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| 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 04/14/2026 |
| 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) |
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| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.04 (F) (i) (5)Based on interviews and record review, the facility failed to notify the physician and family representative of one resident (Resident 1) of 3 sampled residents of a change in condition. The facility census was 190.Findings are:A record review of the admission Record revealed Resident 1 was admitted to the facility on [DATE] with the diagnosis of Subarachnoid Hemorrhage(blood vessel on the brain's surface ruptures), Hypoglycemia (Blood sugar (glucose) drops below normal levels), Anxiety Disorder (excessive fear or worry that interferes with daily life, such as work, school, or relationships), Hypotension (occurs when blood flow to vital organs is reduced, often causing dizziness, fainting, or fatigue), Shortness of Breath (not getting enough air), Chronic Congestive Heart Failure (the heart cannot pump efficiently, causing fluid buildup in the lungs and body), Non-St Elevation- Myocardial Infarction (a serious, life-threatening heart attack caused by partial, rather than full, blockage of a coronary artery), Transient Ischemic Attack (a mini stroke-a temporary blockage of blood flow to the brain, lasting from a few minutes to 24 hours), and Edema (swelling caused by excess fluid trapped in body tissues, commonly occurring in the legs, feet, or hands).A record review of Resident 1's progress notes of a nursing assessment dated [DATE] at 3:52 AM for an assessment performed on 4/1/26 at 8:30 PM revealed the following regarding Resident 1:-Resident was lethargic-Denied being in pain-Resident was alert and oriented x 3. Resident responded incorrectly on the day of the week.-Blood sugar on resident's CGM (a wearable device that tracks blood sugar levels) was 234.-Resident was not diaphoretic but did say they were hot.-Vital signs were: left arm blood pressure was 78/64, pulse was 105, and oxygen saturation was 83% on room air.-Blood pressure in right arm was 128/76.-3 liters of oxygen via concentrator was stated.-Resident denied shortness of breath but breathing was labored.-Oxygen saturations came up to 93% after the oxygen was applied.A record review of progress notes dated 4/2/26 revealed there was no progress notes for Resident 1 updating the Physician or the family representative after the change of condition noted on 4/1/2026 at 8:30 PM. An interview on 4/13/26 at 10:34 AM with the Nurse Practitioner (APRN) confirmed that the Physicians office had not been notified of Resident's 1 change in condition on 4/1/2026. An interview on 4/13/26 at 1:15 PM with the Family Representative for Resident 1 confirms that (gender) had not been updated on the change in condition for Resident 1. The Family Representatives were notified when Resident 1 had passed away.An interview on 4/13/26 at 2:15 PM with the Director of Nursing confirmed that the charge nurse should of notified the physician and the family representative for Resident 1 with the change in condition and the charge nurse did not notify the physician or the family representative of the change in condition.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.04(D) (i) (3)Based on record review and interview the facility failed to maintain a professional standard of practice with assessing one (Resident 1) of 3 sampled residents after Resident 1 had a change in condition. The facility census was 190. Findings are:A record review of the admission Record revealed Resident 1 was admitted to the facility on [DATE] with the diagnosis of Subarachnoid Hemorrhage(blood vessel on the brain's surface ruptures), Hypoglycemia (Blood sugar (glucose) drops below normal levels), Anxiety Disorder (excessive fear or worry that interferes with daily life, such as work, school, or relationships), Hypotension (occurs when blood flow to vital organs is reduced, often causing dizziness, fainting, or fatigue), Shortness of Breath (not getting enough air), Chronic Congestive Heart Failure (the heart cannot pump efficiently, causing fluid buildup in the lungs and body), Non-St Elevation- Myocardial Infarction (a serious, life-threatening heart attack caused by partial, rather than full, blockage of a coronary artery) , Transient Ischemic Attack (a temporary blockage of blood flow to the brain, lasting from a few minutes to 24 hours), and Edema (swelling caused by excess fluid trapped in body tissues, commonly occurring in the legs, feet, or hands). A record review of the progress notes dated [DATE] revealed: An aide went and got the charge nurse at 8:30 PM (on [DATE]). The aide stated that Resident 1 did not look right. The Charge nurse went into Resident 1 room and noticed Resident 1 seemed lethargic. Resident 1 denied pain. Resident 1 responded to all questions. The charge nurse took Resident 1 vital signs with Resident 1 blood pressure 78/64, Pulse 105, oxygen level being 83% on room air. The charge nurse then asked the Aide to bring a concentrator and was placed on 3 liters of oxygen. Resident 1 oxygen level came up to 93% with the oxygen remaining on. Around 1:00 AM the Aide came and told the charge nurse to check on Resident 1 again. When the charge nurse entered the room, Resident 1 was laying on the bed with Resident 1 feet on the floor. Resident 1 color was gone. The charge nurse checked for a pulse and respirations. Resident 1 was unresponsive. Resident 1 code status was Do Not Resuscitate. The charge nurse called the emergency department (EMT) and when the EMT arrived the EMT pronounced the time of death for Resident 1. The charge nurse noticed the nurse manager on call. The nurse manager notified the provider and resident's family of the death of Resident 1.A record review of the progress notes dated [DATE] revealed: Resident 1 passed away (died) at 1:30 AM, Resident 1 family was notified at 1:45 AM, police notified at 1:40 AM and the body was released to the mortician at 4:00 AM.An interview on [DATE] at 9:00 AM with the Director of Nursing confirms that the charge nurse should of done another assessment ([DATE] after 8:30 PM and before [DATE] at 1:00 AM) and should have checked on Resident 1 more often due to the change in condition and the charge nurse did not do another assessment or check on Resident 1.</p> | | |

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| <p>F 0773</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.04(F)(i)(5)Based on record review and interview, the facility failed to notify the physician of a urinary analysis results (UA-analyzing urine's physical, chemical, and microscopic properties to detect disorders like UTIs {urinary tract infections}, kidney disease, and diabetes) and the culture and sensitivity (detects infection-causing germs (bacteria or fungi) and identifies the most effective antibiotic to treat them) for one resident (Resident 3) of 3 sampled resident. The facility census was 190.Findings are: A record review of the admission record with the printed date of 4/14/26 revealed Resident 3 was admitted to the facility on [DATE] with the diagnosis of Parkinson's Disease (progressive movement disorder of the nervous system), Major Depressive Disorder (a common, serious mental health condition characterized by persistent sadness, loss of interest in activities, and fatigue, lasting at least two weeks), Edema (swelling caused by excess fluid trapped in body tissues, commonly occurring in the legs, feet, or hands), Dysphagia (difficulty swallowing), Dementia (a progressive syndrome causing cognitive decline-memory loss, communication issues, and personality changes-severe enough to disrupt daily life), and Attention-Deficit Hyperactivity disorder (persistent patterns of inattention, hyperactivity, and/or impulsivity that interfere with daily functioning).A record review of a fax dated 3/12/26 to the physician revealed: Family concerned about a UTI (Urinary Tract Infection) and dysuria (pain, burning or discomfort during urination), with a response to obtain a UA with C&S as indicated. A note on the order read: noted UA obtained.A record review of [NAME] Laboratory dated 3/12/26 for a Urinalysis revealed a culture is indicated and a C&S was completed on 3/14/26. The Lab was noted by the facility nurse on 3/16/26.A record review of a fax dated 3/26/26 to the physician revealed: Family here, says Resident 3 has another urinary infection (confusion)- Asked why Resident 3 has another despite getting an antibiotic a week ago (no antibiotic -was waiting culture). Family wanting answers and new urinary analysis and more antibiotic ordered. The Physicians response was : C&S was not provided for review. Now done. Start Bactrim DS 1 tab by mouth twice a day for 7 days. Nurse noted 3/26/26.A record review of the progress notes dated 3/26/26 with the Director of Nursing (DON) revealed: DON spoke with the Power of Attorney regarding Resident 3 UA. The DON apologized for results not being communicated or followed up on in a timely manner. Assured family an antibiotic was ordered by the provider that was to start today (3/26/2026).An interview on 4/14/26 at 10:00 AM with the DON confirmed that the labs had not been sent to the physician and it should have been. The DON confirmed that the antibiotic should of been started before the 3/26/26 and it wasn't. The DON confirmed that the facility's nurses station has to have all orders reviewed by (gender).</p> | | |