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	05/11/2026

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.04(F)(i)(5)Based on record review and interviews, the facility failed to notify the Guardian and or Power of Attorney of 2 (Resident 5 and Resident 8) of 5 sampled residents of leaving the facility against medical advice (AMA) and the facility failed to notify the physician of 5 of 5 sampled residents (Residents 5, 6, 7, 8, and 9) of the resident's leaving the facility AMA with no services. The facility census was 98.Findings are:A record review of facility's Policy: Transfer and Discharge (including AMA) created 11-17 revealed:-A. The resident and family/legal representative should be informed of the risks involved, the benefits of staying at the facility, and the alternative to both. The physician should be notified and encouraged to speak with the resident. -B. Documentation of this notification should be entered in the nurses notes by the nursing department. The Social Services designees should document any discussion with the resident/family in the social services progress notes. -C. Notify Adult Protection Services or other entity, as appropriate if self-neglect is suspected. Document accordingly. A.A record review of the admission Record with the printed date of 5/11/26 revealed Resident 5 was admitted to the facility on [DATE] with the diagnosis of Osteomyelitis, Upper arm (a serious infection of the bone that causes inflammation, swelling, and pain, often leading to bone tissue death (necrosis) if not treated promptly), Osteomyelitis of Vertebra, Sacral, and Sacrococcygeal Region (a serious infection of the bone that causes inflammation, swelling, and pain, often leading to bone tissue death (necrosis) if not treated promptly), Quadriplegia C5-C7 incomplete (results from damage to the lower cervical spine, affecting all four limbs but leaving some sensation or motor function below the injury site), and Hypertension (high blood pressure).A record review of the MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated March 24, 2026 for Resident 5 revealed a BIMS (Brief Interview for Mental Status, 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) with a score of 13 meaning cognitively intact. A record review of the admission Record with a printed date of 5/11/26 revealed that Resident 5 had a court appointed Guardian dated March 16, 2026. A record review of the progress notes dated 4/23/26 revealed that Resident 5 had signed a AMA (against medical advice) form and left the facility at 4:23 PM with their personal belongings.A record review of Resident 5's progress notes dated 4/23/26 revealed no documentation of the Guardian being notified of Resident 5 leaving the facility AMA.An interview with Resident 5's Guardian on 5/11/26 at 9:30 AM confirmed that the facility did not notify them (the Guardian) that Resident 5 left (discharged from) the facility AMA. Guardian confirmed that (gender) had a voice message to call the facility, but the facility did not leave a message as to what it was regarding. Guardian confirmed that they found out about Resident 5 leaving the facility AMA from Resident 5's sister who had called them (the Guardian) the next day on 4/24/26. Guardian confirmed that the hospital had called (gender) regarding Resident 5 being in the emergency room on 5/1/26 for cares of Resident 5's wounds, catheter (a thin, flexible tube inserted into the bladder to drain urine when a patient cannot do so independently), a colostomy bag (a lightweight, waterproof pouch attached to the abdomen to collect waste from the colon through a (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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	surgically created opening called a stoma),and that Resident 5 was discharged back to Resident 5's apartment. An interview on 5/11/26 at 12:30 PM with Social Services (SS) confirmed that they did not document that they left a message with the Guardian regarding Resident 5 until 4/24/25 when (gender) left a message to call the facility. SS confirmed that they did not call the police department that Resident 5 left the facility AMA and that Resident 5 had a legal guardian.An interview on 5/11/26 at 12:30 PM with the Administrator confirmed that the Guardian should have been notified that Resident 5 was leaving the facility AMA and the Guardian was not notified. Administrator confirmed that the facility should have made several attempts to notify the Guardian and the facility did not. The Administrator confirmed that the facility did not notify the police department because (gender) was told by a police officer not to be calling the police department with issues they would not be able to do anything about. The Administrator was unable to provide any documentation regarding the conversation that took place with the police officer. B.A record review of the admission Record with the printed date of May 11, 2026 revealed Resident 8 was admitted to the facility on [DATE] with the diagnosis of Severe Protein-Calorie Malnutrition (a life-threatening condition resulting from acute or chronic deficiencies in protein and energy intake, often and frequently associated with underlying illnesses like cancer or chronic disease), Hepatic failure (liver failure) is a life-threatening condition where the liver rapidly or gradually loses its ability to function, often due to toxins, viruses, or chronic disease), Alcohol Abuse (considered a pattern of drinking that results in harm to one's health, relationships, or ability to work, often characterized by an inability to control consumption despite negative consequences), Chest Pain, Osteoarthritis (degenerative joint pain, stiffness, and reduced mobility as cartilage breaks down over time), falls (an unintentional, sudden descent to the ground or lower level).A record review of the admission Record with the printed date of May 11, 2026 revealed Resident 8 had a Power of Attorney for Healthcare. A record review of the Resident 8's progress notes revealed on 12/26/25 at 1:15 PM that Resident 8 left the facility against medical advice (AMA).A record review of the Resident 8's progress notes revealed there was no documentation of Resident 8's Power of Attorney notification of Resident 8 leaving the facility AMA.An interview on 5/11/26 at 3:00 PM with the Administrator confirmed that there was no documentation of the Power of Attorney for Resident 8 leaving AMA and there should have been documentation of the Power of Attorney being notified of Resident 8 leaving the facility AMA. C.A record review of the admission Record with the printed date of 5/11/26 revealed Resident 5 was admitted to the facility on [DATE] with the diagnosis of Osteomyelitis (a serious infection of the bone that causes inflammation, swelling, and pain, often leading to bone tissue death (necrosis) if not treated promptly)-Upper Arm, Osteomyelitis of Vertebra, Sacral, and Sacrococcygeal Region, Quadriplegia C5-C7 incomplete (results from damage to the lower cervical spine, affecting all four limbs but leaving some sensation or motor function below the injury site), and Hypertension (high blood pressure).A record review of Resident 5's progress notes dated 4/23/26 revealed that Resident 5 had signed a AMA (against medical advice) form and left the facility at 4:23 PM with Resident 5 personal belongings.A record review of Resident 5's progress notes dated 4/23/26 revealed no documentation of the Physician being notified of Resident 5 leaving the facility AMA.An interview with Resident 5's PA-C (Certified Physician's Assistant -a licensed, nationally certified medical professional who diagnoses illnesses, develops treatment plans, and prescribes medication, usually working in collaboration with a physician) on 5/11/26 at 1:30 PM confirmed that (gender) had not been notified of Resident 5 leaving the facility AMA until 4/24/26 when (gender) came to the facility to do rounds on the residents.An interview on 5/11/26 at 3:00 PM with the Administrator confirmed that Resident 5's progress notes had no documentation of the Physician being notified on 4/23/26 of Resident 5 leaving the facility AMA and there should have been notification to the Physician of Resident 5 leaving the facility AMA. D.A record review of the admission Record with the printed date of 5/11/26 revealed Resident 6 was admitted to the facility on [DATE] with the diagnosis of Metabolic Encephalopathy (brain dysfunction caused by non-traumatic, systemic issues like organ failure, infection, or chemical imbalances), Atrial (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Fibrillation (characterized by a rapid, chaotic, and irregular heartbeat), Emphysema (a chronic, progressive lung disease and a major form of Chronic Obstructive Pulmonary Disease (COPD)), Alcohol Dependence (chronic disease characterized by a physical and psychological need for alcohol), Ischemic Cardiomyopathy (a type of heart muscle disease where the heart's main pumping chamber (left ventricle) becomes weakened and enlarged due to reduced blood supply, typically from coronary artery disease or a heart attack), Aortocoronary Bypass Graft (a procedure used to treat severe coronary artery disease by creating a new path for blood to flow around a blocked artery).A record review of Resident 6's progress notes dated 1/18/26 at 12:55 PM revealed Resident 6 had been overheard on the phone stating Resident 6 was leaving for church and that Resident 6 wasn't coming back. Resident 6 notified the Medication Aid (staff member) that they were leaving for church and would be back around 1:30 PM and Resident 6 signed out of the facility. A record review of Resident 6's progress notes dated 1/18/26 at 2:36 PM revealed Medication Aide stated to nurse coming on shift that Resident 6 was at church and would be back by 1:30 PM.A record review of Resident 6's progress notes revealed there is no documentation that Resident 6 did or did not return to the facility. A record review of the progress notes revealed there is no further documentation of Resident 6 not returning to the facility and no documentation of the Physician being notified that the Resident left the facility AMA.An interview on 5/11/26 at 3:00 PM with the Administrator confirmed that Resident 6 progress notes had no documentation of the Physician being notified on 1/18/26 or 1/19/26 of Resident 6 leaving the facility AMA and there should have been notification to the Physician of Resident 6 leaving the facility AMA. E.A record review of the admission Record with the printed date of 5/11/26 revealed Resident 7 was admitted to the facility on [DATE] with the diagnosis of Type 2 diabetes (when the body becomes resistant to insulin or fails to produce enough, causing high blood sugar (glucose) levels), Dementia (or a decline in cognitive function-including memory, language, and problem-solving-severe enough to impair daily life), and Hypertension (high blood pressure). A record review of the progress note dated 2/10/26 revealed Resident 7's family was transferring Resident 7 to another facility, and due to same day discharge, Social Services was unable to get discharge orders, so the family signed AMA paperwork.A record review of the progress notes revealed that there is no documentation of the Physician being notified of Resident 7's AMA status.An interview on 5/11/26 at 3:00 PM with the Administrator confirmed that Resident 7's progress notes had no documentation of the Physician being notified on 2/10/26 or 2/11/26 of Resident 7 leaving the facility AMA and there should have been notification to the Physician of Resident 7 leaving the facility AMA. F.A record review of the admission Record with the printed date of May 11, 2026 revealed Resident 8 was admitted to the facility on [DATE] with the diagnosis of Severe Protein-Calorie Malnutrition (a life-threatening condition resulting from acute or chronic deficiencies in protein and energy intake, often and frequently associated with underlying illnesses like cancer or chronic disease), Hepatic failure (liver failure- is a life-threatening condition where the liver rapidly or gradually loses its ability to function, often due to toxins, viruses, or chronic disease), Alcohol Abuse (considered a pattern of drinking that results in harm to one's health, relationships, or ability to work, often characterized by an inability to control consumption despite negative consequences), Chest Pain (can indicate serious conditions like a heart attack, pulmonary embolism, or aortic dissection), Osteoarthritis (degenerative joint pain, stiffness, and reduced mobility as cartilage breaks down over time), falls (an unintentional, sudden descent to the ground or lower level).A record review of the progress notes revealed on 12/26/25 at 1:15 PM Resident 8 left the facility against medical advice (AMA).A record review of Resident 8's progress notes revealed there is no documentation of Resident 8's Physician being notified of Resident 8 leaving the facility AMA.An interview on 5/11/26 at 3:00 PM with the Administrator confirmed that there was no documentation of the Physician for Resident 8 leaving AMA and there should have been documentation of the Physician being notified of Resident 8 leaving the facility AMA. G.A record review of the admission Record with the printed dated of May 11, 2026 revealed Resident 9 was admitted to the facility on [DATE] with the diagnosis of Acute Respiratory (continued on next page)

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Failure (a life-threatening, sudden inability of the lungs to oxygenate blood or remove carbon dioxide, often causing severe shortness of breath, confusion, and dizziness), Type 2 Diabetes with polyneuropathy (a common, chronic complication where high blood sugar damages peripheral nerves, affecting up to 50% of diabetics), Chronic Kidney Disease Stage 2 (mild kidney damage with a slightly decreased), Substance abuse (The use of illegal drugs or the use of prescription or over-the-counter drugs or alcohol for purposes other than those for which they are meant to be used, or in excessive amounts), Methicillin Susceptible Staphylococcus Aureus Infection (MRSA-caused by a type of staph bacteria that's become resistant to many of the antibiotics).A record review of the progress notes dated 1/3/26 at 10:38 PM revealed that Resident 9 left the facility to spend the night with brother.A record review of the progress notes revealed that there is no documentation that Resident 9 did or did not return to the facility.A record review of the progress notes revealed that there is no documentation that Resident 9 Physician was notified of Resident 9 not returning to the facility.An interview on 5/11/26 at 3:00 PM with the Administrator confirmed that there was no documentation of the Physician for Resident 9 not returning to the facility and there should have been documentation of the Physician being notified of Resident 9 not returning to the facility.