STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285281	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakland Heights	207 South Engdahl Avenue Oakland, NE 68045

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Licensure Reference Number 175 NAC 12-006.09(G)(ii) Based on record review and interview, the facility failed to ensure that a discharge summary was completed for 1 resident (Resident 89) when they transferred to hospital via the emergency department. The facility had a census of 36. Findings are: A record review of Resident 89's nursing progress note dated 5/27/2025 revealed the resident required SLOC (Skilled Level Of Care - a level of care requiring the expertise and supervision of licensed health care professionals such as nurses and therapists) secondary to (due to) post colostomy placement (a surgical procedure connecting the colon to the outside of the body, allowing stool to exit) secondary to bowel obstruction (a condition in which digested material is prevented from passing normally through the bowel). Resident has a RLQ (Right lower quadrant - referring to the abdomen) JP drain (Jackson Pratt drain is a surgical drain used to remove excess fluid and prevent buildup around a surgical site), a midline abdominal (middle of the abdomen) incision closed with staples and a LLQ (Left lower quadrant - referring to the abdomen) ostomy (a surgically created opening). A record review of Resident 89's progress notes dated 5/31/25 revealed the Resident had a fever of 100.4F with increased purulent (containing pus) drainage from their abdominal incision. Resident 89 was evaluated at the nearest Emergency Department (ED). A record review of a physician's order dated 5/31/2025 stated OK to send the resident to the nearest ED to be evaluated. A record review of Resident 89's progress note dated 6/1/25 revealed a call placed to the hospital which confirmed the resident is on IV (intravenous - medication administered by a needle and tubing through a vein) antibiotics and will be staying at the hospital. Resident's husband requested a bed hold (a reservation for a bed while the resident is out of the facility) for the resident. A record review of the resident progress note dated 6/2/25 revealed the following: Progress Note Called Hospital and was given an update on resident condition. Possibly has touch of Pneumonia. Will be in Hospital through tomorrow. Unsure of return at this time. A record review of resident progress notes dated 6/4/25 revealed the following: (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
	285281	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakland Heights	207 South Engdahl Avenue Oakland, NE 68045

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident returns from hospital where they were treated for pneumonia, given IV antibiotics and received 1 unit of packed red blood cells, chest x-ray showed pneumonia. A record review of Resident 89's progress notes did not reveal a note stating that transfer discharge documentation was sent with the resident. A record review of the facilities undated Transfer and Discharge Policy revealed the following: Policy Explanation and Compliance Guidelines: 10. Emergency Transfers to Acute Care: A. The facility will obtain a physician's order for emergency transfer or discharge, stating the reason the transfer or discharge is necessary on an emergency basis. B. The facility will contact an ambulance service and provider hospital, or facility of residents' choice, when possible, for transportation and admission arrangements. C. For a transfer to another provider, ensure necessary information listed in #8 of this policy is provided along with, or as part of, the facilities transfer form: a) Contact information of the practitioner who was responsible for the care of the resident b) Resident representative information, including contact information. c) Advance directive information. d) All other information necessary to meet the resident's needs, which includes but may not be limited to: i) Resident status, including baseline and current mental, behavioral, and functional status, reason for transfer, recent vital signs; ii) Diagnoses and Allergies; iii) Medications (including when last received; iv) Most recent relevant labs, other diagnostic tests, and recent immunizations; e) All special instructions and or precautions for ongoing care, as appropriate such as: i) Treatments and devices (oxygen, implants, IVs, tubes/catheters; ii)Transmission based precautions such as contact, droplet or airborne; iii) Special risks such as for falls, elopement, bleeding or pressure injury and/or aspiration precautions; f) The residents comprehensive care plan goals. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285281	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Oakland Heights	207 South Engdahl Avenue Oakland, NE 68045

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	D. The original copies of the transfer form and Advance Directives will accompany the resident. Copies will be retained in the medical record. E. Provide orientation for transfer or discharge to minimize anxiety and to ensure safe and orderly transfer or discharge, in a form and manner that the resident can understand. F. Document assessment findings and other relevant information regarding the transfer in the medical record. G. Provide a notice of transfer and the facilities bed hold policy to the resident and the representative as indicated. H. Social services director, or designee, will provide copies of notices for emergency transfers to the Ombudsman, but they may be sent when practicable, such as in a list of residents on a monthly basis, as long as the list meets all requirements for content of such notices. I. The resident will be permitted to return to the facility upon discharge from the acute care setting. An interview on 6/11/25 at 11:05 AM with the Director of Nursing (DON) confirmed Resident 89 did not have a record of transfer discharge documentation sent with them to the Emergency Department. The DON confirmed they were unable to provide evidence that the staff followed a transfer discharge procedure. An interview on 6/11/25 at 12:51 PM with the Assistant Director of Nursing (ADON) revealed new nurses in training are given a training packet which contains the following undated Discharge Process To ER/Hospital sheet. The following steps are to be followed: 1. Obtain order to send resident as indicated. 2. Print out physician orders; face sheet, CODE status, write short summary of why resident is being sent on the Doctor Sheet. 3. Call 911 (if indicated) - Note time 4. Squad arrives - note time. 5. Call Family. 6. Give hospital/ER nurse, nurse to nurse report. 7. Notify DON or designee. 8. Can do 1 progress note; just add all the times. 9. Get a bed hold from the family. An interview on 6/10/2025 at 1:10 PM with the DON confirmed they could not provide evidence the staff member who discharged the resident to the hospital followed the transfer discharge requirement.