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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                          | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>285049 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                                     | (X3) DATE SURVEY COMPLETED<br><br>04/09/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Emerald Nursing & Rehab Brookside LLC |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>4735 South 54th Street<br>Lincoln, NE 68516 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>48271</p> <p>Licensure Reference Number 174 NAC 12-006.04C3a(6)</p> <p>Based on record review and interview the facility failed to obtain daily weights for 1 (Resident 8) of 3 sampled residents as ordered by the Physician, and the facility failed to obtain labs for 1 (Resident 5) of 3 sampled residents as ordered by the Physician. The facility census was 107.</p> <p>Findings are:</p> <p>A.</p> <p>Record review of Physician Orders revealed that Resident 8 has orders for daily weights dated 12/2/23 for congestive heart failure, Fax recordings weekly to Physician. Call if weight gain of 2-3 pounds for 2 consecutive days, weight gain of 5 pounds in one week. Weights had not been documented as completed on the following dates:</p> <p>-4/3/24</p> <p>-4/4/24</p> <p>-3/29/24</p> <p>-3/27/24</p> <p>-3/26//24</p> <p>-3/25/24</p> <p>-3/24/24</p> <p>-3/23/24</p> <p>-3/22/24</p> <p>-3/13/24</p> <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 |
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| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>-3/6/24.</p> <p>Record review of the Weight Monitoring Policy created 1/2024 revealed compliance Guidelines:</p> <p>1) Suggested weight schedule</p> <p>C) If clinically indicated-more frequent than weekly</p> <p>An interview on 4/8/2024 at 11:30 AM with Director of Nursing (DON) confirmed that daily weights had not been completed for Resident 8 and should have been.</p> <p>B.</p> <p>Record review of the facilities Laboratory Services and Reporting policy created 1/24 revealed that the facility must provide or obtain laboratory services when ordered by the physician, physician assistant, nurse practitioner, or clinical nurse specialist in accordance with state law. Policy Explanation and Compliance guidelines:</p> <p>1) The facility must provide or obtain laboratory services to meet the needs of its residents</p> <p>2) The facility is responsible for the timeliness of the services.</p> <p>3) Should the facility provide its own laboratory services, the services must meet the applicable requirements for laboratories.</p> <p>6) All laboratory reports will be dated and contain the name and address of the testing laboratory and will be filed un the residents clinical record.</p> <p>7) Promptly notify the ordering Physicians, Physicians assistant, Nurse Practitioner, or Clinical Nurse Specialist of laboratory results that fall outside the clinical reference range.</p> <p>Record review of Physician Orders dated 1/30/24 for Resident 5 revealed that Resident 5 had an order for a Basic Metabolic Panel (BMP helps doctors check the body 's fluid balance and levels of electrolytes and see how well the kidneys are working.) that was ordered to be done on 2/2/24 after a hospitalization .</p> <p>Record review of Lab Reports revealed no record of a BMP being completed on 2/2/24.</p> <p>Record review of Progress Notes dated 2/2/24 revealed no documentation that the BMP was collected from Resident 5.</p> <p>Record review of Progress Notes dated from 2/1/24 through 4/7/24 revealed no documentation to notify the Physician that the BMP had not been completed on 2/2/24.</p> <p>An interview on 4/8/2024 at 1:30 PM with the DON confirmed the BMP that was to be collected on 2/2/24 was not completed and should of been.</p> <p>(continued on next page)</p> |

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| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>An interview on 4/8/24 at 2:30 PM with Nursing Consultant (NC) confirmed that there were no lab results for the BMP ordered on 2/2/24. NC further confirmed [gender] called the lab company and there were no lab results found for Resident 5. NC also confirmed the BMP had not been drawn on 2/2/24 and should have.</p> <p>An interview on 4/8/24 at 2:30 PM with Nursing Consultant (NC) confirmed that no lab results for BMP had been found and that the lab had been called and no lab results for the BMP had been found. NC confirmed that the BMP had not been drawn and that the BMP should of been drawn on 2/2/24.</p> |  |  |

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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>                    | <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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48271</p> <p>Licensure Reference Number 175 NAC 12-006.18A(1)</p> <p>Based on observation, and interviews the facility failed to maintain a clean environment for rooms 113,211, 212, and 312. The facility failed to maintain a clean floors for 400 and 300 hallway and clean carpets for 100 and 200 hallways and the facility failed to maintain clean tray tables for rooms 211-212-312. The facility census was 107.</p> <p>An observation on 4/8/24 at 9:30 AM revealed that room [ROOM NUMBER] had a brown sticky substance on the floor by tray table. Observation of the trash can in room [ROOM NUMBER]'s bathroom was overflowing with paper towels. Observation of the tray table in room [ROOM NUMBER] revealed Resident 9 that had a pitcher of water sitting on the tray table that was dirty with dry substance on top of tray table and base of tray table had a dry brown and yellow colored substance covering the base of the tray table.</p> <p>An observation on 4/8/24 at 9:45 AM revealed that in rooms [ROOM NUMBER] the floors had a sticky substance throughout the room.</p> <p>An observation on 4/8/24 at 9:45 AM of the Tray tables in rooms 211, 212 and 113 revealed that the tray tables had a dry yellow colored substance on top of tray tables and the base of the tray tables had dry brown and yellow colored substance on the base.</p> <p>An observation on 4/8/24 at 9:30 AM revealed that the 300 and 400 laminated floors in the hallway had spots of dry rings of substance throughout the hallway.</p> <p>An observation on 4/8/24 at 9:45 AM revealed that the 100 and 200 carpeted hallways had spots of dry dark rings of substance throughout the hallways.</p> <p>An observation on 4/8/24 at 9:50 AM revealed that the kitchenette on the 200 hall had a rug by the sink with spots of white and red colored dry substance on it and dry substance on the floor in the kitchenette the floor.</p> <p>An interview and tour of the facility on 4/8/24 at 10:30 AM with Nurse Consultant (NC) confirmed that the tray tables in room [ROOM NUMBER],212, and 113 were dirty and needs cleaned up. NC confirmed that the floor in room [ROOM NUMBER] was sticky and needed to be cleaned, and that the tray table was dirty and that the tray tables needed to be cleaned. NC confirmed that the 400 and 300 hallway floors were dirty and needs cleaned and that the 100 and 200 carpets were dirty and needed cleaned. NC confirmed that the facility cannot hire anyone for weekends as nobody wants to work weekend for housekeeping.</p> |  |  |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Provide and implement an infection prevention and control program.</p> <p>47312</p> <p>Licensure Reference Number 175 NAC 12-006.17D</p> <p>Based on observation, interview and record review, the facility failed to ensure hand hygiene was performed to prevent the spread of infection or prevent cross contamination during and after catheter (a soft, plastic or rubber tube that is inserted into the bladder to drain the urine) care with appropriate change of gloves for 1 (Resident 7) of 3 sampled residents. The facility census was 107.</p> <p>Findings are:</p> <p>Observation on 4/9/24 from 10:01 AM to 10:13 AM of catheter care for Resident 7 with Medication Aide (MA)-A and the Nurse Consultant (NC) revealed the following: MA-A donned (put on) gloves prior to entering Resident 7's room. MA-A completed no hand hygiene prior to donning gloves. MA-A entered Resident 7's room and removed a new trash bag from the trash can and placed on the tray table, raised the bed with the bed remote, lowered the blinds and obtained supplies for catheter care. MA-A completed catheter care with no concerns. After catheter care was completed, MA-A rolled Resident 7 onto [gender] right side and found that [gender] had been incontinent of stool. MA-A removed the soiled brief, cleansed Resident 7 with one wipe, noted stool still present on [gender] buttocks, and removed [gender] gloves. MA-A completed hand hygiene and donned new gloves. MA-A cleansed Resident 7's buttocks of remaining stool, placed a new brief under [gender], rolled [gender] to the left side, straightened out the brief, placed Resident 7 on [gender] back and pulled the brief up between [gender] legs to fasten. MA-A assisted Resident 7 with pulling up [gender] sheet, removed [gender] gloves, removed the trash, placed a new bag in the trash can, and moved Resident 7's tray table next to [gender] bed. MA-A then completed hand hygiene.</p> <p>An interview on 4/9/24 at 10:15 AM, MA-A confirmed that [gender] should have completed hand hygiene prior to donning gloves before entering Resident 7's room and changed gloves prior to beginning catheter care because [gender] had removed a new trash bag, raised the bed, lowered the blinds, and obtained the needed supplies. MA-A further confirmed that [gender] gloves should have been changed and hand hygiene completed prior to and after the new brief was placed and that [gender] had not.</p> <p>An interview on 4/9/24 at 10:16 AM the NC confirmed that MA-A had not completed hand hygiene or changed gloves during the above-mentioned times.</p> <p>Review of the facility, Catheter Care, Urinary, policy, revised 9/2014 revealed the following:</p> <p>-Steps in the Procedure: 1. Place the clean equipment on the bedside stand or overbed table. Arrange the supplies so they can be easily reached. 2. Wash and dry your hand thoroughly. 5. Put on gloves. 9. Place soiled linen into designated container. 10. Put on clean gloves. 11. Remove gloves and discard into the designated container. Wash and dry your hands thoroughly. 20. Discard disposable items into designated containers. Remove gloves and discard into designated container. Wash and dry your hands thoroughly. 21. Reposition the bed covers.</p> |  |  |