

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  03/03/2025
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 175 NAC 12-006.10</p> <p>Based on observation, interview and record review the facility failed to follow the physician's orders for 1 (Resident 6) of 3 sampled residents. The facility identified a census of 92.</p> <p>Findings are:</p> <p>A record review of the admission record reviewed on 3/3/25 revealed that Resident 6 had been admitted into the facility on [DATE] with a primary diagnosis of severe protein calorie malnutrition.</p> <p>A record review of the significant change Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 1/2/25, revealed Resident 6 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 13/15 indicating the resident had no cognitive impairment.</p> <p>A record review of the Order Summary for Resident 6, reviewed on 3/3/25, revealed the indication for use of the Omeprazole was Gastro-Esophageal Reflux Disease (GERD, a chronic digestive disease where the liquid content of the stomach refluxes into the throat) dated 11/18/23.</p> <p>An observation on 3/3/25 of the medication administration completed by Medication Aide (MA)-D revealed the following medications were administered to Resident 6 at 7:45 AM:</p> <ul style="list-style-type: none"> <li>-Tylenol (an over the counter pain reliever) 650 milligrams (mg) (2 tablets of 325mg) by mouth (po) three times daily (TID),</li> <li>-HZD-2 Estradiol (a hormone supplement) 2 mg po every day,</li> <li>-Hyoscyamine (a medication used for gastrointestinal disorders) 0.375 mg extended release (ER) po every day,</li> <li>-Omeprazole (a medication used for gastrointestinal disorders) 20 mg po every day, give 60 minutes before breakfast,</li> <li>-Probiotic (live bacteria and yeasts that have beneficial effects on your body) 1 tablet po every day,</li> </ul> <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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Spironolactone (a medication used to treat fluid retention) 25 mg po BID with food,</p> <p>-Tab-a-vite with iron (a multivitamin) with morning meal,</p> <p>-Vitamin D3 (a vitamin supplement) 400 mg po every day,</p> <p>-Pregabalin (a medication used to treat nerve pain and control seizures) 50 mg po every day,</p> <p>-Miralax (a stimulant laxative) 17 grams (gm) mix with 4-8 ounces of liquid po every day,</p> <p>-Tums (an antacid) 1 tablet po every morning.</p> <p>An observation on 3/3/25 revealed that the Station 2 breakfast trays had arrived at 7:54 AM.</p> <p>An observation on 3/3/25 at 8:01 AM revealed Resident 6 had been given (gender) breakfast tray and began eating at this time.</p> <p>An interview on 3/3/25 at 8:03 AM with Medication Aide (MA)-D confirmed that Resident 6 had been given (gender) breakfast tray and had begun eating 18 minutes after receiving the Omeprazole which was ordered to be given one hour prior to breakfast. MA-D confirmed that it had not been an hour as ordered since taking the Omeprazole.</p> <p>On 3/3/25 at 11:36 AM, when a copy of the facility medication administration policy was requested, a Medication Administration check list was provided by the Corporate Nurse Consultant (CNC) who voiced that this was what the facility used.</p> <p>A record review of the document titled Medication Administration revealed that under the category titled Med Admin consisted of the step titled Correct dose time.</p> <p>An interview on 3/3/25 at 11:36 AM revealed that the CNC had contacted the facility pharmacist regarding the Omeprazole instructions to give 60 minutes prior to breakfast. The CNC voiced that the pharmacist had stated that 30 minutes prior to breakfast would also be sufficient. When informed that it had been given 18 minutes prior to Resident 6 eating breakfast, the CNC confirmed that 18 minutes was not sufficient.</p>		