STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285289	A. Building B. Wing	03/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Old Mill Rehabilitation (Omaha Tcu)	1131 Papillion Parkway Omaha, NE 68154

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47733 Licensure Reference Number 175 NAC 12-006.04C3a(6) Based on record review and interviews, the facility staff failed not notify the practitioner or responsible party of a fall for 2 (Resident 1 and 3) of 3 sampled residents The facility identified a census of 17. Findings are: A review of the facility's undated policy titled Fall Prevention Program indicated A fall is an event in which an individual unintentionally comes to rest on the ground, floor, or other level, but not as a result of an overwhelming external force Further review revealed the following: -Policy Explanation and Compliance Guidelines: -# 9. When any patient experiences a fall, the facility will: -d. Notify the physician and family. A review of the facility's undated policy titled Notification of Changes revealed staff were to notify the physician and the residents' representative consistent with their authority, when there is a change requiring notification. A review of the residents Census List indicated the facility admitted Resident 1 on 1/8/24 with diagnosis of Respiratory Syncytial Virus Pneumonia, Hypoxia, increased weakness, Diabetes Type II, Congestive Heart Failure, and other fractures in routine healing. A review of Resident 1's Care Plan dated 1/15/24 identified Resident 1 needed 1 person assisting with transfers and using a walker or wheelchair. A review of Resident 1's Clinical assessment dated [DATE] indicated the facility assessed Resident 1 with a BIMS (Brief Interview for Mental Status) score of 12. According to the MDS [NAME] a score of 8-12 indicates a person had moderately impaired cognition. (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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 1's Care Plan printed on 3/5/24 revealed Resident 1 was at risk for falls with interventions to prevent falls as follows: -Encourage Resident to wear nonskid footwear. -Anticipate and meet the Resident's needs. -Be sure Resident's call light is within reach and encourage to use it for assistance. -Resident needs a safe environment with; even floors free from spills and/or clutter; adequate, glare free light; a working and reachable call light, handrails on walls, personal items within reach. A review of Resident 1's Incident Audit Report dated 2/12/24 at 7:31 AM indicated Resident 1 was found by a Nursing Assistant (NA) to be laying on the floor, close to the recliner with recliner legs reclined. The report continued to reveal that Resident 1 head hit the floor. The report also indicated Resident 1 suffered injuries such as skin tear left arm, skin tear right chest, and bump left temple. A review of Resident 1's progress Progress Note (PN) dated 2-12-2024 revealed Resident 1's family was not notified of the fall on 2/12/24. An interview on 3/5/24 at 10:52 AM with Resident 1's Emergency Contact # 1. During the interview Emergency Contact #1 reported the facility staff did not call and notify them of Resident 1's fall with injury on 2/12/2024 On 3/5/2024 at 11:51 AM an interview was conducted with the facility Administrator. During the interview the facility Administrator confirmed Resident 1's representative was not notified of the fall with injury on 2/12/2024. 49164 B. Record review of Resident 3's Electronic Health Record (EHR) revealed Resident 3 admitted to the facility on [DATE] after hospitalization for Acute Respiratory Failure, Acute on Chronic Heart Failure, Diabetes Type 2 and a history of stroke with right sided weakness. A review of Resident 3's Comprehensive Care Plan (CCP) dated 10/25/2023 Resident 3 was assessed as being at risk for falls. Review of Resident 3's CCP dated 10/25/2023 revealed Resident 3 fell 6 times, on 11/05/2023, 12/04/2023, 12/13/2023 at 12:00 AM and the at 4:05 PM and 12/19/23. Review of Resident 3's PN 11/05/2023 revealed there was not a indication the facility staff had notified Resident 3's family or physician concerning a fall on 11/05/2023. A review of Resident 3's PN dated 12/04/2023 revealed Resident 3's physician was not notified of the fall on 12/04/2023. A review of Resident 3's PN dated 12/13/2023 revealed Resident 3's family was not notified of the fall on 12/13/2023 at 12:00 AM. (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Resident 3's PN dated 12/13/2023 at 4:05 PM revealed Resident 3's physician was not notified of the fall on 12/13/2023 at 4:05 PM. A review of Resident 3's PN dated 12/19/2023 revealed Resident 3's family or physician was not notified of the fall. Review of Resident 3's EHR for faxes, physician orders, phone orders revealed there was no indications Resident 3 physician and/or family was notified as identified in the above information. An interview on 03/05/2024 at 2:45 PM was conducted with the facility Administrator (ADM). During the interview the facility ADM confirmed family and/or physician notifications concerning falls were not done for Resident 3.