

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 04/02/2026
NAME OF PROVIDER OR SUPPLIER Eventide Williamsburg		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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09Based on record reviews and interviews, the facility failed to ensure professional standards of practice were followed when administering a transdermal (a way to administer medication through the skin) patch containing a narcotic for 1 of 1 resident reviewed (Resident 1). The facility census was 26. Findings are: Record review of Resident 1's admission Record revealed that Resident 1 was admitted to the facility on [DATE] after a fall that resulted in a fracture of the right upper arm, a fracture of the sacrum (the bone between the bottom of the spine and the tailbone), and a fracture of the right pubis bone (the front part of the pelvis). Record review of Resident 1's progress notes from the hospital revealed that Resident 1 had surgery to repair the fracture to the right upper arm. Record review of the hospital progress notes revealed that an order for a Buprenorphine patch (an opioid-medicated pain patch used to treat severe, constant pain over a 7-day period) was initiated during the hospital stay. Record review of the facility's Order Summary dated 02/13/2026 for Resident 1 revealed an order for 1-7.5/HR Buprenorphine patch to be placed on the skin every 7 days on Fridays. The order also revealed to remove the old patch and rotate the placement of the new patch each week. Record review of Resident 1's medication administration revealed that the pain patch was applied on 02/20/2026 and 02/27/2026. Record review of the facility's incident report dated 03/10/2026 revealed that the old Buprenorphine pain patch was not removed by the Medication Aides (MAs) on 02/27/2026 and 03/06/2026. Record review of Resident 1's progress notes revealed that Resident 1 and the family requested that the pain patch be held until 03/09/2026 as the resident reported minimal pain. Record review of Resident 1's administration record for the month of March 2026 revealed that the Buprenorphine patch was held on 03/06/2026 and not administered on 03/09/2026. Interview on 04/01/2026 at 2:48 PM with the Director of Nursing (DON) revealed that the incident was brought to (gender) attention on 03/10/2026 and that prior to this time the facility did not have a system in place to ensure that the old patch was removed before applying a new patch to prevent more than one patch on the skin at a time. Record review of the facility's policy titled Policy and Procedure: Medication-Administration and Storage with a revised date of 03/2025 revealed that all narcotic medicated patches will be checked for placement 3 times a day: during the day shift, the afternoon shift, and the night shift. Interview on 04/02/2026 at 12:45 PM with the DON confirmed that it is the facility's expectation that the MAs/Nurses remove the old narcotic patch prior to placing a new one.</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
---	-------	-----------