

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285049	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Brookside LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 4735 South 54th Street 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 (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 - Few</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>49380</p> <p>Licensure Reference Number 175 NAC 12-006.19</p> <p>Based on observations and interviews, the facility failed to maintain the cleanliness of the floors and station 1, 3, and 4 within the facility. The facility identified a census of 110.</p> <p>Findings are:</p> <p>Observations made on 7/23/24 at 4:40 PM, and on 7/24/24 at 7:20 AM, 10:40 AM, 11:53 AM, and 1:55 PM:</p> <p>-Station 1</p> <p>- There was free standing pieces of insulation along the window seal on the wall.</p> <p>-Station 3</p> <p>- The hallway floors had clumps of a black substance, debris, food, stains, and sticky areas of unknown substances. There were four colored candy pieces at the end of the station 3 hall, 2 dead bugs next to the mat that is found at the end of the hallway. The mat was covered with dirt, dust, and rubber bands.</p> <p>- There were cobwebs and dust under the curio cabinet on the station 3 hallway.</p> <p>- Station 4</p> <p>- The hallway was dirty with brown and black type debris and there was a sticky areas of unknown substances.</p> <p>- In the activity area next to the stove pieces of torn up paper towel were found. The entry way to the activity room had dried food pieces smashed into the floor.</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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 7/24/24 at 2:15 PM with the Environmental Services Director (EVS) Confirmed the hallways are scheduled for cleaning daily, the facility has designated a floor technician for this task. EVS confirmed the hallways needed cleaned and the insulation should be removed. The EVS revealed the floor technician had completed the cleaning for the day.</p> <p>An interview on 7/24/24 at 2:15 PM with the Administered (ADM) confirmed the hallways are not clean and the insulation should be removed. The ADM confirmed the hallways need to be cleaned.</p>		