

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 04/03/2025
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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09B</p> <p>Based on record review and interview, the facility failed to ensure that 4 Minimum Data Sets (MDS -a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) were coded correctly related to falls for 3 (Residents 1, 3, and 5) out of 5 sampled residents for falls. The facility census was 98.</p> <p>Record review of facility policy and procedures, titled Expanded Assessment Areas last updated 1/2024 revealed:</p> <p>-the facility shall prepare an interdisciplinary comprehensive assessment of the resident required by the Resident Assessment Instrument (RAI) using the Minimum Data Set (MDS) 3.0 and evidence based discipline assessment tools.</p> <p>-the assessment and the MDS information will be used to develop a comprehensive, person-centered careplan.</p> <p>Record review of the RAI manual dated October of 2024 revealed the definition of fall with injury to include abrasions, fractures or any fall related injury that causes the resident to complain of pain.</p> <p>During an interview on 4/3/2025 at 9:07 AM the Director of Nursing (DON) confirmed that the facility uses the RAI manual to ensure the MDS accuracy.</p> <p>Record Review of Resident 1's Annual MDS dated [DATE] revealed that the resident was admitted to the facility on [DATE].</p> <p>A.</p> <p>Record review of Resident 1's progress notes dated 3/23/2025 revealed the resident fell in their room and was sent to the hospital and had a C1 fracture (a break in the first vertebra of the cervical spine, located at the base of the skull).</p> <p>Record review of Resident 1's Discharge MDS dated [DATE] was not marked as fall with injury.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/3/2025 at 11:21 AM the MDS - A nurse coordinator confirmed that Resident 1's fall with injury was not marked correctly on the Discharge MDS dated [DATE] and should have been.</p> <p>B.</p> <p>Record review of Resident 1's fall data collection assessments revealed that the resident had falls on 1/28/2025, 2/9/2025, 2/11/2025 the resident had an abrasion, 2/13/2025 the resident complained of pain, and 2/17/2025.</p> <p>Record review of Resident 1's Annual MDS dated [DATE] revealed was marked with falls with no injury.</p> <p>An interview on 4/3/2025 at 11:22 AM interview with MDS - A nurse coordinator confirmed Resident 1's fall with the abrasion and the fall with complaints of pain were not marked correctly on the MDS dated [DATE] and should have been marked as falls with injury.</p> <p>C.</p> <p>Record review of Resident 3's Annual MDS dated [DATE] revealed that the resident was admitted to the facility on [DATE].</p> <p>Record review of the facility provided Matrix revealed Resident 3 has had a fall with injury.</p> <p>Review of Resident 3's Quarterly MDS dated [DATE] revealed resident has had falls with major injury.</p> <p>Record review of Resident 3's fall data collection assessments revealed no current fall risk assessment completed.</p> <p>Record review of Resident 3's progress notes dated 3/10/25 through 3/28/2025 revealed no falls.</p> <p>Record review of Resident 3's Comprehensive Careplan (CCP- written instructions needed to provide effective and person centered care of the resident that meet professional standards of quality care) dated 3/27/2024 did not reveal any falls.</p> <p>During an interview on 4/3/2025 at 8:55 AM the DON confirmed that the resident's last fall was on 1/29/2022.</p> <p>During an interview on 4/3/2025 at 9:04 AM the MDS - A nurse coordinator confirmed that Resident 3's last MDS dated [DATE] was marked incorrectly and should not have been marked for falls.</p> <p>D.</p> <p>Record review of Resident 5's Quarterly MDS dated [DATE] revealed that the resident was admitted to the facility on [DATE].</p> <p>Record review of facility provided incident report dated 2/18/2025 revealed that Resident 5 had an unwitnessed fall on 2/18/2025.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Record review of Resident 5's MDS dated [DATE] revealed no falls indicated.</p> <p>During an interview on 4/3/2025 at 4:41 PM the MDS - A nurse coordinator confirmed that no falls were marked on the Quarterly MDS dated [DATE] and should have been.</p>		