| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 285266 | A. Building<br>B. Wing | 09/03/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Gateway Vista | 225 North 56th Street<br>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) |
|---|---|
| F 0923<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Have enough outside ventilation via a window or mechanical ventilation, or both.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12.007.04(D) ventilation systemBased on observation, interview, and record review, the facility failed to have functional bathroom ventilation in 15 resident rooms (rooms 105, 110, 111, 112, 114, 201, 205, 206, 216, 218, 311, 312, 313, 318, and 413) out of 77 rooms surveyed. The facility census was 77.Findings: An observation on 8/27/2025 at 8:50 AM during the initial tour, rooms 105, 110, 111, 112, 114, 201, 205, 206, 216, 218, 311, 312, 313, 318, and 413 revealed bathroom vents were not functioning when tested with one ply tissue. An observation on 9/02/2025 at 6:45 AM revealed room [ROOM NUMBER]'s bathroom vent was not functioning. An observation on 9/02/2025 at 6:47 AM revealed room [ROOM NUMBER]'s bathroom vent was not functioning. An observation on 9/02/2025 at 6:51 AM revealed room [ROOM NUMBER]'s bathroom vent was not functioning. An observation on 9/02/2025 at 6:54 AM revealed room [ROOM NUMBER]'s bathroom vent was not functioning. An observation on 9/02/2025 at 9:20 AM during the environmental tour with the maintenance supervisor (maintenance), revealed rooms 110, 111, 112, and 114 bathroom vents were not functioning when tested with one ply tissue. In an interview on 9/2/2025 at 9:20 AM with maintenance confirmed the bathroom vents were not functioning in rooms 110, 111, 112, 114 when tested with one ply tissue. In a record review of the facility's Logbook Documentation dated 9/2/2025 and a print time of 4:07 PM revealed a process inspecting the facility's ventilation system. In a record review of the facility's Work History Report dated 9/3/2025 and a print time of 6:29 AM revealed monthly exhaust fan inspections being completed and documented as functioning. In an interview on 9/3/2025 at 8:00 AM with maintenance confirmed there is an issue with the bathroom vents not functioning and they are being worked on. |

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 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 1-005.06(F)Licensure Reference Number 175 NAC 12-006.18(B)Based on record review, observations, and interviews, the facility failed to ensure that staff followed principles of infection control and prevention related cleaning of respiratory equipment for Resident 46. This affected 1 of 2 Residents sampled for respiratory care, The facility 77. Findings are:A record review of Resident 46's admission Record printed 08/28/2025 revealed the resident was admitted on [DATE] and had diagnoses of Parkinson's disease (a progressive brain disorder that affects movement, leading to symptoms like tremors, stiffness, and slowness of movement), chronic obstructive pulmonary disorder (COPD-group of lung diseases that block airflow and make it difficult to breathe), heart disease, irregular heartbeat, high blood pressure, dementia (a term for several diseases that affect memory, thinking, and the ability to perform daily activities), diabetes mellitus (a long-term condition in which the body has trouble controlling blood sugar and using it for energy), and obstructive sleep apnea (OSA-a condition where a blockage or narrowing in your airway keeps air from moving through your windpipe when you're asleep). Further review of the admission Record revealed that the resident had a guardian (a legal representative appointed by a court to take care of an individual who is unable to take care of themselves).A record review of Resident 46's Quarterly Minimum Data Set (MDS-a comprehensive assessment of each resident's functional capabilities) dated 07/25/2025 revealed a Brief Interview for Mental Status (BIMS-a screening tool used to assess cognition [relating to the mental process involved in knowing, learning, and understanding things]; the BIMS assessment uses a points system that ranges from 0 to 15 points: 0 to 7 points indicates severe cognitive impairment; 8 to 12 points indicates moderate cognitive impairment; and 13 to 15 points indicates that cognition is intact) score of 15. Further review of the MDS revealed that in Section O Special Treatments, Procedures, and Programs, question G1 Non-invasive Mechanical Ventilator was check marked as having been performed during the last 14 days, and while the resident was in the facility.A record review of Resident 46's Order Summary Report printed 08/28/2025 revealed the resident had an order to wear a Positive Airway Pressure (PAP-a treatment that uses a machine to deliver pressurized air through a mask or nasal pillows during sleep) device every evening, and an order for staff to check to make sure the resident was wearing oxygen or the PAP mask every two hours. A record review of Resident 46's Comprehensive Care Plan (CCP- written instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care) revealed there was no mention of the resident's PAP machine, including cleaning the mask. A record review of the facility's Noninvasive Ventilation (CPAP,BiPAP, Trilogy) policy with date implemented of 2023 revealed no directions for cleaning or storage of the machine or equipment. The policy stated the facility would follow the manufacturer's instruction for use of the machine.A record review of the manufacturer's website (https://www.resmed.com/en-us/sleep-health/resources/cleaning-cpap-equipment/) revealed that directions for cleaning your CPAP mask cushion, frame & headgear were: Unplug your CPAP machine from the power source.Disconnect the mask and air tubing from the CPAP machine.Disassemble your mask into 3 parts (headgear, cushion and frame).In a sink or tub, clean your mask cushion and headgear to remove any oils. Gently rub with a mild liquid detergent and warm, drinking-quality water. Avoid using stronger cleaning products as they may damage the mask or leave harmful residue.Rinse again thoroughly with warm, drinking-quality water.Place the cushion and frame on a flat surface, on top of a towel, to dry. Avoid placing them in direct sunlight.Please note: cushion should be cleaned daily, headgear and frame should be cleaned weekly.An observation on 08/27/2025 at 1:48 PM revealed Resident 46's PAP machine on the nightstand with the mask lying on top of machine. The mask had scattered black and brown particles in it.An observation on 08/28/2025 at 7:30 AM revealed the PAP machine is a Resmed Aersense II Autoset. The PAP mask was lying on the nightstand next to<br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | the machine with scattered black and brown particles in it.An observation on 09/02/2025 at 1:51 PM revealed the PAP mask was lying on the nightstand next to the machine with scattered black and brown particles in it.An interview with Resident 46 on 08/28/2025 at 7:30 AM confirmed the resident wore the PAP mask every night.An interview on 09/02/2025 at 1:51 PM with Licensed Practical Nurse (LPN) A confirmed the PAP mask was dirty and needed to be washed. LPN A confirmed they did not know how often the mask should be washed and who was responsible for washing it. The LPN further confirmed that the resident was unable to put on or take off the mask independently, and that there was no order for cleaning the mask present in the resident's orders.An interview on 09/02/2025 at 3:25 PM with the Director of Clinical Operations (DCO) confirmed that Resident 46's PAP mask should be cleaned every time it was taken off.An interview on 09/02/2025 at 3:44 PM with the DCO confirmed Resident 46 did not have directions for cleaning the PAP mask in their orders. |