

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|--|---|
| <p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>Nebraska Licensure Reference 175 NAC 12-006.05(E)Based on interview and record review, the facility failed to evaluate resident food preferences related to religious beliefs for 1 (Resident 20) of 1 sampled resident. The facility staff identified a census of 63.The findings are:An interview on 7-16-2025 at 10:32 AM with Resident 20 revealed [gender] does not eat pork due to Seventh Day Adventist beliefs and revealed the facility staff offer meals containing pork.An interview on 7-17-2025 at 1:59 PM with the Food Services Director (FSD) revealed the facility performed a food preferences interview at the time of admission and the results of that interview are recorded on the resident's tray card. The FSD confirmed Resident 20's dietary preferences were not listed on the tray card.A record review of Resident 20's admission Record printed 7-17-2025 revealed the facility admitted the resident on 7-21-2021 and identified Resident 20 had diagnoses which included chronic obstructive pulmonary disease (COPD, pulmonary disease that is characterized by chronic typically irreversible airway obstruction resulting in a slowed rate of exhalation), diabetes mellitus (DM) type 2 (a common form of diabetes mellitus that develops especially in adults and most often in obese individuals and that is characterized by hyperglycemia resulting from impaired insulin utilization coupled with the body's inability to compensate with increased insulin production), heart failure, and major depressive disorder a serious mood disorder involving one or more episodes of intense psychological depression or loss of interest or pleasure that lasts two or more weeks and is accompanied by irritability, fatigue, poor concentration, sleep disturbances, weight gain or loss, feelings of worthlessness or guilt, and sometimes suicidal tendencies).Record review of Resident 20's Annual Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and help nursing home staff identify health problems) dated 4-21-2025 identified Resident 20 found religious services or practices somewhat important. Further review of the MDS revealed the Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score for Resident 20 was not assessed.Record review of Resident 20's Physician's Orders printed 7-17-2025 revealed a controlled carbohydrates diet (CCHO, low concentrated sweets) with a regular texture and thin fluids.Record review of Resident 20's Social Services Quarterly Data Collection dated 4-22-2025 identified religious preference of Seventh Day Adventist.Record review of Resident 20's Comprehensive Care Plan (CCP, a document that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment) revealed no interventions related to Resident 20's religious preferences. Record review of Resident 20's Tray Card dated 7-17-2025 revealed a CCHO diet with a regular texture. The tray card did not include the resident's religious dietary preferences.</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 |
|---|-------|-----------|

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.04(F)(i)(5)Based on record review and interview the facility failed to notify the resident's practitioner of omitting the administration of insulin for 3 (Residents 5, 31, and 39) of 3 residents sampled. The facility census was 63. The findings are:</p> <p>A.</p> <p>Record review of Resident's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 07-01-2025 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> -Brief Interview of Mental Status (BIMS) was scored as a 13. According to the MDS Manual a score of 13 to 15 indicate a person is cognitively intact. -had a diagnosis of End Stage Renal Disease (ESRD: a chronic condition where the kidneys have permanently lost most of their function and can no longer filter waste products from the blood) and Diabetes Mellitus. -was receiving hemodialysis (a treatment for ESRD that helps remove waste and excess fluid from the blood). -was receiving insulin injections. -required partial assistance with toileting, bathing, dressing and transfers. <p>Record review of the facility policy titled Notification of Changes Policy revealed the following:</p> <ul style="list-style-type: none"> -it is the policy of this facility that changes in a resident's condition or treatment are immediately shared with the resident and/or resident representative and reported to the attending physician or delegate. -the objective of the notification policy is to ensure that the facility staff makes appropriate notification to the physician when there is a change in the resident's condition. -requirements for physician notification include a need to alter treatment such as a need to discontinue an existing form of treatment due to adverse consequences or to commence a new form of treatment. <p>Record review of Resident's Medication Administration Record (MAR) for June 2025 revealed an order for Lispro Insulin inject 8 units 3 times a day with meals and an order to complete a pre and post dialysis assessment on Mondays, Wednesdays, and Fridays. The MAR also revealed on 06-30-2025(a Monday) at 12:00PM the facility staff documented OF (Out of Facility) for the administration for of the Lispro insulin at 12:00 PM because Resident 5 was at dialysis.</p> <p>(continued on next page)</p> | | |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|--|--|
| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Record review of Resident 5's MAR for July 2025 revealed an order for Lispro Insulin inject 8 units 3 times a day with meals and an order to complete a pre and post dialysis assessment on Mondays, Wednesdays, and Fridays. The MAR also revealed for the administration of the Lispro insulin at 12:00PM the facility staff documented OF on the following dates:</p> <ul style="list-style-type: none"> -07-02-2025(Wednesday), -07-04-2025 (Friday), -07-07-2025 (Monday), -07-09-2025 (Wednesday), -07-11-2025 (Friday), -07-14-2025 (Monday) -07-16-2025 (Wednesday). <p>An interview conducted on 07-17-2025 at 2:46 PM with the Agency Nurse (AN) G for the [NAME] Wing of the facility revealed (gender) was unaware of who was responsible to administer insulin while residents were out of the facility for dialysis. Furthermore, AN revealed the resident's practitioner should be notified any time insulin is not given.</p> <p>An interview conducted on 07-17-2025 at 2:50 PM with Licensed Practical Nurse (LPN) H for the East Wing of the facility revealed (gender) was unaware of any residents with orders for insulin to be administered while residents were out of the facility for dialysis, and confirmed the resident's practitioner should be notified if a dose of insulin was missed for any reason.</p> <p>B.</p> <p>Record review of Resident 39's MDS dated [DATE] revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> -BIMS was scored at an 11. According to the MDS Manual a score of 8-12 indicates moderate cognitive impairment. -had a diagnosis of ESRD and Diabetes Mellitus. -was receiving hemodialysis. -was receiving insulin injections. -required substantial assistance with upper body dressing and bathing. -required total assistance with toileting, lower body dressing, bed mobility and transfers. <p>(continued on next page)</p> |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|--|---|
| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Record review of Resident 39&rsquo;s Medication Administration Record (MAR) for June 2025 revealed an order for Lispro Insulin inject 5 units 3 times a day with meals and an order to complete a pre and post dialysis assessment on Mondays, Wednesdays, and Fridays. The MAR also revealed an OF was documented at 12:00PM on the following dates:</p> <p>-06-02-2025 (Monday)</p> <p>-06-03-2025 (Tuesday)</p> <p>-06-04-2025 (Wednesday)</p> <p>-06-13-2025 (Friday)</p> <p>-06-16-2025 (Monday)</p> <p>-06-18-2025 (Wednesday)</p> <p>-06-20-2025 (Friday)</p> <p>-06-23-2025 (Monday)</p> <p>-06-25-2025 (Wednesday)</p> <p>-06-27-2025 (Friday)</p> <p>-06-30-2025 (Monday)</p> <p>Record review of Resident 39&rsquo;s MAR for July 2025 revealed an order for Lispro Insulin inject 5 units 3 times a day with meals and an order to complete a pre and post dialysis assessment on Mondays, Wednesdays, and Fridays. The MAR also revealed for the administration of the Lispro insulin at 12:00PM the facility staff documented OF on the following dates:</p> <p>-07-02-2025(Wednesday),</p> <p>-07-04-2025 (Friday),</p> <p>-07-07-2025 (Monday),</p> <p>-07-09-2025 (Wednesday),</p> <p>-07-11-2025 (Friday),</p> <p>-07-14-2025 (Monday)</p> <p>-07-16-2025 Wednesday.</p> <p>(continued on next page)</p> |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|--|--|
| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>An interview conducted on 07-17-2025 with the Unit Manager (UM) at 3:58 PM confirmed OF on the MAR meant the resident was not given the medication because the resident was out of the facility and the facility staff did not notify Resident 5's practitioner that the Lispro Insulin at 12:00 PM was not given on dialysis days.</p> <p>An interview conducted on 07-17-2025 with the Unit Manager (UM) at 3:58 PM confirmed the facility staff did not notify Resident 39's practitioner that the Lispro Insulin at 12:00 PM was no given on dialysis days.</p> <p>C.</p> <p>Record review of Resident 31's Order Summary Report on 7/17/25 revealed Resident 31 admitted to the facility on [DATE] with diagnoses including Atherosclerotic Heart Disease, Ischemic Cardiomyopathy, Chronic Kidney Disease Stage 5, End Stage Renal (Kidney) Disease, Type 2 Diabetes Mellitus with other Diabetic Kidney Complication, Dependence on Renal Dialysis.</p> <p>Record review of Resident 31's Electronic Medication Administration Record (MAR) for July 2025 revealed a practitioner's order for Lispro Insulin, inject 13 units daily before breakfast related to diagnosis of Type 2 Diabetes Mellitus. Further review of July 2025 MAR's for Resident 31 revealed OF (indicating resident is out of facility) on July 2,4,11,14,16. The review further of Resident 31's medical record revealed the facility staff did not notify the practitioner of omitted (not given) insulin orders on days the resident went to dialysis. Resident 31 has dialysis every Monday, Wednesday, and Friday.</p> <p>An Interview on 07/17/2025 3:58 PM The Infection Preventionist (IP) confirmed, Resident 31 had not received scheduled insulin and the Medical Provider had not been notified of the omitted (not given) insulin on dialysis days.</p> |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|--|---|
| <p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>(continued on next page)</p> |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0628</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Licensure Reference Number 175 NAC 12-006.05Based on record review and interview, the facility failed to provide notice of transfer in writing to the resident or resident's representative for 2 (Resident 20 & 64) of 4 residents sampled. The facility staff identified a census of 63.The findings are:Record review of facility policy entitled Transfer and Discharge from the Facility dated 1-2024 revealed: -The facility will provide proper and timely notice to a resident who will be discharged as required by regulations and laws. -C. Contents of the notice: -Before the facility will transfer or discharge a resident, the facility will provide a written notice to the resident and resident representative in a manner and language in which is understood. -At a minimum the notice will include: -a. The reason for transfer/discharge -b. The effective date of the transfer/dischargeA.A record review of Resident 20's admission Record printed 7-17-2025 revealed the facility admitted the resident on 7-21-2021 and identified Resident 20 had diagnoses which included chronic obstructive pulmonary disease (COPD, pulmonary disease that is characterized by chronic typically irreversible airway obstruction resulting in a slowed rate of exhalation), diabetes mellitus (DM) type 2 (a common form of diabetes mellitus that develops especially in adults and most often in obese individuals and that is characterized by hyperglycemia (high blood sugar) resulting from impaired insulin utilization coupled with the body's inability to compensate with increased insulin production), heart failure, and major depressive disorder (a serious mood disorder involving one or more episodes of intense psychological depression or loss of interest or pleasure that lasts two or more weeks and is accompanied by irritability, fatigue, poor concentration, sleep disturbances, weight gain or loss, feelings of worthlessness or guilt, and sometimes suicidal tendencies).A record review of Resident 20's Annual Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 4-21-2025 revealed the Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score for Resident 20 was not assessed.A record review of Resident 20's Change in Condition Evaluation dated 5-6-2025 revealed the resident experienced abdominal pain, diarrhea, and was tired, weak, confused, or drowsy.A record review of Resident 20's Progress Notes (PN) dated 5-6-25 showed the facility transferred the resident to an emergency department due to chronic diarrhea and abdominal pain.A record review of Resident 20's Bed Hold/Therapeutic Leave Form (BHTLF) showed the resident wished to bed hold with the hold beginning on 5-6-2025. There was no reason for transfer listed on the form.Further review of Resident 20's electronic health record (EHR), including progress notes and scanned documents, revealed there was no notice of transfer in writing to the resident or resident representative.An interview on 7-22-2025 at 9:36 AM with the Director of Nursing (DON) confirmed the facility did not provide the resident or resident's representative with the reason for transfer in writing and should have.B.A record review of Resident 64's admission Record printed 7-21-2025 revealed the facility admitted the resident on 2-20-2019 and identified Resident 64 had diagnoses which included hemiplegia (total or partial paralysis on one side of the body that results from disease or injury to the motor centers of the brain) and hemiparesis (muscular weakness or partial paralysis restricted to one side of the body), systemic inflammatory response syndrome (SIRS, a severe systemic response to a condition [such as trauma, an infection, or a burn] that provokes an acute inflammatory reaction indicated by the presence of two or more of a group of symptoms including abnormally increased or decreased body temperature, heart rate greater than 90 beats per minute, respiratory rate greater than 20 breaths per minute or a reduced concentration of carbon dioxide in the arterial blood, and the white blood cell count greatly decreased or increased), and COPD.A record review of Resident 64's Discharge MDS identified the resident was transferred to the hospital on 5-13-2025 and was expected to return to the facility. Further review of the MDS identified the resident had intact short-term memory and had severely impaired skills for daily decision making.A record review of Resident 64's BHTLF showed the resident wished to bed hold with the hold beginning on 5-12-2025. There was no reason for transfer listed on the form.Further review of Resident 64's electronic health record (EHR), including progress notes and scanned documents, revealed there was no notice of transfer in writing to the resident or resident representative.An interview on 7-21-2025 at 7:56 AM with the DON confirmed the facility transferred the resident to the hospital on 5-13-2025.An interview on 7-22-2025 at 9:36 AM with the DON confirmed the facility did not provide the resident or resident's representative with the reason for transfer in writing and should have.</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)(i)(3) Based on observation, interview and record review the facility failed to ensure nails were trimmed for 1 (Resident 2) of 2 residents sampled. The facility census was 63. The findings are:Licensure Reference Number 175 NAC 12-006.09(H)(i)(3)Based on observation and interview the facility failed to ensure nails were trimmed for 1 (Resident 2) of 2 residents sampled. The facility census was 63. The findings are:Record review of Resident 2's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 06-11-2025 revealed the facility staff assessed the following about the resident:-Brief Interview of Mental Status (BIMS) was scored as a 4. According to the MDS Manual a BIMS score of 0-7 indicates severe cognitive impairment. -had quadriplegia (a condition characterized by paralysis of all 4 limbs and torso).-required total assistance with eating, hygiene, dressing, toileting, bathing, transfers and bed mobility. Record review of Resident 2's Comprehensive Care Plan (CCP) dated 03-06-2024 revealed Resident 2 had a functional deficit with activities of daily living (ADL) due to quadriplegia. The CCP also indicated Resident 2 was dependent on staff for personal hygiene.An observation on 07-21-2025 at 6:15 AM revealed Resident 2 revealed fingernails on both hands were approximately 1 centimeter in length. An observation was conducted on 07-22-2025 at 6:30 AM with Nursing Assistant (NA) A providing care for Resident 2 revealed fingernails to both hands were long. During the observation an interview was conducted with NA A which confirmed Resident 2's fingernails were long and revealed Resident 2 was scheduled for a bath and the bath aid would trim the fingernails. An interview was conducted with NA B on 07-22-2025 at 9:00 AM revealed NA B had given Resident 2 a shower earlier that morning. An observation on 07-22-2025 at 9:30 AM revealed Resident 2 had returned from the bath house and the fingernails had not been trimmed. An interview with the Director of Nursing (DON) on 07-22-2025 confirmed nail care was provided with showers. An observation of Resident 2 with NA B on 07-22-2025 at 9:40 AM revealed Resident 2's fingernails were not trimmed. An interview was conducted with NA B during the observation which confirmed Resident 2's fingernails were long and confirmed fingernails were not trimmed during the bath. During the interview with NA B about the length of the fingernails, Resident 2 clearly stated cut them.</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(H)(vi)(2). Based on observation, interview and record review the facility failed to implement an individualized activity program for Resident 5. The findings are: Record review of Resident 5's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 07-01-2025 revealed the facility staff assessed the following about the resident:-Brief Interview of Mental Status (BIMS) was scored as a 13. According to the MDS Manual a BIMS score of 13 to 15 indicates a person is cognitively intact. -had a diagnosis of End Stage Renal Disease (ESRD: a chronic condition where the kidneys have permanently lost most of their function and can no longer filter waste products from the blood) and Diabetes Mellitus. -was receiving hemodialysis (a treatment for ESRD that helps remove waste and excess fluid from the blood).-required partial assistance with toileting, bathing, dressing and transfers. An interview conducted on 07-16-2025 at 9:45 AM with Resident 5 revealed Resident 5 had recently started going to dialysis on Mondays, Wednesdays and Fridays and does not return to the facility until around 4:00 PM. Resident 5 also reports there are no activities offered in the evening or on the weekends. Record review of the facility activity calendar for July 2025 revealed no activities scheduled in the evening or on the weekends. Record review of Resident 5's Electronic Health Record (EHR) under Clinical Census revealed resident was on hospital leave from 06-13-2025 to 06-26-2025. Record review of Resident 5's Progress Note (PN) dated 06-27-2025 revealed Resident 5 returned to the facility from the hospital and would be going to dialysis 3 days a week. Record review of Resident 5's Activities readmission Data Collection (ARDC) dated 06-30-2025 revealed Resident 5's recreational interests included animals/pets, arts/crafts, bingo, family/friend visits, movies, music, and special events. The ARDC also indicated Resident 5 preferred to have activities 2-5 times a week. Record review of Resident 5's Comprehensive Care Plan (CCP) dated 11-09-2023 revealed Resident 5 was dependent on staff with activity participation, would express satisfaction with the type of activities and level of activity involvement when asked through the review date. The CCP also indicated to provide Resident 5 with materials for individual activities as desired. The resident likes the following independent activities: coloring and family visits. Record review of Resident 5's EHR revealed Resident 5 actively participated in activities on 06-06-2025, 06-10-2025 and 06-11-2025 for the month of June and no participation in activities was documented for July 2025. An interview with the Administrator (ADM) on 07-2025 at 12:33 PM confirmed Resident 5 did not participate in any activities since readmission on [DATE] and confirmed the activity calendar did not indicate any activities in the evenings or on weekends.</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <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>Nebraska Licensure Reference 175 NAC 12-006.09(H)(iv)(5)Based on interview and record review, the facility failed to evaluate bowel function and failed to implement interventions to manage bowel function for 1 (Resident 8) of 5 sampled residents. The facility staff identified a census of 63. The findings are: Record review of Resident 8's admission Record printed 7-21-2025 revealed the facility admitted the resident on 6-21-2021 and identified Resident 8 had diagnoses which included dementia with behavioral disturbance (a usually progressive condition marked by the development of multiple cognitive deficits (such as memory impairment, aphasia [a language disorder that affects a person's ability to communicate], and the inability to plan and initiate complex behavior), hypertension (high blood pressure), and major depressive disorder (a serious mood disorder involving one or more episodes of intense psychological depression or loss of interest or pleasure that lasts two or more weeks and is accompanied by irritability, fatigue, poor concentration, sleep disturbances, weight gain or loss, feelings of worthlessness or guilt, and sometimes suicidal tendencies). Record review of Resident 8's quarterly Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and help nursing home staff identify health problems) dated 6-25-2025 revealed the facility staff assessed the resident to have a short-term and long-term memory problem. Further review of the MDS identified the resident was dependent upon staff for assistance with toileting. Record review of Resident 8's Physician's Orders dated 7-21-2025 revealed bowel management orders which included PEG3350 (polyethylene glycol, an osmotic laxative medication that works by drawing water into the colon which softens the stool and makes it easier to pass) to be administered daily for constipation and Senexon-S (a combination of stimulant laxative and stool softener) to be administered twice daily as needed (PRN) for constipation. Record review of Resident 8's Bowel Elimination POC Response History from 6-22-2025 through 7-21-2025 revealed the response No Bowel Movement was recorded on each of the following six consecutive dates: 7-12-2025, 7-13-2025, 7-14-2025, 7-15-2025, 7-16-2025, and 7-17-2025. Record review of Resident 8's Electronic Medication Administration Record (eMAR) dated July 2025 revealed the resident was administered polyethylene glycol daily as ordered. Further review of Resident 8's July 2025 eMAR revealed the Senexon-S medication was not administered at any time in the month of July including from 7-12-2025 through 7-17-2025. Further review of Resident 8's Electronic Medical Record (EMR) including progress notes, forms, and scanned documents showed neither a record of administration of PRN Senexon-S, nor an evaluation of the resident's bowel function. Record review of Resident 8's Comprehensive Care Plan (CCP, a document that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment) showed no interventions for constipation. An interview on 7-22-2025 at 11:55 AM with the Unit Manager (UM) confirmed Resident 8 had not had a bowel movement for six consecutive days from 7-12-2025 through 7-17-2025. The UM further confirmed there was no documentation of an assessment being performed and no documentation of the PRN laxative being administered. An interview on 7-22-2025 at 1:30 PM with the Director of Nursing (DON) revealed the facility has no policy on bowel and bladder elimination. The DON further revealed that when a resident has had no bowel movement for six consecutive days, facility staff should utilize PRN laxative medications if available, perform an evaluation of the resident's bowel function, or notify the provider.</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>Nebraska Licensure Reference Number 175 NAC 12-006.09(H)(v)Based on observation, interview, and record review; the facility failed to implement interventions to prevent further decrease in range of motion for 1 (Resident 20) of 1 resident sampled. The facility staff identified a census of 63. The findings are: Record review of a facility policy entitled Activities of Daily Living (ADLs) dated 1-2024 revealed: -The facility will ensure a resident's abilities in ADLs do not deteriorate unless deterioration is unavoidable. -2. The facility will provide a maintenance and restorative program to assist the resident in achieving and maintaining the highest practicable outcome based on the comprehensive assessment. -Tips for improving or maintaining ADL skills: involvement of therapy or restorative nursing personnel to retrain resident. Record review of Resident 20's admission Record printed 7-17-2025 revealed the facility admitted the resident on 7-21-2021 and identified the resident had diagnoses which included pain, type 2 diabetes mellitus (a common form of diabetes mellitus that develops especially in adults and most often in obese individuals and that is characterized by hyperglycemia resulting from impaired insulin utilization coupled with the body's inability to compensate with increased insulin production), heart failure, and major depressive disorder (a serious mood disorder involving one or more episodes of intense psychological depression or loss of interest or pleasure that lasts two or more weeks and is accompanied by irritability, fatigue, poor concentration, sleep disturbances, weight gain or loss, feelings of worthlessness or guilt, and sometimes suicidal tendencies). Record review of Resident 20's Annual Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and help nursing home staff identify health problems) dated 4-21-2025 revealed the Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score for Resident 20 was not assessed. Further review of Resident 20's MDS revealed no restorative nursing program was offered. Record review of Resident 20's Therapy Screening (TS) dated 1-21-2025 revealed: - Pt [patient] would benefit from skilled services due to lack of mobility, however pt adamantly refuses OOB [out of bed] activity. Will continue to monitor, encourage/discuss, and screen PRN [as needed]. Record review of Resident 20's TS dated 4-21-2025 revealed: - Resident on OT caseload, no noted ST [speech therapy] or OT [occupational therapy] needs, will cont [continue] to monitor and screen PRN. Record review of Resident 20's electronic health record (EHR) including physician's orders, treatment administration records, and comprehensive care plan (CCP, a document that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment) revealed a lack of intervention to prevent further decrease in range of motion. Observation on 7-17-2025 at 9:45 am revealed the fingers of Resident 20's left hand with nodules and decrease range in motion. An interview on 7-17-2025 at 9:45 AM with Resident 20 revealed facility staff did not perform interventions to prevent further decrease in range of motion. An interview on 7-22-25 at 1:07 PM with the Director of Nursing (DON) confirmed there were no identified interventions to prevent further decrease in range of motion for Resident 20.</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09Based on record review and interview the facility failed to identify and implement a plan to manage medications for residents on dialysis services for 3 (Residents 5, 31 and 39) of 4 residents sampled. The facility census was 63. The findings are:</p> <p>A.</p> <p>Record review of the facility policy titled Special Needs dated 01-2024 revealed the following:</p> <ul style="list-style-type: none"> -to address special needs, this facility will provide the necessary care and treatment, including medical and nursing care, consistent with professional standards of practice and in accordance with physician's orders, the comprehensive person-centered care plan, and the resident's goals and preferences. -this policy pertains to the following needs-dialysis -the facility will communicate relevant information with outside providers to ensure safe, continuous care of the resident. -medical conditions will be monitored and managed to prevent complications. -Registered Nurses (RN) and Licensed Practical Nurses (LPN) will participate in the management of medical conditions by following physician orders, assessment of the resident, and reporting changes in condition to the resident's physician. -interventions will be modified in the resident's care plan as needed. -policies and procedures related to special needs will reflect current standards of practice. <p>Record review of Resident's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 07-01-2025 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> -Brief Interview of Mental Status (BIMS) was scored as a 13. According to the MDS Manual a BIMS score of 13 to 15 indicates a person is cognitively intact. -had a diagnosis of End Stage Renal Disease (ESRD: a chronic condition where the kidneys have permanently lost most of their function and can no longer filter waste products from the blood) and Diabetes Mellitus. -was receiving hemodialysis (a treatment for ESRD that helps remove waste and excess fluid from the blood). -was receiving insulin injections. -required partial assistance with toileting, bathing, dressing and transfers. <p>(continued on next page)</p> | | |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|--|---|
| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Record review of Resident 5's Medication Administration Record (MAR) for June 2025 revealed an order for Lispro Insulin inject 8 units 3 times a day with meals and an order to complete a pre and post dialysis assessment on Mondays, Wednesdays, and Fridays. The MAR also revealed on 06-30-2025(a Monday) at 12:00PM the facility staff documented OF (Out of Facility) for the administration for of the Lispro insulin at 12:00 PM because Resident 5 was at dialysis.</p> <p>Record review of Resident 5's MAR for July 2025 revealed an order for Lispro Insulin inject 8 units 3 times a day with meals and an order to complete a pre and post dialysis assessment on Mondays, Wednesdays, and Fridays. The MAR also revealed for the administration of the Lispro insulin at 12:00 PM the facility staff documented OF on the following dates:</p> <ul style="list-style-type: none"> -07-02-2025(Wednesday), -07-04-2025 (Friday), -07-07-2025 (Monday), -07-09-2025 (Wednesday), -07-11-2025 (Friday), -07-14-2025 (Monday) -07-16-2025 (Wednesday). <p>An interview conducted on 07-17-2025 at 2:46 PM with the Agency Nurse (AN) G for the [NAME] Wing of the facility revealed (gender) was unaware of who was responsible to administer insulin while residents were out of the facility for dialysis. Furthermore, AN G revealed the resident's practitioner should be notified any time insulin is not given.</p> <p>An interview conducted on 07-17-2025 with the Unit Manager (UM) at 3:58 PM confirmed OF on the MAR meant the resident was not given the medication because the resident was out of the facility. Furthermore, staff did not notify Resident 5's practitioner that the Lispro Insulin at 12:00 PM was not given in order to modify the insulin regimen.</p> <p>B.</p> <p>Record review of Resident 39's MDS dated [DATE] revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> -BIMS was scored at an 11. According to the MDS Manual a BIMS score of 8-12 indicates moderate cognitive impairment. -had a diagnosis of ESRD and Diabetes Mellitus. -was receiving hemodialysis. -was receiving insulin injections. <p>(continued on next page)</p> |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|--|--|
| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>-required substantial assistance with upper body dressing and bathing.</p> <p>-required total assistance with toileting, lower body dressing, bed mobility and transfers.</p> <p>Record review of Resident 39's Medication Administration Record (MAR) for June 2025 revealed an order for Lispro Insulin inject 5 units 3 times a day with meals and an order to complete a pre and post dialysis assessment on Mondays, Wednesdays, and Fridays. The MAR also revealed an OF was documented at 12:00PM on the following dates:</p> <p>-06-02-2025 (Monday)</p> <p>-06-03-2025 (Tuesday)</p> <p>-06-04-2025 (Wednesday)</p> <p>-06-13-2025 (Friday)</p> <p>-06-16-2025 (Monday)</p> <p>-06-18-2025 (Wednesday)</p> <p>-06-20-2025 (Friday)</p> <p>-06-23-2025 (Monday)</p> <p>-06-25-2025 (Wednesday)</p> <p>-06-27-2025 (Friday)</p> <p>-06-30-2025 (Monday)</p> <p>Record review of Resident 39's MAR for July 2025 revealed an order for Lispro Insulin inject 5 units 3 times a day with meals and an order to complete a pre and post dialysis assessment on Mondays, Wednesdays, and Fridays. The MAR also revealed for the administration of the Lispro insulin at 12:00PM the facility staff documented OF on the following dates:</p> <p>-07-02-2025(Wednesday),</p> <p>-07-04-2025 (Friday),</p> <p>-07-07-2025 (Monday),</p> <p>-07-09-2025 (Wednesday),</p> <p>-07-11-2025 (Friday),</p> <p>-07-14-2025 (Monday)</p> <p>(continued on next page)</p> |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>-07-16-2025 Wednesday.</p> <p>An interview conducted on 07-17-2025 at 2:50 PM with Licensed Practical Nurse (LPN) H for the East Wing of the facility revealed (gender) was unaware of any residents with orders for insulin to be administered while residents were out of the facility for dialysis, and confirmed the resident's practitioner should be notified if a dose of insulin was missed for any reason.</p> <p>An interview conducted on 07-17-2025 with the Unit Manager (UM) at 3:58 PM confirmed the facility staff did not notify Resident 39's practitioner that the Lispro Insulin at 12:00 PM was not given on dialysis days and confirmed the facility had not notified the resident's practitioner to modify the insulin regimen for dialysis residents.</p> <p>C.</p> <p>Record review of Resident 31's Order Summary Report on 7/17/25 revealed Resident 31 admitted to the facility on [DATE] with diagnoses including Atherosclerotic Heart Disease (plaque buildup on arterial walls), Ischemic Cardiomyopathy (a condition when the heart muscle is unable to effectively pump blood), Chronic Kidney Disease Stage 5 (most severe stage of kidney impairment), End Stage Renal (Kidney) Disease, Type 2 Diabetes Mellitus with other Diabetic Kidney Complication (occurs when the body cannot use insulin correctly and sugars builds up), Dependence on Renal Dialysis.</p> <p>Record review of Resident 31's Electronic Medication Administration Record (MAR) for July 2025 revealed a practitioner's order for Lispro Insulin, inject 13 units daily before breakfast related to diagnosis of Type 2 Diabetes Mellitus. Further review of July 2025 MAR's for Resident 31 revealed OF (indicating resident is out of facility) on July 2,4,11,14,16. The review further of Resident 31's medical record revealed the facility staff did not notify the practitioner of omitted (not given) insulin orders on days the resident went to dialysis. Resident 31 has dialysis every Monday, Wednesday, and Friday.</p> <p>An Interview on 07/17/2025 3:58 PM The Infection Preventionist (IP) confirmed, Resident 31 had not received scheduled insulin and the Medical Provider had not been notified of the omitted (not given) insulin on dialysis days. Dialysis days are Monday, Wednesday, and Friday.</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p> | <p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Nebraska Licensure Reference 175 NAC 12-006Based on record review and interview, the facility failed to evaluate the use of a laxative medication for 1 (Resident 8) of 5 residents sampled. The facility staff identified a census of 63.The findings are:Record review of a facility policy entitled Unnecessary Drugs-Without Adequate Indication for Use dated 1-2024 revealed: -2. The attending physician will assume leadership in medication management by developing, monitoring, and modifying the medication regime in collaboration with residents and/or representatives, other professionals, and the interdisciplinary team. Each resident's drug regimen will be reviewed on an ongoing basis, taking into consideration the following elements: a. Dose b. Duration of use c. Indications for use d. Adequate Monitoring e. Presence of adverse consequences which indicate the dose should be reduced or discontinued. f. Any combination of the reasons above.Record review of Resident 8's admission Record printed 7-21-2025 revealed the facility admitted the resident on 6-21-2021 and identified Resident 8 had diagnoses which included dementia with behavioral disturbance (a usually progressive condition marked by the development of multiple cognitive deficits (such as memory impairment, aphasia [language disorder], and the inability to plan and initiate complex behavior), hypertension (high blood pressure), and major depressive disorder (a serious mood disorder involving one or more episodes of intense psychological depression or loss of interest or pleasure that lasts two or more weeks and is accompanied by irritability, fatigue, poor concentration, sleep disturbances, weight gain or loss, feelings of worthlessness or guilt, and sometimes suicidal tendencies).Record review of Resident 8's Physician's Orders dated 7-21-2025 revealed an order dated 8-05-2023 for PEG3350 (polyethylene glycol, an osmotic laxative medication that works by drawing water into the colon which softens the stool and makes it easier to pass) to be administered daily for constipation. There was no stop date listed on the order.Record review of Resident 8's Electronic Medication Administration Record (eMAR) dated June and July 2025 revealed the resident refused polyethylene glycol on 6-8-2025 but was otherwise administered the medication as ordered.Further review of Resident 8's Electronic Health Record (EHR) showed no documentation that the medication had been reevaluated by the prescriber for continued use. Record review of polyethylene glycol Drug Facts dated 11-01-2021 and accessed at www.miralax.com revealed: -Directions adults and children [AGE] years of age and older: -do not use more than seven daysAn interview on 7-22-2025 at 12:23 PM with the Unit Manager (UM) confirmed the resident received polyethylene glycol daily. The UM further confirmed there was no evidence that the prescriber had evaluated the continued use of the medication.The facility was unable to produce further documentation regarding the evaluation of polyethylene glycol at survey exit.</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.10(D) Based observations, record reviews and interviews; the facility staff failed to ensure a medication error rate of less than 5%. Observations of 28 medications administered revealed 3 errors resulting in a medication error rate of 10.71%. The medication errors affected 3 (Resident 11, 22 and 37) of 7 sampled residents. The facility staff identified a census of 63. Findings are: A. Record review of a Order Summary Report (OSR) printed on 7-22-2025 revealed Resident 22's practitioner ordered a Advair Diskus inhaler (medication used to help with breathing) to be used every 12 hours on 7-14-2022. Instruction on the order was to inhale 1 puff and then to rinse the mouth after use. Observation on 7-17-2025 at 6:54 AM revealed Certified Medication Assistant (CMA) A obtained the Advair Diskus, a cup of water and went into the resident's room. CMA A handed the Advair Diskus to the resident and instructed Resident 22 to take a puff. Further observation on 7-17-2025 at 6:54 AM revealed CMA A handed Resident 22 a cup of water and did not instruct Resident 22 to rinse the mouth resulting in Resident 22 drinking the water without rinsing the mouth. On 7-17-2025 at 7:01 AM an interview was conducted with CMA A. During the interview CMA A confirmed Resident 22 was not cued to rinse the mouth as ordered with Resident 22 drinking the water. B. Record review of Resident 37's OSR printed on 7-22-2025 revealed Resident 37's practitioner ordered 15 units of Lispro insulin to be given three times a day and additional Lispro insulin be given based upon blood sugar level. Observation on 7-17-2025 at 8:20 AM of administration of insulin to Resident 37 revealed Licensed Practical Nurse (LPN) C obtained Resident 37 insulin pen. LPN C reported Resident 37's blood sugar level was 242 resulting in Resident 37 would receive an additional 6 units of Lispro insulin, for a total of 21 units of Lispro to be given. LPN C dialed Resident 37's insulin pen to 1unit and pushed the button to prime the insulin pen. After completing the priming of 1unit ,LPN C dialed the pen to 21 units and administered the insulin. On 7-17-2025 at 8:32 AM an interview was conducted with LPN C. During the interview LPN C confirmed Resident 37's insulin pen was primed with 1 unit of insulin. C. Record review of Resident 11's OSR printed on 7-22-2025 revealed Resident 11's practitioner ordered Resident 11 to have 10 units of Lantus insulin every morning. Observation on 7-17-2025 at 8:30 AM revealed LPN C obtained Resident 11's Lantus insulin pen. LPN C dialed Resident 11's insulin pen to 1unit and pushed the button to prime the insulin pen. LPN C dialed the insulin pen to 10 and administered the 10 units of Lantus insulin. On 7-17-2025 at 8:55 AM an interview was conducted with LPN C. During the interview LPN C confirmed Resident 11's insulin pen was primed with 1 unit of insulin. D. Record review of the manufacturers' instruction for using the Lispro insulin pen revised on 7-2023 found at [NAME] Lilli.com revealed the following information:-Prime before each injection: -Priming your pen mean removing the air from the needle and cartridge that may collect during normal use and ensures the pen is working correctly.-If you do not prime before each injection, you may get to much or to little insulin. Step 6: To prime the pen turn the dose knob (dial) to select 2 units. E. Record review of the Manufactures instruction for use of the Lantus insulin pen found at Lantus.com revealed the following information: Step 3. Perform safety test-Dial a test dose of 2 units. Press the injection button all the way in and check to see that insulin comes out of the needle.</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide or obtain dental services for each resident.</p> <p>Licensure Reference Number 175 NAC 12-006.15(A) & (B). Based on observation, interview and record review the facility failed to ensure dental services were provided for 2 (Resident 5 and 56) of 2 residents sampled. The facility census was 63. The findings are:</p> <p>A.</p> <p>Record review of the facility policy titled Dental Services Policy revealed the following:</p> <ul style="list-style-type: none"> -it is the policy of this facility in order to meet the needs of the residents, to assist all residents in obtaining routine and emergency dental care to the extent covered under the State plan and 24-hour emergency dental care. -the facility will provide or obtain from an outside resource, routine and emergency dental services to meet the needs of each resident. -the facility will assist the resident with making dental appointments and arranging transportation to and from the dental service location. <p>Record review of Resident 5's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 07-01-2025 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> -Brief Interview of Mental Status (BIMS) was scored as a 13. According to the MDS Manual a score of 13 to 15 indicate a person is cognitively intact. - had an obvious or likely cavity or broken natural teeth. -required partial assistance with toileting, bathing, dressing and transfers. <p>An interview conducted with Resident 5 on 07-16-2025 at 10:11 AM revealed Resident 5 had seen a dentist that recommended extraction of the upper teeth.</p> <p>An observation of Resident 5 on 07-16-2025 at 10:15 AM revealed 3 broken discolored teeth to the front of the upper jaw.</p> <p>Record review of an Oral Surgery Referral form dated 01-25-2024 revealed the following for Resident 5:</p> <ul style="list-style-type: none"> -resident resides in a nursing facility and has been referred for dental care that exceeds the capability of the facilities mobile dental services. -resident had residual root tips needing removal. -resident had multiple teeth that need to be removed. -resident's treatment plan included extractions that are surgical in nature. <p>(continued on next page)</p> | | |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|--|---|
| <p>F 0791</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>-resident needs evaluated for extractions where diagnostic x-rays and oral access can be obtained.</p> <p>An interview conducted with the Assistant Director of Nursing (ADON) on 07-17-2025 confirmed Resident 5 had not seen a dentist since 01-25-2025 and confirmed Resident 5 did not have any dental services currently scheduled.</p> <p>B.</p> <p>Observation on 07/16/2025 10:00 AM revealed Resident 56 is missing multiple teeth and has several broken teeth. Resident 56's only complaint of pain is in the back and legs.</p> <p>Interview on 7/21/25 8:45 AM Assistant Director of Nursing (ADON) provided documents from 360 Care of Nebraska with dates of service. Resident 56 has not been seen by a dentist since 6/20/2024.</p> <p>Interview with the Director of Nursing (DON) on 07/22/2025 08:52 AM Confirmed Resident 56 has not been seen by a dentist since 05/13/2024 and last seen by the dental hygienist 07/24/2024.</p> <p>Record review of the 360 care of Nebraska revealed notes from the Dentist dated 05i14/2024, Resident 56 needs to be referred to Oral Surgeon due to surgical case and the referral was sent to the facility.</p> <p>Record review of the care plan confirmed awareness of Resident 56's poor dentition.</p> <p>Focus: The resident has oral/dental health problems r/t Poor oral hygiene Date Initiated: 05/23/2024,</p> <p>Revision on: 05/23/2024</p> <p>Goal: The resident will be free of infection, pain or bleeding in the oral cavity through review period. Date Initiated: 05/23/2024, Revision on: 03/03/2025</p> <p>Target Date: 05/22/2025</p> <p>Interventions: Monitor/document/report PRN (as needed) any signs and symptoms of of oral/dental problems needing attention: Pain (gums, toothache), Abscess, Debris in mouth, Lips cracked or bleeding, Teeth missing, loose, broken, eroded, decayed, Tongue (black, coated, inflamed, white, smooth), Ulcers in mouth, Lesions. Date Initiated: 05/23/2024.</p> |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>Licensure Reference Number 175 NAC 12-006.11(A)Based on observations, record review and interview, the facility kitchen staff failed to follow the menu serving sizes for 48 resident who have a regular textured diet. The facility staff identified a census of 63. Findings are: Record review of a undated Menu at a Glance revealed the lunch meal for 7-17-2025 was as follows:-BBQ meat balls-Smashed red potatoes-Green Beans-Corn bread with margarine-BeverageRecord review of of the Diet Spreadsheet for the 7-17-2025 noon meal revealed the following information:-Regular texture portion sizes:-BBQ meatballs, 3- 1 ounce (oz) size meat balls.-Smashed Red Potatoes, #8 scoop size.-Green Beans #8 scoop size.-Cornbread with margarine, 1 each.Observations on 7-17-2025 at 11:56 AM revealed Dietary Assistant (DA) E began serving and setting up room trays to be given to resident in their rooms or secured unit dinning room. Further observations on 7-17-2025 revealed DA E did not use dietary card (informational cards that identify diet type, portion, consistency of foods, food preferences and allergies). DA E served 5 meat balls to residents who were on regular textured diets.An interview was completed with DA E on 7-17-2025 at 11:56 AM . During the interview DA E reported residents on regular textured diets received 5 meat balls. Observation on 7-17-2025 at 12:14 PM of meal service in the east dining room revealed DA F serving random portion of 5 to 12 meat balls to residents on regular textured diets. On 7-17-2025 at 12:30 PM an interview was conducted with DA F. During the interview DA F reported not knowing the serving sizes of the meat balls to be given to the residents.On 7-21-2025 at 10:10 AM an interview was conducted with the Food Service Director (FSD). During the interview the FSD reported each meat ball served on 7-17-2025 noon meal was 1/2 ounces and that each resident on regular textured meals should have received 6 meat balls. The FSD confirmed the menu for portion sizes had not been followed.</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p> | <p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>Based on observations and interviews; the facility kitchen staff failed to ensure foods were at temperatures that was appetizing and palatable. The deficient practice had the potential to effect all residents who eat food from the kitchen. The facility staff identified a census of 63. Findings are: Record review of the current Nebraska Food Code found at 81-2,272.01 for hot and cold holding temperatures revealed the following information:-1. Except during preparation, cooking or cooling or when time is used as a public health control, time/temperature control for safety shall be maintained.-a. At 135 degrees Fahrenheit or above, for hot foods. -41 degrees or less for cold food. Record review of of a facility grievance log from 1-1-2025 through 7-14-25 revealed the following information:-1-01-2025, Multiple Residents , resident not happy with choices for breakfast and complained of cold food.-2-17-2025, Multi resident reported food was cold when they received it in their rooms. -4-4-02-2025, resident unhappy with food. Stated it looked as if it was just thrown on the plate.-6-05-2025, Resident reported did not like diner. The cucumbers were hot and zucchini was cold.On 7-16-2025 at 8:40 AM an interview was conducted with Resident 29. During the interview Resident 29 reported the food doesn't taste good. Record review of a undated Menu at a Glance revealed the lunch meal for 7-17-2025 was as follows:-BBQ meat balls-Smashed red potatoes-Green Beans-Corm bread with margarine-Beverage-PuddingObservation on 7-17-2025 from 12:14 PM to 12:32 PM in the East Dining room revealed Dietary Assistant (DA) C served resident their noon meals. DA C completed the meal service in the East Dining room and began to prepare meal room trays for residents, in addition, a requested meal test tray (meal tray used to evaluate the taste and temperatures of foods served to residents). Further observation on 7-17-2025 from 12:14 PM to 12:32 PM revealed the last room tray was delivered. DA C using the facility thermometer revealed the following information on the evaluation of the meal test tray:-Meat balls 129.0 degrees. -Diced potatoes 107.6.-Ground Meat 110.0.-Green beans 121.4 degrees. -Hot dog alternate 96.0 -Mashed potatoes 120.8, -Pudding 67.8, On 7-17-2025 at 12:32 PM a interview was conducted with DA C. During the interview DA C confirmed hot food were cold and the pudding was too hot. DA C further reported the food did not taste good.On 7-21-2025 at 10:10 AM an interview was conducted with the Dietary Service Manager (DSM). During the interview the DSM reported the facility follows the Nebraska Food code for holding temperatures.</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.18, 12-006.18 (C)Based on observation, interview, record review, the facility failed to implement a plan to mitigate the potential growth of Legionella, and failed to implement Enhanced Barrier Precautions (EBP) for Residents 8 and 61. Findings are:</p> <p>A.</p> <p>An interview on 07/22/2025 10:15 AM with the Maintenance Director (MD) confirmed no documentation of flushing holding tanks or areas that have the potential for stagnant water which could promote potential growth of Legionella.</p> <p>Record review of the facility policy titled "Environmental-Infection Control-Legionella Surveillance & Detection", dated 1/2024.</p> <p>Legionella Surveillance and Detection</p> <p>Policy Statement:</p> <p>Our facility is committed to prevention, detection, and control of water-borne contaminants, including Legionella. Legionnaire's disease will be included as part of our infection surveillance activities.</p> <p>Legionella Water Management Program</p> <p>Policy Interpretation:</p> <p>Our facility is committed to the prevention, detection, and control of water-borne contaminants, including Legionella.</p> <p>Policy Interpretation and Implementation:</p> <p>5. The water management program includes the following elements:</p> <p>c. The identification of areas in the water system that could encourage the growth and spread of Legionella or other waterborne bacteria, including:</p> <ul style="list-style-type: none"> - Storage tanks; -Water heaters; -Filters; -Aerators; -Shower heads and hoses; <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>-Misters, atomizers, air washers and humidifiers;</p> <p>-Hot tubs;</p> <p>-Fountains; and</p> <p>-Medical devices such as CPAP machines, hydrotherapy equipment; etc.</p> <p>7. Water stagnation and;</p> <p>8. Inadequate disinfection.</p> <p>e. Specific measures used to control the introduction and/or spread of legionella (e.g., temperature, disinfectants);</p> <p>f. The control limits or parameters that are acceptable and that are monitored;</p> <p>g. A diagram of where control measures are applied;</p> <p>h. A system to monitor control limits and the effectiveness of control measures;</p> <p>i. A plan for when control limits are not met and or control measures are not effective; and</p> <p>j. Documentation of the program.</p> <p>B.</p> <p>Record review of Resident 61's MDS dated [DATE] revealed the facility staff assessed the following about the resident:</p> <p>-required total assistance with toileting and bathing.</p> <p>-required extensive assistance with lower body dressing.</p> <p>-required limited assistance with upper body dressing and transfers.</p> <p>Record review of Resident 61's Comprehensive Care Plan (CCP) dated 08-22-2024 revealed Resident 61 had an active Multi Drug Resistant Organism (MDRO: an infection caused by bacteria that have developed resistance to multiple classes of antibiotics) or MDRO colonization in the urine. The CCP also revealed the staff were to utilize EBP and wear gowns and gloves during high-contact resident activities.</p> <p>An observation on 07-22-2025 at 8:30 AM revealed a sign on Resident 61's door indicating EBP was to utilized when caring for the resident.</p> <p>An observation conducted on 07-22-2025 at 9:00 AM of Nursing Assistant (NA) B giving Resident 61 a shower revealed NA B transferred Resident 61 into the bath chair, assisted with the removal of clothes and assisted with incontinence care without wearing a gown.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) | | |
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>An interview with NA G on 07-22-2025 at 9:45 AM confirmed Resident 61 was on EBP and a gown was not worn during the shower and should have been.</p> <p>C.</p> <p>Record review of Resident's admission Record identified the facility admitted the resident on 6-21-2021 and the resident had diagnoses which included extended spectrum beta lactamase resistance (ESBL resistance, a type of antibiotic resistance in bacteria).</p> <p>Record review of Resident's quarterly MDS dated [DATE] identified the resident was dependent upon staff for toileting and the use of an indwelling urinary catheter (a flexible tube inserted through the urethra and into the bladder to drain urine).</p> <p>Record review of Resident's CCP (Care Plan) identified the resident has an active multidrug-resistant organism (MDRO) or MDRO colonization and enhanced barrier precautions were to be utilized during high contact resident care activities.</p> <p>Observation on 7-21-25 at 11:43 AM revealed EBP signage was hung at the door.</p> <p>Observation on 7-21-2025 at 11:50 AM of NA-D performing Resident's catheter care revealed catheter care supplies prearranged on a bedside table with a barrier between the table and supplies. NA-D washed hands with soap and water for 22 seconds and donned (applied) gloves. Without donning a gown, NA-D assisted Resident 8 to roll side-to-side to remove the brief. NA-D doffed (removed) gloves, performed hand hygiene, and donned new gloves. NA-D completed urinary catheter care, doffed gloves, performed hand hygiene, donned new gloves, and applied a clean brief.</p> <p>During an interview on 7-21-2025 at 12:02 PM, NA-D confirmed Resident 8 was on EBP and that EBP included the use of gown. NA-D further confirmed that a gown was not worn during urinary catheter care and should have been.</p> <p>Record review of a facility policy entitled "MDRO PPE-Enhanced Barrier Precautions" dated revised 1-2024 revealed:</p> <ul style="list-style-type: none"> -Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce the transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities. -Framework for applying EBP in this facility is the application of EBP to routine care of residents with wounds or indwelling medical devices. The facility requires that staff participate in initial and on-going training on the facility's expectations about hand hygiene and gown and glove use, along with proof of competency regarding appropriate use and donning and doffing technique for PPE. Wounds generally include chronic wounds, not shorter-lasting wounds, such as skin breaks or skin tears covered with an adhesive bandage or similar dressing. -Examples of chronic wounds include, but are not limited to pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, venous stasis ulcers. <p>(continued on next page)</p> | | |

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285239 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 07/22/2025 |
| NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Legacy Pointe LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 3110 Scott Circle 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 (Each deficiency must be preceded by full regulatory or LSC identifying information) |
|---|---|
| <p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p> | <p>-Indwelling medical device examples: central lines, urinary catheters, feeding tubes, tracheostomies.</p> <p>-For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use (central line, urinary catheter, feeding tube, tracheostomy/ventilator), and wound care (any skin opening requiring a dressing).</p> |