

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285288	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/30/2025
NAME OF PROVIDER OR SUPPLIER Tabitha at the Landing		STREET ADDRESS, CITY, STATE, ZIP CODE 6120 South 34th Street Lincoln, NE 68516	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>Licensure Reference Number 175 NAC 12-006.04(F)(i)(5)</p> <p>Based on record review and interviews; the facility failed to notify Resident 1's representative of being denied Hospice admission and a large bruise of unknown origin for 1 (Resident 1) of 5 sampled residents. The facility census was 15.</p> <p>Findings are:</p> <p>A record review of Resident 1's Progress Notes on 6/23/2025 at 6:00 PM revealed that a call was placed to Resident 1's Advanced Practice Registered Nurse (APRN) related to Resident 1 having a large, bruised area on (genders) left side that radiates into (genders) waist area & under left breast. It was 1st noticed by the Medication Aide-A on Thursday 6/19/2025 but has gotten larger and Resident 1 is now complains of it hurting. No recorded falls have been documented, and Resident 1 does have a chair alarm on. No SBAR (Situation, Background, Assessment, Recommendation) was written, and this Registered Nurse (RN) didn't have the APRN look at the bruise today when APRN arrived at the facility.</p> <p>A record review of the progress notes revealed there is no documentation for the bruise on the left side of Resident 1 before 6/23/25. Further review of the progress notes revealed there is no skin assessment on Resident 1's bruise to (gender) left side.</p> <p>An interview on 6/30/25 at 10:30 AM with the RN revealed that (gender) does not remember if the family was notified and there are no notes in the progress notes indicating the family was updated. The RN confirmed that the facility charts in the progress notes weekly for skin assessments. The RN confirmed that (gender) did not fill out an incident report and should have.</p> <p>An interview on 6/30/25 at 1:00 PM with Resident 1's Representative confirmed that the family was not notified of the bruise. The Representative confirmed that (gender) is in the facility 3-4 times a day. The Representative further confirmed that (gender) had requested a hospice consultation and was not notified that Resident 1 was denied hospice until (gender) called hospice.</p> <p>An interview on 6/30/25 at 11:30 AM with Social Services confirmed that hospice did not admit Resident 1 and (gender) thought that Resident 1's representative was aware.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 6/30/25 at 2:13 PM with the Director of Nursing (DON) confirmed that Resident 1's representatives had not been notified of hospice denying admission for Resident 1. DON confirmed that (gender) though hospice would update the family on being denied hospice services and family was not updated when bruise was noted on Resident 1 and representatives should have been updated on the bruise and hospice denying admission.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 174 NAC 12-006.02(H)St 28-372</p> <p>Based on record review and interviews; the facility failed to report and submit a completed investigation of injury of unknown origin for 1 (Resident 1) of 5 sampled residents to the State Agency within the 5 working days. The facility census was 15.</p> <p>Findings are:</p> <p>A record review of [NAME] Health Care Services policy and procedures Manual: Abuse Identification and Prevention (Identifying and Reporting Incidents)dated 10/17/22 revealed that in section Investigation Injuries of Unknown or suspicious origin:</p> <ul style="list-style-type: none"> -When an injury of unknown or suspicious origin is discovered, a QAR (Quality Assurance Report/Incident Report) must be initiated by the responsible professional. -Injuries that are indicators of physical abuse may include but are not limited to the following: <ul style="list-style-type: none"> -Bruises on bilateral arms, bilateral on soft parts of body not over bony prominence (not knees or elbows), Clustered on trunk, on top of head, old and new bruised present at the same time, not resembling the explanation given for the cause, -Any injury of unknown source, -Fracture of unknown origin. <p>A record review of Resident 1's Progress Notes on 6/23/2025 at 6:00 PM revealed that a call was placed to Resident 1's Advanced Practice Registered Nurse (APRN) related to Resident 1 having a large, bruised area on (genders) left side that radiates into (genders) waist area & under left breast. It was 1st noticed by the Medication Aide (MA)-A on Thursday 6/19/2025 but has gotten larger and (gender) now complains of it hurting. No recorded falls have been documented, and (gender) does have chair alarm on. There was no SBAR (Situation, Background, Assessment, and Recommendation) was written, and this Registered Nurse (RN) didn't have APRN look at the bruise today when APRN arrives at the facility.</p> <p>An observation on 6/30/25 at 9:45 AM revealed a bruise that was dark purple/red in color on the left hip side of Resident 1. The bruise was on the left hip going up the left side of Resident 1.</p> <p>An interview on 6/30/25 at 10:20 AM with MA-B confirmed that Resident 1 has a chair alarm and when Resident 1 stands up Resident 1 will sit back down when the alarm goes off. MA-B confirmed that Resident 1 does not walk around on (gender) own anymore. MA-B confirmed that sometimes Resident 1 is a one assist and other times Resident is a 2 assist with ambulation and transfers.</p> <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>An interview on 6/30/25 at 11:30 AM with the Director of Nursing (DON) was aware of bruise on Resident 1 after the fact on the 6/24/25. The MA-A did not report it until 6/23/25. The DON confirmed that no incident report was completed, and no investigation was completed. The DON revealed that Resident 1 gets bruises from walking around and running into things. The DON revealed that (gender) didn't feel the need to report Resident 1's bruise since Resident 1 gets bruises all the time. The DON confirmed that (gender) did not investigate or report the bruise. The DON confirmed that (gender) should of done a incident report and should have done an investigation and submitted it to the State Agency in the required timeframe.</p>

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.02(H)</p> <p>Based on observation, record review, and interviews, the facility failed to investigate an incident of injury of unknown origin for 1 (Resident 1) of 5 sampled residents. The facility census was 15.</p> <p>Findings are:</p> <p>A record review of [NAME] Health Care Services policy and procedures Manual: Abuse Identification and Prevention (Identifying and Reporting Incidents) revealed that in section Investigation Injuries of Unknown or suspicious origin:</p> <ul style="list-style-type: none"> -When an injury of unknown or suspicious origin is discovered, a QAR (Quality Assurance Report/Incident Report) must be initiated by the responsible professional. -Injuries that are indicators of physical abuse may include but are not limited to the following: <ul style="list-style-type: none"> -Bruises on bilateral arms, bilateral on soft parts of body not over a bony prominence (not knees or elbows), Clustered on trunk, on top of head, old and new bruised present at the same time, not resembling the explanation given for the cause, -Any injury of unknown source, -Fracture of unknown origin. <p>A record review of the admission record revealed that Resident 1 was admitted to the facility on [DATE] with the diagnosis of Dementia (a decline in mental ability severe enough to interfere with daily life), Neurocognitive disorders with [NAME] Bodies (a neurodegenerative disorder characterized by a decline in thinking abilities, particularly attention, visual perception and executive function, along with the presence of [NAME] bodies (protein deposit) in the brain.</p> <p>A record review of Resident 1's quarterly Minimum Data Set (MDS, a standardized assessment tool used to evaluate the health and functional status of residents) dated 5/9/25 revealed that Section C -Cognitive Patterns with a Brief Interview for Mental Status (BIMS, a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function), score of 7 indicating severely impaired.</p> <p>An observation on 6/30/25 at 9:45 AM revealed a bruise that was dark purple/red in color on the left hip side of Resident 1. The bruise was on the left hip going up the left side of Resident 1.</p> <p>(continued on next page)</p>		

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