

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  08/22/2024
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50683</p> <p>Licensure Reference Number 175 NAC 12-006.10 A(i)</p> <p>Based on record review, observation and interview, the facility failed to evaluate 1 (Resident 6) of 5 sampled residents' ability to self-medicate and ensure security of medications. The facility had a total census of 112 residents.</p> <p>Findings are:</p> <p>According to Resident 6's Admission Record, Resident 6 admitted to the facility on [DATE] with a diagnosis of Chronic Obstructive Pulmonary Disease, Unspecified (a common lung disease causing restricted airflow and breathing problem) and Unspecified Intellectual disabilities (a term used when a person has certain limitations in cognitive functioning, conceptual, social and practical skills).</p> <p>Record review of a quarterly MDS (Minimum Data Set, a federally mandated assessment utilized to determine a resident's functional capabilities and care) dated May 28, 2024, revealed that Resident 6 had a BIMS (Brief Interview for Mental Status, an interview used to determine cognition) of 15, which indicated the resident is cognitively intact.</p> <p>Record review of Resident 6's Care Plan printed on 08/22/2024 revealed no evidence of a focus issue, goal or interventions regarding self-administration of medications.</p> <p>Record review of Physician Orders for Resident 6 revealed on order for: Atrovent HFA 17MCG/ACT (200) (dosage of medication), an inhaled medication used to assist with ease of breathing. Inhale 2 puffs by mouth three times daily, for COPD, and Symbicort AER *160-4.5 (dosage of medication), Inhale 2 puffs by mouth twice daily-rinse mouth after use for COPD.</p> <p>Record review of Resident 6's assessments revealed a Self-Administration of Medication Assessment completed on 03/02/2021, revealed that the resident did not wish to self-administer medications.</p> <p>A review of Resident 6's assessments from 03/03/2021 through 08/22/2024 did not reveal evidence of an evaluation of Resident 6's ability to self-medicate.</p> <p>An observation on 08/20/2024 1:26 PM revealed an Atrovent Inhaler laying on Resident 6's bed.</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
---	-------	-----------

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  08/22/2024
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview with Resident 6 on 08/20/2024 at 1:26 PM revealed that they are taking 1 puff of the Atrovent at a time and waiting 15 minutes before administering the second puff.</p> <p>An observation on 08/20/2024 at 1:27 PM revealed Resident 6 self-administering 1 puff of Atrovent Inhaler with no facility staff present.</p> <p>An observation on 08/21/2024 at 10:27 AM revealed an Atrovent and Symbicort inhaler on Resident 6's bed.</p> <p>An interview with Resident 6 on 08/21/2024 at 10:27 AM revealed that Resident 6, after looking at their wall clock, intended to start self-administering their inhalers in five minutes.</p> <p>An interview with Director of Nursing on 08/21/2024 at 3:45 PM confirmed that the facility had not completed an evaluation on Resident 6's ability to safely self-administer medications and there was no physician's order for Resident 6 to self-administer medications.</p>		

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  08/22/2024
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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p>50683</p> <p>Licensure Reference Number 175 NAC 12-006.05Q</p> <p>Based on record review and interviews, the facility failed to ensure that residents could access their personal resident fund money on weekends, holidays, or during evening/overnight hours. This affected 65 of 65 residents with a personal fund account. The facility census was 112.</p> <p>An interview on 08/20/2024 at 8:22 AM with Resident 9 revealed Resident 9 had concerns that they were only able to access their money in their personal fund account during business hours when the business office is open, or sometimes when certain front receptionists are working but was unable to get any monies in the evening or on the weekends.</p> <p>An interview with the Business Office Manager (BOM) on 08/21/2024 at 8:17 AM confirmed that residents who have money in a personal fund account at the facility can only access their money Monday through Friday, 8:00 AM to 5:00 PM at the front desk or the Business Office. BOM confirmed that there are 65 residents who have a personal fund account at the facility.</p> <p>A record review of the policy titled Facility Responsibilities, Policy No: ROP-83, Created 1-2024 revealed no evidence that the facility should have access to petty cash on an ongoing basis to honor resident requests to access their money in their personal funds account.</p>		

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  08/22/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49380</p> <p>State Statue Number 71-6022(1)</p> <p>Based on record review and interview, the facility failed to provide a written notice of the reason for transfer for 3 (Residents 42, 61 and 84) of 3 residents sampled for hospitalization s. The facility identified a census of 112.</p> <p>Findings are:</p> <p>A record review of the facility policy Bed Hold and Return to Facility, revised 1-2024 revealed the following:</p> <p>It is the policy of this facility that residents who are transferred to the hospital or go on a therapeutic leave are provided with written information about the State's bed hold duration and payment amount before the transfer. Residents and their representative will be provided with bed hold and return information at admission and before a hospital transfer or therapeutic leave. Nursing and social work staff are educated about the resident's bed hold and return rights to ensure that required information is provided at the time the resident leaves the facility.</p> <p>A.</p> <p>A record review of Resident 42's medical record revealed Resident 42 had been discharged to the hospital on 11/20/2023 and 4/11/2024. Further review of Resident 42's medical record revealed that there was no evidence located to indicate the facility had provided a written notice of transfer for Resident 42 or Resident 42's representatives for the dates of 11/20/2023 and 4/11/2024.</p> <p>An interview was conducted on 8/21/24 at 12:04 PM with the Director of Nursing (DON) revealed they were not able to locate information or documentation indicating the written notice of transfer had been provided to Resident 42 or Residents 42's representatives when Resident 42 was discharged to the hospital on 11/20/2023 and 4/11/2024. The DON further revealed [gender] was not able to locate a copy of the written notice of transfer or documentation the written notice of transfer had not been completed and delivered to Resident 42 or Resident 42's representatives.</p> <p>An interview was conducted on 8/21/24 at 12:04 PM with the Cooperate Nurse Consultant (CNC) revealed they were unable to locate the written notice of transfer for Resident 42 for dates 11/20/2023 and 4/11/2024. The CNC confirmed the written notice of transfer had not been given to Resident 42 or Resident 42's representative on the hospital discharge date s of 11/20/2023 and 4/11/2024. CNC stated the written notice of transfer should have been distributed to Resident 42 or Resident 42's representative upon transfer to the hospital.</p> <p>45484</p> <p>B.</p> <p>(continued on next page)</p>		

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  08/22/2024
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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 61's Admission Record printed 08/22/2024 revealed the resident was admitted on [DATE] and had a diagnosis of hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) on the right side following a brain bleed.</p> <p>A review of Resident 61's Clinical Census printed 08/22/2024 revealed the resident was on hospital leave from 05/07/2024 to 05/15/2024.</p> <p>A review of Resident 61's Electronic Health Record (EHR) revealed no documentation that a written notice of transfer was provided to Resident 61 or their representative when the resident was transferred to the hospital.</p> <p>An interview on 08/21/2024 at 4:38 PM with the Corporate Nurse Consultant (CNC) confirmed the facility did not provide a written notice of transfer to the resident or resident representative upon hospitalization .</p> <p>42861</p> <p>C.</p> <p>A record review of the document titled Admission Record revealed Resident 84 had been accepted into the facility on [DATE] with a primary diagnosis of chronic respiratory failure with hypoxia (a condition where you don't have enough oxygen in the tissues in your body).</p> <p>A record review of the MDS (Minimum Data Set, a comprehensive assessment of each resident's physical and mental functional capabilities) dated 6/11/24 revealed Resident 84 had a BIMS (Brief Interview for Mental Status, a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function, while scores of 00 or 99 indicate total confusion) score of 15.</p> <p>A record review of the Progress Notes for Resident 84 dated 8/20/24 revealed Resident 84 went to the hospital. Further review of the progress notes did not reveal documentation that a written notice of transfer was provided to the resident or the resident's representative.</p> <p>An interview on 08/21/24 at 4:38 PM with the CNC (Corporate Nurse Consultant) confirmed that the facility did not complete a written notice of transfer related to Resident 84's hospitalization on [DATE] due to respiratory distress.</p>		

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  08/22/2024
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49380</p> <p>Based on record review and interviews, the facility failed to provide a written notice of bed hold policy to residents or their representatives within 24 hours of them being transferred to the hospital for 3 (Residents 42's, 61 and 84) of 3 residents sampled for hospitalization s. The facility identified a census of 112.</p> <p>Findings are:</p> <p>A record review of the facility policy Bed Hold and Return to Facility revised 1-2024 revealed the following:</p> <p>It is the policy of this facility that residents who are transferred to the hospital or go on a therapeutic leave are provided with written information about the State's bed hold duration and payment amount before the transfer. Residents and their representative will be provided with bed hold and return information at admission and before a hospital transfer or therapeutic leave. Nursing and social work staff are educated about the resident's bed hold and return rights to ensure that required information is provided at the time the resident leaves the facility.</p> <p>A.</p> <p>A record review of Resident 42's, medical record revealed resident 42 had been discharged to the hospital on 11/20/2023 and 4/11/2024. Further review of Resident 42's medical record revealed that there was no evidence located to indicate the facility had provide a Bed hold notice to Resident 42 or Resident 42's representatives.</p> <p>An interview was conducted on 8/21/24 at 12:04 PM with the Director of Nursing (DON) revealed they were not able to locate information or documentation indicating the Bed Hold policy had been provided to Resident 42 or Residents 42's representatives when Resident 42 was discharged to the hospital on 11/20/2023 and 4/11/2024. The DON further revealed that the Bed Hold policies are to be provided to the resident's or the residents representatives as per the facility Bed Hold policy states: upon admission and before a hospital transfer or therapeutic leave.</p> <p>An interview was conducted on 8/21/24 at 12:04 PM with the Cooperate Nurse Consultant (CNC) revealed they were unable to locate the Bed hold policy for Resident 42 for dates 11/20/2023 and 4/11/2024. The CNC confirmed the Bed Hold policy had not been given to Resident 42 or Resident 42's representative on the hospital discharge date s of 11/20/2023 and 4/11/2024. CNC stated the Bed Hold policy should have been distributed to Resident 42 or Resident 42's representative before the hospital transfer.</p> <p>45484</p> <p>B.</p> <p>(continued on next page)</p>		

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  08/22/2024
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 0625</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Resident 61's Admission Record printed 08/22/2024 revealed the resident was admitted on [DATE] and had a diagnosis of hemiplegia (paralysis on one side of the body) and hemiparesis (weakness on one side of the body) on the right side following a brain bleed.</p> <p>A review of Resident 61's Clinical Census printed 08/22/2024 revealed the resident was on hospital leave from 05/07/2024 to 05/15/2024.</p> <p>A review of Resident 61's Electronic Health Record (EHR) revealed no documentation that a notice of bed hold policy was provided to Resident 61 or their representative when the resident was transferred to the hospital.</p> <p>An interview on 08/21/2024 at 4:38 PM with the Corporate Nurse Consultant (CNC) confirmed the facility did not provide a notice of bed hold policy to the resident or resident representative upon hospitalization .</p> <p>42861</p> <p>C.</p> <p>A record review of the document titled Admission Record revealed Resident 84 had been accepted into the facility on [DATE] with a primary diagnosis of chronic respiratory failure with hypoxia (a condition where you don't have enough oxygen in the tissues in your body).</p> <p>A record review of the MDS (Minimum Data Set, a comprehensive assessment of each resident's physical and mental functional capabilities) dated 6/11/24 revealed Resident 84 had a BIMS (Brief Interview for Mental Status, a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function, while scores of 00 or 99 indicate total confusion) score of 15.</p> <p>A record review of the Progress Notes for Resident 84 dated 8/20/24 revealed Resident 84 went to the hospital. Further review of the progress notes did not reveal documentation of a bed hold was provided to the resident or resident representative.</p> <p>An interview on 08/21/24 at 4:38 PM with the CNC (Corporate Nurse Consultant) confirmed that the facility did not complete a signed bed hold policy related to Resident 84's hospitalization on [DATE] due to respiratory distress.</p>		

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  08/22/2024
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 - Minimal harm or potential for actual harm</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42861</p> <p>Licensure Reference Number 175 NAC 12-006.09(I)</p> <p>Based on record review and interview, the facility failed to monitor head injuries identified for 1 (Resident 165) of 1 sampled resident. The facility identified a census of 112.</p> <p>Findings are:</p> <p>A record review of the facility policy titled Accidents/Neuro Checks, dated 11/22; 1-2024 read as follows;</p> <p>The purpose of this procedure is to provide guidelines for a neurological assessment: Neurological assessments are indicated: following a fall or other accident/injury involving head trauma; or when indicated by resident's condition.</p> <p>A record review of the document titled Admission Record dated 9/11/23 revealed Resident 165 had been accepted into the facility on [DATE] with a primary diagnosis of Dementia (a loss of cognitive functioning that affects a person's ability to think, remember, learn, and make decisions).</p> <p>A record review of the MDS (Minimum Data Set, a comprehensive assessment of each resident's physical and mental functional capabilities) dated 3/16/24 revealed Resident 165 had a BIMS (Brief Interview for Mental Status, a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function, while scores of 00 or 99 indicate total confusion) score of 01 which indicated the resident had severe cognitive impairment.</p> <p>A record review of the Progress Notes dated 4/19/24 for Resident 165 revealed the following entry; 4/18/2024 5:09 PM Resident has yellow/green bruise noted to forehead on L side measuring 2.2 cm (centimeters) x 2.0 cm. Area slightly elevated. This writer talked with NA (Nurse Aide) as NA was the one who pointed out area to forehead. NA states a housekeeper opened the door, not realizing resident was behind the door, and hit the resident in the head with the door. PERRLA (pupils equal, round, and reactive to light). DON (Director of Nursing) and daughter are aware of the situation.</p> <p>A record review of the Progress Notes for Resident 165 revealed no follow up documentation related to the forehead bruise on 4/19/24 and on 4/20/24 the notes read as follows; See Skin/Wound New Observation for additional details.</p> <p>A record review of the form titled Skin/Wound New Observation V1 dated 4/20/24 read as follows; Does resident have a new skin issue? With an answer of no.</p> <p>Further record review of Resident 165's medical chart revealed no further documentation of neuro checks for resident's incident on 4/19/24.</p> <p>(continued on next page)</p>		

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  08/22/2024
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 - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An interview on 08/20/24 at 09:30 AM with the facility Corporate Nurse Consultant (CNC) confirmed that no neurological assessments (crani checks) existed for Resident 165 surrounding the bruise to forehead resulting from being hit in the head with the doorknob. The CNC confirmed that neuro assessment (crani checks) should have been completed due to the head injury.</p>		

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  08/22/2024
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 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>47312</p> <p>Licensure Reference Number 175 NAC 12-006.04(B)(ii)</p> <p>Based on interview and record review; the facility failed to provide the required 12 hours of ongoing training for 5 (Medication Aide (MA)-B, MA-E, NA-G, NA-H, and MA-J) of 5 sampled direct care staff. This had the potential to affect all the residents residing in the facility. The facility census was 112.</p> <p>Findings are:</p> <p>Record review of 5 direct care staff files who have been employed a year or more revealed all 5 direct care staff had not completed the required 12 hours of ongoing training.</p> <p>An interview on 8/21/24 at 2:10 PM the Human Resources Director revealed that the 12 hour ongoing training had not been being completed for any direct care staff, confirmed that the 12 hours of ongoing training had not been completed on the 5 sampled direct care staff and should have been.</p>		

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  08/22/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>49380</p> <p>Licensure Reference Number 175 NAC12-006.10(D)</p> <p>Based on observations, record review and interviews, The facility failed to ensure proper storage and labeling of medications on 3 stations (stations 1, 2, and 4) out of 5 nursing stations in the building, and the facility failed to properly store medications for Resident 42. The facility identified at census of 112.</p> <p>Findings are:</p> <p>A.</p> <p>An observation on 08/21/2024 at 10:54 AM with Medication Aid-B (MA-B), this station [station 1] medication storage room contains a small sized refrigerator. The door of this refrigerator had a sheet of paper taped to the outside of it. Furhter observation revealed it was a blank form dated 11/16/23 to record refrigerator temperatures.</p> <p>An interview on 08/21/2024 at 10:54 A.M. with MA-B reveals this sheet of paper was to record the temperatures of the refrigerator. This form contains a written date recorded as 11/16/2023. The form has no recorded temperatures out of 31 possible entries on it. MA-B stated they were unsure of who was responsible for recording the daily temperatures of the refrigerator. MA-B stated it should be done daily. MA-B was not able to locate a thermometer inside of the refrigerator.</p> <p>An observation on 08/21/2024 at 11:14 AM with MA-O, Station 2 medication storage room contains a small sized refrigerator. The door of this refrigerator had a sheet of paper taped to the outside of it. MA-O reveals this sheet of paper is to record the temperatures of the refrigerator. This form contains a written date recorded as 11-16-2023. The form has no recorded temps out of 31 possible entries on it.</p> <p>An interview on 08/21/2024 at 11:14 AM, MA-O stated they thought night shift was responsible for recording the daily temperatures of the refrigerator. MA-O confirms there is not the thermometer located inside the refrigerator and only one entry dated 11/25/2023 recorded on the temperature sheet.</p> <p>An observation on 08/21/2024 at 12:12 P.M. with MA-K, Station 4 medication storage room contains a small sized refrigerator. The door of this refrigerator had a sheet of paper taped to the outside of it. MA-K confirmed the filled in date on this refrigerator temp sheet is 11/16/2023 and had one entry out of 31 possible entries.</p> <p>An Interview on 08/21/2024 at 12:12 P.M. MA-K stated they were not sure, but believed the Assistant Director of Nursing (ADON) or maybe the unit managers were responsible for the temperatures logs in the medication room on the refrigerators. MA-K confirmed the refrigerator temperature sheet was missing 30 out of 31 entries.</p> <p>(continued on next page)</p>		

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  08/22/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>An interview on 08/21/2024 at 3:10 P.M. with the Corporate Nurse Consultant (CNC) and the Director of nursing (DON). The CNC confirmed the temperature sheet for refrigerators on nursing stations 1, 2, and 4 were not filled out or regulated for proper temperatures. The CNC stated they do not have a specific policy for the monitoring of the medication room refrigerators.</p> <p>B.</p> <p>An observation on 08/21/2024 12:39 PM inside of the station 4 medication cart with MA-K and Licensed Practice Nurse-M (LPN-M), one open medication bottle of iron. This medication bottle did not have a date of opening on the bottle. This cart also contained an opened undated stock pump bottle of Cetaphil.</p> <p>An interview on 08/21/2024 at 12:39 PM MA-K confirmed the both the iron bottle, and the pump bottle of Cetaphil were without an open date, [gender] stated I did not open those bottles, but I do know it should have been marked with the date it was opened.</p> <p>An interview on 08/21/2024 at 12:42 PM with LPN-M confirms the iron and Cetaphil bottles were missing the open date and stock medication [all medications] that are not in a bubble pack should have an open date marked on to the outside of the bottle to indicate the date the item was opened.</p> <p>An interview on 08/21/2024 at 3:10 PM with the DON with CNC present revealed the medication bottles should have been marked with an open date. The DON was not able to locate a specific policy for the storage of stock medications.</p> <p>C.</p> <p>A review of a facility policy titled Resident self-administration of medications, dated 11-2017 revealed:</p> <p>Each resident who desires to self-administer medication may be permitted to do so if the facility's interdisciplinary team has determined that the practice would be safe for the resident and other residents of the facility. Self-administration should be written into the care plan once safety has been established.</p> <p>Policy Explanation and Compliance Guidelines: Bedside medication storage is permitted only when it does not present a risk to confused residents who wander into the other resident's rooms or to confused roommates of the resident who self-administered medication. The following conditions are met for bedside storage to occur:</p> <ul style="list-style-type: none"> <li>-The manner of storage prevents access by other residents. Lockable drawers or cabinets are required only if locked storage is ineffective.</li> <li>-The medications provided to the resident for bedside storage are kept in the containers dispensed by the provider pharmacy.</li> </ul> <p>(continued on next page)</p>		

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  08/22/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-All nurses and aides are required to report to the charge nurse on duty any medication found at the bedside not authorized for bedside storage. Unauthorized medications are given to the charge nurse for return to the family or responsible part. Families or responsible parties are reminded of policy and procedure regarding resident self-administration when necessary.</p> <p>A record review of a document labeled Face Sheet dated 10/26/2022 revealed Resident 42's re-entry to the facility date was on 09/01/2023.</p> <p>A record review of a document labeled Minimum Data Set (MDS, a standardized assessment tool used in nursing homes and skilled nursing facilities) indicated resident 42 has a Brief interview for Mental Status (BIMS, is a cognitive screening tool used to assess a person's short-term word recall and orientation in time.) score of 8 (Scores of 8-12 indicate the resident's cognition is moderately impaired.)</p> <p>An observation on 08/20/2024 at 2:30 P.M. to 08/21/2024 at 2:15 P.M. found on the table inside of Resident 42's room was an opened, undated bottle of ear drops.</p> <p>An interview on 08/21/2024 at 2:20 P.M. with MA-B, they stated Resident 42 did not have a self-administration order, [gender] was unsure why the bottle of ear drops were in his room. MA-B confirmed the bottle should not be in Resident 42's room unattended, they should be stored in the locked medication cart unless needed.</p> <p>An interview on 08/21/2024 at 3:02 P.M. with the CNC and the DON, a copy of Resident 42's self-administration order was requested. The DON revealed Resident 42 does not have a self-administration order for any of [gender] medications. The DON and CNC confirmed Resident 42 should not have unattended medications in Resident 42's room.</p>		

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  08/22/2024
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>42861</p> <p>Licensure Reference Number 175 NAC 12-006.11</p> <p>Based on observation, record review and interview, that facility failed to follow menus when preparing resident meals. This had the potential to affect 110 residents who received food from the kitchen. The facility identified a census of 112.</p> <p>Findings are:</p> <p>A record review of the facility policy titled Food Preparation Guidelines, dated 11/17, contained the following guidelines: The cook, or designee, should prepare menu items following the facility's written menus and standardized recipes. Food should be protected from contamination while being stored, prepared, and transported.</p> <p>An observation on 08/21/24 at 9:37 AM of meal preparation being completed by Cook-A revealed a recipe was out for meatloaf preparation.</p> <p>The observation on 08/21/24 at 9:37 AM of the meatloaf preparation being completed by Cook-A revealed (gender) had washed (gender) hands and donned gloves, then retrieved 6 of the 5lb (pound) packages of ground beef. Cook-A to cut open 2 tubes of ground beef packaging with the knife and dumped the ground beef into a large mixing bowl. Cook-A then grabbed the peppers and onions and scooped out an unknown amount into the ground beef bowl and mixed them together. Cook-A then grabbed the bag of breadcrumbs and poured an unknown amount into the ground beef mixture. Cook-A then placed the ground beef mixture into a metal pan and prepared to make a second pan in the same manner. When Cook-A was asked how much of the breadcrumbs had been poured into the mixture, Cook-A stated, I've only been here two months, I was not trained for this.</p> <p>A record review of the undated recipe for Meatloaf, titled Corporate Recipe Number 7093, revealed the following:</p> <p>Portion size: 4 oz (ounce), Servings: 113 and ingredients/amounts listed as:</p> <p>Beef, ground, lean 80/20, 27 1/8 pound</p> <p>Egg, liquid, whole, pasturized 1 3/8 quart</p> <p>Onion, yellow, fresh 1 1/8 cup</p> <p>Milk, 2%, reduced fat, gallon 2 1/4 quart</p> <p>Crumb, bread, plain, bulk 1 1/8 quart</p> <p>Sugar, brown, light, granulated, bulk 1 2/3 quart</p> <p>(continued on next page)</p>

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  08/22/2024
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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Mustard, yellow, bulk 1 2/3 quart</p> <p>Ketchup, tomato, canned 3/4 #10 can</p> <p>Procedure:</p> <p>2. in a large bowl, combine beef, egg, onion, milk &amp; bread. Place in a lightly greased 9 x 13 baking dish or 5 x 9 loaf pan.</p> <p>An interview on 08/21/24 at 9:37 AM with the facility ADM confirmed that Cook-A should have followed the recipe.</p>		

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  08/22/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50683</p> <p>Licensure Reference Number 175 NAC 12-007.03(N),</p> <p>Licensure Reference Number 12-006.18,</p> <p>Licensure Reference Number 12-006.18(B),</p> <p>Licensure Reference Number 12-006.18(D)</p> <p>Based on observations, interviews, and record reviews, the facility failed to ensure a functioning handwashing sink was available in the laundry, failed to maintain enhanced barrier precautions during peri cares (the practice of washing the genital and anal areas of the body) and a transfer for Resident 56, failed to ensure hand hygiene was performed during peri cares in a manner to prevent cross contamination for Resident 56, and failed to ensure oxygen tubing was stored in a manner to prevent cross contamination for 3 (Resident 15, 72, 76) of 5 residents with oxygen. The facility census was 112.</p> <p>The findings are:</p> <p>A.</p> <p>An observation on 08/21/2024 at 9:12 AM revealed no working hand sink or eye wash station in the laundry.</p> <p>An interview with Environmental Manager on 08/21/2024 at 9:12 AM confirmed that the hand washing station in the laundry area has been broken, with no running water, since December 2023.</p> <p>An interview with Regional Administrator Consultant on 08/21/2024 at 9:45 AM confirmed no working hand washing station in the laundry area and that there should be one that works.</p> <p>45484</p> <p>B.</p> <p>A review of the facility policy MDRO PPE-Enhanced Barrier Precautions, last revised 1/2024 revealed the following:</p> <p>Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities.</p> <p>EBP may be indicated (when Contact Precautions do not otherwise apply) for residents with any of the following:</p> <p>(continued on next page)</p>

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  08/22/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Wounds or indwelling medical devices, regardless of MDRO (multidrug-resistant organisms) colonization status.</p> <p>For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities:</p> <ul style="list-style-type: none"> <li>-Dressing</li> <li>-Bathing/showering</li> <li>-Transferring</li> <li>-Providing hygiene</li> <li>-Changing linens</li> <li>-Changing briefs or assisting with toileting</li> <li>-Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator</li> <li>-Wound care: any skin opening requiring a dressing.</li> </ul> <p>A review of Resident 56's Admission Record printed 08/22/2024 revealed the resident was admitted [DATE] and had diagnoses of prostate cancer, a narrowed urethra (tube that carries the urine from the bladder to the outside of the body) and kidney failure.</p> <p>A review of Resident 56's Order Summary printed 08/22/2024 revealed an order dated 08/21/2023 that gave care orders for a supra pubic catheter (a tube that drains the bladder through the lower abdomen).</p> <p>An observation on 08/19/2024 at 9:42 AM revealed a plastic cart in the resident's room with gloves and gowns in it and a CDC.gov EBP sign on the door.</p> <p>A review of the undated CDC.gov EBP sign on Resident 56's door revealed:</p> <p>Enhanced Barrier Precautions Everyone must:</p> <ul style="list-style-type: none"> <li>-Clean their hands, including before entering and when leaving the room.</li> <li>-Providers and staff must also: Wear gloves and a gown for the following High-Contact Resident Care Activities such as dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting</li> <li>-Device care or use:</li> </ul> <p>central line, urinary catheter, feeding tube, tracheostomy</p> <p>Wound Care: any skin opening requiring a dressing.</p> <p>(continued on next page)</p>		

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  08/22/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An observation on 08/22/2024 at 10:20 AM of Nurse Aide (NA) H and Medication Aide (MA) K performing a transfer with Resident 56 revealed that NA H and MA K put on gloves but no gowns to assist the resident to transfer. NA H put a gait belt on the resident, and MA K moved the wheelchair parallel to the bed. NA H and MA K then held on to the gait belt while Resident 56 stood up and turned to sit on the bed. Resident 56 was close enough to touch NA H's and MA K's clothing during the transfer. MA K then left the room, and NA H performed peri-cares for Resident 56 without putting on a gown. While changing Resident 56's incontinence brief, NA H rolled the resident over into NA H's clothing. Continued observation on 08/22/2024 at 10:47 AM revealed MA K returned to the room to assist with transferring Resident 56 into the wheelchair. MA K put on gloves, but no gown, and NA H and MA K held onto the gait belt while Resident 56 stood up and turned to sit in the wheelchair. Resident 56 was close enough to touch NA H's and MA K's clothing during the transfer.</p> <p>An interview on 08/22/2024 at 10:54 AM with MA K revealed the MA thought EBP was washing hands and using gloves to prevent infections. Stated that it was important with Resident 56, because the resident gets urinary tract infections. MA K stated they had read the sign on the resident's door, and was aware it listed transfers as a time to wear a gown. MA K confirmed they should have worn a gown for the transfer, but had not done so.</p> <p>An interview on 08/22/2024 11:02 AM with NA H revealed that the NA was unfamiliar with EBP, and had not read the sign on the resident's door. NA H confirmed that they were supposed to wear a gown when transferring and performing catheter cares on Resident 56 and had not done so.</p> <p>C.</p> <p>A review of the facility policy Infection Control Standard Precautions-Handwashing last revised 1/2024 revealed the following:</p> <p>Washing Hands</p> <ol style="list-style-type: none"> <li>1. Wet hands first with water, then apply an amount of product recommended by the manufacturer to hands.</li> <li>2. Rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers.</li> <li>3. Rinse hands with water and dry thoroughly with a disposable towel.</li> <li>4. Use towel to turn off faucet.</li> <li>5. Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis.</li> </ol> <p>A review of the facility's undated Skills Check Perineal Care Male revealed the following:</p> <p>Clean scrotum and pat dry. Clean inner thighs and pat dry. Cover resident with top linen for privacy.</p> <p>Remove gloves, wash hands and apply clean gloves. Apply barrier cream.</p> <p>(continued on next page)</p>		

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  08/22/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Turn on side, clean perineal and rectal areas and buttocks on both sides. Pat dry. Cover resident with top linen for privacy.</p> <p>Remove gloves, wash hands, and apply clean gloves. Apply barrier cream. Apply clean brief or preferred underclothes. Change linens if necessary.</p> <p>Cover resident with top linen for privacy. Remove gloves and wash hands.</p> <p>An observation on 08/22/2024 from 10:20 AM to 10:38 AM revealed NA H and MA K entered the room to transfer the resident to bed. NA H used alcohol-based hand rub (ABHR) to sanitize their hands, then put gloves but no gown on. MA K washed their hands with soap and water for 12 seconds, and put on gloves but no gown. After transferring the resident to the bed, MA K removed their gloves, washed their hands with soap and water for 12 seconds, then left the room. NA H removed their gloves, washed their hands for 10 seconds with soap and water, then put their hands back under the running water. After drying their hands, the NA put new gloves but no gown on. NA H adjusted Resident 56's clothing, and used wipes to wash the resident's groin, penis, and scrotum. Without changing gloves, NA H got more wipes out of the package and wiped down the catheter tubing away from the insertion site. Wearing the same gloves, NA H started to roll Resident 56 to their left side, then rolled them to their right side. NA H got wipes out of the package and wiped Resident 56's peri anal area, getting feces on the wipe. With the same soiled gloves, NA H reached back into the package for more wipes, wiped the back of the resident's scrotum, got more wipes, and wiped the resident's buttocks. NA H then removed their gloves and used ABHR to sanitize their hands, put on new gloves and no gown, changed Resident 56's brief and adjusted their clothing. While rolling the resident side to side, the resident was up against NA H's clothing. NA H then washed their hands with soap and water for 7 seconds, then put their hands under running water. Put on new gloves, no gown, and emptied the catheter bag, then removed gloves and washed their hands with soap and water for 8 seconds.</p> <p>An observation on 08/22/2024 at 10:47 AM revealed that MA K returned to Resident 56's room, washed their hands for 16 seconds and put on new gloves. NA H and MA K assisted Resident 56 back to the wheelchair, then NA H and MA K removed their gloves. MA K washed their hands with soap and water for 8 seconds, and NA H washed their hands with soap and water for 5 seconds.</p> <p>An interview on 08/22/2024 at 10:54 AM with MA K confirmed handwashing should take at least 20 seconds and that eight, 12, and 16 seconds were not long enough. MA K further confirmed they were unaware that they should not add more water during those 20 seconds.</p> <p>An interview on 08/22/2024 at 11:02 AM with NA H confirmed handwashing take at least 20 seconds. NA H further confirmed they were unaware that they should not add more water during those 20 seconds.</p> <p>D.</p> <p>A review of the facility's Cleaning Respiratory Equipment policy, last revised 5-1-2017 revealed the following under Procedure:</p> <p>Supplies:</p> <p>(continued on next page)</p>		

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  08/22/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Replace masks and or/cannulae [plural of cannula, which is the part of the tubing that goes in the nostrils to deliver the oxygen] used by an individual resident within seven (7) days and as needed (PRN) when obviously contaminated.</p> <p>-When not in use, store masks and cannulae in plastic bags labeled with the resident's name and date.</p> <p>A review of Resident 76's Admission Record printed 08/21/2024 revealed the resident was admitted on [DATE] and had a diagnosis of chronic obstructive pulmonary disease (COPD-a group of lung diseases that block airflow and make it difficult to breathe).</p> <p>A review of Resident 76's Order Summary printed 08/21/2024 revealed an order dated 09/04/2023 for continuous oxygen at 2 liters per minute (how much oxygen is being delivered) at bedtime.</p> <p>An observation on 08/19/2024 at 12:10 PM revealed an oxygen concentrator in the room, turned off. There was tubing dated 7/24/24 attached to the concentrator, with the cannula draped over bottom of the overbed table and lying on the floor. There were two portable oxygen tanks, one standing unrestrained, with undated tubing attached and lying on the floor, and the other in a rolling holder with no tubing attached.</p> <p>An observation on 08/20/2024 at 7:33 AM revealed an oxygen concentrator with undated tubing attached and the cannula lying on the floor. There were two portable oxygen tanks, one standing unrestrained, with undated tubing attached and lying on the floor, and the other in a rolling holder with no tubing attached.</p> <p>An observation on 08/20/2024 at 2:31 PM revealed the tubing on the concentrator was dated 8/19/24, and it was coiled on top of concentrator with the cannula not on the floor. The tubing was not in a bag. The unrestrained portable oxygen tank had undated tubing attached and lying on the floor.</p> <p>An interview on 08/20/2024 at 2:35 PM with MA L confirmed that oxygen tubing should not be on the floor and that the tubing attached to the portable oxygen tank was on the floor. MA L then coiled the tubing around the regulator (control valve) on the tank.</p> <p>An observation on 08/21/2024 7:33 AM revealed the tubing attached to the concentrator, including the nasal cannula, was in the trash can next to the concentrator. The unrestrained portable oxygen tank had undated tubing coiled around the regulator.</p> <p>An interview on 08/21/2024 at 7:37 AM with Licensed Practical Nurse (LPN) M confirmed that oxygen tubing should be stored in a bag when not in use. LPN M further confirmed the nasal cannula was in the trash can, and that neither the tubing attached to the concentrator nor the tubing attached to the portable oxygen tank were being stored in bags.</p> <p>42861</p> <p>E.</p> <p>A record review of the document titled Admission Record revealed Resident 15 had been accepted into the facility on [DATE] with a primary diagnosis of Uterine Cancer and Asthma.</p> <p>(continued on next page)</p>		

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  08/22/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An observation on 08/21/24 at 7:38 AM revealed the O2 (oxygen) concentrator for Resident 15 was off at this time as O2 is ordered for night time use only. The observation revealed the O2 cannula connected to the concentrator in the room to be draped over the machine with the nasal prongs touching the outside of the concentrator.</p> <p>An interview on 08/21/24 at 7:45 AM with MA-I, when questioned what the facility procedure was regarding O2 tubing storage when not in use, responded we just drape it over the machine.</p> <p>An interview on 08/21/24 at 7:48 AM with LPN-C confirmed that O2 tubing is to be stored in a bag when not in use.</p> <p>An interview on 08/21/24 at 7:50 AM with SC-D, who previously worked the floor and was present during the observation, confirmed that O2 tubing was to be stored in a bag when not in use and confirmed that Resident 15's nasal cannula should not be draped over the concentrator.</p> <p>H.</p> <p>A record review of the document titled Admission Record revealed Resident 72 had been accepted into the facility on [DATE] with a primary diagnosis of COPD (Chronic Obstructive Pulmonary Disease, a long-term lung disease that affects the airways).</p> <p>An observation on 08/21/24 at 7:38 AM of the o2 concentrator revealed Resident 72 was out of the room and connected to a portable o2 tank running at 3 liters per minute and noted that the o2 cannula connected to the concentrator in the room was draped over recliner with the nasal prongs touching the disposable pad which was in the seat of the recliner.</p> <p>An interview on 08/21/24 at 7:45 AM with MA-I, when questioned what the facility procedure was regarding o2 tubing storage when not in use, responded we just drape it over the machine.</p> <p>An interview on 08/21/24 at 7:48 AM with LPN-C confirmed that o2 tubing is to be stored in a bag when not in use.</p> <p>An interview on 08/21/24 at 7:50 AM with SC (Staffing Coordinator) -D, who previously worked the floor and was present during the observation, confirmed that o2 tubing was to be stored in a bag when not in use and confirmed that Resident 72's nasal cannula should not be touching the seat of the recliner.</p>