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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                              | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>285239 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing                              | (X3) DATE SURVEY COMPLETED<br><br>11/18/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Emerald Nursing & Rehab Legacy Pointe LLC |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>3110 Scott Circle<br>Omaha, NE 68112 |  |

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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)  |
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| <p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Licensure Reference Number 175 NAC 12-006.09 Based on interview and record review the facility failed to update the resident's healthcare practitioner of chest x-ray results for 1 (Resident 1) of 4 residents sampled, resulting in a delay of treatment. The facility census was 69. The findings are:Record review of Resident 1's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 06-25-2025 revealed the facility staff assessed the following about the resident:-was rarely able to make themselves understood. -required total assistance with toileting, bathing, transfers, dressing, bed mobility, eating and hygiene. Record review of Resident 1's progress notes dated 09-06-2025 revealed Resident 1 had audible moist sounding wheezes while breathing, had green nasal drainage and eyes were glassy. Furthermore, the note revealed the healthcare practitioner was called and an order for a chest x-ray was obtained. Record review of Resident 1's telephone orders revealed an order dated 09-06-2025 for a portable chest x-ray, 2 views STAT (urgent). Record review of Resident 1's progress notes dated 09-06-2025 revealed the chest x-ray was ordered and obtained. Record review of Resident 1's radiology report dated 09-06-2025 revealed new left midlung opacities and right lower lobe opacities may represent pneumonia in the clinical setting. Record review of an email dated 09-08-2025 revealed the Director of Nursing (DON) updated the healthcare practitioner of the chest x-ray results and an antibiotic was ordered for pneumonia. An interview with the DON on 10-14-2025 at 2:15 pm confirmed results for a STAT x-ray depending on the time of the x-ray should be 1-2 days and confirmed there was a delay in getting the order for antibiotic based on the chest x-ray results.</p> |

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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