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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Licensure Reference Number 175 NAC 12-006.11E Based on record review, observation, and interview, the facility failed to ensure kitchen staff wore hair restraints to contain all head and facial hair, failed to perform hand hygiene prior to food service and between contact with contaminated surfaces, failed to distribute beverages under sanitary conditions, and failed to have hair restrained during food distribution from the dining room in order to prevent the potential for food born illness for 69 of 83 residents that were served out of the kitchen. The facility census was 83. Findings are:Record review of the U.S. Food and Drug Administration Food Code 2022 Hair Restraint 2-402.1 food employees shall wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covers body hair, that are designed and worn to effectively keep their hair from contacting exposed food.Record review of facility Responsibilities for Meal Service policy dated 10/2025 revealed that dietary personnel assemble each tray or place setting using sanitary food handling techniques.Record review of the U.S. Food and Drug Administration Food Code 2022 When to Wash 2-301.14 food employees shall clean their hands as specified immediately before engaging in food preparation with exposed food and:-after touching bare human body parts other than clean hands and clean, exposed portions of arms-as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks-before donning (applying) gloves to initiate a task that involved working with food-after engaging in other activities that contaminated the hand An observation on 05/07/2026 at 11:47 AM in the kitchen revealed Dietary Aide (DA) during the food preparation with their hair on their shoulders out of their hat and not contained.An observation on 05/07/2026 at 11:49 AM was in the kitchen revealed [NAME] without a beard net in place and visible facial hair was noted.An observation on 05/07/2026 at 12:01 PM was in the kitchen of the [NAME] with a beard net on but not in place and below the chin not covering the facial hair.An observation on 05/07/2026 at 12:04 PM of the [NAME] doffing (removing) gloves, picked up an item off the floor, did not perform hand hygiene, and donned (put on) new gloves.An observation on 05/07/2026 at 12:14 PM of Medication Aide-E (MA-E) in the dining room noted with a coffee cup held by the rim of the cup with bare hands, filled the cup with hot water and placed a tea bag, then served it to a resident.An observation on 05/07/2026 at 12:24 PM of MA-G who stood by the serving window in the dining room and coughed into their jacket, then touched their face, and noted having had their hair hanging down over their face during meal service. There was no hand hygiene completed.An observation on 05/07/2026 at 12:29 PM of MA-E, MA-F, MA-G, and Nurse Aide-H (NA-H) all served meal trays in the dining room and did not complete hand hygiene prior to meal service.An observation on 05/07/2026 at 12:31 PM, NA-H moved a resident wheelchair and set up a meal tray for that resident. NA-H did not complete hand hygiene after that task and continued to serve meal trays.An observation on 05/07/2026 at 12:36 PM was of MA-F with their hair down beyond the middle of their back and not contained. MA-F touched their own face and clothes and did not perform hand hygiene and continued meal service, and during that time, their hair touched the resident meal tray as it was being served.An interview on 05/07/2026 at 11:50 AM with the DA confirmed that they were to make sure that hair was to be contained and they should have worn a hairnet as their hair was visible on their (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

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	shoulders.An interview on 05/07/2026 at 11:50 AM with the Dietary Manager (DM) confirmed that the expectation was to wear a hairnet or to be sure hair was fully contained in a hat. They confirmed that a beard net was to be worn with visible facial hair longer than a quarter of an inch. They confirmed that the [NAME] was to be wearing a beard net and they were not. An interview on 05/07/2026 at 11:56 AM with the [NAME] confirmed that would normally wear a beard net but did not on that day. An interview on 05/07/2026 at 12:16 PM with MA-E confirmed that the coffee cup should have been held by the handle and not by the rim of the glass. They confirmed that the cup was held by the rim of the glass. An interview on 05/07/2026 at 12:41 PM with MA-F confirmed that hand hygiene should be completed before serving and between trays. They were unaware of what the dress code policy was for uncontained hair. An interview on 05/07/2026 at 12:45 PM with MA-G and NA-H confirmed that the expectation was that hand hygiene should be completed prior to serving meal trays and between every three meal trays and that it was not completed when they started meal service.

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. The facility failed to wear appropriate Personal Protective Equipment (PPE) during gastric-tube medication administration for Resident 24 and gastric-tube feeding for Resident 98; and the facility failed to ensure oxygen tubing was appropriately stored for Resident 47, nebulizer mask, chamber and tubing were cleaned and stored in a manner to prevent cross contamination for Resident 16 and Resident 77; and the facility failed to ensure the laundry cart was covered during delivery; and the facility failed to ensure clean water pitchers were provided.Nebraska Licensure Reference Number 175 NAC 12-006.18 and 175 NAC 1-005.06 The findings are: A. Record review of facility policy on Infection Control Guidelines for All Nursing Procedures with the effective date of 08/2025 revealed Enhanced Barrier (Based) Precautions (EBP) including gowns will be utilized during high contact activity. Record review of facility policy on Infection Control & Isolation Guidelines for All Departments dated 8/2025 revealed Enhanced Barrier Precautions (EBP) are to be used in conjunction with standard precautions and expands the use of PPE (Personal Protective Equipment, undefined in facility procedure) to donning (putting on) of gown and gloves during high-contact activities, which includes cares related to a feeding tubes. Record review revealed a facility document entitled EBP Residents lists Resident 89. Observation on 5/11/2026 at 12:15 PM reveals that Resident 89 resides in a single room and had the EBP sign (enhanced barrier precautions) on the door frame leading into Resident 89's room. Observation on 05/11/2026 at 12:28 PM with LPN-I administering Resident 89's feeding via gastric tube without wearing a gown. Interview with LPN-I on 05/11/2026 at 12:40 PM confirmed that a gown should have been worn while administering Resident 89 feeding through a gastric tube. B. During an observation on 05/07/2026 at 9:00 AM Medication aide (MA-A) administered gastric tube (g-tube-a flexible medical device inserted through the abdomen into the stomach to deliver nutrition, fluids, and medication directly used for patients unable to swallow or eat enough food safely) medications to Resident 24 without wearing a gown. Record review of the facility's Infection control and Isolation guidelines for all departments with effective date of 08/2025 stated that EBP is indicated for residents with any of the following: wounds include but not limited to chronic wounds, diabetic foot ulcers, unhealed surgical wounds and venous stasis ulcers. Indwelling medical devices that require use of EBP during high contact resident care activities include urinary catheters, central lines, feeding tubes, and tracheostomies. During an interview on 05/07/2026 at 3:15 PM MA-A confirmed that MA-A should have worn a gown (continued on next page)

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	when administering medications through the G-tube for Resident 24. During an interview on 05/07/2026 at 3:25 PM Rehab nurse (RN-C) confirmed that when administering G-tube medications that a gown should be worn. Observation on 05/06/2026 at 11:37 AM revealed Resident 16's dated oxygen and nebulizer tubing laying over Resident 16's bed side nightstand with fluid observed in the nebulizer chamber. Nebulizer mask and tubing remained attached to the nebulizer machine. Observation on 05/07/2026 at 6:56 AM revealed Resident 16's nebulizer tubing, mask and chamber remain connected to nebulizer machine with fluid observed in the nebulizer chamber. C. Observation on 05/07/2026 at 9:00 AM revealed Resident 16 working with a speech therapist with their oxygen on. Further observation revealed Resident 16's nebulizer tubing, mask and chamber remain connected to nebulizer machine with fluid observed in the nebulizer chamber. Observation on 05/11/2026 at 8:42 AM revealed Resident 16's nebulizer tubing, mask and chamber remain connected to nebulizer machine with fluid observed in the nebulizer chamber. Record review of the facility's Departmental (Respiratory Therapy)-Equipment Storage Policy last reviewed on 06/2025 revealed that nebulizer equipment should store the circuit (nebulizer equipment) in a plastic bag between uses and to mark the bag with the date and resident's name. Interview on 05/11/2026 at 2:30 PM RN-B confirmed that the chamber mask for Resident 16 should have been rinsed after use and stored in a plastic storage bag and wasn't. In an interview on 05/11/2026 at 2:55 PM Rehab nurse (RN-C) confirmed that the nurses on the floor are to ensure the residents complete the breathing treatment and properly rinse the mask and chamber and allow them to dry on a paper towel. D. Record review of the Medication: Aerosol Administration (Nebulizer Treatment) policy dated 08/2025 revealed that once the treatment was completed, the nebulizer should be dismantled, rinsed with tap water and placed in a clean place to air dry. Record review of the Departmental (Respiratory Therapy)- Equipment Storage Policy dated 06/2025 revealed nebulizers circuit should be stored in a plastic bag between uses, with date and resident's name. Record review of the Treatment Administration History with treatment dates of 04/12/2026-05/11/2026 revealed that Resident 77 had a scheduled dose of albuterol sulfate for nebulization 1.25mg/3ml vial that they received twice daily with 12 documented refusals. There were special instructions within the order to empty any remaining medication, rinse nebulizer canister with water and let air dry after every use. The administration record revealed that the nebulizer treatments had been administered throughout the observation period, indicating that the nebulizer should have been cleaned and stored to prevent contamination. (continued on next page)

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	An observation on 05/06/2026 at 7:52 AM revealed Resident 77 in their room having just completed their nebulizer treatment and the nebulizer tubing and chamber (assembled) placed by housekeeping in the recliner upon exit of the room. The nebulizer machine was stored in the recliner. No bag noted. An observation on 05/06/2026 at 12:55 PM, Resident 77 was lying in their bed, the nebulizer machine with the tubing and chamber (assembled) continued to lay uncontained and exposed to contaminated surfaces in the recliner. The nebulizer chamber and tubing had been moved from the last observation. There was a plastic bag noted, but nothing inside the bag. An observation on 05/07/2026 at 7:19 AM, Resident 77 was in bed, revealed the nebulizer machine, with the tubing loose, and chamber (assembled) uncontained sitting in the recliner on top of a bag. An observation on 05/11/2026 at 9:18 AM, Resident 77 was in bed, revealed the nebulizer machine, tubing laid across the recliner, and chamber (assembled) uncontained in the recliner, with no bag noted. An interview on 05/11/26 at 12:35 PM with the Interim Director of Nursing (IDON) confirmed that the expectation of nebulizer storage would be to refer to the policy, but it should be cleaned out and stored in a clean place. E. An observation on 05/06/2026 at 8:16 AM of laundry cart not covered on station 2 while laundry staff was passing out clean laundry to residents. During an interview on 05/06/2026 at 8:17 AM Laundry aide (L) – J confirmed that the laundry cart should be covered. Record review of the facility policy titled Laundry Storage, Collection and Transportation dated 2/2024 revealed that all laundry transported throughout the facility will be done in an approved cart and covered to ensure cleanliness and to protect from dust and soil during transport and unloading. F. During an interview on 05/06/2026 at 10:48 AM Resident 47 revealed the staff just refill the water pitchers and cups, they never change them out for clean ones. They are gross and smell. An observation on 05/06/2026 at 10:49 AM revealed a dirty water pitcher (visibly dirty) on Resident 47's tray table. During an interview on 05/11/2026 at 9:39 AM Resident 47 confirmed that (gender) wrote the room number on the cup about a year ago and it was the same cup and there was only a little bit of water in their cup last night and that was the same water in the cup this morning. Record review of the facility policy titled Water Distribution dated 2018 revealed: -changing of water pitchers will be completed every 24 hours -and fresh water shall be provided at least every 24 hours (continued on next page)

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-nursing staff staff shall ensure personal cups are emptied, cleaned and refilled as needed. If a resident's personal cup is unavailable, soiled or not suitable for use a clean facility cup shall be provided During an interview on 05/12/2026 at 7:16 AM the Dietary Manager (DM) confirmed that the resident's water pitchers are not changed out and washed in the kitchen routinely. During an interview on 05/12/2026 at 7:27 AM the Infection Preventionist (IP) was unaware if the resident's water pitchers get changed out and cleaned everyday. G. An observation on 05/06/2026 at 11:00 AM revealed an oxygen tank in Resident 47's room on 4 wheeled walker with tubing hanging off the handle. An observation on 05/7/2026 at 8:42 AM revealed an oxygen tank in Resident 47's room with tubing hanging over walker handle. Review of the facility policy titled Equipment Storage Policy dated June 2025 revealed to keep oxygen cannula and tubing in a plastic bag when not in use. During an interview on 05/12/2026 at 7:28 AM the Infection Preventionist (IP) confirmed that oxygen tubing and nasal cannulas must be in a plastic bag when not in use.

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 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 NAC 12-007.04DBased on observation, record review, and interview, the facility failed to ensure that the ventilation systems were operational in 10 resident bathrooms (Rooms 113, 114, 115, 116, 117, 118, 119, 120, 121, and 122). The facility census was 83 at the time of survey.Findings are:During a facility tour on 05/06/2026 from 7:02 AM until 10:09 AM an observation of Rooms 113, 114, 115, 116,117, 118, 119, 120, 121, and 122 revealed the bathroom vents did not suck up one ply square of toilet paper (were not working).An observation on 05/11/2026 from 7:04 AM until 7:17 AM revealed Rooms 113, 114, 115, 116, 117, 118, 119, 120, 121, and 122 the bathroom vents did not suck up one ply square of toilet paper.An observation on 05/11/2026 at 7:24 AM with the Maintenance Staff (MS) revealed the bathroom vents in resident rooms 113, 114, 115, 116, 117, 118, 119, 120, 121, and 122 were not working.During an interview on 5/11/52 at 7:44 AM the MS confirmed that bathroom vents in resident rooms 113, 114, 115, 116, 117, 118, 119, 120, 121, and 122 were not working and MS was unaware of the problem and was unable to provide resident bathroom vent check logs.Record review of the facility's policy titled Ventilation System Check and Auditing, dated 3/8/2023 revealed ventilation system audits will be maintained.

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 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 (continued on next page)

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	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.

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(H)(vii)(2)Based on observation, record review, and interview, the facility failed to ensure activities were provided to meet the physical, mental, and psychosocial well-being for 3 (Residents 14, 47, and 66) out of 3 sampled residents. The facility census was 83 at the time of survey. Findings are: Review of facility policy titled Activity Program dated 7/26/2016 revealed the facilities activity program is designed to meet the interests and the physical, mental, and psychosocial well being of each resident. Review of March, April, and May 2026 activity calendars revealed there was one music activity scheduled on the weekends and no evening activities scheduled for each month. A. During an interview on 05/06/2026 at 10:11 AM Resident 14 revealed they only have activities for the old people here. Record review of Resident 14's Quarterly MDS dated [DATE] revealed a BIMS of 15 (indicates cognitively intact), no behaviors exhibited and no rejection of cares noted. Record review of Resident 14's Annual MDS dated [DATE] revealed it was very important for Resident 14 to do things with groups of people. Record review of Resident 14's Comprehensive Care Plan (CCP) revealed a problem dated 1/13/2025 revealed that the resident will attend group activities of choice. Record review of Resident 14's activity participation documentation for March of 2026 revealed that the resident attended 4 group activities. Record review of activity progress note dated 4/27/26 revealed that Resident 14 attended 1 group activity during the last week. B. During an interview on 05/06/2026 at 10:39 AM Resident 47 revealed that they don't have any activities in the evenings or on weekends. Record review of Resident 47's annual MDS dated [DATE] revealed a BIMS of 15 (indicates cognitively intact) resident, no behaviors and no rejection of cares, and that it was very important for the resident to do things with groups of people. Record review of Resident 47's CCP with a start dated 11/30/22 revealed that the resident can get to and from activities of choice. (continued on next page)

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident 47's activities progress note dated 3/6/26 revealed the resident attended 5 group activities this week and is active, out and about most days throughout the facility. The resident continues to direct own leisure and decide which activities to attend. Record review of Resident 47's progress notes dated 2/20/26 revealed the resident attended 5 group activities this week. During an interview on 05/11/2026 at 12:33 PM with the Activities Director (AD) it was confirmed there are not enough activities in the evenings or the weekends. During an interview on 05/11/2026 1:50 PM the AD confirmed that they would like to do more activities in the evenings and on the weekends but has not implemented them yet. C. Record review of facility's Activity Program policy (undated) reveals that the facility's activity program is designed to meet the interests and well-being of each resident. Record review of facility's posted Activity Calendar for May 2026 reveals that the only scheduled activities for residents on the weekends are Indian Hills Church Service on Sunday's at 3:00 PM and Live Music With [NAME] which is offered only on Saturday, May 16th at 2:30 PM. There are no other scheduled opportunities for activity participation on the weekends. The calendar does list Independent Activities as options for all Saturdays and Sundays in May. Record review of Resident 66's electronic medical record reveals they were admitted on [DATE]. Further record review of Resident 66's reveals a Brief Interview of Mental Status (BIMS, a tool to evaluate cognitive function) score of 15, which indicates intact cognition. Interview with Resident 66 on 5/12/26 at 7:15 AM revealed that this resident was able to keep busy in the evenings but feels that there is nothing to do on the weekends and time passes very slowly. Resident 66 was asked about the Independent Activities that are listed on the Activity Calendar. Resident 66 replied that the independent activities refers to a cart of books and things located outside of the Activity Director's office door. Resident 66 reported that they had used items from this cart in the evenings to fill free time but did not want to have only independent activities on the weekends, stating having planned activities available on the weekends would be great.

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Licensed Reference Number 175 NAC 12-006.12(D)(i) Based on observations, interviews, and record review, the facility failed to ensure medications were stored and secured for three residents (Resident 10,16, and Resident 30), and to lock the medication cart while unattended. 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. A record review of Resident 30's Minimum Data Set (MDS)(this comprehensive assessment evaluates each resident's functional capabilities) dated 4.2.2026 revealed a Brief Interview for Mental Status (BIMS) score of 15 which indicated the resident was cognitively intact. A record review of the Care Plan (a mandatory, individualized document detailing a resident's medical, physical, and emotional needs, along with specific interventions to address them) with an admission date of 6.6.2025 for Resident 30 revealed: Resident will self-administer medications safely, appropriately, timely, and will keep medications in room and locked up when Resident 30 is out of the room. A record review of the facility policy Storage of Medications dated 6.2025 revealed that the facility shall store all drugs and biologicals in a safe, secure, and orderly manner, and to never leave the medication unattended. An observation on 5.6.2026 at 8:19 AM of Resident 30's room revealed a medication pack located on the bedside stand. During an interview on 5.6.2026 at 8:19 AM with Resident 30 confirmed self-administration of all medications. Resident 30 stated the nurses fill the medication pack with the medications and leave them at the bedside for self-medication administration. Resident 30 also confirmed that the medication pack is left on the bedside stand while out of the room. During an interview on 5.11.2026 at 7:00 AM with Resident 30 confirmed leaving the room with the medication pack unattended. During an interview on 5.11.2026 at 10:06 AM with LPN-K confirmed Resident 30 leaves the room with the medication pack unattended. Also confirmed that it is okay since there are no other residents walking around. An observation on 5.11.2026 at 11 AM revealed Resident 30's medication pack was at the bedside and unattended while Resident 30 was out of the room. During an interview on 5.11.2026 at 1:00 PM with the Director of Nursing (DON) confirmed that medications should not be left unattended when Resident 30 is out of the room, and the care plan and policy should be followed. (continued on next page)

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	B. During an observation on 05/06/2026 at 8:50 AM a Bretzi inhaler was on Resident 16's bedside table. During an observation on 05/07/2026 at 9:00 AM Resident 16 is working with speech therapy and Resident 16's Bretzi inhaler is at bedside. During an observation on 05/11/2026 at 7:10 AM revealed Resident 16's Breztri inhaler (combines 3 medicines typically used to help manage COPD (chronic obstructive pulmonary disease) on Resident 16's bedside table. Record review on 5/11/2026 at 12:37 PM of Resident 16's self-medication administration assessment revealed that Resident 16 can have an Albuterol inhaler at bedside. In an interview on 5/11/2026 at 1:00 PM that Rehab nurse (RN-C) confirmed that Breztri inhaler should not have been at bedside. Record review of Resident 16's order summary revealed Resident 16 had a order for a Breztri Inhaler to be used twice a day but revealed no order that Breztri can be self administered or left at the bedside. C. During an observation on 05/07/2026 at 11:20 AM revealed a medication cart on unit 3 is unlocked with 2 baskets sitting on top of cart with glucometer, lancets, alcohol pads and cotton balls in basket. During an observation on 05/07/2026 at 11:47 AM Registered nurse (RN-D) locked the medication cart. In an interview on 05/07/2026 at 11:55 AM RN-D confirmed that the medication cart should have been locked. D. Review of facility Medication Administration Policy dated 07/2025 states under #15 You must observe the act of swallowing and NEVER leave medication with the resident/patient to be taken later. Record review of Resident 10's Continuity of Care Document and Physician Orders revealed that Resident 10 has the following oral medications ordered for administration in the morning: Wellbutrin SR (for diagnosis of Depression), taurine (for diagnosis of Vitamin deficiency) docusate sodium (for diagnosis of Constipation) oxybutynin (for diagnosis of Overactive bladder) (continued on next page)

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	modafinil (for diagnosis of Multiple sclerosis) magnesium (for diagnosis of hypomagnesemia [low magnesium levels]) loratadine (for diagnosis of Allergies) gabapentin (for diagnosis of Other disorders of peripheral nervous system) duloxetine (for diagnosis of Other chronic pain) dalfampridine (for diagnosis of Multiple sclerosis) lactobacillus rhamnosus (for diagnosis of Vitamin deficiency) baclofen (for diagnosis of pain) alpha lipoic acid (for diagnosis of Vitamin deficiency) miralax powder (for diagnosis of constipation) Record review of Resident 10's Electronic Medical Record reveals no documentation regarding assessment for self-administration of medications. During interview with Resident 10 on 05/06/2026 at 9:45 AM, it was observed that Resident 10 had a medication cup on bedside table with many pills in it. Resident 10 indicated that facility staff had the cup of pills for the resident to take after breakfast. Resident 10 was observed to swallow the many pills all at once. There was no staff member present to verify that Resident 10 had taken these medications. An observation on 5/7/2026 from 11:30 to 11:47 AM revealed that treatment cart on Station 3 was left unlocked with containers of needles left unattended on top of the cart and insulin pens and other unidentified items observed in the top drawer. Direct observation that treatment cart was locked at 11:47 by RN-D. The containers of needles were moved into the cart by RN-D and relocked it at 11:55 AM. Interview of RN-D confirmed that the medication and treatments carts should be locked.