

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/13/2024
NAME OF PROVIDER OR SUPPLIER Old Cheney Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 5431 South 16th Street Lincoln, NE 68512	

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** 45484</p> <p>Based on record review and interview, the facility failed to provide a written notice of transfer to Resident 20 and/or their representative upon transfer to the hospital. This affected 1 of 2 residents sampled for hospitalization s. The facility census was 34.</p> <p>Findings are:</p> <p>A review of Resident 20's Admission Record printed 06/11/2024 revealed Resident 20 was admitted to the facility on [DATE] and had diagnoses of: peripheral vascular disease (PVD-a systemic disorder that involves the narrowing of blood vessels away from the heart, such as in the legs and feet), high blood pressure, diabetes mellitus type 2 (a long-term medical condition in which your body doesn't use insulin properly, resulting in unusual blood sugar levels), and end stage renal disorder (ESRD-a medical condition in which a person's kidneys cease functioning on a permanent basis).</p> <p>A review of Resident 20's Progress Notes revealed that the resident went to the emergency roiaognom on [DATE] for treatment of wounds on the left foot and was subsequently admitted to the hospital. The resident returned to the facility on [DATE].</p> <p>During an interview conducted on 06/12/2024 at 12:54 PM, the Administrator confirmed the facility had not provided written notice of transfer to Resident 20 or their representative upon transfer to the hospital.</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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45484</p> <p>Based on record review and interview, the facility failed to provide a notification of the facility policy for bed hold to Resident 20 and/or their representative upon transfer to the hospital. This affected 1 of 2 residents sampled for hospitalization s. The facility census was 34.</p> <p>Findings are:</p> <p>A review of Resident 20's Admission Record printed 06/11/2024 revealed Resident 20 was admitted to the facility on [DATE] and had diagnoses of: peripheral vascular disease (PVD-a systemic disorder that involves the narrowing of blood vessels away from the heart, such as in the legs and feet), high blood pressure, diabetes mellitus type 2 (a long-term medical condition in which your body doesn't use insulin properly, resulting in unusual blood sugar levels), and end stage renal disorder (ESRD-a medical condition in which a person's kidneys cease functioning on a permanent basis).</p> <p>A review of Resident 20's Progress Notes revealed that the resident went to the emergency roaignom on [DATE] for treatment of wounds on the left foot and was subsequently admitted to the hospital. The resident returned to the facility on [DATE].</p> <p>During an interview conducted on 06/12/2024 at 12:54 PM, the Administrator confirmed the facility had not provided a notification of the facility policy for bed hold to Resident 20 or their representative upon transfer to the hospital.</p>

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47406</p> <p>Licensure Reference Number 175 NAC 12-006.04(B)(ii)</p> <p>Based on record review and interviews, the facility failed to ensure 3 nurse aides (NA) and 1 medication aide (MA)(NA-C, NA-E, NA-F, MA-D) of 6 sampled have the competencies required to care for residents' needs. The facility census was 34.</p> <p>Findings are:</p> <p>Record review of 3 NA's personnel files revealed competencies were not completed this past year. The 3 NA's without competencies with their hire date are:</p> <ul style="list-style-type: none"> -NA-C was hired on 11/18/2022, -NA-E was hired on 10/26/2018, -NA-F was hired on 04/26/2023, -MA-D was hired on 06/21/23. <p>In an interview with the Administrator on 6/12/24 at 3:00 PM revealed that the facility does not have current policy or recent plan on when staff should complete their Relias education.</p> <p>In an interview with the Administrator on 6/13/24 at 7:15 AM revealed that MA-D and NA-C did not attend the Old [NAME] Rehabilitation fair that was held in December 2023.</p> <p>In an interview with the Administrative Assistant on 6/13/24 at 11:05 AM revealed that NA-C, NA-E, and NA-F did not have their competencies completed within the last year. Competencies are offered yearly.</p>

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<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>45484</p> <p>175 NAC 12-006.04(H)(ii)(1)</p> <p>Based on record review and interview, the facility failed to ensure the Dietary Manager (DM) had the required credentials. This had the potential to affect 33 of 34 residents who ate food prepared in the kitchen. The facility census was 34.</p> <p>Findings are:</p> <p>During an initial tour of the kitchen on 06/10/2024 from 7:15 AM to 7:33 AM, the DM revealed that [gender] had not completed the requirements to be a Certified Dietary Manager (CDM), but were enrolled in the course.</p> <p>An interview on 06/11/2024 at 12:15 PM with the DM revealed the facility had a consulting dietitian who worked for the facility part-time. The DM revealed they had a ServSafe certification for Food Protection Manager.</p> <p>A review of the ServSafe Certification provided by the DM revealed an examination date of 07/11/2023 and an expiration date of 07/11/2028.</p> <p>Review of the ServSafe website revealed the ServSafe Manager certification course was 8-10 hours long.</p> <p>https://www.servsafe.com/Administrators/Online-Course-Best-Practices</p> <p>An interview on 06/13/2024 at 10:34 AM with the DM confirmed the ServSafe Manager course was approximately 10 hours long, and further confirmed they were currently enrolled in the program to become a Certified Dietary Manager.</p>		

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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>45484</p> <p>Licensure Reference Number 175 NAC 12-006.11E</p> <p>Based on observations, record review and interview, the facility failed to ensure hair was covered during food preparation and cooking. This had the potential to affect 33 or 34 residents who ate food prepared in the dining room. The facility census was 34.</p> <p>Findings are:</p> <p>An observation on 06/11/2024 at 7:03 AM revealed [NAME] A in the kitchen with a hair net and baseball cap on. [NAME] A had a short beard, and was not wearing a beard net.</p> <p>An observation on 06/11/2024 from 9:56 AM to 11:30 AM revealed [NAME] A preparing and cooking food for lunch. [NAME] A was not wearing a beard net during this time.</p> <p>An observation on 06/11/2024 at 11:56 AM revealed [NAME] A preparing deli sandwiches and salads for the meal alternate selections. [NAME] A was not wearing a beard net during this time.</p> <p>During an interview on 06/13/2024 at 10:34 AM The Dietary Manager confirmed that [NAME] A should have been wearing a beard net during food preparation and cooking.</p> <p>A review of the facility policy titled Food Safety Requirements implemented 9/2022 revealed:</p> <p>d. Dietary staff must wear hair restraints (e.g. hairnet, hat, and/or beard restraint) to prevent hair from contacting food.</p> <p>e. Hairnets should be worn with cooking, preparing, or assembling food, such as stirring pots, or assembling the ingredients of a salad.</p> <p>A review of the 2017 Nebraska Food Code section 2-402, Hair Restraints, revealed:</p> <p>Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food.</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45484</p> <p>Based on record review and interview, the facility failed to offer the COVID-19 vaccination and failed to provide education regarding the risks and benefits of receiving the COVID-19 vaccination to Resident 5 and Resident 16 and/or their representatives. This affected 2 of 5 residents sampled for COVID-19 vaccination status. The facility census was 34.</p> <p>Findings are:</p> <p>A review of the facility's undated policy titled Covid-19 Vaccination revealed:</p> <p>-It is the policy of this facility to minimize the risk of acquiring, transmitting, or experiencing complications from COVID-19 (SARS-CoV-2) by educating and offering our residents and staff the COVID-19 vaccine.</p> <p>-27. The resident's medical record will include documentation of the following:</p> <p>a. Education to the resident or resident representative regarding the risks, benefits, and potential side effects of the COVID-19 vaccine;</p> <p>b. Each dose of the vaccine administered to the resident, or;</p> <p>c. If the resident did not receive the COVID-19 vaccine due to medical contraindication or refusal.</p> <p>d. Follow-up monitoring of the resident post vaccination.</p> <p>A.</p> <p>A review of Resident 5's Clinical Census record revealed the resident was admitted on [DATE].</p> <p>A review of Resident 5's Medical Diagnosis list dated 06/11/2024 revealed the resident had diagnoses of a fractured pelvis, heart failure, diabetes mellitus type 2 (a long-term medical condition in which your body doesn't use insulin properly, resulting in unusual blood sugar levels), and high blood pressure.</p> <p>A review of Resident 5's Clinical-Immunizations record dated 06/13/2024 revealed no documentation of the COVID-19 vaccination being given or declined, or of education provided to the resident and or their representative.</p> <p>An interview on 06/13/2024 at 11:35 AM Registered Nurse-B confirmed the facility did not have documentation of COVID-19 vaccination being given or declined, or of education provided to Resident 5 and or their representative.</p> <p>B.</p> <p>(continued on next page)</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>47406</p> <p>Licensure Reference Number 175 NAC 12-006.04B(ii)</p> <p>Based on record review and interviews, the facility failed to ensure 3 nurse aides (NA) and medication aide (MA) (NA-C, MA-D, NA-F) of 6 sampled had at least 12 hours of continuing education in a year. The facility census was 34.</p> <p>Findings are:</p> <p>Record review of 6 sampled staff personnel files revealed 3 NA's (nurses aide) did not have their 12 hours of continuing education done as required. The 3 NA's without the education, hire dates, and hours of education completed are the following:</p> <ul style="list-style-type: none"> -NA-C was hired on 11/18/2022 has had no hours completed for the past year. -MA-D was hired on 06/21/2023 and has completed 1.5 hours of education. -NA-F was hired on 04/26/2023 and has completed 4 hours of education. <p>In an interview with the Administrative Assistant (AA) on 6/12/24 at 2:27 PM revealed that NA-C, MA-D and NA-F did not complete 12 hours of education on Relias within this past year.</p> <p>In an interview with the Administrator on 6/12/24 at 3:00 PM revealed that NA-C, MA-D and NA-F did not complete 12 hours of education on Relias within this past year.</p>