

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285092	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/21/2025
NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Columbus		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record reviews, the facility failed to provide comfortable and safe water temperatures in 4 shared bathroom sinks down East Hall. This had the potential to affect the 7 residents who live in rooms 1, 3, 5, and 7. The facility census was 85. Licensure Reference Number 175 NAC 1-009.04 (D)(i) An observation and interview conducted with the Maintenance Director on 08/19/2025 at 7:28 AM using a thermometer supplied by the facility revealed water temperatures from the bathroom sinks to be more than 120 degrees Fahrenheit (F, a temperature scale where water freezes at 32 degrees and boils at 212 degrees) in the following bathrooms down East Hall: The shared bathroom between rooms [ROOM NUMBERS] revealed a water temperature of: 126.1 degrees F. The shared bathroom between rooms [ROOM NUMBERS] revealed a water temperature of: 126.9 degrees F. The shared bathroom between rooms [ROOM NUMBERS] revealed a water temperature of: 131 degrees F. The shared bathroom between rooms [ROOM NUMBERS] revealed a water temperature of: 126 degrees F. An interview with the Maintenance Director on 08/19/2025 at 7:35 AM revealed: The facility had installed a new hot water heater about 6 months ago that supplies hot water to both the East and North halls. The Maintenance Supervisor reported that a mixing valve was not placed on the new hot water heater at the time of installation. The water would be hotter in the morning because it hasn't been used yet and that it's coming fresh from the hot water tank. That if the water temperature were to be turned down, it would not be warm enough later in the day. Confirmed that the water temperature should not be hotter than 120 degrees F in the bathroom sinks. The hot water temperatures are tested daily and there is a log but there is no time when the temperatures were taken listed the log. An interview on 08/19/2025 at 8:15 AM with Nursing Assistant (NA-A) revealed that the residents in rooms 3, 5, and 7 down East Hall were all able to go into the bathroom unassisted and use the sink. These 3 residents have a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score between 13 and 15, revealing that they are cognitively intact and able to self-protect from the potential injury from hot water. NA-A confirmed that the 4 remaining residents would need staff assistance to access the bathroom. An interview with the Maintenance Director on 08/19/2025 at 9:00 AM stated that the company that installed the new hot water heater was scheduled to come out today to install the mixing valve. A record review of the facilities' Domestic Water Temperature Log daily check on 08/21/2025 at 7:19 AM, dated 03/03/2025, through 08/18/2025, revealed water temperatures ranging between 101.3 degrees F and 116.6 degrees F. The log did not specify exact resident room numbers, only halls (North, laundry, M kitchen, ACU, NE, NAIF) and no time listed as to when the temperatures were taken. No water temperature documentation noted on Saturdays or Sundays between 03/03/2025, and 08/25/2025. An interview on 08/21/2025 at 11:23 AM with the Maintenance Director confirmed that water temperature checks should be done daily in reference to the facility's daily check log and confirmed that they are only done Monday through Friday and not completed on the weekends.		

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.17 Based on observations, interview and record review, the facility failed to ensure the nasal cannula was not on the floor for 1 out of 8 sampled residents (Resident 51) to prevent cross contamination. The facility census was 85. Findings are: Record review of Resident 51's admission record dated 8/19/25 revealed resident's admission to the facility was on 7/31/25. Record review of Resident 51's MDS (Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) dated 8/6/25 revealed:-Section C: 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) was 15 indicating the resident was cognitively intact.-Section G: uses walker and wheelchair. Needs set up for eating, supervision assists with oral, personal hygiene, toileting hygiene, upper dressing, lower dressing, and footwear. Upper body needs moderate assist, independent with repositioning, and supervision for transfers and walking. Needs moderate assist with bathing. -Section O: O2 (Oxygen) continuous.Record review of Resident 51's Physician's Orders dated 8/19/25 revealed: Oxygen at 2 Liters via nasal cannula continuously to keep sats (saturation) above 90% at all times every shift for shortness of breath -Start Date- 8/06/2025. -Change oxygen cannula and tubing-date and initial as needed for patent -Start Date- 8/06/2025. Observation on 8/19/25 at 8:10 AM Resident 51's oxygen concentrator on and the oxygen tubing was hanging onto the oxygen bottle next to the concentrator. Resident 51 was out of the room. Observation on 8/19/25 at 11:30 AM Resident 51's oxygen concentrator was off and the nasal cannula was laying on the floor beside the concentrator. Resident 51 was out of the room. Observation on 8/19/25 at 1:40 PM Resident 51's oxygen concentrator was off and the nasal cannula was laying on the floor beside the concentrator. Resident 51 was out of the room. An interview on 8/20/25 at 1:00 PM with the Director of Nursing confirmed the oxygen tubing cannula should not be on the floor. Record review of oxygen administration policy dated 9/2024 revealed: The purpose of this procedure is to provide guidelines for safe oxygen administration.-Remove any [NAME] blankets, nylon, and/or [NAME] clothing, etc., from the immediate area where oxygen is to be administered.-Instruct the resident, his/her family, visitors and roommate (if any) of the oxygen safety precautions. Provide the resident with a written copy of the oxygen safety handout. Keep the oxygen cannula and tubing used PRN in a plastic bag when not in use. Record review of Resident 51's care plan dated 8/19/25 revealed:-The resident has functional deficit with current ADL's related to orthostatic hypotension, pain in right hip joint Date Initiated: 8/02/2025.-Resident's needs will be met through anticipation and standards of care daily through next review. Date Initiated: 8/02/2025 Target Date: 10/30/2025-Ambulation: 1 assist with staff-Bed mobility: 1 assist with staff-Wheelchair mobility: 1 assist with staff-Transfer: 1 assist with staff Date Initiated: 8/02/2025, Revision on: 8/05/2025. Record review of Resident 51's diagnoses dated 8/19/25 revealed: Obstructive sleep apnea (a sleep disorder where your airway repeatedly becomes blocked during sleep, causing breathing to pause, often accompanied by loud snoring and gasping), hypoxemia (condition characterized by abnormally low levels of oxygen in the blood), and orthostatic hypotension (a drop in blood pressure that occurs when standing up from a sitting or lying down position).-The resident has oxygen therapy, ineffective gas exchange Date Initiated:8/07/2025 Revision on: 8/13/2025-The resident will have no signs or symptoms of poor oxygen absorption through the review date. Date Initiated: 8/13/2025, Target Date: 10/30/2025-Change residents' position as needed to facilitate lung secretion movement and drainage. Date Initiated: 8/13/2025.-Position resident to facilitate ventilation/perfusion matching: Use upright, high- Fowler's position whenever possible to allow for optimal diaphragm, when on side, the good side should be down (e.g., damaged lung should be up). Date Initiated: 8/13/2025.		