STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40338 LICENSURE REFERENCE NUMBER 175 NAC 12-006.18B3 Based on observation, interview, and record review, the facility failed to ensure the building and equipment was maintained in a clean manner and good repair as evidenced by: -carpet in hallways 100, 200, 400, 500, 600, and 800 hallways was soiled and stained; -carpets in resident rooms 103, 105, 110, 202, 204, 205, 211, 303, 401, 407, and 409 were stained and soiled; -bathroom walls and floors in rooms [ROOM NUMBERS] were not maintained in good repair; -bathroom door in room [ROOM NUMBER] was scratched; -ceiling in room [ROOM NUMBER] and 508 was stained; -spa room floor on South side of building was soiled and cluttered with equipment and supplies; -over bed table in room [ROOM NUMBER] was soiled with dried food and privacy curtain was soiled; -missing transition strips between hallway carpet and room flooring for rooms 101, 103, 303, 306, 503, 603, and 707; -carpets in rooms [ROOM NUMBER] were worn and frayed; -hoyer and sit to stand lift in 100 and 200 hall were soiled; -wheelchairs for Resident 3 and 12 were soiled; -floor in dining room was soiled; The facility had a total census of 126 residents and 85 occupied resident rooms The findings are: (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A. An observation on 11/8/22 at 07:30 AM revealed the following: -The hoyer and sit to stand lift in 100 and 200 hall were soiled. -The wheelchairs for Resident 3 and 12 were soiled. Interview with LPN N (Licensed Practical Nurse) and MA D (Medication Aide) on 11/8/22 at 07:30 AM confirmed the hoyer, sit to stand lifts and the wheelchairs for Resident 3 and 12 were soiled. B. Observation on 11/14/22 between 09:05 AM and 09:50 AM with the facility Administrator (ADM) and the facility Maintenance Director (MD) revealed the following concerns in the facility: - The carpets in hallways 100, 200, 400, 500, 600 and 800 were soiled and stained. -The carpets in resident rooms 103, 105, 110, 202, 204, 205, 211, 303, 401, 407 and 409 were stained and soiled. -The bathroom walls in rooms [ROOM NUMBERS] had holes in them and the bathroom floor tiles were in need of repair. -The bathroom door in room [ROOM NUMBER] was scratched -The ceiling in room [ROOM NUMBER] and 508 was stained -There were missing transition strips between hallway carpet and room flooring for rooms 101, 103, 303, 306, 503, 603, and 707. -The carpets in rooms [ROOM NUMBER] were worn and frayed. Interview on 11/14/22 at 09:50 AM with the facility ADM confirmed the concerns identified during the environmental tour. 04577 C. Observations on 11/7/22 at 11 AM and 11/8/22 at 11:35 AM revealed the over bed table had dried liquid spills and the privacy curtain was soiled. In an interview on 11/8/22 at 11:35 AM, the Administrator confirmed the privacy curtain and over bed table needed cleaning. D. Observations on 11/8/22 at 7:21 AM and 8:03 AM revealed urine under a chair in the main dining area. Observations on 11/8/22 at 8:23 AM revealed urine under the chair in the main dining room and breakfast meal service was starting. In an interview on 11/8/22 at 8:29 AM, the Administrator confirmed that there was urine under the resident chair in the dining room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	E. Observations on 11/8/22 between 6:52-6:55 AM in the south side spa room revealed the following: -floor was soiled thru the room -supples including toilet brushes, parts of spray bottles, sharps container, and open containers of cleanling supplies were being stored on floor thru out room -supplies were stacked on the sink and the window sil -there was broken tile in the shower area -chipped paint on the window sil -a wheelchair scale was stored in one of the shower areas In an interview on 11/8/22 at 8:34 AM, the Administrator confirmed the south side spa room was not clean or in good repair.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. 04577 Based on record review and interview, the facility failed to submit an investigation to the state survey agency within 5 working days for 2 of 4 investigations reviewed. The facility had a total census of 126 residents. Findings are: A. A review of facility investigations revealed an allegation of staff to resident verbal abuse involving Resident 9 that occurred on 10/31/22. Facility investigation did not include documentation of completed investigation being submitted to the state survey agency. In an interview on 11/9/22 at 10:07 AM, the current Administrator reported the investigation had not been submitted by the previous administrator. B. A review of facility investigations revealed a resident to resident altercation dated 11/1/22 involving Residents 10 and 11. The facility investigation included a fax cover sheet that identified the report had been submitted to an old fax number for the state survey agency. In an interview on 11/14/22 at 11:03 AM, the Director of Nursing reported the report was faxed to the number listed on the form.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable. 42131 Licensure Reference Number 175 NAC 12-006.09D1c Based on observations, record review, and interview, the facility failed to provide bathing for 8 [Resident 1, 2, 3, 4, 5, 6, 7, and 8] of 8 residents sampled and incontinence care for 1 [Resident 7] of 8 sampled residents. The facility had a total census of 126 residents. Findings are: A. A review of an MDS (Minimum Data Set - a federally mandated assessment tool used for resident care planning) dated 9/19/22 for Resident 7 revealed Resident 7 required limited assistance from one staff member for toileting, transfers, bed mobility, and dressing. An observation on 11/8/22 at 7:50 AM revealed Resident 7 was sitting on the edge of their bed, leaning on their pillow with their eyes closed. A strong urine odor was noted in the room. An observation on 11/8/22 at 7:56 AM revealed NA-J (Nurse Aide) assisted Resident 7 with morning cares. During the observed care, NA-J did not assist Resident 7 to the bathroom to use the toilet. Further observation revealed Resident 7's incontinence brief, disposable bed pad, 2 reusable bed pads, and sheets were soaked with urine. In an interview on 11/8/22 at 8:05 AM, NA-J confirmed Resident 7 was incontinent of urine. NA-J further confirmed the incontinence brief, disposable bed pad, 2 reusable bed pads, and the sheets on Resident 7's bed were soiled and needed changed. A review of Resident 7's undated CCP (Comprehensive Care Plan - a document outlining how to care for a resident) revealed Resident 7 required assistance bed mobility, transfers, dressing, walking, persona hygiene, eating, and toileting. In an interview on 11/14/22 at 12:32 PM, the DON confirmed Resident 7 required assistance with toileting and incontinence care. The DON further confirmed that it was unlikely Resident 7 was provided help with incontinence care or toileting overnight since they were incontinent of so much urine in their bed the morning of 11/8/22. B. A review of the facility bath schedule dated 10/11/22 revealed Resident 2 was scheduled for baths on Tuesdays and Saturdays weekly. In an interview on 11/7/22 at 3:25 PM, Resident 2 reported getting baths about once a week. A review of Resident 2's bathing documentation from 9/1/22 - 11/8/22 revealed Resident 2 received baths on the following dates: -9/13/22 -9/28/22 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-9/30/22 -10/19/22 -10/26/22 -10/28/22 -11/2/22 In an interview on 11/14/22 at 12:32 PM, the DON (Director of Nursing) confirmed the facility could locate no more bathing documentation. The DON further confirmed Resident 2 went long periods of time without bathing, according to the documentation. C. A review of the facility bath schedule dated 10/11/22 revealed Resident 7 was scheduled for baths on Sundays and Thursdays weekly. A review of Resident 7's bathing documentation from admission (9/15/22) - 11/8/22 revealed Resident 7 received baths on the following dates: -9/29/22 -9/30/22 -10/4/22 -10/11/22 -10/14/22 In an interview on 11/14/22 at 12:32 PM, the DON confirmed the facility could locate no more bathing documentation. The DON further confirmed Resident 7 had not had a bath in a month, according to the documentation. D. A review of the facility bath schedule dated 10/11/22 revealed Resident 8 was scheduled for baths on Tuesdays and Fridays weekly. A review of Resident 8's bathing documentation from admission (10/6/22) - 11/8/22 revealed Resident 8 received baths on the following dates: -10/11/22 -10/21/22 -11/1/22 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 11/14/22 at 12:32 PM, the DON confirmed the facility could locate no more bathing documentation. The DON further confirmed Resident 8 went long of periods of time without bathing, according to the documentation. 40338 E. Review of Resident 5's bath schedule revealed Resident 5 was scheduled for baths on Monday and Friday. Review of the bathing documentation for Resident 5 revealed a bath was documented as given on 9/1, 9/12, 10/10, 10/21, 10/25. F. Review of Resident 1's bath schedule revealed Resident 1 was scheduled for baths on Sunday, Tuesday, and Friday. Review of bathing documentation for Resident 1 from 09/01/22 to present revealed bathing occurred on 9/7/22, 9/12, 9/22/22, 9/23/22, 9/26, 9/30, 10/5, 10/7, 10/10, 10/15, 10/18, 10/26, 11/5. G. Review of Resident 3's bath schedule revealed Resident 3 was scheduled for baths on Sunday and Tuesday. Review of bathing documentation for Resident 3 revealed bathing occurred on 8/13, 8/30, 9/1, 9/14, 9/20, 9/23, 10/7, 10/18. 04577 H. A review of the facility bath schedule dated 10/11/22 revealed Resident 4 was scheduled for a bath on Sundays and Thursdays. A review of bath documentation from 9/1/22 to 11/8/22 revealed baths documented for Resident 4 on the following dates: 9/8/22, 9/20/22, 9/22/22, 10/2/22, and 10/26/22. I. In an interview on 11/7/22 at 1:52 PM, Resident 6 reported baths are not provided every week. A review of the facility bath schedule dated 10/11/22 revealed Resident 6 is scheduled for baths on Sunday and Wednesday. A review of bath documentation from 9/1/22 to 11/8/22 revealed baths documented for Resident 6 on 9/27/22, 10/11/22, and 11/8/22. J. In an interview on 11/7/22 at 11 AM, Resident 9 reported receiving a bath every 2-3 weeks. A review of bath schedule dated 10/11/22 revealed Resident 9 was scheduled for baths on Sunday, Tuesday, Wednesday, and Friday. A review of bath documentation from 9/1/22 to 11/8/22 revealed baths documented for Resident 9 on 9/7/22, 9/23/22, 9/30/22, and 10/22/22. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	K. In an interview on 11/9/22 at 7:15 AM, the Director of Nursing reported that baths are not being charted. The Director of Nursing reported that the bath aide may be pulled to work the floor if other staff call in. If the bath aide is called to the floor, the nurse aides are to pick up the baths that are to be done that day. L. In an follow interview on 11/9/22 at 12:44 PM, the Director of Nursing confirmed that no additional bath documentation could be found.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0678 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42131 Licensure Reference Number 175 NAC ,d+[DATE].09 Based on record review and interview, the facility failed to ensure resident code status was updated for 1 [Resident 2] of 3 sampled residents. The facility had a total census of 126 residents. The findings are: A review of Resident 2's progress notes revealed the following information: -[DATE] at 1:08 PM - Resident 2 chose to revoke hospice services -[DATE] at 2:01 PM - Social Services met with Resident 2 to discuss code status. During the meeting, Resident 2 stated they would like to change from DNR (do not resuscitate) status to Full Code (CPR - cardiopulmonary resuscitation - would be performed). Social Services wrote they completed a Code Status form, uploaded it into medical records and faxed it to the physician for a signature. Social Services also wrote they would remain involved and update Resident 2's medical record. A review of Resident 2's medical record on [DATE] at 9:45 AM revealed Resident 2's face sheet, care plan, and eMAR (electronic medication administration record) all identified Resident 2 as being DNR status. In an interview on [DATE] at 11:05 AM the Social Services Director (SSD) reported they had met with Resident 2 on [DATE] and had them sign a new code status form. The SSD stated they faxed the form to Resident 2's physician and then sent an email to nursing staff so they could update the medical record. The SSD reported they do not update the medial record and was not sure who did. In an interview on [DATE] at 11:30 AM, the Director of Nursing (DON) confirmed Resident 2's code status still reflected DNR status in their medical record and had not been changed after Resident 2 requested to be a Full Code on [DATE]. The DON reported they updated Resident 2's code status in their medical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. 40338 LICENSURE REFERENCE NUMBER 175 NAC 12-006.09D5b Based on observation, record review and interview, the facility failed to implement an individualized activity program for 2 [Resident 4 and 5] of 3 sampled residents. The facility had total 126 residents. The findings are: A. An observation on 11/7/22 at 11:00 am revealed Resident 5 was lying in (gender) bed. An observation on 11/7/22 at 02:00 PM revealed Resident 5 was lying in (gender) bed. An observation on 11/7/22 at 03:31 PM revealed Resident 5 was lying in (gender) bed. An observation on 11/8/22 at 06:50 AM revealed Resident 5 was resting in (gender) bed. An observation on 11/8/22 at 08:25 AM revealed Resident 5 was sitting at bedside eating breakfast. An observation on 11/08/22 at 12:18 PM revealed Resident 5 was lying in (gender) bed. An observation on 11/08/22 at 03:00 PM revealed Resident 5 was lying in (gender) bed. Record review of the last activity evaluation for Resident 5 dated 11/23/21 revealed the following: Limited activity participation. Resident 5 participates in organized or 1:1 activities with assistance from staff. Resident 5 enjoys walking, manicures, bingo, and music. Review of Resident 5's current Comprehensive Care Plan revealed Resident 5's activity involvement is limited due to cognitive impairment secondary to Alzheimer's disease or related dementia. Resident 5 Enjoys music, walking, and visiting with staff. Goal is Resident 5 will participate in staff initiated out of room activities 3 days per week. Interventions include to invite and encourage Resident 5 to engage in activities. Provide informal 1:1 with resident 5 in or out of doors. Record review of Daily Participation Record for the month of November revealed activities for Resident 5 was documented 1 day on the 3rd. Record review of the Azria Activity Programs policy statement dated June 2018 revealed activities offered are based on the comprehensive resident-centered assessment and the preferences of each resident. Activity programs are designed to encourage maximum individual participation and are geared to the individual residents' needs. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 11/8/22 at 08:15 AM with NA H (Nurse Aide) revealed there is suppose to be a different activity calendar for the Dementia Unit. Activity staff are suppose to come to the unit and write the activities for the day on a dry erase board in the dining room of the Dementia Unit. NA H confirmed the activities written on the dry erase board were not for the current day and those activities have been on that dry erase board for several days. An interview on 11/9/22 at 01:20 PM with the Activity Director confirmed there was no other activity assessments for Resident 5 in the medical record. The Activity Director further confirmed that there was not an activity staff to go to the Dementia Unit currently and the activity documentation for Resident 5 only has 1 day of activities for the month of November. 04577 B. Observations on 11/7/22 at 1:44 PM revealed Resident 4 seated in wheelchair in common area by nurses' station. Observations on 11/7/22 at 3:08 PM revealed Resident 4 in bed. Observations on 11/8/22 at 1 PM revealed Resident 4 asleep in bed. Observations on 11/9/22 at 9:25 AM revealed Resident 4 in bed with TV on. Observations on 11/9/22 at 11:56 AM revealed Resident 4 seated in common area by nurses' station asking to go to bed. A review of Resident 4's plan care revealed a focus area revised on 1/2/2019 of low functioning/cognitive impairment. Care Plan identified that Resident 4 would come to bingo , musical entertainment and kindergartners visit. Interventions included 1:1 activities, encourage to engage in activities, offer independent materials as desired, self-directed activities in the pm such as visual or auditory sensory activities if restless, and individual-focused sessions 3-5 times per week emphasizing sensory and environmental awareness, integration and stimulation. A review of Resident 4's 11/2022 activities daily participation log for 11/1/22-11/8/22 revealed the following: -Resident 4 declined bingo 2 times -Resident 4 declined games and movies 1 time each -Resident 4 participated in independent materials 2 times -Resident 4 participated in TV on 6 days A review of Resident 4's 10/2022 activities daily participation log revealed the following: -Resident 4 declined beauty/barber 1 time and participated 1 time -Resident 4 declined bingo 3 times (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-Resident 4 declined entertainment and games 1 time -Resident 4 participated in independent materials 8 times -Resident 4 participated in religious service/study 2 times -Resident 4 participated in TV on 9 days A review of undated note on back of participation log for 11/2022 revealed Resident 4 has limited activity participation due to memory loss and confusion. Resident 4 was noted to display behaviors during group settings and has passive participation in organized activities. The note stated staff to provide weekly 1:1 visits based on perceived level of comfort. In an interview on 11/9/22 at 1:20 PM, the Activities Director reported Resident 4 is to have 1:1 visits at least once per week. The Activities Director reported that due to activities staffing they are unable to do 1-1 visits.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 42131 Licensure Reference Number 175 NAC 12-006.09D2 Based on observation, interview, and record review, the facility failed to provide wound care in accordance with physician's orders for 2 (Resident 2 and 8) of 4 residents reviewed. The facility had a total census of 126 residents. The findings are: A. A review of the facility's Wound Report, last updated 10/20/22, revealed Resident 2 had a surgical site wound to their right hand due to post-op amputation of fingers. The wound was documented as measuring 5cm (centimeters) x 5cm with a depth of 0.2cm. A review of Resident 2's November 2022 TAR (Treatment Administration Record) revealed the following order: -Right hand wound care - mix warm water with Hibiclens (an antiseptic solution brand name) 4% in clean tub, patient to soak right hand for 15 minutes. Rinse with sterile water. Allow the hand to air dry for 15-30 minutes. Apply hydrogel to wound bed, follow with slightly moistened gauze, follow with dry gauze and rolled gauze as top dressing, then tape - every day shift for wound healing. An observation on 11/8/22 at 9:44 AM revealed LPN-K (Licensed Practical Nurse) provided wound care to an amputation site of the second digit on Resident 2's right hand. LPN-K washed their hands in the bathroom sink and then applied gloves. LPN-K filled an empty sharps container with warm water and set it in front of Resident 2. LPN-K used scissors from Resident 2's bedside table to cut off the gauze wrap from Resident 2's right hand. LPN-K unwrapped the gauze and removed it. Under the gauze wrap remained 2 gauze pieces that were stuck to the open wound on Resident 2's right hand. LPN-K removed their gloves, washed their hands in the bathroom, then applied new gloves. LPN-K added 6 capfuls of 4% antiseptic solution to the warm water and instructed Resident 2 to put their right hand into the sharps container with the dirty dressing still stuck to the wound. LPN-K stated they would be back after Resident 2 soaked their hand for 20 minutes to finish the wound care. An observation on 11/8/22 at 10:26 AM revealed LPN-K returned to Resident 2's room to continue providing wound care to an amputation site of the second digit on Resident 2's right hand. LPN-K dumped the antiseptic solution from the sharps container, washed their hands in the bathroom sink, and then applied gloves. LPN-K rinsed the wound with 250 mL (milliliters) of sterile normal saline. Resident 2 fanned their right hand in the air to dry it for approximately one minute while LPN-K removed their gloves and washed their hands in the bathroom sink. LPN-K dressed Resident 2's wound with hydrogel gauze then covered it with dry gauze pads. Then, LPN-K wrapped Resident 2's hand with rolled gauze and taped it to secure. In an interview on 11/14/22 at 12:32 PM, the DON (Director of Nursing) confirmed Resident 2's wound care was not provided in accordance with physician's orders, as the wound was supposed to be allowed to air dry for 15-30 minutes after being soaked and rinsed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	B. A review of Resident 8's November 2022 TAR revealed the following order: -Apply Therabond (an antimicrobial dressing used to prevent infection) to right AKA (above the knee amputation) wounds daily - remove Therabond dressing wash with mild soap/rinse, cleanse wound with NS (normal saline), pat dry, reapply Therabond to wound site. Dress with gauze wrap - every day shift. An observation on 11/14/22 at 7:42 AM revealed RN-L (Registered Nurse) provided wound care to an amputation site above Resident 8's right knee. RN-L washed their hands in the bathroom, applied gloves, then laid out their supplies on a towel on Resident 8's bedside table. RN-L removed their gloves, washed their hands, and applied new gloves. RN-L removed adhesive bandages from 2 small, open areas along the surgical incision. RN-L removed the Therabond from the wound beds and washed it in the bathroom sink with soap and water, then dried it with a paper towel and placed it on the towel barrier. RN-L removed their gloves, performed hand hygiene, then applied new gloves. RN-L washed both wounds using gauze pads and normal saline, then patted dry. RN-L removed their gloves, performed hand hygiene, and applied new gloves. RN-L applied the washed Therabond to both wound beds and then wrapped the stump with rolled gauze and taped to secure. RN-L removed their gloves and performed hand hygiene. In an interview on 11/14/22 at 7:56 AM, RN-L confirmed the adhesive bandages that were on Resident 8's open areas were not the dressing ordered by the physician. RN-L stated they were going to do some education with whoever did the dressing for Resident 8 the previous day.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. 42131 Licensure Reference Number 175 NAC 12-006.09D2a Licensure Reference Number 175 NAC 12-006.09D2b Based on observation, interview, and record review, the facility failed to implement interventions to prevent and heal pressure sores for 1 (Resident 7) of 4 sampled residents. The facility had a total census of 126 residents. The findings are: A review of Resident 7's November 2022 TAR (treatment administration record) revealed an order for the following: -Prevalon (a cushioned boot used to prevent heels from rubbing on a surface) boots at all times to bilateral feet - every shift for heel protection A review of a Skin Alteration Evaluation for Resident 7 dated 11/7/22 revealed Resident 7 had a pressure ulcer to their right heel. The pressure ulcer was documented as a stage 2 and measured 2 cm x 2cm in size. An observation on 11/8/22 at 7:50 AM revealed Resident 7 was sitting on the edge of their bed, leaning on their pillow with their eyes closed. Resident 7 wore no Prevalon boots. An observation on 11/8/22 at 7:56 AM revealed NA-J (Nurse Aide) assisted Resident 7 with morning cares. NA-J transferred Resident 7 to their wheelchair and put the foot pedals on the wheelchair. NA-J did not apply Resident 7's Prevalon boots to their bialateral feet. Observations on 11/8/22 from 8:25 AM - 9:17 AM revealed Resident 7 sat in their wheelchair at the dining table. Resident 7 wore no Prevalon boots. An observation on 11/8/22 at 12:52 PM revealed Resident 7 sat in their wheelchair at the dining table. Resident 7 wore no Prevalon boots. In an interview on 11/14/22 at 12:32 PM, the DON (Director of Nursing) confirmed Resident 7 had a current pressure ulcer on their right heel and was supposed to have their Prevalon boots on at all times.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. 40338 LICENSURE REFERENCE NUMBER 175 NAC 12-006.09D4 Based on record review and interview, the facility failed to provide restorative nursing for 4 [Resident 1, 4, 5 and 6] of 4 sampled residents. The facility had total 126 residents. The findings are: A. An interview on 11/7/22 at 01:45 PM with Resident 1 revealed (gender) was walking with staff until October 1 when the staff said they would not walk with Resident 1 anymore. Record review of Therapy to Nursing restorative communication form dated 08/4/22 revealed a need for restorative ambulation, Passive Range of Motion and balance to maintain or increase strength gained from therapy. Record review of Resident 1's current Comprehensive Plan of Care revealed a focus of Restorative Program including Ambulate using a walker between 50ft to 95 ft with stand by assist of 1 staff followed by the wheelchair to increase safety, Active Range of Motion exercises on bilateral lower extremities, and standing ball toss or card games twice a week to bilateral upper extremities. The goal for Resident 1 was to maintain bilateral lower extremity strength and mobility. Record review of Resident 1's restorative documentation from 10/24/22-11/8/22 revealed no documentation of restorative ambulation or standing ball toss or card games twice a week per plan of care for Resident 1. An interview on 11/9/22 at 07:25 AM with Restorative Aide (RA) E confirmed there was no restorative documentation for ambulation or standing ball toss. RA E further stated that when (gender) is pulled to the floor there is no one to complete restorative care. B. Record review of Therapy Communication Restorative Nursing Form for Resident 5 dated 5/6/22 revealed Recommendation of ambulation X 500 feet with a rolling walker and Bilateral lower extremity Active Range of Motion 2-3 times a week. Record review of Resident 5's Comprehensive Care Plan revealed a focus of Restorative Program to maintain gained strength, prevent decline of gained ability to walk. The goal for Resident 5 was to maintain or improve on strength, ability to walk. Interventions include Active range of Motion to bilateral lower extremities with verbal cues and ambulate with walker. Record review of the Resident 5's restorative documentation for last 30 days revealed no documentation of restorative being completed. An interview with RA E on 11/9/22 at 07:25 AM confirmed there was no restorative documentation for Resident 5 and that Resident 5 is on a restorative program. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	04577 C. A review of Resident 4's care plan revealed a focus area dated 12/7/21 that identified Resident 4 was to participate in a restorative nursing program. Resident 4's goal was not to have a decline in lower body strength through next review with a target date of 2/17/2023. Interventions included active and passive range of motion to bilateral lower extremities to all planes and joints, 2 sets of 5-10 reps in sitting or lying position 2 to 3 times per week. A review of Therapy Communication, Restorative Nursing Program dated 11/30/21 revealed a restorative plan of active or passive range of motion exercises for bilateral lower extremities for all planes/joints, 2 sets of 5-10 reps each motion sitting or lying in bed. A review of Resident 4's restorative nursing program participation record did not reveal any documented participation in a restorative program from 10/10/22 to 11/6/22. In an interview on 11/8/22 at 6:55 AM, Restorative Aide E reported Resident 4 was not a part of the restorative program. Restorative Aide E reported some restorative is assigned to the aides. In an interview on 11/8/22 at 7 AM, the Director of Nursing reported that Resident 4's care plan identified an actual restorative plan. D. A review of Therapy Communication, Restorative Nursing Program form for Physical Therapy dated 10/26/22 revealed a restorative program of ambulate Resident 6 using the 2 wheeled walker in the hallway for 200 feet or 350 feet with supervision and gait belt. A review of Therapy Communication, Restorative Nursing Program form for Occupational Therapy dated 10/26/22 revealed the following restorative program: raise arms above head, arms straight out from shoulders, tilt head back, chin up, tilt head down, chin to chest, turn head side to side. In an interview on 11/8/22 at 6:55 AM, Restorative Aide E reported Resident 6 was not a part of the of the restorative program. Restorative Aide E reported some restorative is assigned to the aides. In an interview on 11/8/22 at 7 AM, the Director of Nursing reported that Resident 4's care plan identified an actual restorative plan. E. An interview with LPN G and RN F on 11/9/22 at 10:45 AM regarding restorative program revealed that therapy completes a form with restorative program directions and those directions are then put on the care plan. The Assistant Director of Nursing (ADON) then enters the restorative directions into the tasks for the restorative aid to complete. LPN G and RN F further confirmed there is no one monitoring the restorative program.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. 40338 LICENSURE REFERENCE NUMBER 175 NAC 12-006.18B Based on observation and interview, the facility failed to ensure the full body lift was in working order for transfer of 1 [Resident 3] of 2 sampled residents. The facility had total 126 residents. The findings are: Record review of Resident 3's Minimum Data Set (MDS: a federally mandated comprehensive assessment tool used for care planning) dated 09/12/22 revealed Resident 3 was totally dependent with transfers. Record review of Resident 3's current Comprehensive Care Plan revealed Resident 3 requires 2 staff assist with a Hoyer (full body lift) with transfers. An observation on 11/7/22 at 11:30 am of Resident 3 being transferred from bed to electric wheelchair using the hoyer lift with 4 staff NA C (Nurse Aide), NA A, RN B (Registered Nurse) and MA D (Medication Aide) assisting. NA C brought a hoyer lift into Resident 3's room and attached the sling that had been placed under Resident 3 to the hoyer lift. NA A was using the remote control on the Hoyer and started to lift Resident 3 from the bed. The Hoyer lift leg would not go in and the battery that runs the Hoyer went dead. NA A was able to push the emergency red button on the Hoyer lift and lowered Resident 3 back onto the bed. MA D went to get a different Hoyer lift. Again NA C attached the sling to the Hoyer lift. NA A used the remote to lift Resident 3 from bed to the wheelchair. Once Resident 3 was over the wheelchair, the lift would not work. The Emergency red button did not lower resident to the chair. Resident 3 was in the air over the wheelchair and MA D went to get another battery. Once the battery was replaced the staff lowered the resident to the wheelchair. An interview with NA C, NA A, RN B and MA D at 11:50 am on 11/7/22 confirmed the lift did not work correctly and the batteries were not holding a charge. Interview with DON on 11/9/22 at 11:30 AM confirmed there is no routine inspections of the lifts used in the facility and that they depend on staff to report issues with lifts. DON further stated that the facility needs to get someone in the facility to check all lifts and batteries.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42131 Licensure Reference Number 175 NAC 12-006.09D6 Based on observation, interview, and record review, the facility failed to provide oxygen in accordance with physician's orders for 1 (Resident 7) of 2 sampled residents. The facility had a total census of 126 residents. The findings are: A review of Resident 7's medical record revealed Resident 7 was admitted to the facility on [DATE] with a primary diagnosis of acute respiratory failure with hypoxia (low levels of oxygen in the body tissues). A review of Resident 7's November 2022 MAR (Medication Administration Record) revealed an order for the following: -O2 (oxygen) 4 lpm (liters per minute) per NC (nasal cannula) to keep oxygen saturation above 90%. Notify MD (physician) if less than 90% - every day and night shift. An observation on 11/8/22 at 7:56 AM revealed NA-J (Nurse Aide) assisted Resident 7 with morning cares. NA-J assisted Resident 7 to their wheelchair to go to breakfast. In an interview at this time NA-J reported that Resident 7's portable oxygen tank was empty and that they would need to get the nurse to change it. Observation on 11/8/22 from 8:25 AM - 9:17 AM revealed Resident 7 sat at the dining table with a nasal cannula in their nose hooked to the portable oxygen tank on the back of their wheelchair. Further observation at this time revealed the portable oxygen tank on the back of Resident 7's wheelchair was set at 4 lpm and the needle on the tank was in the red, indicating the tank was empty. In an interview on 11/8/22 at 9:25 AM, LPN-K (Licensed Practical Nurse) confirmed Resident 7's portable oxygen tank was empty.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0697 Level of Harm - Actual harm Residents Affected - Few	Provide safe, appropriate pain management for a resident who requires such services. 42131 Licensure Reference Number 175 NAC 12-006.09 Based on observation, interview, and record review, the facility failed to implement interventions to manage pain during wound care for 1 (Resident 2) of 3 sampled residents. The facility had a total census of 126 residents. The findings are: A review of the facility's Wound Report, last updated 10/20/22, revealed Resident 2 had a surgical site wound to their right hand due to post-op amputation of fingers. The wound was documented as measuring 5cm (centimeters) x 5cm with a depth of 0.2cm. A review of a Resident Grievance/Complaint Investigation Report Form dated 11/1/22 for Resident 2 and completed by the Wound Care Registered Nurse (RN-L) revealed the following recommendations/corrective actions were taken to resolve a concern voiced by Resident 2's family related to Resident 2's wound care: -[Resident 2] voices concerns, discussed plan of correction [Resident 2] agreeable. Education to staff - premedicate [with] pain medicine prior to all wound care. Complete wound [treatments] as ordered, ensure supplies stocked . An observation on 11/8/22 at 10:26 AM revealed LPN-K (Licensed Practical Nurse) provided wound care to an amputation site of the second digit on Resident 2's right hand. At the start of the wound care Resident 2 stated the wound, burned like hell. LPN-K rinsed the wound with 250 mL (milliliters) of sterile normal saline. Resident 2 was wincing and grimacing throughout the rinsing of the wound. LPN-K asked Resident 2 if they wanted to continue with the wound care and Resident 2 replied, keep going since we already started. Resident 2 fanned their right hand in the air to dry it while LPN-K washed their hands in the bathroom sink. While fanning their right hand, Resident 2 was in visible pain, wincing and covering their mouth. LPN-K dressed Resident 2's wound and cleaned up the supplies. At the end of the treatment, Resident 2 requested pain medication. When leaving the room at 10:40 AM, LPN-K told Resident 2 they would have the medication aide bring them some morphine (a narcotic medication used to treat moderate to severe pain). In an interview on 11/8/22 at 11:47 AM, Resident 2 reported they had just received their pain medication approximately 5 minutes ago. Resident 2 stated they had been in excruciating pain the whole time they had to wait for pain medication. An observation on 11/8/22 at 11:47 AM revealed Resident 2 was lying in bed in visible pain. Resident 2 was restless, wincing, and moaning. A review of Resident 2's November 2022 MAR (Medication Administration Record) revealed orders for the following medications for pain: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0697 Level of Harm - Actual harm Residents Affected - Few	-Acetaminophen (Tylenol) 500mg (milligrams) - take 2 tablets (1000mg) three times daily for pain - scheduled at 8:00 AM, 2:00 PM, and 8:00 PM -Morphine Sulfate 15mg ER (extended release) - take 1 tablet by mouth twice daily for pain - scheduled at 8:00 AM and 8:00 PM. -Morphine Solution 20mg/mL - take 0.25mL (5mg) by mouth every 1 hour as needed for pain -Oxycodone (a narcotic medication used to treat moderate to severe pain) 5mg - take 1 tablet by mouth every 1 hour as needed for pain/shortness of breath A review of Resident 2's November 2022 MAR revealed the following documentation for pain medications prior to Resident 2's wound care on 11/8/22: -Acetaminophen 500mg 2 tablets at 8:00 AM - documented as given -Morphine Sulfate 15mg ER - scheduled at 8:00 AM - documented as not given, no explanation documented -Oxycodone 5mg - as needed - documented as given at 7:42 AM for a pain level of '9' and follow up documentation that it was ineffective. A review of Resident 2's November 2022 MAR revealed the following documentation for pain medications following Resident 2's wound care on 11/8/22: -Morphine Solution 20mg/mL - take 0.25mL (5mg) every hour as needed - documented as given at 11:42 AM for a pain level of '10' and follow up documentation that it was ineffective. In an interview on 11/14/22 at 12:32 PM, the DON (Director of Nursing) confirmed Resident 2 was supposed to have pain medication administered prior to wound care. The DON reported the expectation was that staff offer pain medication to residents prior to wound care and if a resident requests pain medication it should be given as soon as possible after the request is made.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. 40338 LICENSURE REFERENCE NUMBER 175 NAC Based on observation, interview, and record review; the facility failed to ensure sufficient staff to care for residents. This resulted in residents not receiving baths and scheduled restorative. The facility identified a census of 126. Findings are: A. A review of the facility bath schedule dated 10/11/22 revealed Resident 2 was scheduled for baths on Tuesdays and Saturdays weekly. In an interview on 11/7/22 at 3:25 PM, Resident 2 reported getting baths about once a week. A review of Resident 2's bathing documentation from 9/1/22 - 11/8/22 revealed Resident 2 received baths on the following dates: -9/13/22 -9/28/22 -9/30/22 -10/19/22 -10/26/22 -10/28/22 -11/2/22 In an interview on 11/14/22 at 12:32 PM, the DON (Director of Nursing) confirmed the facility could locate no more bathing documentation. The DON further confirmed Resident 2 went long periods of time without bathing, according to the documentation. B. A review of the facility bath schedule dated 10/11/22 revealed Resident 7 was scheduled for baths on Sundays and Thursdays weekly. A review of Resident 7's bathing documentation from admission (9/15/22) - 11/8/22 revealed Resident 7 received baths on the following dates: -9/29/22 -9/30/22 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-10/4/22 -10/11/22 -10/14/22 In an interview on 11/14/22 at 12:32 PM, the DON confirmed the facility could locate no more bathing documentation. The DON further confirmed Resident 7 had not had a bath in a month, according to the documentation. C. A review of the facility bath schedule dated 10/11/22 revealed Resident 8 was scheduled for baths on Tuesdays and Fridays weekly. A review of Resident 8's bathing documentation from admission (10/6/22) - 11/8/22 revealed Resident 8 received baths on the following dates: -10/11/22 -10/21/22 -11/1/22 In an interview on 11/14/22 at 12:32 PM, the DON confirmed the facility could locate no more bathing documentation. The DON further confirmed Resident 8 went long of periods of time without bathing, according to the documentation. D. Review of Resident 5's bath schedule revealed Resident 5 was scheduled for Monday and Friday. Review of the bathing documentation for Resident 5 revealed a bath was documented as given on 9/1, 9/12, 10/10, 10/21, 10/25. E. Review of Resident 1's bath schedule revealed Resident 1 was scheduled for Sunday, Tuesday, and Friday. Review of bathing documentation for resident 5 from 09/01/22 to present revealed bathing occurred on 9/7/22, 9/12, 9/22/22, 9/23/22, 9/26, 9/30, 10/5, 10/7, 10/10, 10/15, 10/18, 10/26, 11/5. F. Review of Resident 3's bath schedule revealed Resident 3 was scheduled for Sunday and Tuesday. Review of bathing documentation for Resident 3 revealed bathing occurred on 8/13, 8/30, 9/1, 9/14, 9/20, 9/23, 10/7, 10/18. G. A review of the facility bath schedule dated 10/11/22 revealed Resident 4 was scheduled for a bath on Sundays and Thursdays. A review of bath documentation from 9/1/22 to 11/8/22 revealed baths documented for Resident 4 on the following dates: 9/8/22, 9/20/22, 9/22/22, 10/2/22, and 10/26/22. H. In an interview on 11/7/22 at 1:52 PM, Resident 6 reported baths are not provided every week. A review of the facility bath schedule dated 10/11/22 revealed Resident 6 is scheduled for baths on Sunday and Wednesday. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A review of bath documentation from 9/1/22 to 11/8/22 revealed baths documented for Resident 6 on 9/27/22, 10/11/22, and 11/8/22. I. In an interview on 11/7/22 at 11 AM, Resident 9 reported receiving a bath every 2-3 weeks. A review of bath schedule dated 10/11/22 revealed Resident 9 was scheduled for baths on Sunday, Tuesday, Wednesday, and Friday. A review of bath documentation from 9/1/22 to 11/8/22 revealed baths documented for Resident 9 on 9/7/22, 9/23/22, 9/30/22, and 10/22/22. J. In an interview on 11/9/22 at 7:15 AM, the Director of Nursing reported that baths are not being charted. The Director of Nursing reported that the bath aide may be pulled to work the floor if other staff call in. If the bath aide is called to the floor, the nurse aides are to pick up the baths that are to be done that day. K. In an interview on 11/9/22 at 7:51 AM, Bath Aide I confirmed being pulled to work the floor 3 times in the last week. Bath Aide I reported baths are not done if bath aide is pulled to the floor. L. Record review of Resident 1's restorative documentation from 10/24-11/8/22 revealed no documentation of restorative ambulation or standing ball toss or card games twice a week per plan of care. An interview on 11/9/22 at 07:25 AM with Restorative Aide (RA) E confirmed there was no restorative documentation for ambulation or standing ball toss. Record review of the Resident 5's restorative documentation for last 30 days revealed no documentation of restorative being completed. An interview with RA E on 11/9/22 at 07:25 AM confirmed there was no restorative documentation for Resident 5 and that Resident 5 is on a restorative program. RA E stated that when there is a call in (gender) does get pulled to work on the floor and further stated that when (gender) is pulled to the floor there is no one to complete restorative care. M. Record review of Therapy Communication Restorative Nursing Form for Resident 5 dated 5/6/22 revealed Recommendation of ambulation X 500 feet with a rolling walker and Bilateral lower extremity Active Range of Motion 2-3 times a week. Record review of Resident 5's Comprehensive Care Plan revealed a focus of Restorative Program to maintain gained strength, prevent decline of gained ability to walk. The goal for Resident 5 was to maintain or improve on strength, ability to walk. Interventions include Active range of Motion to bilateral lower extremities with verbal cues and ambulate with walker. Record review of the Resident 5's restorative documentation for last 30 days revealed no documentation of restorative being completed. An interview with RA E on 11/9/22 at 07:25 AM confirmed there was no restorative documentation for Resident 5 and that Resident 5 is on a restorative program. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	N. A review of Resident 4's care plan revealed a focus area dated 12/7/21 that identified Resident 4 was to participate in a restorative nursing program. Resident 4's goal was not to have a decline in lower body strength through next review with a target date of 2/17/2023. Interventions included active and passive range of motion to bilateral lower extremities to all planes and joints, 2 sets of 5-10 reps in sitting or lying position 2 to 3 times per week. A review of Therapy Communication, Restorative Nursing Program dated 11/30/21 revealed a restorative plan of active or passive range of motion exercises for bilateral lower extremities for all planes/joints, 2 sets of 5-10 reps each motion sitting or lying in bed. A review of Resident 4's restorative nursing program participation record did not reveal any documented participation in a restorative program from 10/10/22 to 11/6/22. O. A review of Therapy Communication, Restorative Nursing Program form for Physical Therapy dated 10/26/22 revealed a restorative program of ambulate Resident 6 using the 2 wheeled walker in the hallway for 200 feet or 350 feet with supervision and gait belt. A review of Therapy Communication, Restorative Nursing Program form for Occupational Therapy dated 10/26/22 revealed the following restorative program: raise arms above head, arms straight out from shoulders, tilt head back, chin up, tilt head down, chin to chest, turn head side to side. In an interview on 11/8/22 at 6:55 AM, Restorative Aide E reported Resident 6 was not a part of the of the restorative program. Restorative Aide E reported some restorative is assigned to the aides. In an interview on 11/8/22 at 7 AM, the Director of Nursing reported that Resident 4's care plan identified an actual restorative plan. P. An interview with LPN G (Licensed Practical Nurse) and RN F (Registered Nurse) on 11/9/22 at 10:45 AM regarding restorative program revealed that therapy completes a form with restorative program directions and those directions are then put on the care plan. The Assistant Director of Nursing (ADON) then enters the restorative directions into the tasks for the restorative aid to complete. LPN G and RN F further confirmed there is no one monitoring the restorative program.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. 04577 Licensure reference: 175 NAC 12-006.12 E1b Based on record review and interview, the facility failed to ensure controlled substance counts were completed to protect resident medications from theft and loss for 5 [Residents 2, 4, 5, 9 and 11] of 17 sampled residents. The facility had total 126 residents. Findings are: A. A review of facility policy titled Controlled substances and revised April 2019 revealed the following is to be completed at the end of each shift: -Controlled medications are counted at the end of each shift. The nurse coming on duty and the nurse going off duty determine the count together. -Any discrepancies in the controlled substance count are documented and reported to the director of nursing services. -The director of nursing services investigates all discrepancies in controlled medication reconciliation to determine the cause and identify any responsible parties, and reports the findings to the administrator. -The director of nursing services consults with the provider pharmacy and the administrator to determine whether further legal action is indicated. B. A review of Resident 2's Controlled Drug Records for Lorazepam Intensol Concentrate 2 mg/ml [a medication of anxiety] for 10/17/22-11/6/2022 revealed the following: -No counts were documented between 10/27/22-11/2/22 -1 count on 11/2/22 at 5 PM with only one signature -2 counts on 11/3/22 at 2 PM and 6 PM with one signature on each one -1 count on 11/4/22 at 3 PM with one signature -1 count on 11/5/22 at 6 PM with one signature -3 counts on 11/622 at 6 AM, 2 PM, and 11 PM with one signature on the 6AM and 2 PM and 2 signatures on the 11 PM A review of Resident 2's Controlled Drug Records for Morphine Solution 20 mg/ml [a medication for pain] for 11/4-11/6/22 revealed the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-2 counts on 11/4/22 at 6 AM and 3 PM with only one signature -1 count on 11/5/22 at 6 PM with one signature -3 counts on 11/622 at 6 AM, 2 PM, and 11 PM with one signature on the 6AM and 2 PM and 2 signatures on the 11 PM A review of Resident 2's Controlled Drug Records for oxycodone HCl 5 mg [a medication for pain] for 11/1/22-11/6/22 revealed the following: -No counts on 11/1/22 -2 counts on 11/2/22 at 5 PM and 9 PM with one signature -1 count on 11/3/22 at 6 PM with 2 signatures -1 count on 11/422 at 6 AM with 1 signature -1 count on 11/5/22 at 7:18 AM with 2 signatures -2 counts on 11/6/22 at 6 AM and 11 PM with one signature on the 6AM and 2 PM and 2 signatures on the 11 PM A review of Resident 2's Controlled Drug Records for Pregabalin 100 mg [a medication or pain] for 11/1/22-11/6/22 revealed the following: -No counts on 11/1/22 -3 counts on 11/2/22 at 8:47 AM, 5 PM, and 8 PM with 2 signatures on 1 and one signature on 2 counts -2 counts on 11/3/22 at 8:49 AM and 12 PM with 2 signatures on 1 and 1 signature on the other -1 count on 11/4/22 at 3 PM with 1 signature -1 count on 11/5/22 with 2 signatures -2 counts on 11/6/22 at 6 AM and 11 PM with 1 signature on 1 and no signature on the other C. A review of Resident 4's Controlled drug Record for Tramadol 50 mg [a medication for pain] for 10/30/22-11/6/22 revealed the following: -No counts were completed between 10/30/22-11/2/22 -1 count on 11/2/22 at 5 PM with 1 signature -2 counts on 11/3/22 at 2 PM and 6 PM with 1 signature on 1 and 2 signatures on the other (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-2 counts on 11/4/22 at 6 AM and 3 PM with 1 signature on 1 and no signature on the other -1 count on 11/5/22 at 6 PM with 2 signatures -3 counts on 116/2 at 6 AM, 2 PM, and 10 PM with 1 signature on 2 counts and 2 signatures on 1 count D. A review of Resident 9's Controlled Drug Record for Clonazepam 2 mg [a sedative] for 11/1/22-11/6/22 revealed the following: -1 count on 11/1/22 at 6 PM with 2 signatures -2 counts on 11/2/22 at 6 AM and 6 PM with 1 signature on each -1 count on 11/3/22 at 6 PM with 2 signatures -2 counts on 11/4/22 at 6 AM and 6 PM with 1 signature on each count -2 counts on 11/5/22 at 2 PM and 6 PM with 2 signatures on 1 count and 1 signature on 1 count -1 count on 11/622 at 6 PM with 1 signature A review of Resident 9's Controlled Drug Record for Clonazepam .5 mg prn for 11/1/22-11/6/22 revealed the following: -No counts completed on 11/1/22 -2 counts on 11/2/22 with 1 signature on each count -1 count on 11/3/22 at 6 PM with 2 signatures -2 counts on 11/4/22 with 1 signature on each -2 counts on 11/5/22 with 2 signatures on 1 count and 1 signature on 1 count -1 count on 11/6/22 at 6 PM with 1 signature A review of Resident 9's Controlled Drug Record for Clonazepam .5 mg, 1 tablet daily at 6 PM for 11/1/22-11/6/22 revealed the following: -1 count on 11/1/22 with no time with 2 signatures -2 counts on 11/2/22 at 6 AM and 6 PM with 1 signature on each -1 count on 11/3/22 at 6 PM with 2 signatures -2 counts on 11/4/22 at 6 AM and 6 PM with 1 signature on each (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-2 counts on 11/5/22 at 2 PM and 6 PM with 1 signature on 1 and 2 signatures on the other -no counts on 11/6/22 A review of Resident 9's Controlled Drug Record for Hydrocodone-Acetaminophen 5-325 mg [a medication for pain] for 11/1/22-11/6/22 revealed the following: -1 count on 11/1/22 at 6 PM with 1 signature -2 counts on 11/2/22 at 6 AM and 6 PM with 1 signature on each -1 count on 11/3/22 at 6 PM with 2 signatures -2 counts on 11/4/22 at 6 AM and 6 PM with 1 signature on each -2 counts on 11/5/22 at 2 PM and 6 PM with 1 signature on 1 and 2 signatures on 1 -1 count on 11/6/22 at 6 PM with 1 signature A review of Resident 9's Controlled Drug Record for Dextroamphetamine/Amphetamine 30 mg [a stimulant] for 11/1/22-11/6/22 revealed the following: -1 count on 11/1/22 at 6 PM with 2 signatures -2 counts on 11/2/22 at 6 AM and 6 PM with 1 signature on each -1 count on 11/3/22 at 6 PM with 2 signatures -2 counts on 11/4/22 at 6 AM and 6 PM with 1 signature on each -2 counts on 11/5/22 at 2 PM and 6 PM with 1 signature on 1 and 2 signatures on 1 -1 count on 11/6/22 at 6 PM with 1 signature A review of Resident 9's Controlled Drug Record for Pregabalin 50 mg [a medication for pain] for 11/1/22-11/6/22 revealed the following: -1 count on 11/1/22 at 6 PM with 2 signatures -2 counts on 11/2/22 at 6 AM and 6 PM with 1 signature on each -1 count on 11/3/22 at 6 PM with 2 signatures -2 counts on 11/4/22 at 6 Am and 6 PM with 1 signature on each -2 counts on 11/5/22 at 2 PM and 5 PM with 1 signature on each -1 count on 11/6/22 at 6 PM with 1 signature (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of Resident 9's Controlled Drug Record for Zolpidem 10 mg [a medication for insomnia] for 11/1/22-11/6/22 revealed the following: -1 count on 11/1/22 at 6 PM with 2 signatures -2 counts on 11/2/22 at 6 AM and 6 PM with 1 signature on each -1 count on 11/3/22 at 6 PM with 2 signatures -2 counts on 11/4/22 at 6 AM and 6 PM with 1 signature on each -2 counts on 11/5/22 at 2 PM and 6 PM with 1 signature on each -1 count on 116/22 at 6 PM with 1 signature A review of Resident 9's Controlled Drug Record for Testosterone cypionate injection [a hormone] for 11/1/22-11/6/22 revealed the following: -1 count on 11/1/22 at 6 PM with 2 signatures -2 counts on 11/2/22 at 6 AM and 6 PM with 1 signature on each -1 count on 11/3/22 at 6 PM with 2 signatures -1 count on 11/4/22 at 6 AM with 1 signature -2 counts on 11/5/22 at 2 PM and 6 PM with 1 signature on each -no counts on 11/6/22 A review of Resident 9's Controlled Drug Record for Clonazepam 1 mg [a sedative] for 11/1/22-11/6/22 revealed the following: -1 count on 11/1/22 at 6 PM with 2 signatures -2 counts on 11/2/22 at 6 AM and 6 PM with 1 signature on each -2 counts on 11/3/22 at 6 AM and 6 PM with 1 signature on 1 and 2 signatures on 1 -2 counts on 11/4/22 at 6 AM and 6 PM with 1 signature on each -2 counts on 11/5/22 at 2 PM and 6 PM with 2 signatures on 1 and 1 signature on 1 -1 count on 11/6/22 at 6 PM with 1 signature E. A review of Resident 11's Controlled Drug Record for Lorazepam 1 mg [a medication for anxiety] for 11/1/22-11/6/22 revealed the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-1 count on 11/1/22 at 6 PM with 2 signatures -2 counts on 11/2/22 at 6 AM and 6 PM with 1 signature on 1 and 2 signatures on 1 -no counts on 11/3/22 -2 counts on 11/4/22 at 6 AM and 6 PM with 1 signature on each -2 counts on 11/5/22 at 2 PM and 6:30 PM with 1 signature on each -1 count on 11/6/22 at 6 PM with 1 signature A review of Resident 11's Controlled Drug Record for Lorazepam 1 mg prn [a medication for anxiety] for 11/1/22-11/6/22 revealed the following: -1 count on 11/1/22 at 6 PM with 2 signatures -2 counts on 11/2/22 at 6 AM and 6 PM with 1 signature on 1 and 2 signatures on 1 -no counts on 11/3/22 -2 counts on 11/4/22 at 6 AM and 6 PM with 1 signature on each -2 counts on 11/5/22 at 2 PM and 6:30 PM with 1 signature on each -1 count on 11/6/22 at 6 PM with 1 signature A review of Resident 11's Controlled Drug Record for Clonazepam .5 mg [a sedative] for 11/1/22-11/6/22 revealed the following: -1 count on 11/1/22 at 6 PM with 2 signatures -2 counts on 11/2/22 at 6 AM and 6 PM with 1 signature on 1 and 2 signatures on 1 -1 count on 11/3/22 at 6 PM with 2 signatures -2 counts on 11/4/22 at 6 AM and 6 PM with 1 signature on each -2 counts on 11/5/22 at 2 PM and 6 PM with 1 signature on 1 and 2 signatures on the 1 -1 count on 11/6/22 at 6 PM with 1 signature A review of Resident 11's Controlled Drug Record for Clonazepam .5 mg prn [a sedative] for 11/1/22-11/6/22 revealed the following: -1 count on 11/1/22 at 6 PM with 2 signatures -2 counts on 11/2/22 at 6 AM and 6 PM with 1 signature on each (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-1 count on 11/3/22 at 6 PM with 2 signatures -2 counts on 11/4/22 at 6 AM and 6 PM with 1 signature on each -2 counts on 11/5/22 at 2 PM and 6 PM with 1 signature on 1 and 2 signatures on the 1 -1 count on 11/6/22 at 6 PM with 1 signature -In an interview on 11/9/22 at 11:23 PM, the Director of Nursing reported that a controlled substances count is to be completed every time there is a change of the staff member working on the cart. Both staff members doing the count need to check the cart and the count sheet and both need to sign. The Director of Nursing confirmed the controlled substances count are not consistently being done the same way. 40338 F. Record review of Resident 5's Controlled Drug Record for Tramadol (a medication used for pain) revealed the following: -1 count on 11/7/22 at 02:30 PM had only 1 signature. -1 count on 11/9/22 at 0600 AM had only 1 signature. G. In an interview on 11/9/22 at 11:23 PM, the Director of Nursing reported that a controlled substances count is to be completed every time there is a change of the staff member working on the cart. Both staff members doing the count need to check the cart and the count sheet and both need to sign. The Director of Nursing confirmed the controlled substances count are not consistently being done the same way.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure medication error rates are not 5 percent or greater. 42131 Licensure Reference Number 175 NAC 12-006.10D Based on observation, interview, and record review, the facility failed to administer medications in accordance with the Five Rights (Right Resident, Right Medication, Right Dose, Right Time, and Right Route) for 3 (Resident 113, 117, and 118) of 4 residents observed for medication administration. The medication error rate was 38.2%. The facility had a total census of 115 residents. The findings are: A. Observations of medication administration on 1/10/23 from 9:10 AM - 10:45 AM revealed 13 observed medication errors out of 34 opportunities for error. This resulted in a medication error rate of 38.2%. B. A review of the facility's Administering Medications Policy, last revised April 2019, revealed the following information: -Policy heading: Medications are administered in a safe and timely manner, and as prescribed. -4. Medications are administered in accordance with prescriber orders, including any required time frame. -5. Medication administration times are determined by resident need and benefit, not staff convenience. Factors that are considered include: -a. enhancing optimal therapeutic effect of the medication; -b. preventing potential medication or food interactions; and -c. honoring resident choices and preferences, consistent with his or her care plan. -7. Medications are administered within one (1) hour of their prescribed time, unless otherwise specified (for example, before and after meal orders). -10. The individual administering the medication checks the label to verify the right resident, right medication, right dosage, right time, and right method (route) of administration before giving the medication. C. An observation on 1/10/23 at 9:10 AM revealed MA (Medication Aide) - C prepared the following medications for Resident 117: -Acetaminophen (Tylenol - used to treat pain/fever) 500mg (milligrams) 2 tablets -Gabapentin (a medication used to treat neuropathic pain) 300mg (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Gabapentin 600mg -Oxycodone (a narcotic medication used to treat moderate to severe pain) 5mg 1/2 tab -Advair 250/50 inhaler (an inhaled medication used to treat asthma or chronic lung disease) -Diclofenac Sodium 1% gel (a nonsteroidal, anti-inflammatory, topical medication used to treat pain related to inflammation or swelling of the joints) Further observation revealed MA - C squirted some of the Diclofenac Sodium 1% gel into a medication cup and took it along with Resident 117's oral medications into Resident 117's room. MA - C applied gloves, administered Resident 117's oral medications and inhaler, then applied the Diclofenac Sodium 1% gel to Resident 117's bilateral knees. A review of Resident 117's January 2023 MAR (Medication Administration Record) revealed orders for the following: -Acetaminophen 500mg - take 2 tablets by mouth three times daily; scheduled at 8:00 AM, 2:00 PM, and 8:00 PM. -Gabapentin 300mg - take one capsule by mouth three times daily; scheduled at 8:00 AM, 2:00 PM, and 8:00 PM. -Gabapentin 600mg - take one tablet by mouth three times daily; scheduled at 8:00 AM, 2:00 PM, and 8:00 PM. -Oxycodone 5mg - take 1/2 tablet (2.5mg) by mouth twice daily; scheduled at 7:00 AM and 7:00 PM. -Advair 250/50 inhaler - inhale one puff by mouth twice daily; scheduled at 7:00 AM and 7:00 PM. -Diclofenac Gel 1% - apply 4 grams topically to bilateral knees four times daily; scheduled at 8:00 AM, 12:00 PM, 4:00 PM, and 8:00 PM. In an interview on 1/11/23 at 12:52 PM, the CNO (Chief Nursing Officer) confirmed the observed medications for Resident 117 were given outside of the prescribed time frame. In an interview on 1/11/23 at 1:02 PM, the DON (Director of Nursing) confirmed the Diclofenac 1% gel came with a measuring card tool that should have been used to measure out 4 grams of gel to apply to Resident 117's knees. D. An observation on 1/10/23 at 9:20 AM revealed MA - C prepared the following medications for Resident 118: -Doxycycline (an antibiotic medication) 100mg -Acetaminophen 500mg 2 tablets (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-Spiriva Aer (an inhaled medication used to treat asthma or chronic lung disease) 1.25mcg (micrograms) inhaler -Advair 500/50 inhaler Further observation revealed MA - C administered Resident 118's oral medications. Then, MA - C handed Resident 118 the Spiriva inhaler and Resident 118 took two puffs. Next MA - C handed Resident 118 the Advair inhaler and Resident 118 took one puff. MA - C did not instruct or assist Resident 118 to rinse their mouth after administering the inhalers. A review of Resident 118's January 2023 MAR revealed orders for the following: -Doxycycline 100mg - take one capsule by mouth twice daily for 5 days; scheduled at 7:00 AM and 7:00 PM. -Acetaminophen 500mg - take two tablets by mouth three times daily; scheduled at 8:00 AM, 2:00 PM, and 8:00 PM. -Spiriva Aer 1.25mcg - inhale two puffs by mouth daily; scheduled at 7:00 AM. -Advair 500/50 - inhale one puff by mouth twice daily - rinse mouth after use; scheduled at 7:00 AM and 7:00 PM. A review of the facility's Administering Medications Through a Metered Dose Inhaler Policy, last revised October 2010, revealed the following information: -15. Allow at least one (1) minute between inhalations of the same medication and at least two (2) minutes between inhalations of different medications. In an interview on 1/11/23 at 12:52 PM, the CNO confirmed the Doxycycline and Acetaminophen for Resident 118 were given outside of the prescribed time frame. The CNO further confirmed the Spiriva and Advair inhalers for Resident 118 should have been spaced out by at least 2 minutes and MA - C should have instructed and assisted Resident 118 to rinse their mouth after the Advair inhaler. E. An observation on 1/11/23 at 10:05 AM revealed MA - A administered the following treatments during the provision of care for Resident 113: -Miconazole Nitrate (an antifungal medication) 2% Powder - applied to Resident 113's abdominal skin folds -Cortisone 10 (a 1% hydrocortisone cream - used to treat itch and inflammation) - applied to Resident 113's back Further observation revealed the Miconazole Nitrate powder and the Cortizone 10 were kept in Resident 113's room on a bookcase. A review of Resident 113's January 2023 MAR revealed no orders for Miconazole Nitrate 2% Powder or Cortisone 10. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0759 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of an order entry dated 11/22/21 for Resident 113 revealed the following note: -Okay to keep the following meds at bedside: Cortisone Cream Further review revealed no dosage or directions for the Cortisone Cream. In an interview on 1/11/23 at 11:48 AM, the CNO confirmed Resident 113 did not have an order for the Miconazole Nitrate 2% powder. The CNO further confirmed there was no ordered dosage or directions for the Cortisone Cream.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. 04577 Licensure reference: 175 NAC 12-006.10D Based on record review and interview, the facility failed to provide medication in accordance with physician order for 1 [Resident 4] of 11 sampled residents. The facility had total 126 residents. Findings are: A. A review of Resident 4's 10/2022 and 11/2022 MAR [Medication Administration Record] revealed an order for Clonazepam .5 mg, by mouth 1 tablet at bedtime on Sundays, Mondays, Tuesdays, Wednesdays, Fridays, and Saturdays. Documentation on the MAR for 10/21/22, 10/22/21, 10/28/22, 10/30/21, 10/31/22, 11/1/22, 11/2/22, 11/4/22, and 11/5/22 indicated medication was not provided and to see progress notes. A review of Resident 4's progress notes revealed Clonazepam .5 mg was on order and not available on 10/21/22, 10/22/22, 10/27/22, 10/28/22, 10/29/22, 11/1/22, 11/2/22, 11/3/22, 11/4/22 and 11/6/22. In an interview on 11/9/22 at 10:14 AM, the Director of Nursing reported the pharmacy did not send the Clonazepam due to needing a clarification of the order and the medication came in on 11/6/22. The Director of Nursing confirmed the Director of Nursing was not made aware that the medication was not available and no medication error reports were completed. B. A review of 11/20/22 MAR revealed an order dated 4/22/22 for Haloperidol Lactate Injection [an antipsychotic] 5mg/ml inject 2 mg (.4 ml) intermuscular daily on Friday. A review of After Visit Summary dated 4/26/22 for Resident 4 revealed an order for Haloperidol lactate 5 mg/ml inject .4 ml (2 mg total) into the muscle once a week on Friday for ECT [Electroconvulsive therapy] treatment. A review of email dated 11/14/22 from transportation revealed Resident 4 had not received a ECT treatment in 11/2022 and was not scheduled for an ECT treatment until 11/18/22. A review of 11/2022 MAR revealed Resident 4 had received the Haloperidol injection on 11/4/22. A review of email dated 11/14/22 from transportation revealed Resident 4 had received an ECT treatment on 10/21/22. A review of 10/2022 MAR revealed Resident 4 had received the Haloperidol injection on 10/14/22 and 10/28/22 when Resident 4 did not have an ECT treatment. A review of 10/2022 MAR revealed Resident 4 had received the Haloperidol injection on 10/14/22 and 10/28/22 when Resident 4 did not have an ECT treatment. A review of email dated 11/14/22 from transportation revealed Resident 4 had received an ECT treatment on 9/9/22, 9/16/22, and 9/23/22. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A review of Administration Progress Note dated 9/16/22 revealed Resident 4 did not receive Haloperidol injection on 9/16/22 as Resident 4 did not have an ECT treatment that day. A review of email dated 11/14/22 from transportation revealed Resident 4 had received an ECT treatment only one date in 8/2022 on 8/26/22. A review of 8/2022 MAR revealed Resident 4 received a Haloperidol injection on 8/5/22 when no ECT treatment occurred. A review of email dated 11/14/22 from transportation revealed Resident 4 had received an ECT treatment on 7/8/22 and 7/29/22. A review of 7/2022 MAR revealed Resident 4 received a Haloperidol injection on 7/15/22 and 7/22/22 when no ECT treatment occurred. A review of email dated 11/14/22 from transportation revealed Resident 4 had received an ECT treatment one time in 6/2022 on 6/10/22. A review of 6/2022 MAR revealed Resident 4 received a Haloperidol injection on 6/17/22 and 6/24/22 when no ECT treatment occurred. A review of email dated 11/14/22 from transportation revealed Resident 4 had received an ECT treatment on only one time in 5/2022 on 5/20/22. A review of 5/2022 MAR revealed Resident 4 received a Haloperidol injection on 5/13/22 and 5/27/22 when no ECT treatment occurred. In an interview on 11/9/22 at 12:36 PM, the Director of Nursing reported the Haloperidol injection order was not entered correctly in the MAR. The Director of Nursing confirmed that administering the Haloperidol when Resident 4 did not have an ECT treatment would be a medication error.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 04577 Licensure reference: 175 NAC 12-006.11D Based on observation and interview, the facility failed to ensure food was served at preferred temperatures. This has the potential to affect 125 of the 126 residents of the facility. Findings are: In confidential interviews on 11/7/22, two residents reported the following concerns: -food is cold -food is terrible Observations on a test tray on station 1 on 11/8/22 at 12:25 PM revealed the following temperatures -Turkey 119.3 F -Mashed potatoes 124F -Peas 122.9F In an interview on 11/8/22 at 12:50 PM, the Dietary Director reported a goal of having food temperatures at 135 F when served to the residents.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 04577 Licensure Reference: 175 NAC 12-007.01A Based on observation and interview, the facility failed to ensure kitchen equipment was in good repair. The facility had total 126 residents. Findings are: Observations in the kitchen on 11/8/22 between 7:45-7:53 AM revealed the following: -tile missing on the floor of the walk-in freezer -chipped and peeling paint on the side of the ventilation hood -drainage pipe from the garbage disposal was propped up with an overturn red bucket and a plastic coffee cup In an interview on 11/8/22 between 7:45-7:53 AM, the Dietary Director reported maintenance would be notified of the needed repairs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 42131 Licensure Reference Number 175 NAC 12-006.17B Based on observation, interview, and record review, the facility failed to ensure wound care was provide in a manner to prevent cross-contamination for 1 (Resident 2) of 4 residents observed for wound care. The facility had a total census of 126 residents. The findings are: A review of the facility's Wound Report, last updated 10/20/22, revealed Resident 2 had a surgical site wound to their right hand due to post-op amputation of fingers. The wound was documented as measuring 5cm (centimeters) x 5cm with a depth of 0.2cm. A review of Resident 2's November 2022 TAR (Treatment Administration Record) revealed the following order: -Right hand wound care - mix warm water with Hibiclens (an antiseptic solution brand name) 4% in clean tub, patient to soak right hand for 15 minutes. Rinse with sterile water. Allow the hand to air dry for 15-30 minutes. Apply hydrogel to wound bed, follow with slightly moistened gauze, follow with dry gauze and rolled gauze as top dressing, then tape - every day shift for wound healing. An observation on 11/8/22 at 9:44 AM revealed LPN-K (Licensed Practical Nurse) provided wound care to an amputation site of the second digit on Resident 2's right hand. LPN-K washed their hands in the bathroom sink and then applied gloves. LPN-K filled an empty sharps container with warm water and set it in front of Resident 2. LPN-K used scissors from Resident 2's bedside table to cut off the gauze wrap from Resident 2's right hand. LPN-K unwrapped the gauze and removed it. Under the gauze wrap remained 2 gauze pieces that were stuck to the open wound on Resident 2's right hand. LPN-K removed their gloves, washed their hands in the bathroom, then applied new gloves. LPN-K added 6 capfuls of 4% antiseptic solution to the warm water and instructed Resident 2 to put their right hand into the sharps container with the dirty dressing still stuck to the wound. LPN-K stated they would be back after Resident 2 soaked their hand for 20 minutes to finish the wound care. In an interview on 11/14/22 at 12:32 PM, the DON (Director of Nursing) confirmed Resident 2's dirty dressing should have been removed prior to Resident 2 soaking the wound in the warm water/antiseptic solution. The DON further confirmed the solution was contaminated when the dirty dressing was soaked in it with Resident 2's hand.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285054	A. Building B. Wing	11/14/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Banyan at Montclair	2525 South 135th Avenue Omaha, NE 68144

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 0919 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that a working call system is available in each resident's bathroom and bathing area. 42131 Licensure Reference Number 175 NAC 12-007.04G Based on observation and interview, the facility failed to ensure a call light was accessible for 1 (Resident 7) of 8 sampled residents and failed to ensure a call light was functional for 1 (Resident 4) of 8 sampled residents. The facility had a total census of 126 residents. The findings are: A. A review of an MDS (Minimum Data Set - a federally mandated assessment tool used for resident care planning) dated 9/19/22 for Resident 7 revealed a BIMS (Brief Interview for Mental Status) score of 15, indicating an intact cognitive response. Further review revealed Resident 7 required limited assistance from one staff member for toileting, transfers, bed mobility, and dressing. In an interview on 11/8/22 at 11:50 AM, Resident 7 reported they didn't think they had a call light. Resident 7 stated if they needed help, they would yell when they saw someone pass in the hallway. An observation on 11/8/22 at 11:50 AM revealed no call light was plugged into the port on Resident 7's side of the room. No call light was observed in Resident 7's reach at this time. An observation with the [NAME] President of Clinical Services on 11/8/22 at 12:00 PM confirmed there was no call light plugged into the port on Resident 7's side of the room. Further observation at this time revealed there was a splitter plugged into Resident 7's roommate's call light and a short call light was coming out of the splitter. The short call light was approximately 3 feet long and did not reach Resident 7 in their bed. In an interview on 11/8/22 at 12:00 PM, the [NAME] President of Clinical Services confirmed Resident 7's did not have an accessible call light. 04577 B. Observations on 11/7/22 at between 10:05-10:40 AM revealed Resident 4's call light was not functional. Observations on 11/7/22 at 3:45 PM revealed Resident 4's call light was not functional. In an interview on 11/7/22 at 3:45 PM, Licensed Practical Nurse K confirmed Resident 4's call light was not functional.