

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 03/13/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47312</p> <p>Licensure Reference Number 175 NAC 12-006.09D</p> <p>Based on observation, interview, and record review; the facility failed to ensure interventions were in place as care planned for one (Resident 1) of three sampled residents. The facility censure was 209.</p> <p>Findings are:</p> <p>Review of Resident 1's admission record, dated 3/13/24, revealed that Resident 1 admitted to the facility on [DATE] and had the following diagnoses: senile degeneration of the brain (also known as late onset dementia), nontraumatic subarachnoid hemorrhage (bleeding in the area between the brain and thin tissues that cover and protect it) and restlessness and agitation.</p> <p>Review of Resident 1's Minimum Data Set (MDS- a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care), dated 2/26/24, revealed the following:</p> <ul style="list-style-type: none"> -Severely impaired for decision regarding tasks of daily life -Was dependent for all Activities of Daily Living (ADLs) and transfer from chair to bed -Sit to standing and ambulation was not attempted due to medical condition or safety concerns -Had two falls with no injury and one fall with injury (except major) since the prior assessment <p>Review of Resident 1's comprehensive care plan (CCP- written instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care) revealed the following:</p> <ul style="list-style-type: none"> -Focus: The resident is at risk for falls, revised on 4/20/23 -Interventions: 4/21/23 bed and chair alarms, 9/18/23 educate staff on bed position and to make sure alarms are in place, 11/10/23 ensure bed alarm is on and functioning, 2/9/24 staff education <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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the facility incident report dated 2/7/24 revealed that at 7:15 AM Resident 1 was noted to be on the floor next to [gender] bed on [gender] buttocks with [gender] back up against the bed frame. Due to the impulsiveness of the resident [gender] does have bed and chair alarms to alert staff that resident is attempting to transfer. At the time of the fall the residents alarm was on but not sounding due to the box not being connected. Staff on station were educated about this.</p> <p>Review of a paper titled Alarm/Fall mat education, undated, revealed 15 staff signatures.</p> <p>Review of the facility policy, Falls Management, revised 1/2024 revealed the following under Fall Injury Prevention-Post Fall:</p> <ul style="list-style-type: none"> -8. Update and communicate interventions -9. Provide appropriate training for caregivers, noting any changes implemented <p>Observation on 3/12/24 at 3:35 PM revealed Resident 1 in bed with a gray cord coming out from under the bottom sheet on the bed and laying on the floor under [gender] bed. Further observation revealed the cord was not plugged in to anything.</p> <p>Interview on 3/12/24 at 3:36 PM, the Medication Aide (MA)-A revealed that the gray cord was for Resident 1's bed alarm and was to be plugged into the alarm box that notified staff if Resident 1 was not lying or sitting on it. The MA-A further revealed that the bed alarm was an intervention put into place after one of Resident 1's falls. The MA-A confirmed that the cord to the bed alarm was not attached to the alarm box and that the alarm would not notify staff if Resident 1 was not lying or sitting on it.</p> <p>Interview on 3/12/24 at 3:38 PM, the Assistant Director of Nursing (ADON) confirmed that the bed alarm was an intervention for Resident 1 and should have been plugged into the alarm box for the alarm to function.</p>		