

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 04/22/2026
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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Licensure Reference Number 175 NAC 12-006.11(E)Based on observations and record reviews, the facility failed to maintain ice machines on Stations 1 and 3 in a clean and sanitary manner in order to prevent the spread of foodborne illness. This had the potential to affect 55 residents on Station 1 and 33 residents on Station 3. The facility census was 191. Findings are: An observation on 04/21/2026 at 11:19 AM of the ice machine on Station 1 revealed the white plastic piece over the ice had red stains and a black and brown substance on it. An interview on 04/21/2026 at 11:19 AM with Nurse Aide (NA) A confirmed that the ice machine was used to obtain ice for residents on Station 1. The NA further confirmed that the white plastic piece was not clean. The NA stated that they did not know how often the ice machines were cleaned, but that maintenance was responsible for it. An observation on 04/21/2026 at 11:44 AM of the ice machine on Station 3 revealed the white plastic piece over the ice had a grey film on it. An interview on 04/21/2026 at 11:44 AM with Licensed Practical Nurse (LPN) B confirmed the ice machine was used to obtain ice for the residents on Station 3. The LPN further confirmed that the white plastic piece was not clean. LPN B stated they did not know when the ice machine was last cleaned and was not sure who was responsible for cleaning it. An observation on 04/21/2026 at 2:11 PM of the ice machine on Station 3 revealed the machine was partially disassembled with the evaporator (the grid shaped piece where the ice cubes are formed) visible. The surfaces of the evaporator grid and of the area around it were coated with a brown fuzzy substance. An interview on 04/21/2026 at 2:11 PM with Maintenance Worker (MW) C, confirmed the fuzzy substance on the evaporator to the ice machine on Station 3. MW C confirmed they had disassembled the machine for cleaning. MW C stated they had six ice machines in the building and cleaned one a month. An observation on 04/21/2026 at 2:47 PM revealed the ice machine on Station 1 was still up and running. An interview on 04/21/2026 at 2:52 PM with the Administrator (ADM) confirmed the ice machine on Station 1 had red stains and a black and brown substance on the plastic piece over the ice. An interview on 04/21/2026 at 3:05 PM with the ADM confirmed they had not been following a process for maintaining the ice machines in a clean and sanitary condition.		

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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