STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285049	A. Building B. Wing	04/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Emerald Nursing & Rehab Brookside LLC	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)
F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Nebraska Licensure reference: 175 NAC 12-006.19Based on observation and interview, the facility failed to maintain a sanitary, orderly and comfortable interior. All residents who reside at this facility have the potential to be affected by these deficient practices.The facility census was 94. Findings are: Observations of Unit 1 on 04/14/2026 at 12:30 PM revealed: - strong urine odor in the carpeted hallway of Unit 1 -carpet of hallway of Unit 1 had over a dozen stains of various sizes and colors ranging from cream color to black throughout the unit. -wall of the doorway of the shared bathroom between room [ROOM NUMBER] and 15 was flaking with pieces broken away and framing visible beneath. Over a dozen pieces of material from the crumbling wall were on the floor. The remaining wall was rough and uncleanable in this area Observations of Unit 3 on 04/14/2026 at 12:45 PM revealed: -resident refrigerator/freezer contained spills of brown, white and yellow colored substances -mounting of sink in the ice machine room was coming apart with sharp edges exposed An Interview on 4/14/2026 at 12:40 PM with Resident A and Resident B residing in room [ROOM NUMBER] revealed that there was not hot water available to them. Resident 301B stated the water had been cold for 2 months.An Interview of CNA A on 4/14/2026 at 12:50 PM revealed that the water on Unit 3 is very slow to warm up. CNA A further shared that a pipe recently burst and there is no hot water due to that issue. An observation of Ice Machine Room on Unit 3 on 04/14/2026 at 1:00 PM revealed: -brown unidentifiable substance along the inner door of the Ice machine -rubber seal on the underside of the ice maker door was missing -hard white substance noted on the floor behind the ice maker -ice maker unit shows an orange indicator light that states Clean; all other indicator lights on the unit were green. -garbage can overflowing with trash that was touching the icemaker lid An observation of Unit 2 on 04/14/2026 at 1:30 PM revealed stains of various sizes on the hallway carpet. Stains were tan, red, brown and black.Interview with Corporate Consultant (CC) on 04/14/2026 at 3:00 PM revealed that facility management was aware of a broken pipe and that the pipe had since been repaired. CC further stated that no one on the management team had been notified that there was an issue with hot water on Unit 3. CC stated that Facility Maintenance staff would be notified.Further interview of CC on 04/14/26 at 3:20 PM revealed that Facility Maintenance had been notified and Maintenance was currently restoring the hot water to Unit 3.An observation of water temperature in bathroom of room [ROOM NUMBER] was conducted on 04/15/2026 at 8:15 AM. Hot water ran for 2 minutes in sink prior to checking water temperature with digital thermometer. Temperature reached 80.2 degrees FahrenheitAn observation of water temperature in bathroom of room [ROOM NUMBER] was conducted on 04/15/2026 at 8:18 AM. The hot water was turned on and ran for over a minute in sink prior to checking water temperature with digital thermometer. Temperature reached 83.5 degrees Fahrenheit. Observation on 04/15/2026 at 8:25 AM of Ice Machine room on Unit 3 revealed: -full garbage can was touching the ice maker -orange Clean light remained lit on icemaker unit -dried white substance remained behind unit. -resident refrigerator/freezer unit contains spills to both refrigerator and freezer portion of the unit. An interview with CC on 4/15/26 at 10:35 AM confirmed that the hallway carpets in Unit 1 and Unit 2 were stained and dirty.An interview (continued on next page)

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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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	with the Director of Nursing on 04/15/2026 at 10:45 AM in the ice maker room on Unit 3 revealed confirmation by the DON that the resident refrigerator on Unit 3 was not clean. The DON also confirmed that the ice maker and surrounding area were not clean.