STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285092	A. Building B. Wing	05/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Emerald Nursing & Rehab Columbus	2855 40th Avenue Columbus, NE 68601

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. Licensure Reference Number 175 NAC 12-006.18ABased on observations, record review and interviews, the facility failed to ensure resident room walls were free from moisture and a black/gray substance in rooms B-4, B-6 and B-8; failed to ensure walls were free of gouges and bubbling paint in rooms B-2, B-6 and B-12; and failed to ensure walls in room B-10 were clean. The facility census was 69. Findings are: An observation on 5/27/26 at 11:00 AM revealed the following: B-2, dirty vents, with cracks and a small gouge (into the drywall) in the wall. B- 4, outside wall was moist with the grayish color stain appropriately 1 feet by 1 feet resembling mildew or a mold like substance.B- 6, outside wall was moist with a black/gray substance resembling mildew and had several bubbles and cracks in the paint.B-8, outside wall felt moist to touch with a blackish/gray substance appropriately 2 feet by 2 feet resembling mildew or a mold like substance.B- 10, streak/stains going down the outside wall. B-12, cracks in the drywall and streaks down the wall with bubbling paint. A record review of the Tel's (a program to report issues to the maintenance director) revealed there was no report regarding the resident walls for the past 6 months. An environmental tour on 5/28/2026 at 1:00 PM with the Administrator and Maintenance Director confirmed:B-2, dirty vents, with cracks and a small gouge (into the drywall) in the wall. B- 4, outside wall was moist with the grayish color stain appropriately 1 feet by 1 feet resembling mildew or a mold like substance.B- 6, outside wall was moist with a black/gray substance resembling mildew and had several bubbles and cracks in the paint.B-8, outside wall felt moist to touch with a blackish/gray substance appropriately 2 feet by 2 feet resembling mildew or a mold like substance.B- 10, streak/stains going down the outside wall. B-12, cracks in the drywall and streaks down the wall with bubbling paint.An interview with the Administrator on 05/28/2026 at 1:00 PM confirmed that the moisture on the walls in the resident's room have been there for a while and it should have been reported by staff who see's the wall daily. Administered went on to state that this was the first time the walls had been brought to the Administrator and Maintenance Directors' attention.

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