

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285238	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Keystone Ridge Post Acute Nursing and Rehabilitati		STREET ADDRESS, CITY, STATE, ZIP CODE 7501 Keystone Drive Omaha, NE 68134	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.19(A)</p> <p>Based on observation and interview, the failed to maintain the cleanliness and condition of fixtures, doors, walls, ceilings, baseboards, door jams, curtains, grip strips, lights, beds and odor control in 17 (rooms 511, 514, 516, 518, 520, 525, 528, 5099, 5101, 5102, 5104, 5105, 5106, 5109, 5115, 5119, 5126) of 41 occupied resident rooms. The facility had a total of 50 rooms and the facility census was 69.</p> <p>Findings are:</p> <p>Observation on 05/21/25 between 8:04 AM and 9:10 AM with the Maintenance Director [MD] and the facility Housekeeping Supervisor revealed the following concerns with the facility environment:</p> <ul style="list-style-type: none"> - The caulking surrounding the base of the toilet was cracked and stained brown in resident bathrooms in rooms 511, 514, 516, 518, 520, 525, 528, 5102, 5104, 5106, and 5109. - There were scrapes present in the drywall on walls in resident rooms and bathrooms in rooms 514, 516, 518, 520, 525, 528, 5099, 5101, 5102, 5104, 5105, 5106, and 5126. - The ceiling tile was cracked and bubbled in resident room [ROOM NUMBER] along the seam of the wall. - The baseboard was pulled away from the wall in the bathroom in resident room [ROOM NUMBER] and 5106 (in the room near the closet). - There were food stains on the ceiling in resident room [ROOM NUMBER] and red and brown water damage stains present in resident room [ROOM NUMBER] and 5104 in the bathroom. - There were scraped areas / holes in the wood of bathroom and room doors in resident rooms 516, 518, 520, 528, 5099, 5101, 5104, 5105, 5106, and 5115. - The nightlight cover in the bathroom was broken / loose in resident room [ROOM NUMBER], 5105, and 5106. - The kick plate was loose from the bathroom door in resident rooms [ROOM NUMBER], <p>(continued on next page)</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 285238
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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<ul style="list-style-type: none"> - The toilet paper holder is missing / broken in bathrooms in resident rooms 511, 518, 525, 5101, and 5126, - The towel bars were missing or broken in resident bathrooms in rooms 521,5118, 5123, and 5124. - The window curtains / blinds were broken and loose in rooms [ROOM NUMBER] - There was a very strong urine odor in rooms 518, 525 and 5109. - The floors were soiled, wet and sticky in resident rooms 518, 525 and 5109. - There was a missing towel bar in the resident bathroom in room [ROOM NUMBER]. - Fall stop strips were loose and torn which created a surface not able to be cleaned in rooms 520, 5104, 5105, 5115, and 5119. - A overhead light cover was missing from the ceiling in room [ROOM NUMBER]. - Lights were out in resident bathrooms in rooms 518, 5101, 5102, and 5115. - A light was out above the bed in room [ROOM NUMBER]. - The bed was broken and the head of the bed could not be raised in room [ROOM NUMBER] bed 1. - A fall mat had spots of dried tube feeding solution spattered and dried on in room [ROOM NUMBER]. - The finish was peeled in spots on the floor and was coming loose in resident rooms [ROOM NUMBERS]. - The call light cord was missing in the resident bathroom in room [ROOM NUMBER]. <p>Interview on 05/21/25 at 9:00 AM with the MD confirmed that those areas identified needed to be cleaned / repaired. The MD confirmed there were no work orders for the areas identified and that the concerns had not been identified prior to the environmental tour of the facility.</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>Licensure Reference Number 175 NAC 12-006.07C</p> <p>Based on record review and interviews; the facility failed to ensure the Quality Assurance Performance Improvement Program [QAPI, a facility process that identifies problems in the facility and works to correct the concerns] identified and addressed concerns related to deficient practice identified on the annual survey 2025 (F 584, F 791, F 812, F 865 and F880) and to ensure correction for repeat deficient practice from previous surveys (March 2023 and May 2024 for F 584 and May 2024 survey for F 812) was maintained. This had the potential to affect 69 residents that resided in the facility. The facility census was 69.</p> <p>Findings are:</p> <p>Record review of an undated facility policy entitled QAPI Program revealed the following QAPI goals and benefits:</p> <p>QAPI goals:</p> <ul style="list-style-type: none"> -Develop regulations that help facilities meet new standards -identify areas of need and advancement -expand the level of activities required by existing quality standards -involve all caregivers in problem solving <p>QAPI Benefits</p> <ul style="list-style-type: none"> -Improve quality of care and life for patients -Prevents or decreases the likelihood of problems in care delivery -addresses gap in health care systems <p>Meeting Times and Scope:</p> <p>The Quality Assurance and performance improvement (QAPI) Committee will meet quarterly at minimum and at each meeting the QAPI Committee will review areas such as:</p> <ol style="list-style-type: none"> 1. Plan of Correction and Survey results. Including any internal reviews and audits. From this we will review that audits have been completed and are effective to ensure compliance. 2. Infection control data - could include PPE [Personal protective equipemnt] data, clinical data, guidance issued from CDC [Centers for Disease Control] or DIA [unknown] and any other information to ensure infection control program is utilized and data driven with benchmarks tracking and best practices 3. Grievance - including tracking and trending <p>(continued on next page)</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>4. Accidents/incidents - reviewed, tracked, and trended to determine if a PIP [Performance Improvement Project] is necessary</p> <p>5. Clinical Outcomes tracked, and trended to determine if a PIP is necessary</p> <p>6. Dietary Performance - tracked, and trended to determine if a PIP is necessary</p> <p>7. Performance Improvement Plans (PIPs) - discussion based on trends to implement PIP and review monthly current PIPs to determine effectiveness of interventions and how to graduate from the PIP.</p> <p>The QAPI committee will strive to formally meet monthly. The meeting will be extensive and include discussions of data/trends and the appropriateness of PIPS and interventions. During the meeting PIPS will be reviewed and new interventions put in place as needed. Ad Hoc meetings will occur when needed, including when high-risk incidents occur or if current PIPS are not met or interventions are ineffective. (We will not wait for the next meeting if we recognize the need for new interventions) each member of the QAPI committee will be required to prepare their data, create plans to improve outcomes, and report during QAPI meeting.</p> <p>Post-Acute QAPI Goals:</p> <p>The goals of Keystone Ridge Post Acute QAPI Committee for 2025:</p> <ol style="list-style-type: none"> 1. Implement a QAPI program that involves all staff and focuses on benchmarks to ensure quality for care and quality of life 2. Continued improvement with infection control. 3. Continued improvement of QAPI Program to include data and improvement plans to see overall improvement in all areas of the facility that are identified in QAPI. <p>During the recent survey, with an end date of 05/21/2025, the following citations and repeated citations were identified:</p> <ul style="list-style-type: none"> - F 584: The facility failed to ensure Resident 5's property was protected from loss and failed to maintain the cleanliness and condition of fixtures, doors, walls, ceilings, baseboards, door jams, curtains, grip strips, lights, beds and odor control in 17 of 41 occupied resident rooms in the facility. - F 791: The facility failed to ensure follow up on dental appointments were provided for Resident 11. - F 812: The facility failed to maintain kitchen appliances and the floor in the facility kitchen in a manner to prevent food borne illness. This had the potential to affect all 69 residents that ate foods prepared in the facility kitchen. - F 865: The facility failed to ensure the Quality Assurance Performance Improvement program [QAPI, a facility process that identifies problems in the facility and works to correct the concerns] identified and addressed concerns related to deficient practice identified on the annual survey 2025 (F 584, F 791, F 812, F880) and to ensure correction for repeat deficient practice from previous <p>(continued on next page)</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>surveys (March 2023 and May 2024 for F 584 and May 2024 survey for F 812) was maintained. This had the potential to affect 69 residents that resided in the facility.</p> <p>-F 880: The facility failed to use a disinfectant wipe to clean a glucometer between resident use for Residents 16 and Resident 44 and failed to ensure Resident 66's catheter bag was not in contact with the trash can or floor.</p> <p>Repeat citations:</p> <p>- F 584 from previous surveys 03/09/2023 and 05/02/2024: environmental concerns</p> <p>-F 812: from previous survey 05/02/2025: kitchen sanitation concerns</p> <p>Interview on 05/21/25 at 11:31 AM with the facility Administrator confirmed that an environmental tag had been written for the past 2 years and was written again this year and no PIP had been brought through the QAPI program related to the environment. The Administrator confirmed that the kitchen tag had been written last year, and a PIP had been started in March but had not been effective in maintaining correction related to kitchen cleanliness. The Administrator confirmed that the QAPI process had identified the kitchen issues but was not effective to avoid a tag this year.</p>		