

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285289	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/10/2025
NAME OF PROVIDER OR SUPPLIER  Old Mill Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE  1131 Papillion Parkway Omaha, NE 68154	

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>Licensure Reference Number 175 NAC 12-006.09(l)(i)</p> <p>Based on record review, observation, and interview the facility staff failed to implement assessed interventions to prevent falls for 1 (Resident 46) of 3 sampled residents. The facility identified a census 39.</p> <p>Findings are:</p> <p>Record review of Resident 46's Transfer/Discharge Report dated 4/08/2025 revealed the admission date was 4/04/2025 and admitted with Primary Osteoarthritis, Urinary Tract Infection (UTI), and Repeated Falls.</p> <p>Record review of Resident 46's Care Plan revealed on 4/6/25 and entry was made that Resident 46 required the assistance of 2 (Ax2) staff for transfers and wheelchair for all in room and hallway mobility.</p> <p>Record review of a provider note written by Advanced Practice Registered Nurse (APRN) J dated 4/07/2025 revealed the provider was notified of an incident, where Resident 46 was transferred with 1 staff assisting versus the recommended 2 staff that were required.</p> <p>An interview with Resident 46 on 4/07/2025 at 8:32 AM revealed Resident 46 reported having a fall in the bathroom a couple of days ago. Resident 46 further reported their right arm and shoulder hurt.</p> <p>An observation on 4/08/2025 at 9:31 AM revealed Resident 46 sitting at the side of the bed. Occupational Therapist (OT) G and Nursing Assistant (NA) I were in the room to assist with the transfer. Resident 46 had a gait belt on and was being instructed by OT-G on the transfer process.</p> <p>OT-G positioned the walker in front of Resident 46 and OT-G instructed Resident 46 to transfer to the chair. Resident 46 followed the directions provided completed the transfer without a 2 person assisting Resident 2 with the transfer.</p> <p>An interview with OT-K on 4/10/25 at 10:58 AM revealed Ax2 indicted the resident was to be transferred with 2 staff members. OT-K revealed that Resident 46 was transferred from the toilet to chair with out 2 staff assisting the resident. OT-K further reported there should have been 2 staff members assisting Resident 46 with the transfer.</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
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