

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285266	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/18/2025
NAME OF PROVIDER OR SUPPLIER  Gateway Vista		STREET ADDRESS, CITY, STATE, ZIP CODE  225 North 56th Street Lincoln, NE 68504	

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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</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 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 175 NAC 12-006.09(H)Based on record review and interview, the facility failed to implement, monitor, and revise interventions to manage pain for 1 (Resident 1) out of 3 sampled residents for pain control. The facility census was 76 at the time of survey. Findings are:Record review of the facility's policy Pain Management dated December 2023, revealed the facility must ensure that pain management is provided to residents who require such services consistent with professional standards of practice. In order to help a resident attain his/her highest practicable level of physical, mental and psychosocial well-being and to manage pain, the facility will:- Recognize when the resident is experiencing pain and identify circumstances when the pain can be anticipated.- Evaluate the resident for pain and the cause upon admission, and during ongoing assessments.- Manage pain, consistent with current professional standards of practice, and the resident's goals and preferences. If the pain re-assessment findings indicate pain is not adequately controlled, the pain management regimen will be revised as indicated.Record review from Core Principles of Pain Management from Geriatric pain.org dated May 2023 revealed pain is a subjective experience and the individual is the best judge of his or her own pain, and the expert on each pain treatment's effectiveness on him/herself. Further review also revealed that every older adult deserves adequate pain management. Record review of Resident 1's admission record revealed the resident was admitted to the facility on [DATE] with a diagnosis of pain and low back pain.Record review of Resident 1's progress notes dated 9/9/25 revealed order for Acetaminophen (Tylenol) 650 milligram (mg- unit of measurement for medications) every 6 hours as needed for pain.Record review of Resident 1's History and Physical from hospital date of service of 9/5/2025 revealed this resident has chronic back pain and is on chronic opioids (Dilaudid 2 milligram {mg- a dosage of a medication} 5 times a day) with a history of spinal surgeries. Record review of Resident 1's Brief Interview for Mental Status (BIMS) dated 9/10/2025 revealed a score of 13 which indicated intact cognitive function, meaning the resident has normal thinking and memory and is not experiencing a significant level of cognitive impairment.Record review of facility's pain book (educational staff resource) revealed facility used a Pain and Function Assessment Tool with a use of a 0-10 scale (0 = No Pain, 10= Worst Possible Pain) for residents to rate their own pain. Record review of Resident 1's Order Summary dated 9/14/2025 revealed an order for Hydromorphone (Dilaudid) tablet- two milligrams (mg) take one table by mouth five times daily for five days for diagnosis of pain with a start date of 9/7/2025 and a stop date of 9/13/2025.Record review of Resident 1's September 2025's Medication Administration Record, Pain Level Summary and Progress notes revealed:Monday, 9/8/2025 at 4:14 PM Resident rated pain as a 6. No documentation of the site of Resident's pain. No documentation that other pain medications were administered to resident. No documentation of facility's use of Non-Pharmacological Interventions (NPI).Monday, 9/8/2025 at 8:00 PM Resident 1 received Dilaudid 2 mg as ordered. Pain site documented as NA (not applicable) Resident rated pain was a 0. Facility documented NA for use of Non-Pharmacological Interventions (NPI).Tuesday, 09/9/2025 at 8:00 AM Resident 1 received Dilaudid 2 mg as ordered. Pain site documented as NA. Resident rated pain was a 0. Facility documented NA (not applicable) for use of Non-Pharmacological Interventions (NPI).Tuesday, 09/9/2025 at 11:00 AM Resident 1 received Dilaudid 2 mg as ordered. Pain site documented as NA. Resident rated pain was a 0. Facility documented NA (not applicable) for use of Non-Pharmacological Interventions (NPI).Tuesday, 09/9/2025 at 2:00 PM Resident 1 received Dilaudid 2 mg as ordered. Pain site documented as NA. Resident rated pain was NA. Facility documented NA (not applicable) for use of Non-Pharmacological Interventions (NPI). Tuesday, 09/9/2025 at 5:00 PM Resident 1 received Dilaudid 2 mg as ordered. Pain site documented as NA. Resident rated pain was a 0. Facility documented NA (not applicable) for use of Non-Pharmacological Interventions (NPI).Tuesday, 09/9/2025 at 8:00 PM Resident 1 received Dilaudid 2 mg as ordered. Pain site documented as right leg. Resident rated pain was a 7. Facility documented rest for use of Non-Pharmacological Interventions (NPI). Resident 1 continued to rate pain a 7 at 8:42 PM, 8:57 PM, and at 10:15 PM. No documentation of any revision to the pain management regimen. No documentation of any additional use of Non-Pharmacological Interventions besides rest. Wednesday, 09/10/2025 at 8:00 AM Resident 1 received Dilaudid 2 mg as ordered. Pain site documented as NA. Resident rated pain was NA. Facility documented NA for use of Non-Pharmacological Interventions (NPI).Wednesday, 09/10/2025 at 11:00 AM Resident 1 received Dilaudid 2 mg as ordered. Pain site documented as NA. Resident rated pain</p>		