Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285058	A. Building B. Wing	11/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Emerald Nursing & Rehabilitation Mercy	7410 Mercy Road Omaha, NE 68124

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. (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

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(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	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(H)(iii)(3)Based on observation, interview and record review, the facility failed to use the prescribed wound dressing for 1 (Resident 2) of 3 residents and failed to conduct weekly skin evaluations for 1 (Resident 1) of 4 residents sampled. The facility census was 101. The findings are:A.Record review of Resident 2's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 09-23-2025 revealed the facility staff assessed the following about the resident:-Brief Interview of Mental Status (BIMS) was scored as a 15. According to the MDS Manual a score of 13 to 15 indicates a person is cognitively intact. -Required limited assistance with upper body dressing-Required extensive assistance with bathing, lower body dressing, hygiene and bed mobility. -Required total assistance with toileting and transfers. Record review of Resident 2's Treatment Administration Record (TAR) for October 2025 revealed the following order:-Right lower extremity statis ulcers-Cleanse with Vashe (a brand of wound cleanser) moistened gauze for 5 minutes, pat dry, apply a dime thick layer of triad paste (a paste that helps maintain a moist healing environment) to the wound base (open skin only) daily. Do not remove the previous layer of triad. Cover with Exufiber AG (a gelling fiber dressing with antimicrobial action) wound dressing cut to fit over the open skin, then apply ABD (a highly absorbent pad used for large wounds) pads, and wrap with kerlix and tape. No tape on skin. One time a day for healing. Dated 09-18-2025. An observation on 10-16-2025 at 1:05 PM of Registered Nurse (RN) A providing wound care to the right lower extremity for Resident 2 revealed the use of a calcium alginate AG wound dressing instead of an Exufiber AG dressing. An interview with RN A on 10-16-2025 1:15 PM during wound care revealed the use of 2 additional ABD pads due to the large amount of drainage from the wound. An interview with RN A on 10-16-2025 at 2:05 PM confirmed the dressing used was Calcium Alginate Ag, because it is the same dressing as Exufiber AG.An interview with the Wound Nurse (WN) on 10-20-2025 at 8:00 AM revealed the Advanced Practice Registered Nurse (APRN) was informed on 10-17-2025 of the use of Calcium Alginate AG dressing was being used in place of Exufiber AG and the facility now has orders for an alternative dressing should the supply of Exufiber AG run out.An interview with the Director of Nursing (DON) on 10-20-2025 at 11:30 AM confirmed the facility was not using Exufiber AG dressing and an equivalent dressing was not ordered until 10-17-2025.Record review of the facility policy titled Skin and Wound Management dated 01-2024 revealed the physician will order pertinent wound treatments, including pressure reduction surfaces, wound cleansing and debridement approaches, dressings (occlusive, absorptive, etc.), and application of topical agents.B. Record review of Resident 1's MDS dated [DATE] revealed the facility staff assessed the following about the resident:-BIMS was scored as a 15 indicating intact cognition.-required extensive assistance with bathing, lower body dressing and bed mobility.-required total assistance with transfers, and toileting. Record review of Resident 1's Weekly Skin and Wound Observations (WSWO) revealed a weekly skin check was conducted on 09-17-2025 and on 09-29-2025. Record review of Resident 1's Progress Notes dated 10-06-2025 revealed Resident 1 was not feeling well and had swelling in the legs, feet and scrotum and the left leg was seeping fluid and was sent to the emergency room for further evaluation.An interview with the DON on 10-20-2025 at 11:40 AM revealed a WSWO should have been conducted on 9-17-2025, 9-24-2025 and 10-1-2025 and confirmed on 09-24-2025 a WSWO was not conducted and was conducted late on 09-29-2025 therefore the WSWO scheduled for 10-01-2025 was not conducted and Resident 1 discharged on 10-06-2025.An interview with the DON on 10-20-2025 at 2:00 PM confirmed WSWO are to be completed on all residents, for all skin conditions including rashes, skin tears and bruises, not just the residents with pressure ulcers.Record review of the facility policy titled Skin and Wound Management -Prevention of pressure dated 01-2024 revealed a comprehensive skin assessment should be conducted on admission, with each risk assessment, as indicated prior to discharge. During the skin assessment inspect for the presence of redness, temperature of skin and soft tissue; and edema.