

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285240	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2020
NAME OF PROVIDER OR SUPPLIER  Omaha Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4835 South 49th Street Omaha, NE 68117	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>41281</p> <p>LICENSURE REFERENCE NUMBER 175 NAC 12-006.02(8)</p> <p>Based on record review and interview, the facility staff failed to submit their investigation within five working days for an injury of unknown origin for Resident 204 and a fall with fracture for Resident 201 of 8 investigations reviewed. The facility census was 53.</p> <p>Findings are:</p> <p>Record review of Resident 204's Progress Notes (PN) dated 12-30-2018 revealed nursing staff identified Resident 204 had .light green and dark purple discoloration on residents right eye outside part.</p> <p>Review of Resident 204's electronic medical chart revealed there was no investigation completed, not evidence the facility staff had submitted an investigation report to the required State Agency, for an injury of unknown origin to the right eye.</p> <p>An Interview was conducted with Resource Registered Nurse (RN) D and Clinical Resource Nurse (CRN) F on 2/20/2020 at 10:45 AM revealing there was not an investigation submitted to the required State Agency regarding the injury to the right eye for (Resident 204).</p> <p>41490</p> <p>Findings:</p> <p>B. 2/24/20 10:04 AM Record review of Resident 201 investigative notes dated 11/3/19 confirmed that the incident happened on 11/3/19 at 3 :45 AM , Describes the incident Type of injury: Nasal fracture Type of medical attention required Assessed and sent to ER ( emergency room ) at daughters request.</p> <p>02/24/2020 10:04 AM interview with Clinical Resource Nurse G and Clinical Resource nurse F confirmed that there is no notification to confirm that a fax copy or email of the above incident was sent to the Department of Health and Human Service as required with in 5 working Days. DB</p>

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285240	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2020
NAME OF PROVIDER OR SUPPLIER  Omaha Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4835 South 49th Street Omaha, NE 68117	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>21492</p> <p>LICENSURE REFERENCE NUMBER 175 NAC 12-006.02(8)</p> <p>Based on observation, record review and interviews; the facility staff failed to thoroughly investigate injuries for 2 (Resident 19 and 204) of 4 sampled residents. The facility staff identified a census of 53.</p> <p>Findings are:</p> <p>A. Record review of the undated Facility Gait Belt ( belt applied around a person to assist in ambulation and safety) Policy revealed the following information:</p> <p>-Purpose:</p> <p>To help ensure the physical safety of our employee and our residents.</p> <p>-Policy:</p> <p>-4. Gait belts must be used when transferring and ambulating resident.</p> <p>B. Record review of a facility investigation dated 12-18-2018 revealed Resident 19 had been in the shower room being weighed by a facility Nursing Assistant. According to the investigation, Resident 19 fell to the floor after stepping down from the weight ramp. Resident 19 reported hitting the right hip and that it hurt. Further review of the investigation dated 12-18-18 revealed Resident sustain a fracture to the left hip. and did not identify if a gait belt was being used or not for Resident 19.</p> <p>Review of a undated and unsigned witness statement revealed Resident 19 . was walking down (gender) let go of the bar, lost balance and fell hurting the right hip.</p> <p>On 2-24-2020 at 2:15 Pm an interview was conducted with Resource Nurse (RN) D. During the interview RN D confirmed the facility investigation did not identify if a gait belt had been used or not and should have.</p> <p>41281</p> <p>C. Record review of Resident 204's Progress Notes (PN) dated 12-30-2018 revealed nursing staff identified Resident 204 had .light green and dark purple discoloration on residents right eye outside part.</p> <p>Record review of Resident 204's electronic medical that included Comprehensive Care Plan, incident report and skin sheets revealed there was no investigation regarding the right eye injury of unknown origin.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285240	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2020
NAME OF PROVIDER OR SUPPLIER  Omaha Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4835 South 49th Street Omaha, NE 68117	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with the Clinical Resource RN (CRN) F on 2/20/2020 at 11:20 AM revealed that an investigation should have been done to determine why the resident had a green/purple discoloration to the right eye.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285240	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2020
NAME OF PROVIDER OR SUPPLIER  Omaha Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4835 South 49th Street Omaha, NE 68117	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Provide basic life support, including CPR, prior to the arrival of emergency medical personnel , subject to physician orders and the resident's advance directives.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 21492</p> <p>LICENSURE REFERENCE NUMBER 175 NAC ,d+[DATE].09</p> <p>Based on record review and interviews; the facility staff failed to ensure desired code status was identified consistently and correctly for 4 (Resident 3, 32, 30 and 38) of 53 sampled residents. The facility staff identified a census of 53.</p> <p>Findings are:</p> <p>A. Record review of undated Code Status Policy (CSP) sheet revealed the following information:</p> <p>-Full Code:</p> <p>-We will initiate basic life support (oxygen therapy, establishing an airway, providing manual respirations and chest compression). In the event of pulmonary or cardiac arrest 911 will be notified immediately for transport to the nearest hospital.</p> <p>-No Code:</p> <p>If the death of a resident is inevitable we do not call 911 for transport to the nearest hospital. We do perform all acts that will give comfort such as oxygen if needed, pain management control, suctioning etc. We keep the physician and family updated on any condition change. The resident will remain in the facility with their normal care givers. In the event either family, resident pr physician change their minds about the code status, CPR will be preformed and then be transported to the nearest hospital.</p> <p>B. Record review of Resident 3's Code Status Policy (CSP) sheet with a dated of [DATE] revealed Resident 3's Representative had marked the section on the CSP to indicate Resident 3 was a full Code.</p> <p>Record review of a second CSP dated [DATE] for Resident 3 revealed Resident 3's Representative indicated Resident 3 was a Full Code. Further review of Resident 3's second CPS revealed Resident 3's practitioner signed the CSP that identified Resident 3 as a Full Code on [DATE].</p> <p>Record review of Resident 3's Admission Record sheet printed on [DATE] in the section identified as Advanced Directive revealed A DNR (Do Not Resuscitate , or commonly known as a no code).</p> <p>On [DATE] at 2:20 PM an interview was conducted with Licensed Practical Nurse (LPN) A. During the interview LPN A reported if a resident codes or goes to the hospital, there is a binder with a code sheet and face sheet (also known as a Admission record sheet).</p> <p>On [DATE] at 2:23 PM an interview was conducted with LPN C. During the interview LPN C reported there is a binder with a code sheet and face sheet and we can use both.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285240	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2020
NAME OF PROVIDER OR SUPPLIER  Omaha Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4835 South 49th Street Omaha, NE 68117	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>On [DATE] at 4:25 PM an interview was conducted with LPN B. During the interview LPN B reported if some one goes to the hospital or codes we use the code sheet and also can use what is in the computer.</p> <p>On [DATE] at 4:39 PM an interview was conducted with Resource Nurse (RN) A. During the interview, review of Resident 3's CSP dated [DATE] and Admission Record sheet were reviewed. During the interview, RN A confirmed Resident 3 CSP and Admission record sheet printed on [DATE] did not match and should have.</p> <p>C. Record review of Resident 32's CSP revealed on [DATE] Resident 32's Representative signed that Resident 32 was a No Code. Further review of Resident 32's CSP signed by Resident 32's Representative on [DATE] revealed Resident 32's practitioner signed the CSP on [DATE].</p> <p>Record review of Resident 32's Admission Record sheet printed on [DATE] revealed in the section identified as Advance Directive identified Resident 32 as a Full Code.</p> <p>On [DATE] at 4:39 PM an interview was conducted with RN A. During the interview, review of Resident 32's CSP dated [DATE] and Admission Record sheet were reviewed. During the interview, RN A confirmed Resident 32's CSP and Admission record sheet printed on [DATE] did not match and should have.</p> <p>41490</p> <p>D. [DATE] 09:46 AM Record Review of Resident 38's Admission Record sheet printed [DATE] , in the section identified as Advance Directive revealed a DNR ( Do Not Resuscitate) or commonly known as a no code.</p> <p>Record review of Resident 38's CSP( Code Status Policy) dated [DATE] revealed Resident 38's representative indicated Resident 38 was a Full Code. Further review of Resident 38's CSP sheet revealed Resident 38's Practitioner signed the CSP sheet that identified Resident 38 as a Full Code on [DATE].</p> <p>[DATE] 4:30 PM an interview with LPN C revealed to check the code status of facility residents, (gender) would look at electronic records, or would look in the Code Status Book. If the resident was going to the hospital (gender) would send a copy of the Admission record from either the electronic records or from the Code Status Book.</p> <p>41281</p> <p>E. Record review of Resident 30's admission record reveals the advanced directive is listed as Do Not Resuscitate.</p> <p>Record review of the code status policy which is kept in the Code Status/Face Sheet book revealed the code status for Resident 30 was listed as Full Code.</p> <p>Record review of the physician orders dated [DATE] revealed Resident 30 is a Do Not Resuscitate.</p> <p>An interview with Registered Nurse (RN)- J on [DATE] at 2:30 PM stated that when determining code status for a resident it depends on where they are when a code is called.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285240	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2020
NAME OF PROVIDER OR SUPPLIER  Omaha Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4835 South 49th Street Omaha, NE 68117	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0678</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An interview with LPN-B on [DATE] at 2:30 PM revealed that if they are way down the hall then I would look at the Electronic medical record on the computer which may, or may not be, correct.</p> <p>F. Based on the information provided on [DATE] to remove the immediacy of the situation, the facility staff provided the following information.</p> <p>Immediate action;</p> <ol style="list-style-type: none"> <li>1. For the 5 residents identified, the code status has been verified and updated in the electronic health record (Advanced Directive, Physicians orders, Face sheet) and in the Code Status Binder.</li> <li>3. The Director of Nursing, or the designee will stay in facility and ensure records are correct, with a 100% audit of all residents code status.</li> <li>4. All nursing staff will be educated on identifying code status preference and where that information is located before leaving this shift. All scheduled staff will be educated before being able to work until all of nursing staff has been educated.</li> <li>5. Executive Director (ED) or designee will stay to ensure that the aforementioned bullets are completed.</li> </ol> <p>Monitoring:</p> <ol style="list-style-type: none"> <li>1. Clinical Resources will audit above commitments daily until above audits and education are completed.</li> <li>2. Director of Nursing or designee will audit all new admissions to verify clear identification of code status with 24 hours of admission.</li> <li>3. Above audits will be documented and brought to Quality Assurance Performance Improvement (QAPI) for further review and discussion, for 3 months or until substantial compliance is determined.</li> </ol>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285240	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2020
NAME OF PROVIDER OR SUPPLIER  Omaha Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4835 South 49th Street Omaha, NE 68117	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>21492</p> <p>LICENSURE REFERENCE NUMBER 175 NAC 12-006.09D2a</p> <p>Based on observations, record reviews and interviews; the facility staff failed to implement interventions to prevent skin breakdown for 1 (Resident 32) of 3 sampled residents and failed to implement intervention to prevent constipation for 1 (Resident 10) of 1 sampled resident. The facility staff identified a census of 53.</p> <p>Findings are:</p> <p>A. Record review of Resident 32's Comprehensive Care Plan (CCP) revealed Resident 32 had actual skin breakdown and had the potential for further decline. Further review of Resident 32's CCP revealed on 12-10-2019 resident 32 had skin breakdown to the right great toe and on 2-11-2020 Resident 32 had skin breakdown to the second great toe. According to Resident 32's CCP a goal dated 12-10-2019 was the right great toe would show signs of healing. A goal dated 12-17-2019 revealed Resident 32 had skin breakdown and there would be signs of healing. Interventions identified on Resident 32's CCP included Resident 32 was wear Prafo Boot (special boots to assist in preventing skin breakdown) at all times while not walking with therapy.</p> <p>Observation on 2-24-2020 at 7:08 AM revealed Resident 32 was in bed and the Prafo boot were not on Resident 32.</p> <p>Observation on 2-24-2020 at 8:07 AM revealed Resident 32 was in bed and did not have the Prafo boots on.</p> <p>Observation on 2-24-2020 at 8:30 AM revealed Resident 32 was in the dining room for breakfast and did not have the Prafo Boots on.</p> <p>Observation on 2-24-2020 at 10:55 AM revealed Resident 32 was seated in the Dining Room and did not have the Prafo boots on.</p> <p>On 2-24-2020 at 10:55 AM an interview was conducted with Licensed Practical Nurse (LPN) H. During the interview LPN H confirmed Resident 32 was not wearing the Prafo boot and should have been.</p> <p>41281</p> <p>LICENSURE REFERENCE NUMBER 175 NAC 12-006.09D3</p> <p>B. Record review of Resident 10's Medication Administration Record reveals that resident has two separate medications which can be requested by Resident 10 when needed for assistance with bowel movements. The Medication Administration Record reveals that neither of these medications were administered during the month of November except one of them, and it was administered on November 18, 2019.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285240	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2020
NAME OF PROVIDER OR SUPPLIER  Omaha Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4835 South 49th Street Omaha, NE 68117	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 10's Progress Notes dated 11-15-2019 revealed Resident 10 had fallen on November 14, 2019 at 7:00 PM in the dining room and Resident 10's physician was called and ordered an X-Ray. The X-Ray showed severe diffuse colonic stool burden (a large amount of stool in the colon), correlate for constipation. According to Resident 10's PN dated 11-15-2019, Resident 10 was sent to the hospital for evaluation and treatment of the X-Ray findings at 10:25 PM on 11/14/2019.</p> <p>Record review of a History of Present Illness sheet dated 11-14-2019 revealed Resident 10 had abdominal pain for three days and feels constipated. According to the History of Present Illness sheet dated 11-14-2019 Resident 10 had a history of constipation in the past.</p> <p>Record review of Resident 10's Bowel Movement record for November of 2019 revealed Resident 10 did not have a bowel movement from November 8, 2019 to November 11, 2019, a total of 4 days.</p> <p>The facility policy titled Bowel Care Management states that If no bowel movement in three days, implement PRN (as needed) bowel care orders per physician orders.</p> <p>Interview with LPN-H on 2/20/20 at 8:40 AM reported someone should have done something about Resident 10 not having a bowel movement.</p>		



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285240	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2020
NAME OF PROVIDER OR SUPPLIER  Omaha Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4835 South 49th Street Omaha, NE 68117	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>41281</p> <p>LICENSURE REFERENCE NUMBER 12-006.09D7b</p> <p>Based on interviews and record review, the facility failed to implement new interventions to prevent falls for 1(Resident 204)of 3 residents sampled. The facility census was 53.</p> <p>Findings are:</p> <p>C. Record review of Resident 204's Progress Notes (PN) dated 12-30-2018 revealed nursing staff identified Resident 204 had .light green and dark purple discoloration on residents right eye outside part.</p> <p>An interview with Clincial Resource Registered Nurse( RN) D and Clinical Resource Nurse RN F on 2-20-2020 at 10:45 AM stated there were no interventions to prevent additional falls for Resident 204.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285240	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2020
NAME OF PROVIDER OR SUPPLIER  Omaha Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4835 South 49th Street Omaha, NE 68117	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>21492</p> <p>LICENSURE REFERENCE NUMBER 175 NAC 12-006.09</p> <p>Based on record review and interview; the facility staff failed to have a contract for a dialysis center providing treatment and failed to identify how medications were to be administered prior to dialysis treatments for 1 (Resident 12) of 1 resident. The facility staff identified a census of 53.</p> <p>Findings are:</p> <p>A. Record review of a Order Summary Report of active orders printed on 2-19-2020 revealed Resident 12 received dialysis treatments on Monday, Wednesday and Friday at 5:00 AM.</p> <p>Record review of Resident 12's Comprehensive Care Plan (CCP) revealed Resident 12 received treatment at Davita Dialysis center.</p> <p>Review of the facility contracts revealed there was not evidence the facility had a contract with Davita Dialysis center.</p> <p>On 2-20-2020 at 2:12 PM an interview was conducted with the facility Administrator. During the interview the Administrator confirmed there was not a contract with Davita.</p> <p>B. Record review of Resident 12's Medication Administration Record (MAR) for February 2020 revealed the following medications were scheduled for 8:00 AM:</p> <ul style="list-style-type: none"> <li>-Amiodarone medication used for heart condition) 200 milligrams (mg) one time a day.</li> <li>-Asprin 81 mg , once a day.</li> <li>-Glycolax powder.</li> <li>-Folic Acid, one time a day.</li> <li>-Venlafaxine 75 mg, one time a day.</li> <li>-Eliquis 5 mg , twice a day.</li> <li>-Senna 8.6 mg , twice a day.</li> <li>-Timolol eye drops. twice a day.</li> </ul> <p>Further review if Resident 12's MAR for February 2020 revealed the following medications were given late:</p> <ul style="list-style-type: none"> <li>-Amiodarone medication used for heart condition) 200 milligrams (mg) one time a day. Given late 6 time up until 2-20-2020.</li> </ul> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285240	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2020
NAME OF PROVIDER OR SUPPLIER  Omaha Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4835 South 49th Street Omaha, NE 68117	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Asprin 81 mg , once a day. Given late 6 time up until 2-20-2020.</p> <p>-Glycolax powder. Given late 6 time up until 2-20-2020.</p> <p>-Folic Acid, one time a day. Given late 6 time up until 2-20-2020.</p> <p>-Venlafaxine 75 mg, one time a day. Given late 6 time up until 2-20-2020.</p> <p>-Eliquis 5 mg , twice a day. Given late 6 time up until 2-20-2020.</p> <p>-Senna 8.6 mg , twice a day. Given late 6 time up until 2-20-2020.</p> <p>-Timolol eye drops. twice a day. Given late 6 time up until 2-20-2020.</p> <p>Record review of Resident 12 medical record that included practitioner order, care plan and MARs revealed there was not evidence on how the facility was to administer Resident 12's medications prior to having dialysis treatments.</p> <p>On 2-25-2020 at 6:30 AM an interview was conducted with the Director of Nursing (DON). During the interview the DON confirmed there were no information on how to administer Resident 12's medications prior to dialysis treatments.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285240	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2020
NAME OF PROVIDER OR SUPPLIER  Omaha Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4835 South 49th Street Omaha, NE 68117	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0712</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 21492</p> <p>Based on record review and interview; the facility staff failed to ensure 2 (Resident 12, and 19) of 5 residents were seen by the practitioner once every 30 days for the first 90 and then at least very 60 days thereafter. The facility staff identified a census of 53.</p> <p>Findings are:</p> <p>A. Record review of a Order Summary Report printed on 2-19-2020 revealed Resident 12 was admitted to the facility on [DATE].</p> <p>Review of Resident 12's record revealed there was not evidence Resident 12 was seen for a 30 day visit in September 2019 and October 2019.</p> <p>On 2-25-2020 at 7:10 AM an interview was conducted with Licensed Practical Nurse (LPN) I was is the facility Admissions Coordinator. During the interview LPN I confirmed Resident 12 did not have the required practitioners visits.</p> <p>B. Record review of a Admission Record sheet printed on 12-18-2018 revealed Resident 19 admitted to the facility on [DATE].</p> <p>Review of Resident 19's medical record revealed there was not evidence Resident 19 was seen for a 60 day visit on September 2019 and November 2019.</p> <p>On 2-24-2020 at 10:50 AM an interview was conducted with LPN I. During the interview, LPN I confirmed Resident 19 did not have the required practitioner visits in September 2019 and November 2019.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285240	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2020
NAME OF PROVIDER OR SUPPLIER  Omaha Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4835 South 49th Street Omaha, NE 68117	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>Administer the facility in a manner that enables it to use its resources effectively and efficiently.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 41490</p> <p>Licensure Reference No. 175 NAC ,d+[DATE].02</p> <p>Based on Record Review and Interview the Administration failed to utilize resources to ensure facility staff had the correct information regarding CPR status for 4 of 53 Residents, resident 3,30,32,38. The facility staff identified a census of 53.</p> <p>Findings are :</p> <p>D. [DATE] 09:46 AM Record Review of Resident 38 Admission record sheet printed [DATE] , in the section identified as Advance Directive revealed a DNR ( Do Not Resuscitate) or commonly known as a no code.</p> <p>Record review of resident 38 CSP( Code Status Policy) dated [DATE] revealed Resident 38 representative indicated Resident 38 was a Full Code. Further review of Resident 38 CSP sheet revealed Resident 38 Practioner signed the CSP sheet that identified Resident 38 as a Full Code on [DATE].</p> <p>[DATE] 4:30PM Interview with LPN C ,revealed that to check the code status of facility residents, she would look at electronic records, or she would look in the Code Status Book. If the resident was going to the hospital she would send a copy of the Admission record from either the electronic records or from the Code Status Book. DB</p> <p>[DATE] 1:00PM Record review of all Residents Advance Directives , electronic records, and Facesheets confirmed that 4 of 53 Residents, resident 3,30,32,38, had a discrepancy regarding thier CPR status.</p> <p>A. Record review of undated Code Status Policy (CSP) sheet revealed the following information:</p> <p>-Full Code:</p> <p>-We will initiate basic life support (oxygen therapy, establishing an airway, providing manual respirations and chest compression). In the event of pulmonary or cardiac arrest 911 will be notified immediately for transport to the nearest hospital.</p> <p>-No Code:</p> <p>If the death of a resident is inevitable we do not call 911 for transport to the nearest hospital. We do perform all acts that will give comfort such as oxygen if needed, pain management control, suctioning etc. We keep the physician and family updated on any condition change. The resident will remain in the facility with their normal care givers. In the event either family, resident pr physician change their minds about the code status, CPR will be preformed and then be transported to the nearest hospital.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285240	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2020
NAME OF PROVIDER OR SUPPLIER  Omaha Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4835 South 49th Street Omaha, NE 68117	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>B. Record review of Resident 3's Code Status Policy (CSP) sheet with a dated of [DATE] revealed Resident 3's Representative had marked the section on the CSP to indicate Resident 3 was a full Code.</p> <p>Record review of a second CSP dated [DATE] for Resident 3 revealed Resident 3's Representative indicted Resident 3 was a Full Code. Further review of Resident 3's second CPS revealed Resident 3's practitioner signed the CSP that identified Resident 3 as a Full Code on [DATE].</p> <p>Record review of Resident 3's Admission Record sheet printed on [DATE] in the section identified as Advanced Directive revealed A DNR (Do Not Resuscitate , or commonly known as a no code).</p> <p>On [DATE] at 2:20 PM an interview was conducted with Licensed Practical Nurse (LPN) A. During the interview LPN A reported if a resident codes or goes to the hospital, there is a binder with a code sheet and face sheet (also known as a Admission record sheet).</p> <p>On [DATE] at 2:23 PM an interview was conducted with LPN C. During the interview LPN C reported there is a binder with a code sheet and face sheet and we can use both.</p> <p>On [DATE] at 4:25 PM an interview was conducted with LPN B. During the interview LPN B reported if some one goes to the hospital or codes we use the code sheet and also can use what is in the computer.</p> <p>On [DATE] at 4:39 PM an interview was conducted with Resource Nurse (RN) A. During the interview, review of Resident 3's CSP dated [DATE] and Admission Record sheet were reviewed. During the interview, RN A confirmed Resident 3 CSP and Admission record sheet printed on [DATE] did not match and should have.</p> <p>C. Record review of Resident 32's CSP revealed on [DATE] Resident 32's Representative signed that Resident 32 was a No Code. Further review of Resident 32's CSP signed by Resident 32's Representative on [DATE] revealed Resident 32's practitioner signed the CSP on [DATE].</p> <p>Record review of Resident 32's Admission Record sheet printed on [DATE] revealed in the section identified as Advance Directive identified Resident 32 as a Full Code.</p> <p>On [DATE] at 4:39 PM an interview was conducted with Resource Nurse (RN) A. During the interview, review of Resident 32's CSP dated [DATE] and Admission Record sheet were reviewed. During the interview, RN A confirmed Resident 3 CSP and Admission record sheet printed on [DATE] did not match and should have.</p> <p>Record review of Resident 30's admission record reveals her advanced directive is listed as Do Not Resuscitate.</p> <p>Record review of the code status policy which is kept in the Code Status/Face Sheet book reveals that the code status for Resident 30 is listed as Full Code.</p> <p>Record review of the physician orders dated [DATE] revealed that Resident 30 is a Do Not Resuscitate.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285240	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2020
NAME OF PROVIDER OR SUPPLIER  Omaha Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4835 South 49th Street Omaha, NE 68117	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0835</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Some</p>	<p>An interview with RN- J and LPN-B on [DATE] at 2:30 PM revealed that it depends on where they are when a code is called. If they are way down the hall then they would look at the Electronic medical record on the computer which may, or may not be, correct.</p> <p>F. Based on the information provided on [DATE] to remove the immediacy of the situation, the facility staff provided the following information.</p> <p>Immediate action;</p> <ol style="list-style-type: none"> <li>1. For the 5 residents identified, the code status has been verified and updated in the electronic health record ( Advanced Directive, 2.Physicians orders, Face sheet) and in the Code Status Binder.</li> <li>3. The director of nursing, or the designee will stay in facility and ensure records are correct, with a 100% audit of all residents code status.</li> <li>4. All nursing staff will be educated on identifying code status preference and where that information is located before leaving this shift. All scheduled staff will be educated before being able to work, until all of nursing staff has been educated.</li> <li>5. ED or designee will stay to ensure that the aforementioned bullets are completed.</li> </ol> <p>Monitoring:</p> <ol style="list-style-type: none"> <li>1. Clinical Resources will audit above commitments daily until above audits and education are completed.</li> <li>2. director of Nursing or designee will audit all new admissions to verify clear identification of code status with 24 hours of admission.</li> <li>3. Above audits will be documented and brought to QAPI for further review and discussion, X3 months or until substantial compliance is determined.Licensure Reference Number 175 NAC ,d+[DATE].02</li> </ol> <p>[DATE] 11:13 AM Interview with Clinical Resource Nurse (CRN) , D and Administrator in Training E, confirmed, the CRN D and the current Administrator had knowledge of the Sister Facility being sited for not having consistent and clear information for facility residents on CPR status CRN, D confirmed that an Audit was done at this facility to identify CPR status. CRN D confirmed certain staff members were identified to follow thru with this task and they did not. CRN D confirmed that binders were put in place to include Advance directives, and Face sheets for each resident.</p> <p>CRN D confirmed that new system was not audited to make sure the system was working.</p> <p>Cross Reference F Tag 678.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285240	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/25/2020
NAME OF PROVIDER OR SUPPLIER  Omaha Nursing and Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE  4835 South 49th Street Omaha, NE 68117	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0843</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Have an agreement with at least one or more hospitals certified by Medicare or Medicaid to make sure residents can be moved quickly to the hospital when they need medical care.</p> <p>21492</p> <p>Based on record review and interview; the facility staff failed to have a transfer agreement between the facility and hospital. This had the potential to effect all residents in the facility. The facility staff identified a census of 53.</p> <p>Findings are:</p> <p>Record review of the facility agreements revealed there was no evidence of a transfer agreement between the facility and the hospital.</p> <p>On 2-26-2020 at 3:13 PM an interview was conducted with the Marketing Director via a phone call. During the interview, the Marketing Direct confirmed there was no agreement.</p>