STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285036	A. Building B. Wing	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eastmont	6315 O Street Lincoln, NE 68510

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Licensure reference number 175 NAC 12-006.11C Based on interviews, record review, and observations, the facility failed to ensure kitchen staff wore hairnets and beard nets, performed hand hygiene for 20 seconds and hand hygiene between glove changes, and failed to ensure the food is labeled and dated, and inside of ice machine was clean to prevent food-borne illness. This had the potential to affect all 17 residents who ate out of the kitchen. The facility census was 17. Findings are:Record review of Eastmont Towers Community Handwashing policy and procedure dated 2/1/2017 revealed: Dietary staff will hand wash hands before starting work, when returning to work, after smoking, eating, drinking and visiting restrooms, using phones and handling money, after handling garbage or chemicals and at other times when hands have been soiled. -Procedure: Turn on faucet with warm running water. Wet hands and apply soap. Rub your hands together to make a lather. Scrub well for at least 20 seconds. Pay attention to your wrist, back of hands, between fingers and under fingernails. Rinse your hands well under running water. Use a clean wipe to dry hands and use a paper towel to turn off water. Record review of Eastmont Hair restraints dated 12/8/2016 revealed: -Food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food, clean equipment, utensils, and linens, and unwrapped single-service and single-use articles.Record review of Eastmont's Cleaning Instructions: Ice machine and Equipment Policy dated 8/12/25 revealed:-Ice machine and equipment (scoops and receptacles that are used to hold or transport ice) will be cleaned and sanitized on a regular basis. Record review of Eastmont's General Food Preparation and Handling Policy dated 8/15/19 revealed: -Food items will be prepared to conserve maximum nutritive value, develop, and enhance flavor and keep free of harmful organisms and substances.-Bare hands should never touch ready to eat raw foods directly. Disposable gloves are a single use item and should be discarded after each use.-Leftovers must be dated, labeled, covered, cooled and stored (within 1/2 hour after cooking or service) in a refrigerator. Record review of Eastmont's Food Storage policy dated 8/12/25 revealed: -Sufficient storage facilities will be provided to keep foods safe, wholesome, and appetizing. Food will be stored in an area that is clean, dry, and free from contaminants. Food will be stored, at appropriate temperatures and by methods designed to prevent contamination or cross contamination.-Food should be dated as it is placed on the shelves if required by state regulation.-Date marking should be visible on all high-risk food to indicate the date by which a ready-to-eat, TCS (Time/temperature control for safety) foods should be consumed, sold, or discarded.-Plastic containers with tight-fitting covers or sealable plastic bags must be used for storing grain products, sugar, dried vegetables, and broken lots of bulk foods or opened packages. All containers or storage bags must be legible and accurately labeled and dated.-Leftover food should be stored in covered containers or wrapped carefully and securely and clearly labeled and dated before being refrigerated. Leftover food must be used within 7 days or discarded as per the 20217 Federal Food Code.- All foods should be covered, labeled, and dated, and routinely monitored to assure that foods (including leftovers) will be consumed by their safe use by dates, or frozen (where applicable), or discarded. Observation on 8/6/25 at 7:25 AM Floater-C went (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
	285036	A. Building B. Wing	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eastmont	6315 O Street Lincoln, NE 68510

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	into the walk-in refrigerator and walked out with a bag of lettuce, went to the prep table and applied gloves without hand hygiene. Observation on 8/6/25 at 7:34 AM revealed:-Macaroni package had been opened but not date. -Graham cracker crumbs had been opened but not date. Observation on 8/6/25 at 7:39 AM revealed the ice machine had some white debris on the inside of the lid, also on the inside towards the top of the ice bin. The upper portion of the inside of bin in front of the ice shoot has rust-looking debris. An interview on 8/6/25 at 7:45 AM with the (CDM) Certified Dietary Manager revealed that a service technician maintains the ice machines yearly for the facility. CDM said the facility kitchen staff removes the ice every month and clean it out, although the light on the machine tells when it's time to clean but usually once a month. The CDM was unsure when the last time it was cleaned. Observation on 8/11/25 at 7:15 AM of salad/baker-B did not have a hair net or beard net on while frosting a cake. Salad/baker-B did not have hair on top of head although has approximately 1 inch hair around the sides and back of head. The salad/baker-B has a beard with a short (shadow beard) on the chin and the sides of face the beard hair was approximately 1 1/2 inch long. An interview on 8/11/25 at 7:15 AM with salad/baker-B revealed [gender] wasn't sure if [gender] needed the hair net and beard net. An interview on 8/11/25 at 8:09 AM with the CDM confirmed the staff should wear beard nets and hair nets, wash hands before gloving, the food items should be dated after opening, and the ice machine needs cleaned out due to white debris and rust-like debris on the inside. Observation on 8/11/25 at 11:49 AM with Dietary Technician (DT)-E prior to serving food in the kitchenette, washed hands with soap and water for 15 seconds, then used [gender] hand to shut off the water faucet, and applied gloves. Observation on 8/11/25 at 12:00 PM where DT-E finished obtaining food temperatures and changed gloves without hand hygiene. Observation on 8/11/25 at 12:02 pm DT-E served food plates onto trays for the staff to give to the residents. Observation on 8/11/25 at 12:03 PM DT-E picked up their cell phone with gloves on and called the kitchen, and did not change gloves or perform hand hygiene when off phone. DT-E then began serving food trays again. Observation on 8/11/25 at 12:15 PM DT-E stopped serving food and changed gloves without hand hygiene. An interview on 8/11/25 at 12:16 PM with DT-E confirmed that [gender] should have washed hands for 20 seconds and in between glove changes. Observation on 8/11/25 at 12:20 PM of the refrigerator in the kitchenette with tomato juice in a pitcher 1/4 full that was covered with saran wrap and undated, and the sides of the pitcher had hardened red substance on it where the tomato juice raised to. An interview on 8/12/25 at 1:10 AM with CDM revealed the facility did not have a policy on monthly cleaning of the ice machine but was unsure when the last time it was cleaned, the tomato juice should be dated and discarded if expired, and the staff should wash hands between glove changes.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285036	A. Building B. Wing	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eastmont	6315 O Street Lincoln, NE 68510

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 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Licensure Reference Number 175 NAC 12-006.04(A)(iii)Based on record review and interview, the facility failed to ensure 2 (Medication Aide (MA) L and M) of 5 employees sampled Adult/Child background check was completed. This has the potential to affect all residents that reside in the facility. The facility census was 17. Findings are:Record review of Staff names, seniority dates, and department list dated 8/6/25 revealed MA-L's start of employment was 9/5/23. Further record review of MA-L's personal records revealed no documentation of an Adult/child central registry. Record review of Staff names, seniority dates, and department list dated 8/6/25 revealed MA-M's start of employment was 12/20/23. Further record review of MA-M's personal records revealed no documentation of an Adult/child central registry. An interview on 8/7/25 at 1:10 PM with HR confirmed there was not any Adult/child central registry form in MA-L and MA-M personal records. Record review of Eastmont Hiring Process policy dated 6/28/2019 revealed: Purpose: Eastmont is committed to hiring the best person to provide the highest quality standard of care to our residents. We complete various checks on potential employees to verify that there is no evidence of abuse, neglect, or other civil activities that would be inappropriate to work with the senior adult.-Background checks: A thorough background check including, but not limited to, criminal history, sex offenders registries, adult and child registry checks, Office of the Inspector General (OIG), verification of previous employment, Social Security number verification, and driving record check, (if required), is performed for all new employees to verify persons hired do not have evidence of abuse, neglect, or other criminal activities that would be an inappropriate to work with senior adults.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285036	A. Building B. Wing	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eastmont	6315 O Street Lincoln, NE 68510

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Licensure Reference Number 175 NAC 12-006.18(B)Based on observations, record review, and interviews, the facility failed to ensure infection control practice with hand hygiene during resident care, medication administration, and housekeeping to prevent cross contamination with 2 (Residents 6 and 22) of 3 sampled residents . The facility census was 17. Findings are:A record review of the facility policy titled Handwashing/Hand Hygiene. Revision date of 8/30/2024 revealed the following: Policy Statement. This facility considers hand hygiene the primary means to prevent the spread of infections. Policy Interpretation and Implementation. All personnel shall follow the handwashing or the hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors. Hand hygiene products and supplies (sinks, soap, towels, alcohol-based hand rub, etc.) shall be readily accessible and convenient for staff use to encourage compliance with hand hygiene policies. Wash with soap and water when hands are visibly soiled. Wash with soap and water or use an alcohol-based hand rub containing at least 62% alcohol for the following situations: before and after the direct contact with the residents; before preparing or handling medications; after contact with a resident's intact skin; after contact with blood or bodily fluids; after contact with objects (medical equipment) in the immediate vicinity of the resident; after removing gloves. The use of gloves does not replace hand washing or hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.The procedure for washing hands involves wetting the hands first with water and then apply soap. Rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use a towel to turn off the faucet. When using alcohol-based hand rubs apply a generous amount of the product to the palm of the hand and rub the hands together. Cover all surfaces of the hands and the fingers until the hands are dry. A. An observation on 8/11/2025 at 9:10 AM revealed Medication Aide (MA-K) did not use hand sanitizer prior to putting medication into the medication cup for Resident 22. MA-K then carried the medication in the cup and walked to Resident 22's room. Medication was handed to Resident 22 without MA-K using hand sanitizer or washing hands and then left the room. When MA-K returned to the medication cart hand sanitizer was not used. An interview on 8/11/2025 at 09:25 AM with MA-K confirmed that hand sanitizer was not used prior to setting up meds or after giving the medication to Resident 22.An interview on 8/12/2025 at 10:30 AM with Infection Control Nurse (IP)-J confirmed that hand sanitizer or washing hands are to be done prior and after giving medication to the residents. An observation on 8/11/2025 at 11:30 AM revealed Housekeeper (H-H) was in a Resident 22's bathroom and flushed toilet and then walked out of the bathroom and into the hallway holding the cleaning supplies against genders uniform. H-H then put the supplies on the cleaning cart and did not wash or sanitize H-H's hands and remained at the housekeeping cart.An interview on 8/11/2025 at 11:32 AM with H-H confirmed that [gender] did have gloves on when flushed the toilet in the Resident 22's bathroom and took them off in the bathroom prior to coming out into the hallway. H-H confirmed that {gender} did not wash or sanitize hands after leaving Resident 22's room.An observation on 8/11/2025 at 11:40 AM revealed H-H going back into Resident 22's room and washed hands with soap and water for 15 seconds and then used bare hand to shut the faucet off at the sink.An observation on 8/11/2025 at 11:42 AM of H-H revealed H-H in Resident 22's room removing the trash without gloves out of the garbage cans from the Resident 22's bathroom and beside the recliner chair. H-H removed the garbage sacks from the room and placed them in the housekeeping garbage container. H-H went back into Resident 22's room and washed {genders} hands for 10 seconds and used bare hand to shut the faucet off.An interview on 08/11/2025 at 11:47 AM with H-H confirmed that the staff are to wash their hands for at least one minute after handling garbage sacks from the resident rooms. B. An observation on 8/11/2025 at 3:10 PM with Licensed Practical Nurse (LPN-I) revealed [gender] went into Resident 22's room without sanitizing hands. LPN-I performed a blood pressure check and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285036	A. Building B. Wing	08/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eastmont	6315 O Street Lincoln, NE 68510

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	touched Resident 22's arms. LPN-I did not wash hands or use hand sanitizer and exited Resident 22's room. An interview on 8/11/25 at 3:15 PM with LPN-I confirmed hand sanitizer or washing hands should have been performed before and after leaving Resident 22's room.