STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285275	A. Building B. Wing	05/28/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Emerald Nursing & Rehab Lancaster LLC	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)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. 48271 Licensure Reference Number 175 NAC 12-006.04C3a(6) Based on record review and interviews, the facility failed to notify the physician of change of condition for 1 (Resident # 1) of 3 sampled residents. The facility census was 210. Findings are; A record review of the Admission Record indicated the facility admitted Resident # 1 on 8/7/2023 with diagnoses of Urinary tract infections (an infection in your urinary system), Type 2 diabetes Melllitus (is a chronic condition that happens when you have persistently high blood sugar levels. Insulin resistance is the main cause), Bacterial Infection (microorganisms that invade tissue), Other Specified Disorders of Kidney and Ureter (urinary tract infections, kidney stones, bladder control problems, and prostate problems), Dysphagia (Difficulty swallowing), Unspecified Cognitive Communication Deficit (Reduced awareness and ability to initiate and effectively communicate needs), Unspecified Dementia without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, and Anxiety (A group of thinking and social symptoms that interferes with daily functioning), Depression, Unspecified (A group of conditions associated with the elevation or lowering of a person's mood, such as depression or bipolar disorder), A record review of the MDS(Minimum Data Set, a comprehensive assessment of each resident's functional capabilities) Section C-Cognitive Patterns dated 2/13/24 reveals Resident #1 had a Brief Interview for Mental Status (BIMS) score of 10 which indicates the resident is moderately impaired. A record review of Resident #1's Nursing Progress (PN) note dated 5/2/24 revealed on 5/2/24 Resident #1 had a increased in confusion and hallucinations. Family Member (FM) # 3 had been visiting and reported Resident # 1 might have a UTI (urinary tract infection). A record review of Resident #1's PN dated 5/6/24 revealed FM #3 called about potential UTI to Social Services. According to Resident #1's PN dated 5/6/2024,Social Services passed on the concerns to a Unit Manager on station on nursing station 3,who was to follow up with FM #3 regarding the UTI. A record review of Resident #1's PN dated from 5/2/24 through 5/8/24 revealed no notes or updates had been sent to the physician regarding family's concerns of increased confusion and hallucinations with Resident #1 and FM #3 wanting a Urinalysis (UA) done. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A record review of Resident #1's PN dated 5/9/24 revealed ADON (Assistant Director of Nursing) reported Resident #1 had been yelling in the hall and was confused with a order request for a UA. According to Resident #1's PN dated 5/9/2024 the facility would be waiting for order and FM #3 was notified of the residents change in condition and agreed with the plan at this time. A record review of Resident #1's PN dated 5/12/24 revealed Resident # 1 was sent out to the hospital due to altered mental status, shaking and pale in color. An interview on 5/28/24 at 2:00 PM with FM # 3 confirmed FM # 3 had requested a urinalysis for Resident # 1 on 5/2/24 with Registered Nurse (RN)-C. FM # 3 reported Resident #1 would get more confused and delusional when Resident # 1 had a urinary tract infection. FM #3 confirmed FM # 3 did not receive an update on the physician's order to obtain a Urinalysis until 5/10/24. FM #3 confirmed that Resident #1 was admitted to the hospital on 5/12/24 for a urinary tract infection. An interview on 5/28/24 at 12:00 PM with RN-C confirmed RN-C was aware of FM # 3's request for a urinalysis. An interview on 5/28/24 at 3:30 PM with the DON (Director of Nursing) confirmed FM #3 had requested a urinalysis for Resident # 1 on 5/2/24 and the facility staff had not update the physician on the change of condition with Resident #1. The DON further confirmed FM #3 had requested a urinalysis be done and the physician should have been updated.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48271 Licensure Reference Number 175 NAC 12-006.09 Based on record review and interview the facility failed to provide an escort and or family member to a Cat Scan appointment for 1 (Resident #2) out of 3 sampled residents. The facility census was 210. Findings are: A record review of Admission Record revealed that Resident #2 was admitted to the facility on [DATE] with diagnoses of Aphasias following Cerebral Infarction (trouble talking or understanding what other people are saying when they're talking. They may also struggle to communicate in other ways like writing), Unspecified Sequelae of Cerebral Infarction (cognitive functions following cerebral infarction. Speech and language deficits following cerebral Infarction), Epilepsy, unspecified, not intractable, without status Epilepticus (may have seizures again and again. May have status epilepticus if you have a seizure that lasts longer than 5 minutes, or if you have more than one seizure without returning to a normal level of consciousness between episodes), Major Depressive Disorder, Single Episode, Unspecified (cause significant distress or impairment in social, occupational, or other important areas of functioning) A record review dated May 2024 of the Task: ADL-Ambulation &Wheelchair Mobility revealed that the Resident #2 is dependent on staff to assist with transfer and wheelchair mobility, dressing, eating, personal hygiene, toileting hygiene, bathing, and dressing upper and lower body A record review of Resident #2 Care Plan (CCP-written instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care) dated 5/3/24 revealed that Resident # 2 has a communication problem related to aphasias, is usually understood, and usually understands. Resident # 2 is nonverbal but able to use facial expressions to communicate. A record review of the Care Plan dated 5/3/24 revealed that Resident #2 was unable to complete the BIMS (Brief Interview for Mental Status, 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) and PHQ 9 (a quick depression assessment) assessments due to being non-verbal. Prior BIMS indicated severe cognitive impairment. A record review of the Nursing Progress Note dated 5/23/24 at 14:03 PM revealed Resident #2 was sent to the hospital for a scheduled CT (Cat Scan, A computed Tomography scan is a medical imaging technique used to obtain detailed internal images of the body), of the left side of face to rule out infection or airway obstruction and Resident # 2 did not have a escort for the Cat Scan. An interview on 5/28/24 at 1:30 PM with the DON confirmed that the facility will typically send staff with residents and or family members to assist when needed for appointments whose BIMS score is under 10. The DON confirmed that no staff had been sent along with Resident #2 to Resident # 2 appointment for the CT scan on 5/23/24 and there should have been staff.