STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285222	A. Building B. Wing	06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage of Emerson	607 Nebraska Street Emerson, NE 68733

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09 Based on record review and interview; the facility staff failed to monitor and to assess bruising, increased swelling, and pain for 1 (Resident 6) of 2 sampled residents. The facility identified a census of 34. Findings are: A. Record review of the facility policy Change in Status, Identifying and Communicating (undated) revealed in a long-term care setting, any change from baseline status must be identified and addressed. The resident should be assessed for changes from baseline status whenever the resident's status changes. Notable changes include a decline in functional status, new or increasing confusion, incontinence, weight gain or loss of more than 5 percent (%) of body weight, temperature elevation, acute onset of pain, shortness of breath, deteriorating mobility, falls, and behavior changes. Unless the resident's condition is life threatening, the resident can be assessed and a treatment plan initiated. At a minimum, the assessment should include: -reviewing the resident's medical record. -asking how the resident feels and what symptoms the resident has. -obtaining vital signs. -observing the resident's overall condition, including function and cognition. -exploring the resident's complaints. Documentation associated with identifying and communicating a change in a resident's status includes: -acute change in status. -oxygen saturation. (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
	285222	A. Building B. Wing	06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage of Emerson	607 Nebraska Street Emerson, NE 68733

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-nursing interventions and the resident's response to the interventions. -diagnostic testing. -other assessments findings in the appropriate areas in the resident's medical record. B. Record review of Resident 6's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used for care planning) dated 2/7/25 revealed the resident was admitted [DATE] with diagnoses of chronic respiratory failure with hypoxia (a condition where tissues and organs are deprived of an adequate amount of oxygen), atrial fibrillation, heart failure, pneumonia, Chronic Obstructive Pulmonary Disease (COPD), and depression. The following was assessed regarding the resident: -The resident was cognitively intact. -The resident was dependent with toileting, dressing, transfers, personal hygiene, and bed mobility. -The resident received an anticoagulant (medication used to help prevent blood clots) and a diuretic (medication which causes the kidneys to make more urine to rid the body of extra fluid) daily. -The resident received oxygen therapy and non-invasive mechanical ventilator (breathing support delivered through a mask or nasal prongs) which were used daily. Record review of Resident 6's Nursing Progress Notes dated 2/19/25 revealed the following: -At 3:29 AM the resident was being transferred with 2 staff assist and a gait belt from the wheelchair to the recliner. The resident could not assist the staff with standing and the resident was lowered to the floor. The resident denied any pain or discomfort. -At 9:00 AM the resident went limp during a transfer with the sit-to-stand mechanical lift (a mobile lift that allows for patient transfers from a seated position to a standing position. This lift is designed to support only the upper body of the resident and requires the resident to have some weight-bearing capability). Staff were able to get the resident into bed safely. The note indicated the staff were now to use the full lift for all transfers. Record review of Resident 6's Nursing Progress Noted dated 2/26/25 at 2:37 PM revealed the resident's left lower leg and ankle had several bruises in various stages. The resident reported the bruising happened on the sit-to-stand lift the previous week when the resident went limp. No injuries were noted at the time of the fall. Staff reported bruising to the resident's left lower leg/ankle on 2/21/25. Nursing discussed with therapy and to limit use of the left leg/ankle. The staff were to continue use of the full lift for all transfers. Record review of Resident 6's electronic medical records from 2/21/25 to 2/26/25 including progress notes, skin monitoring sheets, care plan and practitioner orders revealed there was no indication Resident 6 had bruising to the left lower leg/ankle. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285222	A. Building B. Wing	06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage of Emerson	607 Nebraska Street Emerson, NE 68733

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident 6's Physician Visit/Communication Form dated 2/27/25 revealed the resident's physician was notified the resident's left lower leg/ankle had several bruises in various stages. There was no documentation of an assessment of the bruises to indicate the sizes or the number of bruises to the resident's leg. Record review of Resident 6's Progress Note dated 2/27/25 at 1:50 PM revealed Physical Therapy (PT) discussed with the Charge Nurse an increase in bruising and swelling to the resident's left lower extremity and the resident confirmed the area was tender when used. Record review of Resident 6's electronic medical record from 2/27/25 to 3/6/25 revealed no evidence an assessment was completed of the resident's left lower leg/ankle regarding bruising, redness, swelling or increased pain/tenderness. Record review of Resident 6's Physician Visit/Communication Form dated 3/6/25 at 10:23 AM revealed the resident's left lower leg continued to be red with increased swelling. Record review of Resident 6's electronic medical record from 3/6/25 to 3/13/25 revealed no evidence an assessment was completed of the resident's left lower leg/ankle regarding complaints of pain. Record review of Resident 6's Nursing Progress Notes dated 3/13/25 at 3:37 PM revealed the resident was seen by the physician with an x-ray due to complaints of left lower leg pain with therapy. Record review of an Imaging Report for Resident 6 dated 3/13/25 revealed 2 views of the tibia (shin bone)/fibula (calf bone) revealed no acute fractures. An abnormality along the lower side of the tibia was noted and the report indicated unsure if it is acute. To have report reviewed by Radiology. Record review of Resident 6's electronic medical record from 3/13/25 to 4/3/25 revealed no evidence staff had assessed and/or monitored the resident's complaints of pain to the resident's ankle. Record review of Resident 6's Nursing Progress Note dated 4/3/25 at 12:57 PM revealed the resident was to have an x-ray of the resident's ankle due to pain and continued need for use of the full lift. Record review of an x-ray report for Resident 6 dated 4/4/25 revealed a nondisplaced fracture to the left ankle and a fracture to the lower left fibula. During an interview on 6/5/25 at 8:13 AM the Director of Nursing confirmed the following: -On 2/19/25 the resident had a fall at 3:29 AM when staff attempted to transfer the resident with 2 assist and a gait belt. The resident had a second fall at 9:00 AM during use of the sit-to-stand mechanical lift. -On 2/26/25 the staff documented the resident had multiple areas of bruising to the left ankle which had first been reported on 2/21/25. No skin assessments were completed to identify the number of bruises or the size of the bruises. -On 2/27/25 the resident had increased swelling and complaints of pain to the ankle. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285222	A. Building B. Wing	06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage of Emerson	607 Nebraska Street Emerson, NE 68733

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 3/6/25 the physician was notified the resident's ankle remained bruised, with swelling/redness and pain. There was no evidence an assessment or ongoing monitoring had been completed of the resident's ankle. -On 3/13/25 the resident had an x-ray due to complaints of left lower leg pain during therapy. The staff failed to complete an assessment or to monitor the resident's pain. An abnormality was noted along the lower side if the tibia and radiology were to review the report. -There was no evidence the facility followed up with radiology regarding the x-ray report. -From 3/13/25 to 4/3/25 the staff failed to document any pain assessments or to have any evidence of monitoring. -On 4/3/25 the resident had a subsequent x-ray due to continued complaints of pain to the resident's ankle and continued use of the full lift. The resident was noted to have a fracture to the left ankle and to the left lower fibula.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285222	A. Building B. Wing	06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage of Emerson	607 Nebraska Street Emerson, NE 68733

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 - Few	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 12-006.11(E) Based on observation, record review and interview; the facility failed to ensure food temperatures were maintained at a level to prevent the potential for food borne illness. This had the potential to affect 1 out of the 34 residents who ate food out of the kitchen. The facility staff identified a census of 34. Findings are: A. Record review of the facility policy Time/Temperature Control for Safety Foods Temperature Guide (undated) revealed maintaining the proper temperature of food reduced the possibility of food borne illness. The following internal temperatures were to be followed to assure food safety: -eggs, fish, meat, and pork to be served at 145 degrees. -ready-to-eat, canned foods and foods from intact packages were to be served at 135 degrees or higher. B. Observations on 6/3/25 from 11:30 AM to 12:15 PM of the noon meal service revealed the following: -At 11:38 AM Dietary [NAME] (DC)-N prepared the food items to be served to residents on a pureed diet. DC-N pureed a single serving each of peas and carrots, cheesy potatoes, and cornflake chicken. Each item was placed in a small bowl, covered with tinfoil, and then placed on the top of the steam table. -At 11:56 AM, DC-N obtained food temperatures of items to be served for the noon meal which had been placed inside of the steam table. DC-N failed to complete a temperature check of the pureed food items which had been stored on the top of the steam table. -At 12:08 PM, DC-N placed the 3 bowls of puree food items on a plate and prepared for service to the resident. No food temperatures were obtained prior to attempting to serve the resident. Upon request, temperatures of the pureed food items revealed the following: -the peas and carrots were 110 degrees. -the cheesy potatoes were 105 degrees. -the cornflake chicken was 122 degrees. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285222	A. Building B. Wing	06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage of Emerson	607 Nebraska Street Emerson, NE 68733

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 - Few	Interview with DC-N on 6/3/25 at 1:38 PM confirmed the pureed food items (peas and carrots, chicken, and cheesy potatoes) were placed into small bowls and covered with tin foil and then were positioned on the top of a covered pan on the steam table. No food temperatures were obtained of the puree food items prior to attempting to serve to the resident. All food items should have been temped prior to meal service to ensure the items were safe and palatable. Interview on 6/3/25 at 2:30 PM with the Dietary Manager revealed once pureed food items were prepared, they should be placed inside of the steam table to maintain the temperature of the food. Temperatures of each puree food item should be checked prior to meal service and documented on the temperature log. Food temperatures should be maintained at a minimum of 135 degrees Fahrenheit.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285222	A. Building B. Wing	06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage of Emerson	607 Nebraska Street Emerson, NE 68733

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 - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.18 Based on observations, record review, and interviews; the facility failed to follow a policy related to cleaning of Continuous Positive Air Pressure (CPAP) equipment (machine used to keep the airway open using mild air pressure through a mask resident wore while sleeping) for Residents 2 and 30; and failed to implement Enhanced Barrier Precautions (EBP, an infection control intervention designed to reduce transmission of multidrug-resistant organisms (MDROs) in nursing homes. Enhanced Barrier Precautions involve gown and glove use during high-contact resident care activities for residents known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (e.g., residents with wounds or indwelling medical devices)) for Resident 8 during the provision of cares. The sample size was 17. The facility census was 34. Findings are: A. Record review of the facility policy Cleaning your CPAP Equipment with no date revealed staff were to do the following: Daily cleaning of the CPAP equipment: -wash hands, -wipe the portion of the mask that comes in contact with your skin with a damp cloth, -empty the remaining water from the water chamber, -fill the water chamber with soapy water and shake, -rinse the chamber with clean water, -air dry. Weekly Mask and Tubing Cleaning: -remove headgear and chin strap (if used) from mask and handwash the headgear in standard laundry detergent, -air dry the headgear, -wash the mask and tubing in a mixture of warm water and liquid dishwashing detergent, -rinse thoroughly, and -air dry. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285222	A. Building B. Wing	06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage of Emerson	607 Nebraska Street Emerson, NE 68733

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 - Some	B. Record review of Resident 2's Minimum Data Set (MDS, a mandatory comprehensive assessment tool used for care planning) dated 4/11/25 revealed the resident had a diagnosis of Obstructive Sleep Apnea (the upper airway collapses during sleep) and used a CPAP. Record review of Resident 2's care plan dated 10/10/23 revealed the resident had a diagnosis of Obstructive Sleep Apnea and had a CPAP machine that was used with staff assistance. Record review of Resident 2's Treatment Administration Record (TAR) dated June 2025 revealed that the resident used a CPAP and it was to be placed every night at bedtime related to Obstructive Sleep Apnea. The following observations were made related to Resident 2: -On 6/2/25 at 7:30 PM the CPAP had dried brown specks noted inside the mask and the water chamber was empty, and it was connected to the CPAP machine. -On 6/3/25 at 2:35 PM the CPAP had dried brown specks inside the mask and the water chamber was empty, and it was connected to the CPAP machine. -On 6/4/25 at 9:35 AM the CPAP had dried brown specks inside the mask and the water chamber was empty, and it was connected to the CPAP machine. An interview on 6/4/25 at 9:25 AM with the Director of Nursing (DON) confirmed that there was no documentation on the TAR showing that the CPAP machines were being cleaned per facility policy. C. Record review of Resident 30's MDS dated [DATE] revealed the resident had a diagnosis of Obstructive Sleep Apnea and used a CPAP. Record review of Resident 30's care plan dated 4/7/25 revealed the resident used a CPAP at night related to Obstructive Sleep Apnea. Record review of Resident 30's Medication Administration Record (MAR) and TAR dated 6/25 revealed that there was not any documentation about a CPAP. The following observations were made related to Resident 30: -On 6/2/25 at 6:45 PM CPAP had a heavy layer of dried white coating to the inside of the mask, the water chamber was half full of water and connected to the CPAP machine. -On 6/3/25 at 8:37 AM CPAP had a heavy layer of dried white coating to the inside of the mask, the water chamber was half full of water and connected to the CPAP machine. -On 6/3/25 at 2:30 PM CPAP had a heavy layer of dried white coating to the inside of the mask, the water chamber was half full of water and connected to the CPAP machine. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285222	A. Building B. Wing	06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage of Emerson	607 Nebraska Street Emerson, NE 68733

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 - Some	-On 6/4/25 at 7:50 AM CPAP had a heavy layer of dried white coating to the inside of the mask, the water chamber was half full of water and connected to the CPAP machine. An interview on 6/4/25 at 9:25 AM with the DON confirmed that there was no documentation on the MAR or TAR showing documentation that Resident 2 and 30's CPAP headgear and CPAP machines were being cleaned per facility policy. D. Record review of the facility Policy EBP dated 4/12/24 revealed the following: -EBP referred to an infection control intervention designed to reduce transmission of multidrug resistant organisms (MDRO, germ that is resistant to medications) that required the use of gowns and gloves use during high contact resident cares, -EBP would be initiated on residents with any of the following: chronic wounds and urinary catheters, -infection with a targeted MDRO, -gown and gloves for EBP is only necessary when performing high-contact care activities in the residents room, -high-contact resident care activities included: dressing, transferring, care of catheters and wound care and -MDRO: Methicillin-resistant Staphylococcus aureus (MRSA) E. Record review of Resident 8's MDS dated [DATE] revealed that resident had a diagnosis of MRSA and Peripheral Vascular Disease with 3 venous ulcers. The resident had a catheter. The resident required substantial assistance with transfers. Record review of Resident 8's care plan revealed the resident: -had a suprapubic catheter date initiated 7/20/24, -had Enhanced Barrier Precautions for high contact activities date initiated 7/20/24, -had a hematoma to the right lower leg on 10/22/24 with a culture of pseudomonas aeruginosa on 11/25/24 which developed into a venous stasis ulcer on 1/2/25 and 3/12/25, -had a catheter, -urine analysis on 3/12/25 had a MRSA positive culture and (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285222	A. Building B. Wing	06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage of Emerson	607 Nebraska Street Emerson, NE 68733

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 - Some	-transferred with a mechanical lift, 1 assist for all transfers with a revised date of 4/24/25. Observation on 6/2/25 at 7:00 PM revealed an EBP sign on the door entering Resident 8's room. Licensed Practical Nurse (LPN)-B confirmed that resident was on EBP due to having a suprapubic catheter and wounds to both lower legs. Observation of care on 6/4/24 at 11:55 AM revealed Medication Aide (MA)-L entered Resident 8's room and did not apply a gown or gloves. The resident was transferred from the wheelchair to the recliner and the catheter bag was moved from the wheelchair to the recliner. All cares were completed with no gown or gloves on. An interview with the DON on 6/4/25 at 12:20 PM confirmed that staff were to wear gown and gloves when transferring resident from wheelchair to the recliner and touching the catheter bag.