

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  01/08/2026
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 175 NAC 12-006.11(E) Based on observations, interviews, and record review, the facility failed to drain the standing water and sanitize four (station one, station two, station three, and station four) out of four observed dining room steam tables, and to clean and sanitize the toaster in the station four dining area. This had the potential to affect 170 residents that utilized the dining area for meals. The facility census was 171. Findings are: A record review of the Facility Policy Resident Rights dated 11.2017 and a revision date of 10.2022 revealed that the residents have a right to a safe, clean, comfortable environment. A record review of the undated Facility Policy Cleaning Instructions: Steam Tables (commercial kitchen equipment that keeps pre-cooked food at safe temperatures by using steam from heated water) revealed: Remove the serving pans and wash according to the guidelines for pots and pans. Clean the inside and outside of each unit of the steam table. Use hot water and detergent. Rinse and dry thoroughly. If the unit is heated by steam, drain the water and remove the top section to clean. Water should be drained out and the tank cleaned at least once a day. De-[NAME] may be needed to remove the lime deposits. If units are heated by electricity, be careful not to get water into the sockets. Carefully clean around the electrical elements weekly. A record review of the National 2022 Food Code Chapter 4-601.11(B)(C) objective revealed the food-contact surfaces of equipment and pans shall be kept free from encrusted grease deposits and other soil accumulations and non-food contact surfaces of equipment shall be kept free of an accumulation of dust, dirt, food residue, and other debris. An observation on 1.7.2026 at 9:00 AM during the facility tour revealed: Station one, two, and three steam tables had brown liquid substance with floating particles in the compartments, the sides had brown corrosion, and dried food present. Station four steam table had dark brown liquid substance with floating particles in all compartments, and the toaster was covered with food crumbs, stained black with dry food on top and the sides, and on the counter below. An observation on 1.7.2026 at 11:00 AM with the Food Service Manager (FSM) of the steam table water on all stations (one, two, three, and four) revealed the compartment water was brown in color with floating particles. During an interview on 1.7.2026 at 1:10 PM with the cook confirmed the steam table is to be cleaned daily, including changing the water, but that is not happening and could not confirm when the water was last changed. During an interview on 1.7.2026 at 1:15 PM the FSM confirmed all unit steam tables had brown water with floating particles, the steam tables should be cleaned and sanitized daily, being unaware of the last time the water was changed, and confirmed no active process improvement in place. FSM also confirmed the toaster on station four was soiled with food crumbs, stained black, and had dried food on top, and all sides, and needed to be replaced. During an interview on 1.7.2026 at 2:15 PM with the Administrator (Adm) confirmed the dietary sanitation needs improvement and there is currently no process improvement plan in place and there should be.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  Facility ID: 285275	If continuation sheet Page 1 of 1