| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 285275 | A. Building<br>B. Wing | 06/17/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Emerald Nursing & Rehab Lancaster LLC | 1001 South Street<br>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 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.19 Based on observations and interviews, the facility failed to ensure an uncluttered physical environment that is neat and well-kept for rooms 211, 215, 230, 234, 235, 412, 415, 428, and 436. The facility census was 191.<br><br>Record review of facility Operations Management Policy on Physical Environment, dated 01/2024 revealed:<br><br>-Policy: The facility will maintain all mechanical, electrical and patient care equipment in a safe operational condition.<br><br>-Policy Explanation and Compliance Guidelines:<br><br>3. Routine rounding will include observations of the facility to determine whether the areas are large enough to comfortably accommodate the needs of the residents who usually occupy the space.<br><br>Observations of resident rooms conducted on June 16, 2026, revealed the following:<br><br>room [ROOM NUMBER] had a bulletin board in front of and blocking the ventilation system. This room also had multiple plastic storage boxes on top of the vent. This blockage limited airflow and temperature control to the room and created an obstacle for the facility maintenance department to view the system during rounds and to maintain the ventilation system.<br><br>room [ROOM NUMBER] had many garments and blankets on top of and blocking the ventilation system in the room. This blockage limited airflow and temperature control to the room and created an obstacle for the facility maintenance department to view the system during rounds and to maintain the ventilation system.<br><br>room [ROOM NUMBER] had a blanket on top of and blocking the room's ventilation system. This blockage limited airflow and temperature control to the room and created an obstacle for the facility maintenance department to view the system during rounds and to maintain the ventilation system.<br><br>room [ROOM NUMBER] had a blanket on top of and blocking the room's ventilation system. There were also several plants placed on top of the fabric covering which was blocking the vent. This blockage limited airflow and temperature control to the room and created an obstacle for the facility maintenance department to view the system during rounds and to maintain the ventilation system.<br><br>Facility tour of environment on 6/16/26 at 1:40 PM with Associate Administrator (ADM-2) and<br>(continued on next page) |

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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| F 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Director of Environmental Services (MD-G). Facility observation revealed that rooms 412, 415, 428 and 436 continued to have large amounts of clutter obscuring the vents in these rooms.<br><br>During interview following environmental tour, MD-G confirmed that their expectation would be that there is no clutter in the rooms and that the air conditioner/heating vents would not be covered. MD-G stated that Social Services and Housekeeping should assist with the cleanup of clutter. The ADM-2 confirmed that their expectation would be that all departments assist with keeping the rooms clutter free and to ensure that vents are not being covered up.<br><br>Findings are:<br><br>On 06/10/2026 at 5:30 PM an observation of rooms revealed:<br><br>-room [ROOM NUMBER] blankets, bags and clutter on the floor.<br><br>-room [ROOM NUMBER] Bags of clothes and boxes and clothes baskets coving the vent to the air conditioner/heater.<br><br>-room [ROOM NUMBER] Suit case, 3 drawer plastic cabinet, and a white coat covering the vent to the air conditioner/heater.<br><br>-room [ROOM NUMBER] 2 plastic totes and coat and cushion up against the vent.<br><br>-room [ROOM NUMBER] dresser blocking more than 1/2 the vent.<br><br>-room [ROOM NUMBER] blanket covering vents.<br><br>On 06/15/2026 at 2:00 PM on observation of rooms revealed:<br><br>-room [ROOM NUMBER] blankets, bags and clutter on the floor.<br><br>-room [ROOM NUMBER] Bags of clothes and boxes and clothes baskets coving the vent to the air conditioner/heater.<br><br>-room [ROOM NUMBER] Suit case, 3 drawer plastic cabinet, and a white coat covering the vent to the air conditioner/heater.<br><br>-room [ROOM NUMBER] 2 plastic totes and coat and cushion up against the vent.<br><br>-room [ROOM NUMBER] dresser blocking more than 1/2 the vent.<br><br>-room [ROOM NUMBER] blanket covering vents.<br><br>An interview on 06/16/2026 at 9:46 AM with Medication aide-E confirmed that everyone is responsible for picking up residents personal items. Housekeeping can't mess with any personal items.<br>(continued on next page) |

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| F 0584<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | An interview on 06/15/2026 2:01 PM with the Medication aide - F confirmed that the clutter is always that way in the rooms.<br><br>Record review of facility Operations Management Policy on Physical Environment, dated 01/2024 revealed:<br><br>-Policy Explanation and Compliance Guidelines:<br><br>3. Routine rounding will include observations of the facility to determine whether the areas are large enough to comfortably accommodate the needs of the residents who usually occupy the space.<br><br>During an environmental tour on 6/16/26 at 1:30 PM with the Administrator-2 and Maintenance Director confirmed that their expectations would be no clutter in the rooms or having the air conditioner/heating vents covered. The Maintenance Director confirmed that Social Services/housekeeping should be assisting with the clean up of clutter. The Administrator-2 confirmed that their expectation would be all departments assist with keeping the rooms clutter free and vents not being covered up. |