

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285275	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2024
NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Lancaster LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 South Street Lincoln, NE 68502	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45613</p> <p>Licensure Reference Number 175 NAC 12-006.05(4)</p> <p>Based on interview and record review, the facility failed to provide bathing preferences for 1 (Resident 4) of 7 sampled residents. The facility census was 216.</p> <p>Record review of Resident 4's undated Admission Record revealed that Resident 4 admitted to the facility on [DATE].</p> <p>Record review of Resident 4's Minimum Data Set (MDS -a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) dated 12/20/23 revealed a Brief Interview for Mental Status (BIMS-a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function) of 15, which indicated the resident was cognitively intact.</p> <p>In an interview on 2/12/24 at 12:05 PM with Resident 4 revealed they wanted a bath twice weekly and they have not been receiving that preference.</p> <p>A record review of Resident 4's bathing tasks documented in Electronic Medical Records for December 2023 baths were documented on 12/5/23 and 12/29/23. The resident was in the hospital in 12/6/23-12/7/23 and from 12/17/23-12/22/23. January 2024 baths were documented on 1/3/23, 1/8/23, and 1/27/24 with no further documentation that resident was out of the facility. February 2024 baths were documented on 2/5/24 with no further documentation that the resident was out of the facility.</p> <p>A record review of Resident 4's Progress Notes dated 12/1/2023 -2/12/2024 revealed no bathing refusals documented or documentation related to bathing.</p> <p>A record review of the undated Preference Sheet printed on 2/1/24 confirmed that Resident 4 prefers 2 baths a week.</p> <p>A record review of Resident 4's undated Comprehensive Care Plan (CCP- written instructions needed to provide effective and person centered care of the resident that meet professional standards of quality care) with a revision date of 10/27/23 revealed an intervention of shower/bath per schedule.</p> <p>(continued on next page)</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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<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 2/12/24 at 3:59 PM with the Director of Nursing (DON) confirmed Resident 4 went 18 days in January and 9 days in February without a bath.</p> <p>A record review of the facility's policy dated December 2016 titled Care Plans, revealed the Comprehensive Person Centered Care Plan will include the resident's stated preferences.</p>		