

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 10/21/2024
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48271</p> <p>Licensure Reference Number NAC 175 12-006.09 and 12-006.09(I)</p> <p>Based on record review, observation, and interviews; the facility staff failed to implement interventions to prevent hot liquid burns for 1 (Resident 1) of 1 sampled residents, and failed to evaluate for potential injuries from a fall prior to moving the resident for 1 (Resident 2) of 3 sampled residents . The facility staff identified a census of 107.</p> <p>The facility Administrator was notified on 10/17/24 at 4:30 PM of an Immediate Jeopardy (IJ) which began on 08/05/24. The IJ was removed on 10/17/24 at 6:30 PM, as confirmed by surveyor onsite verification.</p> <p>Findings are:</p> <p>A.</p> <p>A record review of Admission Record revealed Resident 1 was admitted to the facility on [DATE] with the diagnoses of:</p> <ul style="list-style-type: none"> -Burn of unspecified body region, unspecified degree, -Type 2 Diabetes Mellitus without complication (a disease that occurs when the body doesn't use insulin properly, resulting in high blood sugar levels), -Muscle Weakness generalized (lack of muscle strength), -Unsteadiness on Feet (when you have trouble walking or maintaining your balance), -Abnormalities of Gait and Mobility (changes to a person's normal walking pattern). <p>A record review of the Minimum Data Set (MDS, a comprehensive assessment of each resident's functional capabilities) dated 5/15/24 revealed in section C Cognitive Patterns revealed a Brief Interview for Mental Status, (BIMs, a test used to get a quick snapshot of a resident's cognitive function, scored 0-15, the higher the score, the higher the cognitive function) of 15 meaning cognitively intact. Resident 1 was independent with Activities of Daily Living (ADL's).</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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>A record review of the Care Plan (CP, written instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care) dated 8/15/24 revealed Resident 1 had no care plan addressing skin issues related to burns.</p> <p>A record review of the Admission packet revealed that the facility did not approve or deny items being brought into the facility by the family.</p> <p>A record review of the Progress notes dated 11/3/2023 at 7:58 AM revealed that Resident 1 is storing medication in room. The medications were not removed from the room. Resident 1 family member has a history of bringing in over the counter medications for Resident 1. The family member and Resident 1 have received education on the dangers of this and that it is against facility policy. Both the family member and Resident 1 have acknowledged understanding. The progress note did not reveal other items being brought into the facility that was not allowed.</p> <p>A record review of the Progress notes dated 8/5/24 revealed a Skin/Wound weekly observation of a burn to right foot and right anterior leg. Further review of the medical record did not reveal any further skin/wound documentation.</p> <p>A record review of Provider Notification SBAR (situation, background, assessment, request) dated 6/7/24 revealed documentation of Superficial burn to leg with orders for silvadine (a topical antimicrobial drug indicated as an adjunct for the prevention and treatment of wound sepsis in patients with second- and third-degree burns) twice a day for one week.</p> <p>A record review of the Wound Nurses notes referred areas to right foot/right leg as burns dated 6/24/24, 7/1/24, 7/9/24 and 7/15 24</p> <p>An interview on 10/17/24 at 10:30 AM with RN (Register Nurse)-1 confirmed that Resident 1 had received burns to Resident 1's right foot and right front leg due to spilling hot coffee from Resident 1's rice cooker. RN-1 confirmed that Resident 1 would use the rice cooker to make coffee, rice and ramen noodles. RN-1 confirmed that Resident 1 received another burn on 10/12/24 on Resident 1 buttocks. RN-1 confirmed that on 10/14/24 Resident 1 was sent to the hospital and was kept overnight due to the burns on Resident 1 buttocks.</p> <p>An interview on 10/17/24 at 11:00 AM with MA (Medication aide)-5 and NA(Nursing assistant)-4 confirmed that staff had knowledge that Resident 1 had the rice cooker in Resident 1's room and that Resident 1 made ramen noodles, coffee, and rice in the rice cooker in Resident 1 room. MA-5 confirmed that (gender) had reported the rice cooker in Resident 1 room and since nothing was done assumed that the rice cooker was allowed. MA-5 confirmed that the rice cooker had been in Resident 1 room for over 6 months.</p> <p>An interview on 10/17/24 at 9:34 AM with S.S (Social Services) revealed that Housekeeping had removed a rice cooker from the Resident 1's room before Resident 1's burn on 10/12/24. S.S confirmed that the previous Administrator who exited the facility on April 5th had educated the family of Resident 1 a couple of times saying that family member could not bring anything into Resident 1 without telling the nurse.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>An interview on 10/17/24 at 11:00 AM with HK-2 (Housekeeping) confirmed that on 10/14/24 was the first time they had been asked to remove the rice cooker. HK-2 confirmed that (gender) also removed a power strip that was not approved per fire code, and 2 electric blankets. One electric blanket was on the bed and the other electric blanket was in a drawer.</p> <p>An interview on 10/17/24 at 2:30 PM with the DON (Director of Nursing) confirmed that (gender) had no knowledge of the rice cooker that Resident 1 had in (gender) room. The DON confirmed that the rice cooker should not have been in Resident 1's room. The DON confirmed that staff after 10/16/24 was educated on what to do if these items are found in Resident 1 room. The DON confirmed that (gender) was not aware that the wounds on Resident 1 right leg/right foot was from a burn.</p> <p>B.</p> <p>A record review of the facility policy Fall Management dated 4/15, date revised 4/20 and last date revised 1/24 revealed the following:</p> <p>Post fall/Injury resident management.</p> <p>-In the event a resident has fallen and or is found on the ground, a complete head to toe assessment must be performed prior to moving the resident unless life-threatening safety concerns are present. Remain with the resident while calling for assistance, if at all possible.</p> <p>A record review of the Admission Record revealed that Resident 2 was admitted to the facility on [DATE] with the diagnoses of:</p> <ul style="list-style-type: none"> -Malignant Neoplasm of Pancreas (a cancerous tumor that develops in the pancreas), -Type 2 Diabetes Mellitus (a disease that occurs when the body doesn't use insulin properly, resulting in high blood sugar levels), -Depression(a mental health condition that involves a prolonged low mood or loss of interest in activities), -Anxiety Disorder (a feeling of fear, dread, or uneasiness that can be a reaction to stress), -Conduct Disorder (a group of behavioral and emotional problems characterized by a disregard for others), -Weakness (lacking strength). <p>A record review of the MDS dated [DATE] revealed in section C Cognitive Patterns revealed a BIMS score of 6 meaning the resident is severely cognitively impaired.</p> <p>A record review of the CP dated 10/11/24 revealed that Resident 2 was at risk for falls and staff will conduct routine visual rounding.</p> <p>A record review of the Nursing Assistant Task revealed that Resident 2 was a 1 assist with Activities of Daily Living and transfers.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Resident centered interventions will be put into place on care plans.</p> <p>All falls will be reviewed daily in morning clinical.</p> <p>Fall packet will be put into place.</p> <p>Fall policy and procedure will be gone over with all new nursing hire by DON/ADON.</p> <p>All staff education on fall policy and procedure will be ongoing with all staff meetings.</p> <p>Post fall huddle will be completed by nursing staff immediately following fall.</p> <p>Random gait belt audits will be done on all nursing staff.</p> <p>Plan to monitor performance to ensure solutions are sustained.</p> <p>Monitoring will be on going.</p> <p>The plan of correction will be reviewed by the Quality Assurance and Performance Improvement (QAPI) program committee for the next 3 months.</p> <p>At the time of the survey, the violation was determined to be at the immediate jeopardy level J. Based on observation, interview and record review, completed during the onsite visit, it was determined the facility had implemented corrective action to remove the immediacy of the violation at the time. A final revisit will be conducted to determine if the facility is in substantial compliance with participation requirements.</p> <p>At the time of exit, the severity of the deficiency was lowered to the D level.</p>		