

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Old Mill Rehabilitation (Omaha Tcu)		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45614</p> <p>Based on record review and interview; the facility failed to provide written notification of discharge to 1 resident (Resident 50) of 1 sampled resident, or to the resident's representative and failed to provide a written reason of discharge to 1 resident (Resident 50) of 1 resident sampled or to the resident's representative. The facility claimed a census of 35.</p> <p>Findings are:</p> <p>A record review of Resident 50's Electronic Health Record revealed Resident 50 was admitted to the facility on [DATE] with the following diagnoses: Pneumonia, Acute Respiratory Failure with Hypoxia, Sepsis, Lymphocytosis, Major depressive disorder, Mixed hyperlipidemia.</p> <p>A record review of Resident 50's Progress Notes dated 1/15/2024 revealed the following information:</p> <p>During report (the report given by the off going staff to the incoming staff) the day nurse reported to the night shift nurse that the resident's oxygen saturation (O2 sats) were in the 60s and low 70s during the day. The nurse stated that based upon their assessment the resident did not need to be sent out. At the end of report the night nurse assessed the resident and found the resident to be visibly struggling to breathe. The resident reported shortness of breath (SOB) at rest and lightheadedness. The resident denied having chest pain. The resident's vital signs were Blood Pressure 142/60, Pulse 93, Temperature 98.3, Respirations 26 and O2 74%. The resident was barrel chested, the left lung sounded clear to auscultation, (the act of listening to internal sounds from the body, usually with a stethoscope) the right lung had wheezes throughout. The resident's provider was notified at 6:52 PM of the resident's condition. The provider gave an order for the resident to be sent to the hospital. The residents' daughter was notified of the transfer. The resident was taken to the hospital by the rescue squad at 7:30PM.</p> <p>Author: Registered Nurse B.</p> <p>A record review of the Emergency Transfer Form dated 1/15/24 for Resident 50 revealed the family was notified of the transfer and the following documents were sent with the Resident to the hospital; face sheet, MAR/TAR (Medication Administration Record/Treatment Administration Record), Order summary, Code Status, therapy status and the following belongings: hearing aids, glasses and cane.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2024
NAME OF PROVIDER OR SUPPLIER Old Mill Rehabilitation (Omaha Tcu)		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of the facility's undated Transfer and Discharge policy, Copyright 2023. The Compliance Store, LLC., revealed the following:</p> <p>Policy Explanations and Compliance Guidelines:</p> <p>5. Generally, the notice must be provided at least 30 days prior to a facility-initiated transfer or discharge of the resident. Exceptions to the 30-day requirement apply when the transfer or discharge is effected because:</p> <p>(c) An immediate transfer or discharge is required by the resident's urgent medical needs.</p> <p>6. In these exceptional cases, the notice must be provided to the resident, resident's representative if appropriate, and LTC Ombudsman as soon as practicable before the transfer or discharge.</p> <p>12. Emergency Transfers/Discharges - initiated by the facility for medical reasons to an acute care setting such as a hospital, for the immediate safety and welfare of a resident.</p> <p>(g) Provide a notice of transfer and the facility's bed hold policy to the resident and representative as indicated.</p> <p>An interview on 4/15/2024 at 3:36PM with the facility Administrator (Admin) confirmed the facility did not send a written reason for discharge to Resident 50 or to Resident 50's representative.</p> <p>An interview on 04/16/2024 at 8:52AM with the facility Admin further confirmed the facility did not provide a notice of discharge to Resident 50 or to Resident 50's representative.</p>