

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 03/04/2025
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 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>48271</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)(i)(3)</p> <p>Based on observation and interview, the facility failed to ensure soiled bed linens was changed for 1 resident (Resident 2). The sample size was 5. The census was 183.</p> <p>Findings are:</p> <p>A record review of the 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 1/25/25 revealed that Resident 2 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 15/15, indicating the resident was cognitively intact.</p> <p>A record review of the Care Plan (CP-a written instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care) dated 11/01/24 revealed the following for Resident 2:</p> <ul style="list-style-type: none"> -Focus has bladder incontinence related to impaired mobility. -The resident will remain clean and dry. -Routine check and change at routine standard intervals and as required for incontinence. <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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An observation on 3/4/25 at 5:15 AM of Nursing Assistant (NA)-A and NA-B providing peri cares for Resident 2. NA-A had rolled Resident 2 to their right side to position the lift pad, draw sheet and the incontinent pad. An observation of the draw sheet revealed yellow stains in several areas on the draw sheet and yellow stains on the fitted sheet that fit over the mattress. NA-A continued to roll Resident 2 back over to Residents 2 left side so that NA-B could straighten out the lift pad, draw sheet and the incontinent pad. NA-B stated to NA-A that a new draw sheet was needed because the current draw sheet was dirty. NA-A left the room and returned with a clean draw sheet. NA-A and NA-B continued to position the lift pad, clean draw sheet and incontinent pad under Resident 2. NA-B asked if Resident 2 was comfortable and Resident 2 revealed yes I am comfortable. NA-B gathered the dirty linens and trash. NA-A stated when asked about the yellow stains on the fitted sheet, NA-A confirmed that (gender) did not change the fitted sheet due to Resident 2 getting a bath later that morning. NA-A confirmed that (gender) should of changed the yellow stained fitted sheet regardless if it was a bath day or not. NA-B confirmed that the yellow stained fitted sheet should of been changed.</p> <p>An interview on 3/4/25 at 1:30 PM with the Director of Nursing (DON) confirmed that the DON expectations of the Nursing Assistants is to change any kind of linens if soiled to clean linens. DON confirmed that NA-A and NA-B should have changed the soiled fitted sheet.</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** 48271</p> <p>Licensure Reference Number 175 NAC 1-005.06(D)</p> <p>Based on observations, record reviews and interviews the facility failed to prevent the potential for cross-contamination between residents by not performing hand hygiene at the required intervals during the provision of care for 3 (Residents 1, 2, and 3) of 3 sampled residents and failed to apply and remove gloves using infection control practices while performing cares for 1 (Resident 2) out of 3 sampled residents. The facility census was 183.</p> <p>Findings are:</p> <p>An observation on 3/4/25 at 5:15 AM revealed Nursing Assistant (NA)-A was walking down the hallway with gloves on their hands and entered into Resident 2's room. Upon entering Resident 2's room, observed NA-B on the side of bed holding Resident 2 on their left side and NA-A entered the room and on the right side of the resident and began to perform peri care with peri wipes and had not removed the gloves or performed hand hygiene prior to the start of cares. NA-A completed the cares and gathered the dirty linens and trash and proceeded down the hallway to the trash room with the same gloves on. NA-A did remove the gloves at the nurses desk. NA-A did not perform hand hygiene after placing the trash bag in the trash room. NA-A then proceeded to Resident 1's room. NA-A did not perform hand hygiene. NA-A did put on gloves before starting peri-cares on Resident 1. NA-A finished putting brief on resident and gathered the trash and dirty linens and left Resident 1's. NA-A removed gloves after throwing the trash bag in the trash room. NA-A did not perform hand hygiene after throwing trash bag away. NA-A entered Resident 3's room and did not perform hand hygiene. NA-A did put on gloves and proceeded to provide peri-care to Resident 3 and assisted with dressing. NA-A gathered the trash and linens and removed their gloves. NA-A did not perform hand hygiene after leaving the room. NA-A did not perform hand hygiene after throwing the trash in the trash room.</p> <p>An interview on 3/4/25 at 6:00 AM with NA-A confirmed that (gender) should of changed gloves when entering Resident 2's room and that NA-A should of performed hand hygiene before and after entering each resident's room.</p> <p>A record review of the Infection Control Standard Precautions-Handwashing with a revised date of 1/24 revealed:</p> <ul style="list-style-type: none"> -Wash hands with soap (antimicrobial or non-antimicrobial) and water for the following situations A) when hands are visible soiled, B) after contact with a resident with a infectious diarrhea including but not limited to infections caused by norovirus, salmonella, C.difficile, and shigella. -Use an alcohol-based hand rub containing at least 62% alcohol or alternatively soap (antimicrobial [NAME] non-antimicrobial) and water for the following situations, A) before and after coming on duty, B) before and after direct contact with residents, I) after contact with a resident's intact skin, M) after removing gloves -The use of gloves does not replace hand washing/hand hygiene. <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>-Rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers</p> <p>-apply generous amount of alcohol-based hand rubs to palm of hands and rub hands together, cover all surfaces of hands and fingers until hands are dry.</p> <p>An interview on 3/4/25 at 2:30 PM with the Director of Nursing (DON) confirmed that the facility had an audit for handwashing dated 12/13/24 with staff members name and education provided for hand washing, 1/25 audit for handwashing dated 1/25 revealed staff members who had been educated on proper handwashing and audit for handwashing dated 2/25 revealed staff members name who had been educated on proper handwashing. The DON confirmed that the aide should not of been wearing gloves down the hallway and should of removed them before entering the room. DON confirmed that hand washing should have been done prior to and after cares and the dirty sheet should have been changed regardless of, if it was bath day or not.</p>