STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285066	A. Building B. Wing	05/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ambassador Health of Lincoln	4405 Normal Blvd Lincoln, NE 68506

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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to organize and participate in resident/family groups in the facility. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensed Reference Number 175 NAC 12-006.06 Based on interviews and record review, the facility failed to provide prompt follow-up and communication regarding complaints and grievances brought to the Resident Council meetings. This had the potential to affect all residents residing in the facility at the time of the survey. The facility census was 83. Findings are: A record review of the facility policy Grievances with a review date of 7.2023 revealed:All grievances and recommendations stemming from resident councils concerning issues of resident care in the facility will be considered. Actions on such issues will be discussed with the resident/family group and the facility's response, and rationale will be documented in writing. During the initial tour on 5.6.2026 at 10:15 AM, Resident 14 stated a complaint was filed regarding a missing military book, but nothing ever happened. During the initial tour on 5.6.2026 at 10:56 AM, Resident 47 stated a complaint was filed regarding housekeeping and nothing ever happened. During an interview on 5.11.2026 at 11:35 AM with the Administrator (ADM), it was confirmed the facility would schedule a resident council meeting with residents that are cognitively capable of participating in the discussion. During an interview on 5.11.2026 at 12:56 PM, Resident 14 confirmed many issues are discussed during the resident council meetings, but the residents never hear back what the facility has done to resolve the issues. During a resident council meeting held on 5.11.2026 at 11:15 AM, there were six residents (Resident 25, 30, 38, 49, 65, and Resident 67) present, information shared revealed: Housekeeping depends on who is working, often the housekeeper will enter the room, look around and then leave, somedays housekeeping never enters the room, Sundays are the worst. The residents stated they often must ask for something to be done. Residents report the call lights are often not answered for over an hour and are told the facility is short on staff. Activity calendars are not delivered to their rooms routinely. Residents have asked for more activities relating to the younger population, such as outings or age-appropriate movies. Residents have asked for additional outside seating towards the back of the building with no follow-up. All residents in the group confirmed a lack of follow-up to their concerns and never received feedback. The residents confirmed talking about the concerns to leaders but then it does not go anywhere. During an interview on 5.12.2026 at 9:00 AM with the ADM confirmed that the facility Quality Assurance and Performance Improvement (QAPI) meetings address issues identified in the resident council meetings, and through the complaint and grievance process. During a record review of the facility policy Quality Assurance and Performance Improvement with an effective date of 4.28.205 revealed in the policy statement that the facility will develop, implement, and maintain an effective, comprehensive, data-driven QAPI program that focuses on indicators of the outcomes of care and quality of life, and will regularly review and analyze data and act on available data to make improvements. A record review of the resident council meeting minutes revealed: 4.2025- Short staffed, medications late, call lights turned off and staff do not return, request for furniture in the courtyard, staff not knocking before entering the rooms. No corrective action or follow-up indicated. 5.2025- Request for tables in the courtyard, staff do not knock before entering the rooms, call lights shut off and staff do not return, long call light times. No corrective action or follow-up indicated. 6.2025- Staff phone use on the floor, staff entering resident rooms without knocking, call lights shut (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 0565 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	off and staff do not return, requesting a table in the courtyard. No corrective action or follow-up indicated. 7.2025- Staff do not knock before entering rooms, call lights shut off and staff do not return. No corrective action or follow-up indicated. 8.2025- Night staff telling residents to wait to use the bathroom due to being short staffed, housekeeping looks into the room but does not always clean it or just takes the trash and does not clean, bathrooms not getting wiped down. No corrective action or follow-up indicated. 9.2025- Nurse aides sitting at the desk unless a light is on, left for long periods of time on the commode/toilet, continued and unresolved issues, request to go to the Lied Center in December. No corrective action or follow-up indicated. 10.2025- Call lights turned off and staff do not return, excessive staff leaving the building. No corrective action or follow-up indicated. 11.2025- Staff not knocking on doors prior to entering, staff on phones at nurses' station when call lights are on, request for computer/printer to be available for resident use, resident lounge needs cleaned up. Residents were advised to speak with upper management regarding on-going concerns in any department. No corrective action or follow-up indicated. 12.2025- Long wait times for help. request to go to the [NAME] the spring. Residents were advised of the grievance process if issues continued with no resolution. No corrective action or follow-up indicated. 1.2026- Concern regarding on-going education for staff, call light times are worse at night. No corrective action or follow-up indicated. 2.2026- Long call light times are on-going with no improvement, requested to attend a salt dog outing. No corrective action or follow-up indicated. 3.2026- Long call light times are worse during the day, bathroom trash is not being taken out, need more help in the bathhouse. No corrective action or follow-up indicated.