

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 0640</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>45614</p> <p>Based on record review and interview; the facility failed to complete tracking/discharge Minimum Data Sets (MDS, a federally mandated assessment tool used for care planning) for 17 (2, 4, 5, 10, 15, 17, 19, 21, 22, 25, 27, 33, 37, 39, 40, 41, 42, 44) of 17 residents.</p> <p>Findings are:</p> <p>A record review of sampled resident's discharge Electronic Health Records revealed the following Residents do not have a tracking discharge (MDS) completed: Those are Residents 2, 4, 5, 10, 15, 17, 19, 21, 22, 25, 27, 33, 37, 39, 40, 41, 42 and 44.</p> <p>An interview on 04/11/2024 at 11:45AM with the newly hired MDS Coordinator, (a person whose primary responsibility is to manage and assess patient care), confirmed a tracking discharge MDS should be completed within 3 days of a resident's discharge from the facility. The MDS coordinator revealed [gender] had begun [gender] new position on 04/08/2024.</p> <p>An interview on 04/11/2024 at 2:45PM with the facility Administrator confirmed they were not aware that the tracking discharge MDS were not completed for Residents 2, 4, 5, 10, 15, 17, 19, 21, 22, 25, 27, 33, 37, 39, 40, 41, 42 and 44. The administrator confirmed they should have been completed after the residents discharged from the facility.</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50106</p> <p>Licensure Reference Number 175 NAC 12.006.09D6(7)</p> <p>Based on record review, observation, , and interview; the facility failed to have a physician's order for Continuous Positive Airway Pressure (CPAP-a machine that uses mild air pressure to keep breathing airways open while you sleep) for 1 (Resident 56) of 1 resident sampled. The facility staff identified a census of 35.</p> <p>Findings are:</p> <p>Record review of Resident 56 clinical census revealed the resident was admitted on [DATE].</p> <p>Record review of Resident 56's Diagnosis Report revealed the resident had a diagnosis of Chronic Obstructive Pulmonary Disease (COPD), Obstructive Sleep Apnea, unspecified diastolic (congestive) heart failure, and essential hypertension.</p> <p>Record review of the History and Physical dated 4/2/24 by Medical Doctor/Hospitalist at Catholic Health Initiatives (CHI) Alegent [NAME] Hospital Medicine revealed a diagnosis of sleep apnea with the use of CPAP.</p> <p>Record review of Resident 56's Care Plan dated 4/8/2024 revealed a focus of I have an Activity of Daily Living (ADL) self-care performance deficit because of my weakness and having heart issues that cause me to tire easily. I also have COPD that I use the CPAP machine, so if not used, I am tired.</p> <p>A record review of Resident 56's form entitled Order Summary revealed no order for the CPAP machine.</p> <p>A record review of Resident 56's Medication Administration Record (MAR) and Treatment Administration Record (TAR) revealed no order for the CPAP machine.</p> <p>Observation on 4/10/24 revealed a CPAP sitting on the bedside table in Resident 56's room.</p> <p>Interview with Resident 56 on 4/10/24 confirmed Resident wore the CPAP every night. Resident 56 confirmed nursing staff assisted with application of the CPAP and bleeding in the prescribed Oxygen (O2).</p> <p>Interview with LPN-A confirmed no order was found for the CPAP or for the O2 bled into the CPAP.</p>		