

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 11/20/2024
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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47406</p> <p>Licensure Reference Number 175 NAC-12.006.09</p> <p>Based on record review and interviews the facility failed to assess and monitor for potential signs and symptoms of a urinary tract infections for 1 (Resident 2) of 3 sampled residents. The census of the facility was 178.</p> <p>Findings are:</p> <p>Record review of Resident 2's census record dated 11/19/24 revealed the resident admitted to the facility admitted on [DATE].</p> <p>Record review of Resident 2's Minimum Data Set, MDS, a comprehensive assessment of each resident's functional capabilities) dated 11/3/24 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) was 15, which means the resident is cognitively intact.</p> <p>Record review of Resident 2's Physician orders dated 11/19/24 revealed:</p> <p>-Cephalexin Capsule 500 milligram (mg). Take one capsule by mouth every 6 hours for 5 days-indications for use: Urinary Tract Infection (UTI) -Start date 10/31/24.</p> <p>-Ciprofloxacin Tablet (tab) 500 mg. Take 1 tablet by mouth every 12 hours for 7 days-indications for use: UTI -Start date 11/6/24. Medication discontinued on 11/7/24.</p> <p>-Ciprofloxacin Tab 500 mg. Take 1 tablet by mouth every 12 hours for 7 days-indications for use: UTI -Start date 11/7/24.</p> <p>-Urine sample and send in for Urinalysis with Culture and Sensitivity (identifies the bacteria and which antibiotic is most effective) if indicated for infection. Start Date- 11/15/2024.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 11/20/24 at 7:51 AM with Resident 2's guardian. Guardian reports they are upset with the staff for not collecting a urine sample timely. The facility did collect a urine sample a week later after [gender] told the facility about Resident 2's signs and symptoms for possible UTI. When the urine culture (results) came back, a new antibiotic was not started for several days. The facility was to follow up with a UA on 11/15/24 but did not collect the urine sample until today (11/20/24).</p> <p>Interview on 11/20/24 at 1:55 PM with Social Services (SS) revealed [gender] emailed the Guardian on 10/17/24 regarding Resident 2's behaviors and the guardian wondered if Resident 2 had a UTI. SS reported the guardian's concern about Resident 2's behaviors to Licensed Practical Nurse (LPN)-D. SS further reported that a (UA) urinary analysis was completed on 10/30/24 and an antibiotic was started on 10/31/24.</p> <p>Interview on 11/20/24 at 2:02 PM with LPN-D revealed the following:</p> <ul style="list-style-type: none"> -On 10/22/24 LPN-D was told by SS that Resident 2 may have an UTI. LPN-D confirmed that they did not communicate these symptoms on the Physician's board. -On 10/30/24 the physician was notified, and the facility received an order for UA. -On 10/31/24 the facility received UA results and called the doctor. An antibiotic was ordered. -On 11/1/24 received (C&S) culture and sensitivity results and faxed to the doctor. -On 11/6/24 refaxed to doctor the C&S results, the doctor faxed facility back with no new order, then soon after received order for Ciprofloxacin and notified Guardian. <p>Interview on 11/20/24 at 2:15 PM with LPN-D revealed SS should have gone to the floor nurse and the floor nurse should have placed UTI signs and symptoms on the physician board. LPN-D assumed that SS told the floor nurse.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47406</p> <p>Licensure Reference Number NAC 12.005.06(D)(E)</p> <p>Based on observations, interviews and record review the facility failed to perform hand hygiene for 20 seconds and wear personal protective equipment (PPE) throughout wound care for 1 (Resident 9) of 1 sampled residents. The facility census was 178.</p> <p>Findings are:</p> <p>Record review of MDRO PPE-Enhanced Barrier Precautions policy dated 1/2023 revealed:</p> <p>Policy Statement-Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities.</p> <p>Record review of Infection Control Standard Precautions-Handwashing policy dated 1/2024 revealed: Policy Statement-The facility considers hand hygiene the primary means to prevent the spread of infections.</p> <p>Procedure:</p> <p>-Rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers.</p> <p>Record review of Resident 9's November 2024's Medication Administration Record revealed resident admitted to the facility on [DATE].</p> <p>Record review of Resident 9's Physician Orders revealed wound vac to left heel continuous suction at 125mmHg. Change dressing every night shift on Monday, Wednesday, Friday for left heel wound Start Date-11/15/2024.</p> <p>Observation on 11/20/24 at 11:08 AM of Resident 9's left heel wound cares provided by Registered Nurse (RN)-A revealed the following:</p> <p>-RN-A brought supplies into the room, then performed hand hygiene with sanitizing gel and donned gloves. RN-A did not put on an isolation gown according to facility's Enhanced Barrier Precautions policy.</p> <p>-Washed hands with soap and water for 11 seconds after removing edema wear and old dressing.</p> <p>-Washed hands with soap and water for 10 seconds after cleaning the wound.</p> <p>-Washed hands with soap and water for 11 seconds after opening dressings and applied skin prep.</p> <p>-Washed hands with soap and water for 12 seconds after framing the wound opening with a drape.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 11/20/24 at 11:35 AM with RN-A confirmed that [gender] should have washed hands for 30 seconds.</p> <p>Interview on 11/20/24 at 1:20 PM with Director of Nursing confirmed the facilities expectation is to wear PPE during wound cares and to wash hands with soap and water for 20 seconds.</p>

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<p>F 0882</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home.</p> <p>47406</p> <p>Licensure Reference Number NAC 12-005.06(H)</p> <p>Based on interviews and record review the facility failed to employ an Infection Preventionist (IP). This had the potential to affect all the residents living at this facility. The census of the facility was 178.</p> <p>Findings are:</p> <p>Record review of Infection Prevention and Control Program Policy dated 5/20/2017 revealed:</p> <p>-The designated Infection Preventionist serves as a consultant to our staff on infectious diseases, resident room placement, implementing of isolation precautions, staff and resident exposures, surveillance, and epidemiological investigations of exposures of infectious diseases.</p> <p>Record review of Antibiotic Stewardship and Infection Control Surveillance Record revealed no documentation for November 2024.</p> <p>Interview on 11/20/24 at 6:58 AM with Director of Nursing (DON) revealed the facility has not had an IP since mid-October 2024. The facility has hired a new nurse and will have them trained for IP. DON confirmed that infection control duties had not been done since October 2024.</p> <p>Interview on 11/20/24 at 8:26 AM with the Administrator confirmed that the facility did not have an IP since October but the facility hired someone for Infection Preventionist and they start next week.</p>