

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  04/02/2026
NAME OF PROVIDER OR SUPPLIER  Old Mill Rehabilitation		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 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>Based on record review and interview, the facility failed to ensure the Dietary Manager was qualified per regulations. This had the potential to affect all 36 residents that resided in the facility. The facility census was 36. Findings are:Record review of the facility Dietary Managers employee file revealed a hire date of 3/27/26. A review of the Dietary Managers employee file revealed no formal education in food or nutrition and no certification as a Dietary Manager. Interview on 03/30/2026 at 10:55 AM with the facility Administrator confirmed that the DM is not currently certified and is enrolled in the class that will start 05/01/2026. The Administrator confirmed that the Registered Dietician did not work full time in the facility and there was not another Dietary Manager that was currently working with the current Dietary Manager to oversee the facility until the dietary management course could be completed. Interview on 04/01/2026 at 2:37 PM with the Director of Nursing revealed that all 36 residents that reside in the facility ate foods prepared in the facility kitchen.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observation and interview, the facility failed to ensure the cleanliness of ceiling ventilation system covers in the facility kitchen and ventilation fans in the walk in cooler in the facility kitchen to prevent the potential for food borne illness. This had the potential to affect all residents that resided in the facility and ate foods prepared in the facility kitchen. The facility census was 36. Findings are: Observation on 03/31/2026 between 9:40 AM and 10:35 AM with the facility Dietary Manager [DM] revealed the following sanitation concerns in the facility kitchen: There were specks of a grey fuzzy substance that resembled dust present on the exterior of the ventilation cover for 4 ventilation covers in the ceiling in the kitchen. The ventilation covers were directly over food preparation areas in the kitchen. There were 2 circulation fans present in the facility walk in cooler that had a heavy coating of a black fuzzy substance present. The circulation fans were turned on and blew toward the foods on shelves in the facility walk in cooler. Interview on 03/31/2026 at 10:18 AM with the facility DM confirmed the presence of a substance that resembled dust on the ceiling ventilation covers and the circulation fans in the walk in cooler. The DM confirmed that there was a potential for the dust to fall into the food. The DM was unable to confirm when the last time the ventilation covers and the circulation fans were cleaned. Interview on 04/01/2026 with the facility Director of Nursing confirmed that all 36 residents that reside in the facility ate foods prepared in the facility kitchen.</p>		

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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p>Based on record review and interview, the facility failed to identify and monitor specific target behaviors for Resident 5 and 48, failed to monitoring for tardive dyskinesia( movement disorders that occur as a side effect to antipsychotic medications) for Res 5 and 48 and failed to ensure an appropriate diagnosis for the use of an antipsychotic medication for Resident 48. These practices affected 2 of 5 residents reviewed for unnecessary medications, The facility staff identified a census of 36. Findings are:A.</p> <p>A record review of Resident 48's admission Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a residents functional capabilities and helps nursing home staff identify health problems) dated 3/31/26 identified the facility admitted the resident on 3/25/26 with a Brief Interview for Mental Status (BIM's used to screen cognitive function in long term care residents) of 15/15 indicating intact cognition with the diagnosis of depression, anxiety disorder, hemiplegia or hemiparesis, seizure disorder. Further review of the MDS identified Resident 48 was taking an antipsychotic, antidepressant, antiplatelet, hypoglycemic and anticonvulsant.</p> <p>A record review of Resident 48's Order Summary Report dated 3/31/26 revealed an order for Risperidone, a neuroleptic medication. Specifically, classified as an atypical antipsychotic medication used to manage psychosis (hallucinations and delusions), schizophrenia, and bipolar disorder with a common side effect of extrapyramidal symptoms (tremors, involuntary movements), muscle stiffness, sedation, and dry mouth.</p> <p>In an interview with the Director of Nursing (DON) on 4/1/26 at 1:30 PM it was confirmed that generalized anxiety disorder was not an appropriate diagnosis for Risperidone.</p> <p>A record review of Resident 48's Electronic Medical Record, including clinical assessments revealed no assessment to monitor extrapyramidal symptoms.</p> <p>In an interview with the DON on 4/1/26 at 1:30 PM it was confirmed there was no assessment completed on Resident 48 to monitor extrapyramidal symptoms and should have been.</p> <p>A record review of Resident 48's Order Summary Report dated 3/31/26 revealed and order to monitor for anxiety: Document number of episodes of anxious behavior, including but not limited to Pacing, restlessness, inability to sleep, agitation and statements of anxiety.</p> <p>In an interview with the DON on 4/1/26 at 1:30 PM it was confirmed the facility used a standing order that was generalized and not specific to any residents behaviors and should have.</p> <p>B.</p> <p>Record review of Resident 5's Order Summary report dated 04/01/2026 revealed an admission date of 02/24/2026 and diagnoses that included major depressive disorder, recurrent in full remission, unspecified dementia, mild without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety and unspecified depression.</p> <p>Record review of Resident 5's 5 day MDS identified that Resident 5 had a BIMS score of 10 which (continued on next page)</p>		

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<p>F 0605</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>indicated that Resident 5 was moderately cognitively impaired. The MDS identified that a score of 8 - 12 indicated moderate cognitive impairment. The MDS identified that Resident 5 required partial assistance with activities of daily living, had diagnoses that included non Alzheimer's dementia and depression and used antipsychotic and antidepressant medications daily with indications for use present.</p> <p>Record review of Resident 5's Comprehensive Care Plan (CCP, a document that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment) dated 02/25/2026 revealed Resident 5's utilized psychotropic medications [medications used to treat mental health disorders and include antidepressants and antipsychotic medications] including quetiapine related to dementia and and desvenlafax related to major depressive disorder. The CCP did not include resident specific target behaviors to monitor for the continued use of quetiapine or desvenlafax medications.</p> <p>Record review of Resident 5's Physician Orders revealed the following psychotropic medication orders:</p> <p>desvenlafax tab 50 milligrams [mg] Extended Release [ER] take 1 tablet by mouth daily (related diagnoses: major depressive disorder, recurrent, in full remission started on 02/23/2026.</p> <p>quetiapine [an antipsychotic medication used to treat psychosis which includes symptoms like hallucinations and delusions [fixed beliefs] tab 5 milligrams, take 1 tablet by mouth daily after dinner (related diagnoses: unspecified dementia, mild, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety, mild cognitive impairment of uncertain or unknown etiology started on 02/23/2026.</p> <p>Record review of Resident 5's Physician Orders did not identify to monitor resident specific target behaviors for the use of quetiapine or resident specific target behaviors to monitor for the use of desvenlafax.</p> <p>Record review of Resident 5's Medication Administration Record [MAR] dated March 2026 revealed no resident specific target behaviors identified or monitored for the use of the medications quetiapine or desvenlafax.</p> <p>Record review of Resident 5's Electronic Medical record [EMR] revealed no monitoring for extrapyramidal symptoms for the use of the antipsychotic medication quetiapine.</p> <p>Interview on 04/01/2026 at 1:46 PM with the DON confirmed that the orders and the MAR for Resident 5 did not identify resident specific target behaviors for the use of quetiapine and desvenlafax. The DON confirmed that resident specific target behaviors should have been identified for Resident 5 and monitored and documented daily on the MAR. The DON confirmed that no assessment for extrapyramidal symptoms had been completed for the continued use of the quetiapine for Resident 5.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and interview, the facility failed to develop a comprehensive care plan related to fluid restrictions for 2 (Res 9 and 44) of 2 reviewed with physician ordered fluid restrictions. The facility staff identified a census of 36. The findings are: A.</p> <p>A record review of Resident 44's Comprehensive Care Plan (CCP, a document that includes measurable objectives and timetables to meet a resident's medical, nursing and mental and psychosocial needs that are identified in the comprehensive assessment) revealed the care plan did not address the 1500(cubic centimeter) cc daily fluid restriction.</p> <p>A record review of an Order Summary Report dated 3/31/26 for Resident 44 revealed and order for 1.5L (Liter) fluid restriction.</p> <p>A record review of a Dietary Progress Note dated 4/1/26 identified a 1500(milliliter per day) ml/d fluid restriction.</p> <p>Interview with the Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a residents functional capabilities and helps nursing home staff identify health problems) (MDS) Coordinator on 4/1/26 at 11:29 AM confirmed that the fluid restriction should have been included in the CCP in the nutritional section of the care plan.</p> <p>B.</p> <p>Record review of Resident 9's admission Order Summary dated 04/01/2026 revealed an admission date of 03/16/26 with diagnoses that included fracture of right femur and hypertension [high blood pressure].</p> <p>Record review of Resident 9's admission MDS dated [DATE] revealed that Resident 9 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 11. The MDS identified that a score of 8 - 12 indicated moderately impaired cognition. The MDS identified that Resident 9 required supervision with activities of daily living. The MDS identified no special nutritional approaches for Resident 9.</p> <p>Record review of Resident 9's Order Summary Report dated 04/01/2026 revealed an order for a 2000 Liter fluid restriction two times per day related to hypertension. The order started on 03/26/26.</p> <p>Record review of Resident 9's CCP dated 02/24/2026 revealed no specific information related to Resident 9's fluid restriction. A review of the nutrition section of the CCP for Resident 9 did not include any information related to a fluid restriction as ordered by the residents physician.</p> <p>Interview on 04/01/2026 at 11:29 AM with the MDS Coordinator confirmed that Resident 9's order for a 2000 Liter fluid restriction had not been identified on the CCP. The MDS coordinator confirmed that the fluid restriction should have been included in the CCP in the nutritional section of the care plan.</p>		