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	02/11/2026

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 0923 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Have enough outside ventilation via a window or mechanical ventilation, or both. Licensure Reference Number 175 12-007.04 (D) The facility failed to ensure resident bathroom ventilation was functional in four resident rooms (room's 308, 502, 504, and 505) out of 14 resident rooms sampled. The facility census was 95 at the time of the survey. Findings are: An observation during the initial tour on 2.8.2026 at 8:00 AM revealed the bathroom ventilation was not functioning in resident rooms 100, 308, 315, 318, 319, 502, 504, and 505 when tested with a one-ply tissue. An observation during a facility tour on 2.10.2026 at 7:13 AM with the Administrator (Adm) revealed the bathroom ventilation was not functioning in resident rooms 308, 502, 504, and 505 when tested with a one-ply tissue During an interview on 2.10.2026 at 7:30 AM with the Adm, it was confirmed that the bathroom ventilation was not functioning in resident rooms 308, 502, 504, and 505 and it should have been. During a record review of the facility's undated Inspect exhaust fans for proper operation and clean if necessary document revealed: task completion was marked done on time on 12.29.2025, 9.29.2025, 6.19.2025, and 3.25.2025. The process included the following areas: Check all exhaust fans in bathrooms, shower rooms, soiled and clean utility rooms, janitor closets, kitchen, and sink and laundry areas, and oxygen rooms. Ensure the airflow is sufficient to hold a piece of paper to the vent when operating. Clean vents using a vacuum and air compressor, when needed to remove all dust. Remove dust and grease from motor, wheel and housing. During an interview on 2.11.2026 at 10:00 AM the Adm confirmed the facility did not have a specific bathroom ventilation policy, and it was included with the document that was already provided with the task completion dates.

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 0640 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Encode each resident?s assessment data and transmit these data to the State within 7 days of assessment. Based on record review and interviews, the facility failed to transmit a Minimum Data Set (MDS - a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) record to the Centers for Medicare and Medicaid Services (CMS) within the prescribed time frame for 1 (Resident 88) of 1 sampled residents. The facility census was 95 at the time of survey. Findings are:Record review of the Resident Assessment Instrument (RAI) manual revealed the facility is required to transmit the MDS within 14 days of completion.Record review of Resident 88's MDS revealed that the resident had an entry MDS on 9/5/2025 and discharge return not anticipated MDS on 9/13/2025 that was completed by the facility but not transmitted to CMS.Record review of Resident 88's progress notes revealed that the resident entered the facility on 9/5/2025 and then left the faciity on 9/13/2025.During an interview on 02/09/2026 at 9:54 AM MDS - C Registered Nurse stated that the Discharge MDS should have been separate from the Medicare 5 day MDS. It was not transmitted because it was a Medicare assessment. During an interview on 02/9/2026 9:56 AM MDS - D Registered Nurse confirmed that they (the facility) had missed submitting/transmitting the MDS and the MDS nurse will do a modification and then submit it to CMS. During an interview on 02/09/2026 2:44 PM the Administrator confirmed they used the RAI manual to ensure MDS accuracy.During an interview on 02/10/2026 7:12 AM the Administrator confirmed that the facility does run Validation Reports from the state, but the MDS nurses hadn't logged into the state site since September 2025.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. Licensure Reference Number 175 NAC 12-006.09(H)(i)(3)Based on observation, interviews, and record review, the facility failed to provide assistance with nail care for one (Resident 10) of three sampled residents. The facility census was 95.Findings are:A review of the facility, Activities of Daily Living (ADLs) policy, dated 1/2024, revealed the following:-3. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.A review of Resident 10's Minimum Data Set (MDS- a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care), dated 1/29/26, revealed the following:-Resident 10 readmitted from the hospital on 1/23/26-Required supervision (helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity) with personal hygiene.-Had a diagnosis of diabetes mellitus (DM- a condition that happens when someone's blood sugar is too high)A review of Resident 10's electronic health record (EHR), from 1/23/26-2/11/26, revealed no documentation of nail care being provided or refusals of nail care.A review of Resident 10's POC (Plan of Care) Response History, ADL-Bathing, from 1/12/26-2/10/26, revealed that Resident 10 was bathed on 1/14/26, 1/16/26, 1/28/26, and 2/5/26.A review of Resident 10's comprehensive care plan (CCP- written instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care) revealed no task/intervention related to diabetic nail care.An observation on 2/8/26 at 1:30 PM revealed Resident 10's fingernails, on both hands, approximately 1/8 to 1/4 centimeter (cm) past the tip of [gender] fingers, with some nails having a jagged shape.An observation on 2/9/26 at 11:30 AM revealed no change in Resident 10's fingernails as the previous observation.In an interview on 2/9/26 at 11:30 AM Resident 10 revealed that [gender] could not remember the last time [gender] fingernails were trimmed, but [gender] felt as though they needed to be trimmed and that staff provide fingernail care for [gender].In an interview on 2/9/26 at 1:35 PM the Medication Aide (MA)-A revealed that the bath aide provides nails care to the residents that are not diabetic on their bath day. MA-A further revealed that if a resident is diabetic that a nurse would trim their nails.In an interview on 2/9/26 at 1:54 PM the Director of Nursing (DON) confirmed that the nurses are to trim diabetic resident's fingernails on their bath days.An observation on 2/11/26 at 7:57 AM Resident 10's fingernails remained in the same condition as the observation on 2/9/26 at 11:30 AM. In an interview on 2/11/26 at 7:57 AM Resident 10 revealed that [gender] fingernails bother [gender] due to their length.In an interview on 2/11/26 at 8:12 AM Registered Nurse (RN)-B revealed that nurse's usually complete diabetic nail care on bath days. RN-B will look at the bath list to know what residents have baths that day. RN-B will also complete nail care if [gender] is notified that a resident's nails need to be trimmed.An observation on 2/11/26 at 8:18 with the DON revealed no change in Resident 10's fingernails.In an interview on 2/11/26 at 8:18 AM the DON revealed that Resident 10 had been in and out of the hospital and [gender] would refuse cares at time. The DON revealed that [gender] refusals to have [gender] fingernails trimmed were probably not documented anywhere. The DON confirmed that Resident 10's fingernails were too long and needed to be trimmed.

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F 0565 Level of Harm - Potential for minimal harm Residents Affected - Many	Honor the resident's right to organize and participate in resident/family groups in the facility. Licensure Reference Number 175 NAC-12-006.06 Licensure Reference Number 175 NAC-1-005.04Based on record reviews and interviews, the facility failed to ensure that the Grievance Official (GO, a designated staff member responsible for receiving, investigating and resolving formal complaints regarding resident care) responded to and followed up on concerns of cold food recorded at 6 different Resident Council (RC, a group of residents who meet monthly to discuss the care provided by the facility) meetings. This had the potential to affect all residents who receive meals from the kitchen. The census at the time of the survey was 95. Findings are: Resident interviews conducted by the survey team on day one of the facility's annual survey revealed concerns about meals being served cold. Interviews with Resident 2, Resident 4, Resident 6, Resident 7, Resident 8, and Resident 33 revealed an overall frustration with cold food being served even after complaints and grievances had been filed with the facility. An interview with Resident 2 on 02/08/2026 at 1:02 PM revealed that food is served cold. An interview with Resident 6 on 02/08/2026 at 8:27 AM revealed that the most meals are served cold, coffee is cold, and that dinners are the worst. An interview with Resident 7 on 02/08/2026 at 8:53 AM revealed that the food is horrible and always cold. Resident 7 revealed that complaints have been made to the social workers, but they do not care. An interview with Resident 4 on 02/08/2026 at 11:00 AM revealed that food is always cold. An interview with Resident 8 on 02/08/2026 at 8:32 AM revealed that food this is meant to be hot is often served cold. An interview with Resident 4 on 02/10/2026 at 1:29 PM confirmed that today's lunch was cold and that this complaint has been brought up in resident council every month. An interview with Resident 33 on 02/08/2026 10:45 AM revealed a complaint of food being received cold regardless of location being served. Resident 33 have received cold food in both the resident's room and in dining room. Interviews conducted at the RC meeting on 02/09/2026 at 9:21 AM revealed similar complaints of cold food by the RC President, Resident 50. Resident 50 revealed that at the start of their RC meetings, all prior month's concerns are reviewed, and cold food complaints are almost always in the minutes from the previous meeting. Record review of Resident Council Minutes under the Dietary section revealed that on: 04/09/2025 the residents reported ice cold food. 05/07/2025 Resident feel they are not getting anywhere with them (dietary), Frozen buns, Cold food. 06/04/2025 the residents reported that Food is cold at times. (continued on next page)

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F 0565 Level of Harm - Potential for minimal harm Residents Affected - Many	07/02/2025 the residents reported that . Still getting cold food. 08/06/2025 the residents reported .Items not hot. 10/08/2025 the residents reported .Items not hot when we get them. And on 02/13/2026 under New Business revealed the resident's concerns that complaints and grievances were not being addressed or followed up on. An interview with the Administrator (Admin) on 02/11/2026 10:15 AM revealed that the facility is unable to provide the RC minutes for the months of: September, November, and December of 2025. Record review of the Grievance Tracking logs (a log of all grievances received by the facility) for the months of: April. May, June, July, August, and October of 2025, reveal no mention of the RC complaints regarding cold food being served. An interview on 02/11/2026 at 7:37 AM with the Social Services Director (SSD) and Social Services Assistant (SSA) revealed that they attend the monthly RC meetings, take notes, and assume the responsibilities of the Grievance Official. The SSD and the SSA confirmed that the RC meeting minutes for: 04/09/2025, 05/07/2025, 06/04/2025, 07/02/2025, and 10/08/2025 had complaints about cold food and on 02/13/2025 a complaint was voiced that grievances were not being followed up on. The SSD and the SSA confirmed that the Grievance Logs for the months of: April. May, June, July, August, and October of 2025 did not have the grievances logged as reported by the RC and that they should have been. The SSD and the SSA revealed that when grievances are brought to their attention, they will pass the information on to the appropriate departments and, if necessary, file a formal grievance. If a frequent complaint is identified, they will refer it to the Quality Assurance and Performance Improvement committee (QAPI) and the facility may initiate a Performance Improvement Plan (PIP). Record review of the facility's Clinical Management Grievance Policy dated 05/17/2024 revealed that the facility will ensure prompt resolution to all grievances, keeping the resident and resident representatives informed throughout the investigation and resolution process. Record review of section D of the facility's Grievance Policy titled Resident Council revealed that all grievances identified during RC meetings will be submitted immediately to the GO for investigation and resolution and the outcome will be given to the RC. During an interview on 02/08/2026 at 1:02 PM Resident 2 revealed the food is always cold. During an interview on 02/10/2026 at 1:33 PM Resident 2 confirmed that (gender) has brought up the cold food at Resident council before but it doesn't do any good. During an interview on 02/08/2026 at 11:00 AM Resident 4 revealed that (gender) usually eats in (gender) room and that the food is always cold. During an interview on 02/10/2026 at 1:29 PM Resident 4 confirmed that lunch was cold and that (gender) has brought it up in resident council every month but nothing changes. Record review of the facility policy dated last reviewed 1/2024 and titled Grievance Policy revealed (continued on next page)

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F 0565 Level of Harm - Potential for minimal harm Residents Affected - Many	the facility will ensure prompt resolution to all grievances, keeping the resident and resident representative informed throughout the investigation and resolution process. The facility grievance process will be overseen by a designated Grievance Official who will be responsible for receiving and tracking grievances through their conclusion, lead necessary investigation, maintaining the confidentiality of all information associated with grievances, communicate with residents throughout the process to resolution and coordinate with other staff. During an interview on 02/11/2026 11:19 AM the Administrator confirmed there was not an official job description for the Grievance Official.

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F 0850 Level of Harm - Potential for minimal harm Residents Affected - Many	Hire a qualified full-time social worker in a facility with more than 120 beds. Licensure Reference Number 175 NAC 12-006.04(I)(i)Based on interviews and record reviews, the facility failed to employ a qualified social worker on a full-time basis. This had the potential to affect all residents residing at the facility. The facility census was 95.Findings are:A review of the Emerald Nursing and Rehab Brookside LLC, Facility Assessment, dated 2/6/26, revealed that the facility is licensed to provide care for 173 residents.A review of the Social Work Consultant Job Summary-Brookside, signed and dated 6/15/25 by the Social Worker Consultant (SW-C) and the administrator (Adm), revealed the following:-a bachelor's degree in a human services field including, but not limited to, sociology, gerontology, special education, rehabilitation counseling, and/or psychology is required-is responsible for providing guidance and counseling to facility social service team members.-advocates for the facility, residents, and family members to ensure needs are met in accordance with federal, state, and facility regulations.In an interview on 2/9/26 at 11:10 AM, the Social Services Assistant (SSA) revealed that [gender] does not have a bachelor's degree in social work or in a human services field. The SSA revealed that the facility has a SW-C that comes to the facility anywhere from once a week to every other week but at least two to three times a month.In an interview on 2/9/26 at 11:11 AM, the Social Services Director (SSD) revealed that [gender] does not have a bachelor's degree in social work or in the field of human services.In an interview on 2/9/26 at 1:38 PM, the SW-C revealed that [gender] goes to the facility once a week or once every other week and at least two to three times a month. The SW-C revealed that [gender] has a bachelor's degree in social work. The SW-C confirmed that [gender] is not a full-time employee at the facility.