osteoarthritis.Record review of Resident 5's quarterly 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 05/01/25 revealed a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 14. According to the MDS manual, a BIMS score of 14 indicated that the resident had intact cognition. Further review of the MDS revealed the facility assessed the following about Resident 5:-received scheduled and PRN (as needed) pain medications.-experienced pain that affected sleep and day-to-day activities almost constantly.-experienced pain that affected therapy activities frequently.Record review of Resident 5's Medication Administration Record (MAR) for March 2025 revealed an order to administer one half tablet of buprenorphine 2 milligram (mg) three times per day for pain. Further review of the March 2025 MAR revealed buprenorphine was not administered on the following dates:-two doses on 03/09/25-two doses on 03/10/25-three doses on 03/14/25-three doses on 03/15/25-three doses on 03/16/25.Record review of Resident 5's MAR for May 2025 revealed the following:-fish oil 1,000 mg give 2 capsules twice daily not administered once on 5/16/25 and once on 05/17/25.-polyethylene glycol (Miralax, a laxative) 17 grams (g) four times daily not administered three doses on 05/17/25.-lubiprostone (medication to treat chronic constipation) 24 micrograms (mcg) twice daily not administered once on 05/17/25.Record review of Resident 5's MAR for June 2025 revealed the following:-fish oil not administered once on 06/05/25 and once on 06/23/25.Record review of Resident 5's MAR for July 2025 revealed the following:-Bactrim DS tablet 800-160 mg give one half tablet by mouth at bed time not administered on 07/03/25, 07/04/25, and 07/05/25.-Metamucil powder give 1 packet by mouth one time a day for constipation not administered on 07/01/25.-Buprenorphine tablet sublingual 2 mg give 1 tablet three times a day not administered for a total of 11 consecutive administrations from 07/03/25 through 07/07/25.An interview on 07/09/25 at 1:09 PM with the Unit Manager (UM-B) confirmed Resident 5 did not receive 11 consecutive scheduled doses of buprenorphine from 07/03/25 through 07/07/25. UM-B reported that more education needed to be completed with licensed nurses regarding reordering medications.An interview on 07/09/25 at 3:55 PM with the DON confirmed Resident 5 did not receive all scheduled medications on 05/16/25, 05/17/25, 06/05/25, 06/23/25, and 07/01/25.An interview on 07/10/25 at 9:45 AM with the DON further confirmed Resident 5 did not receive buprenorphine on 03/09/25, 03/10/25, 03/14/25, 03/15/25, and 03/16/25 due to waiting delivery from pharmacy. The DON revealed the facility does not have a policy regarding unavailable medications.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Nebraska Licensure Reference 175 NAC 12-006.09(H)Based on record review and interviews, the facility failed to evaluate the potential for allergy to medication for 2 (Resident 4 & 5) of 4 residents sampled. The facility staff identified a census of 65.The findings are:A. Record review of Resident 5's admission Record revealed the facility admitted the resident on 08/27/19 and identified Resident 5 had diagnoses which included respiratory failure with hypoxia (low oxygen), chronic obstructive pulmonary disease (COPD, pulmonary disease that is characterized by chronic typically irreversible airway obstruction resulting in a slowed rate of exhalation), pneumonia, and chronic inflammatory demyelinating polyneuritis (an autoimmune disorder that attacks the nerve cell coverings).Record review of Resident 5's quarterly 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) revealed a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 14. According to the MDS manual, a BIMS score of 14 indicated that the resident had intact cognition.Record review of Resident 5's Clinical-Allergies list printed 07/09/25 revealed the resident had an allergy to Bactrim with an unknown severity listed with a date of 02/25/22. Record review of Resident 5's Order Summary Report printed 07/09/25 revealed an order for Bactrim DS (an antibiotic medication) Tablet 800-160 milligram (mg), give one half tablet by mouth at bedtime for pneumonia prophylaxis dated 07/02/25.Record review of an undated Physician Order Details printed 07/09/25 pertaining to the Bactrim DS order for Resident 5 revealed an allergy order check that showed Resident 5 had a previously observed mild adverse reaction to Bactrim DS which resulted in increased serum creatinine that was entered on 06/29/16. The allergy notification was overridden by the provider and stated, will monitor closely for adverse effects.Record review of Resident 5's Medication Administration Record dated July 2025 revealed the resident received Bactrim DS on 07/06/25, 07/07/25, and 07/08/25.Record review of Resident 5's electronic health record (EHR) revealed the EHR lacked documentation to show that the provider had been consulted regarding Resident 4's allergy to Bactrim DS.An interview on 07/09/25 at 10:10 AM with Licensed Practical Nurse (LPN-A) confirmed that Resident 5 had an allergy to Bactrim DS and further confirmed that Resident 4 received Bactrim DS on 07/06/25, 07/07/25, and 07/08/25.An interview on 07/09/25 at 11:30 AM with the Director of Nursing (DON) revealed a resident's allergy to medications should be addressed with the prescriber at the time of order entry. The DON further confirmed that Resident 5's allergy to Bactrim DS was not addressed until 07/09/25. The DON revealed that the facility did not have a policy regarding allergies to medications. (continued on next page)

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	B. A review of Resident 4's admission Record revealed Resident 4 was admitted to the facility on [DATE]. Further review of Resident 4's admission Record revealed a diagnosis of acute respiratory failure with hypoxia [lungs are not able to adequately oxygenate the blood]. A review of Resident 4's electronic medical record under the allergies section revealed Resident 4 had the following medication allergies:-Aspirin [nonsteroidal anti-inflammatory medication used for pain]-Codeine [opioid medication used for pain]-Penicillin [an antibiotic]-Zaleplon [a medication for insomnia]A review of Resident 4's 7/2025 MAR [Medication Administration Record] revealed an order dated 4/4/25 for Diclofenac sodium External Gel 1% [a nonsteroidal anti-inflammation used to treat pain and inflammation] apply to knees topically four times a day for pain. A review of Progress Note dated 4/4/24 for Resident 4 revealed an alert that identified a possible drug allergy regarding order for Diclofenac Sodium External Gel 1% apply topically four times a day for pain. A review of Resident 4's electronic medical record did not reveal any evaluation of Resident 4 potential allergy to Diclofenac Sodium External Gel 1%.In an interview on 7/9/25 at 3:55 PM, the DON reported no follow up had been completed on Resident 4's potential allergy to Diclofenac Sodium External Gel 1%. The Director of Nursing confirmed that follow-up should be completed when alerts for potential medication allergies pop up. The Director of Nursing reported the facility did not have a policy for follow-up on potential drug allergies.