

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 01/30/2025
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45641</p> <p>Licensure Reference Number 175 NAC 12-006.19(A)</p> <p>Based on observation, interview, and record review, the facility failed to ensure the wall mounted oscillating (moved back and forth) fans' shrouds (cage around the blades) and blades in Rooms 204, 210, 213 and 233, the vent above the whirlpool in the Station 2 bathhouse, and the pivot stand (a device used to assist with resident transfers) in the Station 2 hallway were clean from lint and debris. The facility census was 174.</p> <p>Findings are:</p> <p>A record review of the facility's Cleaning and Disinfection - Environmental Infection Control policy dated 1/2024 revealed environmental surfaces would be disinfected (or cleaned) on a regular basis (e.g. (for example), daily, three times per week), and when surfaces were visibly soiled.</p> <p>A record review of the facility's Survey Readiness Environmental Checklist log sheets did not reveal it included the bathhouses, pivot stand, or room fan cleaning.</p> <p>A record review of the facility's undated Environmental Service Associate checklist dated 12/24/2024 did not include cleaning resident room fans, bathhouse vents, or pivot stand.</p> <p>A record review of the facility's Deep Cleaning Calendar dated 7/29/24 - 1/22/24 revealed:</p> <ul style="list-style-type: none"> -room [ROOM NUMBER] was last deep cleaned on 01/16/2025, -room [ROOM NUMBER] was last deep cleaned on 12/17/2024, -room [ROOM NUMBER] was last deep cleaned on 10/22/2024, -room [ROOM NUMBER] was last deep cleaned on 12/03/2024. <p>An observation on 01/29/2025 at 8:05 AM with the facility's Administrator and Director of Maintenance revealed:</p> <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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-2 wall mounted oscillating fans' shrouds and blades in resident room [ROOM NUMBER] contained a moderate amount of a gray fuzzy substance.</p> <p>-2 wall mounted oscillating fans' shrouds and blades in resident room [ROOM NUMBER] contained a moderate amount of a gray fuzzy substance.</p> <p>-2 wall mounted oscillating fans' shrouds and blades in resident room [ROOM NUMBER] contained a moderate amount of a gray fuzzy substance.</p> <p>-2 wall mounted oscillating fans' shrouds and blades in resident room [ROOM NUMBER] contained a moderate amount of a gray fuzzy substance.</p> <p>-1 pivot stand was located outside of resident room [ROOM NUMBER] in the hallway and contained a large amount of a brown fuzzy and grainy substance on base and gray scum on the handles and bars.</p> <p>-The vent cover above whirlpool tub in the Station 2 bathhouse contained a large amount of a brown and gray fuzzy substance.</p> <p>An observation on 01/30/2025 at 12:05 PM with the facility's Administrator revealed the vent cover above whirlpool tub in the Station 2 bathhouse contained a large amount of a brown and gray fuzzy substance.</p> <p>In an interview on 01/29/2025 at 8:05 AM, the facility's Administrator confirmed the Administrator observed the follow, and the items should have been cleaned:</p> <p>-2 wall mounted oscillating fans' shrouds and blades in resident room [ROOM NUMBER] contained a moderate amount of a gray fuzzy substance.</p> <p>-2 wall mounted oscillating fans' shrouds and blades in resident room [ROOM NUMBER] contained a moderate amount of a gray fuzzy substance.</p> <p>-2 wall mounted oscillating fans' shrouds and blades in resident room [ROOM NUMBER] contained a moderate amount of a gray fuzzy substance.</p> <p>-2 wall mounted oscillating fans' shrouds and blades in resident room [ROOM NUMBER] contained a moderate amount of a gray fuzzy substance.</p> <p>-1 pivot stand was located outside of resident room [ROOM NUMBER] in the hallway and contained a large amount of a brown fuzzy and grainy substance on base and gray scum on the handles and bars.</p> <p>In an interview on 01/30/2025 at 12:05 PM with the facility's Administrator confirmed the vent cover above whirlpool tub in the Station 2 bathhouse contained a large amount of a brown and gray fuzzy substance and should have been clean.</p>

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45484</p> <p>Based on record reviews and interviews, the facility failed to provide written notice of transfer to residents or their representatives prior to a transfer for 4 (Residents 16, 85, 99, and 115) of 4 sampled residents for hospitalization s. or their representatives prior to a transfer to the hospital. The facility census was 174.</p> <p>Findings are:</p> <p>A record review of the facility's Transfer and Discharge from the Facility Policy dated 1-2024 revealed the following:</p> <p>The facility should provide notice in writing and in a manner and language that is understood.</p> <p>The notice should include at minimum the reason and effective date of the discharge/transfer, the location where the resident was transferred, a statement of the resident's appeal rights, the name, mailing address, email address and telephone number of the agency that receives discharge appeal requests, information about how to obtain an appeal form, title of the facility staff who will assist the resident to complete and submit the form, and the name, mailing address, email address and telephone number of the State Long Term Care Ombudsman's office.</p> <p>A.</p> <p>A record review of Resident 16's Admission Record dated 01/28/2025 revealed the resident was admitted to the facility on [DATE] and had diagnoses of toxic encephalopathy (a condition in which the brain becomes inflamed and damaged due to exposure to toxins-symptoms include altered mental status, such as confusion and lethargy), dementia (a usually progressive condition marked by the development of multiple cognitive deficits such as memory impairment, aphasia, and the inability to plan and initiate complex behavior), and a history of urinary tract infections.</p> <p>A record review of Resident 16's Clinical Census dated 01/28/2025 revealed the resident was on hospital leave starting 11/21/2024 and returned to the facility on [DATE].</p> <p>A record review of Resident 16's Bed Hold/Therapeutic Leave Policy form for the Bed Hold period beginning 11/21/2024 revealed it did not contain the location or reason for transfer or any appeals information.</p> <p>An interview on 01/29/2025 at 11:00 AM with the Clinical Consultant (CC) confirmed the Bed Hold/Therapeutic Leave Policy form was what the facility was providing on transfer, and that the form did not contain appeals information.</p> <p>An interview on 01/29/25 at 12:44 PM with the Regional Administrator (RA) confirmed that the facility had not been providing written notices of transfer that included the required information for emergency transfers.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>B.</p> <p>A record review of Resident 85's Admission Record dated 01/28/2025 revealed the resident was admitted to the facility on [DATE] and had diagnoses of Alzheimer's disease (a form of dementia), history of a cerebrovascular infarction (a type of stroke, or condition where blood flow to the brain is interrupted, causing brain cells to die), high blood pressure and an irregular heartbeat.</p> <p>A record review of Resident 85's Clinical Census dated 01/28/2025 revealed the resident was on hospital leave starting 10/05/2024 and returned to the facility on [DATE].</p> <p>A record review of Resident 85's Bed Hold/Therapeutic Leave Policy form for the Bed Hold period beginning 10/05/2024 revealed it did not contain the location or reason for transfer or any appeals information.</p> <p>An interview on 01/29/2025 at 11:00 AM with the Clinical Consultant (CC) confirmed the Bed Hold/Therapeutic Leave Policy form was what the facility was providing on transfer, and that the form did not contain appeals information.</p> <p>An interview on 01/29/25 at 12:44 PM with the Regional Administrator (RA) confirmed that the facility had not been providing written notices of transfer that included the required information for emergency transfers.</p> <p>C.</p> <p>A record review of Resident 99's Admission Record dated 01/28/2025 revealed the resident was admitted to the facility on [DATE] and had diagnoses of blood clots in the deep veins in the legs, an open wound on the left ankle, and high blood pressure.</p> <p>A record review of Resident 99's Clinical Census dated 01/28/2025 revealed the resident was on hospital leave starting 12/07/2024 and returned to the facility on [DATE]. Further review of the Clinical Census revealed the resident was on hospital leave starting 01/01/2025 and returned to the facility on [DATE].</p> <p>A record review of Resident 99's Bed Hold/Therapeutic Leave Policy form for the Bed Hold period beginning 12/07/2024 revealed it did not contain the location or reason for transfer or any appeals information.</p> <p>A record review of Resident 99's Bed Hold/Therapeutic Leave Policy form for the Bed Hold period beginning 01/01/2025 revealed it did not contain the location or reason for transfer or any appeals information.</p> <p>An interview on 01/29/2025 at 11:00 AM with the Clinical Consultant (CC) confirmed the Bed Hold/Therapeutic Leave Policy form was what the facility was providing on transfer, and that the form did not contain appeals information.</p> <p>An interview on 01/29/25 at 12:44 PM with the Regional Administrator (RA) confirmed that the facility had not been providing written notices of transfer that included the required information for emergency transfers.</p> <p>(continued on next page)</p>		

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<p>F 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>D.</p> <p>A record review of Resident 115's Admission Record dated 01/28/2025 revealed the resident was admitted to the facility on [DATE] and had diagnoses of blood clots in the deep veins of the legs, type 2 diabetes mellitus (T2DM -a long-term condition in which the body has trouble controlling blood sugar and using it for energy) with a foot ulcer, and chronic obstructive pulmonary disease (COPD-group of lung diseases that block airflow and make it difficult to breathe).</p> <p>A record review of Resident 115's Clinical Census dated 01/30/2025 revealed the resident was on hospital leave starting 12/05/2024 and returned to the facility on [DATE]. Further review of the Clinical Census revealed the resident was on hospital leave starting 01/16/2025 and returned to the facility on [DATE].</p> <p>A record review of the Bed Hold/Therapeutic Leave Policy form for the Bed Hold period beginning 12/05/2024 revealed it did not contain the location or reason for transfer or any appeals information.</p> <p>A record review of the Bed Hold/Therapeutic Leave Policy form for the Bed Hold period beginning 01/16/2025 revealed it did not contain the location or reason for transfer or any appeals information.</p> <p>An interview on 01/29/2025 at 11:00 AM with the Clinical Consultant (CC) confirmed the Bed Hold/Therapeutic Leave Policy form was what the facility was providing on transfer, and that the form did not contain appeals information.</p> <p>An interview on 01/29/25 at 12:44 PM with the Regional Administrator (RA) confirmed that the facility had not been providing written notices of transfer that included the required information for emergency transfers.</p>

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47312</p> <p>Licensure Reference Number 175 NAC 12-006.09B</p> <p>Based on record review and interview; the facility failed to ensure the Minimum Data Set (MDS-a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) reflected the current number of unhealed pressure ulcers/injuries (injury to the skin and underlying tissue resulting from prolonged pressure on the skin) for one (Resident 153) of 34 sampled residents. The facility census was 174.</p> <p>Findings are:</p> <p>A review of Resident 153's tissue analytics, dated 1/8/25, revealed the following:</p> <p>-Wound 4: Right hand; primary etiology: pressure ulcer-unstageable; eschar (thick dark brown or black dead tissue that adheres to a wound): fully covered</p> <p>A review of Resident 153's MDS, dated [DATE], revealed the following:</p> <p>-Does this resident have one or more unhealed pressure ulcers/injuries? Marked Yes</p> <p>-Current number of unhealed pressure ulcers/injuries at each stage: All stages marked 0 including unstageable-slough (yellow/white dead cells that accumulate in the wound bed) and/or eschar.</p> <p>In an interview on 1/30/25 at 9:18 AM the Director of Nursing (DON) confirmed that Resident 153 has an unstageable pressure ulcer due to eschar, that the pressure ulcer was identified on the MDS, however, the current number of unhealed pressure ulcer/injuries was marked 0 for unstageable-slough and/or eschar and that it should have been marked 1. The DON confirmed that the facility follows the Resident Assessment Instrument (RAI) manual to complete an MDS.</p> <p>Review of the CMS (Centers for Medicare and Medicaid Services) RAI Manual Version 3.0, dated October 2024, revealed the following:</p> <p>-Code 1, yes: if the resident had any pressure ulcer/injury (Stage 1, 2, 3, 4, or unstageable) in the 7-day look-back period. Proceed to current number of unhealed pressure ulcers/injuries at each stage.</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45613</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)(vi)(2)</p> <p>Based on observations, interview and record review the facility failed to ensure activities were provided to meet the resident's needs for 3 (Residents 109, 133, and 168) of 3 sampled residents on the Alzheimer's Unit. The facility had a total census of 174.</p> <p>Findings are:</p> <p>Observation on 1/27/24 at 10:10 AM of station 5 with no activities written on the activity board and there were no activities going on noted on station 5.</p> <p>Record review of activity calendar for station 5 revealed that cafe cart and Catholic Mass activity should have been going on station 5 at this time and observation of no activity.</p> <p>During an interview on 1/27/25 at 9:38 AM Nursing Assistant (NA) - K revealed that there is not an activity person, a bath aide or a restorative aide scheduled to be on station 5 and the residents don't do scheduled activities.</p> <p>Observation on 01/27/25 at 2:25 PM of no activities being done on station 5.</p> <p>Record review of activity calendar for station 5 revealed that Pampered Nails should have been going on station 5 at this time and observation of no activity.</p> <p>Observation on 1/28/24 at 11:01 AM of station 5 with no activities written on the activity board and there were no activities going on noted on station 5.</p> <p>Record review of activity calendar for station 5 revealed that Baby Sitting activity should have been going on station 5 at this time and observation of no activity.</p> <p>During an interview on 1/29/24 at 8:05 AM Licensed Practical Nurse (LPN) - L confirmed that there are no scheduled activities on station 5.</p> <p>Interview on 1/29/24 at 8:39 AM Activity Director (AD) confirmed there has not been an activities person on station 5 for about 2 months. There were no evening or weekend activities offered for the last few months.</p> <p>Observation on 1/29/24 at 10:25 AM of station 5 with no activities written on the activity board and there were no activities going on noted on station 5.</p> <p>Record review of activity calendar for station 5 revealed that Crafts should have been going on station 5 at this time and observation of no activity.</p> <p>Observation on 1/30/25 at 9:55 AM of station 5 with no activities written on the activity board and there were no activities going on noted on station 5.</p> <p>(continued on next page)</p>

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of activity calendar for station 5 revealed that Active Games should have been going on station 5 at this time and observation of no activity.</p> <p>Interview on 1/30/25 at 10:03 AM NA - K confirmed there were no activities scheduled for station 5 and that none of the station 5 residents were taken downstairs to the activity.</p> <p>A.</p> <p>Record review of Resident 109's significant change Minimum Data Set (MDS-a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) dated 11/4/2024 revealed an admission to the facility on [DATE], with a diagnosis of Non-Alzheimer's Dementia, and a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 0 which indicated nonsensical responses and is the most severe level of cognitive impairment.</p> <p>Record review of Resident 109's Comprehensive Care Plan (CCP- written instructions needed to provide effective and person centered care of the resident that meet professional standards of quality care) revealed:</p> <ul style="list-style-type: none"> -the resident is dependent on staff with activity participation initiated on 8/22/2024, -the resident's goal of attending 3-5 activities each week that was revised on 11/15/2024, -interventions included the resident's preferred activities are arts and crafts, bingo, socials, cat therapy, musical movement and live music dated 8/22/24. <p>Observation on 01/28/25 at 12:11 PM of Resident 109 sitting at table alone in the dining room.</p> <p>Record review of Resident 109's progress notes and facility tasks revealed no activities documented in the last 30 days.</p> <p>Record review of the facility provided Activity Log revealed no 1 on 1 activities completed with Resident 109 in the last 30 days.</p> <p>B.</p> <p>Observation on 01/27/25 at 12:26 PM of Resident 133 sitting in dining room alone on station 5, no activities available.</p> <p>Interview on 01/28/25 at 12:11 PM Resident 133's representative confirmed the staff doesn't do any activities on station 5 and that (gender) visits daily.</p> <p>Record review of Resident 133's Significant Change MDS dated [DATE] revealed an admission to the facility on [DATE], with a diagnosis of Non-Alzheimer's Dementia, and a BIMS score of 0 which indicated nonsensical responses and is the most severe level of cognitive impairment.</p> <p>Record review of Resident 133's CCP revealed:</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-the resident is dependent on staff with activity participation initiated on 9/10/24,</p> <p>-the resident's goal is to participate in activities 3-5 times each week, revised on 1/7/2025,</p> <p>-interventions included that the resident needs assistance to activity functions, dated 9/10/24.</p> <p>Record review 133's progress notes and facility tasks revealed no activities documented in the last 30 days.</p> <p>Record review of the facility provided Activity Log revealed no 1 on 1 activities completed with Resident 133 in the last 30 days.</p> <p>C.</p> <p>Interview on 01/27/25 at 2:25 PM Resident 168's representative confirmed that there had not been any activities scheduled on station 5 since the resident was admitted to the facility and that (gender) visits routinely.</p> <p>Record review of Resident 168's Admission MDS dated [DATE] revealed an admission to the facility on [DATE], with a diagnosis of Alzheimer's Disease and Non-Alzheimer's Dementia, and a BIMS score of 15 which indicated no cognitive impairment.</p> <p>Record review of Resident 168's CCP revealed:</p> <p>-the resident is dependent on staff with activity participation, date initiated 10/30/2024,</p> <p>-the resident will attend/participate in activities of 1-2 times each week, dated 10/30/2024,</p> <p>-interventions included the resident's preferred activities are bingo and live music, dated 10/30/24.</p> <p>Record review of Resident 168's progress notes and facility tasks revealed no activities documented in the last 30 days.</p> <p>Record review of the facility provided Activity Log revealed no 1 on 1 activities completed with Resident 168 in the last 30 days.</p> <p>Record review of activity calendars for August, October, December 2024 and January 2025 have no scheduled activities on station 5 were offered on the weekends.</p> <p>Record review of list of residents revealed 24 residents reside on the Alzheimer's/Dementia Unit.</p> <p>Record review of the facility policy titled, Facility Responsibilities dated 1/2024 revealed that the facility must ensure that staff members are educated on the rights of residents and the responsibilities of the facility to properly care for the residents.</p> <p>(continued on next page)</p>		

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<p>F 0680</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure the activities program is directed by a qualified professional.</p> <p>45613</p> <p>Licensure Reference Number 175 NAC 12-006.04J(i)</p> <p>Based on record review and interview, the facility failed to have a qualified Activity Professional. The failure to have an Activity Professional had the potential to affect all residents that participate in activities in the facility. The facility had a census of 174.</p> <p>Findings are:</p> <p>During an interview on 1/30/25 at 9:19 AM the Activity Director (AD) confirmed that (gender) has not had any activity training.</p> <p>Record review of the AD's credentials revealed no Activity training.</p> <p>Record review of the undated Facility Assessment revealed the nursing facilities will conduct, document, and annually review a facility wide assessment which includes the facility needs to care for their residents.</p> <p>Record review of the facility policy titled, Facility Responsibilities dated 1/2024 revealed that the facility must ensure that staff members are educated on the rights of residents and the responsibilities of the facility to properly care for the residents.</p> <p>Interview on 1/30/25 at 12:29 confirmed that the Manager of Operations (MOO) is the activities supervisor but doesn't do anything with the activities.</p> <p>Interview on 1/30/25 at 12:47 PM the MOO confirmed that (gender) oversees the activity program and has health care experience but has not had any experience in a recreational activity program and has not had full time therapeutic activity program experience.</p> <p>Interview on 1/30/25 at 1:38 PM Regional Administrator (RA) confirmed that the MOO had not worked full time in activities and had not had any formal training in an activity program and it was further confirmed that no other staff in the facility was trained in activities or a qualified activity professional.</p> <p>Interview on 1/30/24 at 2:58 PM the AD confirmed that 20-25 residents throughout the facility refuse activities routinely.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>47312</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)(vi)(3)</p> <p>Based on observation, interview and record review; the facility failed to ensure a complete, valid prescription was obtained for a Continuous Positive Airway Pressure (cpap-a machine used to deliver positive airway pressure to a resident's airway to prevent it from closing during sleep) for 1 (Resident 60) of 3 sampled residents. The facility census was 174.</p> <p>Findings:</p> <p>A.</p> <p>An observation on 1/27/25 at 12:33 PM revealed a cpap machine on Resident 60's bedside stand.</p> <p>An interview on 1/27/25 at 12:33 PM with Resident 60 confirmed that [gender] wears the cpap every night.</p> <p>In a review of Resident 60's Order Summary Report, dated 1/28/25, revealed the following:</p> <p>-CPAP at current setting with oxygen. Connect O2 (oxygen) tubing to mask, apply at night and fill chamber with distilled water to the fill line.</p> <p>In an interview on 1/29/25 at 3:42 PM, the Director of Nursing (DON), confirmed that there was not a complete, valid prescription with the current settings for Resident 60's cpap.</p>

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<p>F 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>45613</p> <p>Statute 71-6018.02</p> <p>Based on record review and interview, the facility failed to ensure a Registered Nurse (RN) was present in the facility for at least 8 consecutive hours on 1/4/25 and 1/5/25. This had the potential to affect nursing care for all the residents that reside in the facility. The facility census was 174 at the time of survey.</p> <p>Finding are:</p> <p>Record review of nursing staffing schedules from 11/1/24 through 1/30/25 revealed no RN scheduled to work the weekend on 1/4/25 and 1/5/24.</p> <p>During an interview on 1/30/25 at 7:35 AM Nursing Assistant (NA) - M who was working as the staffing coordinator, confirmed that nursing staff titles were not listed on the staffing schedules and was unaware of which staff were RN's.</p> <p>Record review of the nursing schedule dated 1/4/25 revealed there was no RN in the building.</p> <p>Record review of the nursing schedule dated 1/5/25 revealed there was no RN in the building.</p> <p>Record review of daily posted nursing schedule for 1/4/25 revealed there were no RN hours marked.</p> <p>Record review of daily posted nursing schedule for 1/5/25 revealed there were no RN hours marked.</p> <p>An interview with the Director of Nursing (DON) on 1/30/24 at 8:52 AM confirmed that if the RN on the weekends calls in sick they are supposed to call other RN's to come into work and are supposed to offer incentives.</p> <p>Interview on 1/30/25 at 9:21 AM with DON confirmed that on the weekend of 1/4/25 and 1/5/25 there was no RN in the building and there should have been one.</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Observe each nurse aide's job performance and give regular training.</p> <p>45613</p> <p>Licensure Reference Number 175 NAC 12-006.04(B)(ii)</p> <p>Based on record review and interview, the facility failed to provide the required 12 hours of ongoing training for 5 (Nursing Assistants (NA): NA-N, NA-O, NA-P, NA-R and Unit Director: UD-Q) of 5 sampled direct care staff. This had the potential to affect all the residents in the facility. The facility had a census of 174.</p> <p>Findings are:</p> <p>Record review of the facility policy titled Training Requirements dated 1/2024 revealed:</p> <ul style="list-style-type: none"> -the staff Development Coordinator will maintain a training schedule and documentation system for completed training of the required individuals, -documentation of the required training will be forwarded to the HR Department to be placed into the individual's personnel file, -an individuals failure to complete required training will result in termination. <p>Record review of the facility policy titled Required Training, Certification and Continuing Education of Nurse Aides dated 1/2024 revealed:</p> <ul style="list-style-type: none"> -documentation of in-services will be maintained in the employee's personal file, -the in-services are required to maintain employment status with the facility. <p>A.</p> <p>Record review of the employee file for Nursing Assistant (NA) - N with a hire date of 3/12/2019 did not reveal continuing education hours.</p> <p>Record review of the binder with monthly in services revealed NA - N did not have 12 hours of continuing education required and sign in sheets revealed that NA - N had attended 10 out of 12 in services during 2024, which equaled 10 hours.</p> <p>B.</p> <p>Record review of the employee file for NA - O with a hire date of 10/21/2022 did not reveal continuing education hours.</p> <p>Record review of the binder with monthly in services revealed NA - O did not have 12 hours of continuing education required and the sign in sheets revealed that NA - O attended 9 out of 12 facility in services during 2024, which equaled 9 hours.</p> <p>(continued on next page)</p>		

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<p>F 0730</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>C.</p> <p>Record review of the employee file for NA - P with a hire date of 3/12/2023 did not reveal continuing education hours.</p> <p>Record review of the binder with monthly in services revealed NA - P did not have 12 hours of continuing education required and the sign in sheets revealed that NA - P attended 5 out of 12 facility in services during 2024, which equaled 5 hours.</p> <p>D.</p> <p>Record review of the employee file for Unit Director (UD) - Q with a hire date of 10/23/2008 did not reveal continuing education hours.</p> <p>Record review of the binder with monthly in services revealed UD - Q did not have 12 hours of continuing education required and the sign in sheets revealed that UD - Q attended 10 out of 12 facility in services during 2024, which equaled 10 hours.</p> <p>E.</p> <p>Record review of the employee file for NA - R with a hire date of 10/3/2023 did not reveal continuing education hours.</p> <p>Record review of the binder with monthly in services revealed NA - R did not have 12 hours of continuing education required and the sign in sheets revealed that NA - R attended 8 out of 12 facility in services during 2024, which equals 8 hours.</p> <p>In an interview on 01/28/25 at 03:14 PM the Chief Operating Officer (COO) confirmed there is no documentation of ongoing education for NA's for the past 12 months and that 5 out of the 5 sampled staff did not complete 12 hours of ongoing education and should have.</p> <p>Interview on 01/29/25 at 12:22 PM the Administrator confirmed there is no documentation that the sampled employees received 12 hours of continuing education, and it should have been in their employee files.</p> <p>Interview on 1/30/25 at 7:45 AM the Administrator confirmed that they review continuing education hours on an annual basis for the calendar year, not based upon hire date.</p>		

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<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>47406</p> <p>Licensure Reference Number 175 NAC 12-006.11C</p> <p>Based on interviews, observations, and record reviews, the facility failed to perform hand hygiene for 20 seconds and wear a hair restraint while in the kitchen to prevent the potential for food-borne illness. The facility failed to ensure the ice machine was clean, food items were sealed, labeled, and dated, and outdated food were disposed of. The facility failed to ensure the scoop was not left in an ice cooler to prevent cross contamination. Facility reported that 173 residents receive food from kitchen. The facility census was 174.</p> <p>Findings are:</p> <p>A.</p> <p>Observation on 1/27/25 at 7:30 AM in the kitchen revealed the following:</p> <p>Foods found that were undated and/or opened or out of date:</p> <ul style="list-style-type: none"> -In the dry storage area - chicken breaded powder not sealed and no date. - bag of macaroni open and not dated. <p>In the walk-in freezer</p> <ul style="list-style-type: none"> - 2 pieces of cake uncovered and not dated. - turkey patties opened and not dated. - grilled chicken breast fillets open and not dated. - Precooked pork breaded patties open and undated. <p>In the walk-in refrigerator</p> <ul style="list-style-type: none"> -5 bowls with lettuce uncovered and not dated. - 4 pieces of cake not dated. - Lemonade in a large pitcher dated 1/14/25 indicating out of date. - Coleslaw in a bowl dated 1/19/25 indicating out of date. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Interview with Cook-T on 1/27/25 at 8:04 AM revealed that the foods should be sealed and dated, the lemonade and coleslaw were out of date, and the lettuce bowls should be thrown away.</p> <p>Interview with Director of Food Service (DOFS) on 1/27/25 at 9:55 AM confirmed all the food items listed above should not have open, undated or outdated.</p> <p>B.</p> <p>Observation on 1/27/25 at 7:20 AM of DA-S scooping ice out of ice machine without a hairnet in the kitchen, and looked over at surveyor standing inside the kitchen door. DA-S stopped scooping ice, then touched [gender] hair, went over to sink, and put a hair net on. DA-S performed hand hygiene with soap and water x 15 seconds.</p> <p>Interview on 1/28/25 at 12:30 PM with DOFS revealed kitchen staff should wear a hair net while in the kitchen and wash hands for 20 seconds.</p> <p>C.</p> <p>Observation of food preparation on 1/29/25 at 8:34 AM for lunch by Cook-T. Cook-T prepared ham and beans. The vegetables were already cut up when surveyor arrived in kitchen and Cook-T said the lids of the cans of beans were washed. Cook-T divided the beans into 5 pans. Cook-T performed hand hygiene with soap and water for 15 seconds and donned (put on) gloves. Cook-T continued to follow the recipe and divided the precut ham, diced onions, and black pepper into all 5 pans. Cook-T performed hand hygiene for 13 seconds.</p> <p>Interview with DOFS on 1/30/25 at 9:55 AM revealed the staff should wash hands for 20 seconds.</p> <p>Record review of Preventing Forborne Illness-Employee Hygiene and Sanitary Policy revised 1/2024 revealed:</p> <p>Policy statement - Food and Nutrition Services employees will follow appropriate hygiene and sanitary procedures to spread prevent the spread of foodborne illness.</p> <p>Employees must wash their hands:</p> <ul style="list-style-type: none"> -Whenever entering or reentering the kitchen. -Before coming in contact with any food services. -After handling raw meat, poultry or fish and when switching between working with raw food and working with ready to eat food. -After handling soiled equipment or utensils. -During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks: and/or. -After engaging in other activities that contaminate the hands. <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-Hair Nets or caps and/or beard restraints must be worn to keep hair from contacting exposed food, clean equipment, utensils and linens.</p> <p>D.</p> <p>Observation on 1/30/25 at 7:19 AM of the kitchen ice machine revealed gray-blackish debris on the ice chute over the ice.</p> <p>Interview with RD-U on 1/30/25 at 7:21 AM stated the ice machine certainly needs cleaned.</p> <p>Interview with Director of Maintenance on 1/30/25 at 7:22 AM confirmed that the ice machine is dirty but unsure when maintenance last cleaned it.</p> <p>Record review of the maintenance PM's (preventative maintenance- indicating when the kitchen equipment was cleaned or maintained) dated December 26, 2024, revealed the last De-lime of the ice machine was 8/2024.</p> <p>Record review of facility's Ice Policy dated 2010 revealed:</p> <p>Ice will be produced and handled in a manner to keep it free from contamination.</p> <p>Procedure: Ice machines will be maintained in a clean and sanitary condition to prevent ice contamination.</p> <p>47312</p> <p>E.</p> <p>An observation on 1/28/25 at 12:21 PM revealed Nurse Assistant (NA)-C opened the lid of a small cooler, took a scoop filled with ice out, put the ice in a cup, placed the scoop back in the cooler and closed the lid. The observation further revealed that no hand hygiene was completed by NA-C before or after handling the ice scoop.</p> <p>An observation on 1/28/25 at 12:29 PM revealed NA-C opened the lid of the cooler of ice again, took a scoop filled with ice out, put the ice in a cup, placed the scoop back in the cooler and closed the lid. The observation further revealed that no hand hygiene was completed by NA-C before or after handling the ice scoop.</p> <p>In an interview on 1/28/25 at 1:04 PM, NA-C confirmed that the ice scoop should not have been placed back in the cooler after getting ice out of it and that hand hygiene should have been completed before and after using the scoop.</p> <p>Review of the facility's Ice policy, undated, revealed the following:</p> <p>-Ice will be produced and handled in a manner to keep it free from contamination.</p> <p>-Staff will wash hands prior to handling ice. Ice will not be handled with bare hands, but rather with a sanitized scoop and container for transport and distribution.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47406</p> <p>Licensure Reference Number 175 NAC 12-006.18(B)</p> <p>Based on record review, interviews, and observations, the facility failed to transport laundry in a way to prevent cross contamination, place dirty linens into a soiled linen container, ensure Continuous Positive Airway Pressure (CPAP, a single pressure machine used to treat sleep apnea) and Bilevel Positive Airway Pressure (BiPAP, an inspiratory and expiratory pressure machine used to treat sleep apnea) cleaning for Resident 101, and change oxygen tubing for Residents 60 and 66 to prevent cross contamination.</p> <p>Findings are:</p> <p>A.</p> <p>On 1/29/25 at 9:19 AM observation of laundry aide (LA) that took clean gowns out of linen cart and held against [gender] uniform, then placed the gowns in another clean linen cart. LA dropped a clean towel on the floor, picked it up and placed the towel in the clean cart.</p> <p>Interview on 1/29/25 at 9:21 AM with LA confirmed that [gender] should not have linens against their body and if any linens fall to floor, they need placed in the dirty laundry.</p> <p>Interview on 1/30/25 at 7:35 AM with Director of Environmental Services revealed that the staff should not have linens against their person and if any linens fall to floor, they need placed in the dirty laundry bin.</p> <p>Record review of Laundry Policy dated 1/2024 revealed:</p> <p>Policy statement: Soiled laundry/bedding shall be handled, transported and processed according to the best practices for infection prevention and control. Clean linens are stored separately, away from soil linens, always.</p> <p>45641</p> <p>B.</p> <p>A record review of the facility's Infection Control policy dated 05/01/2017 revealed that CPAP and BiPAP machines were to have external surfaces wiped twice a week.</p> <p>A record review of Resident 101's Clinical Census dated 01/28/2025 revealed the resident was admitted to the facility on [DATE].</p> <p>A record review of Resident 101's Medical Diagnosis dated 01/28/2025 revealed the resident had diagnosis of obstructive sleep apnea (OSA).</p> <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 - Many</p>	<p>A record review of Resident 101's Minimum Data Set (MDS, a comprehensive assessment used to develop a resident's care plan) dated 11/07/2024 revealed the resident had OSA and was on a non-invasive ventilator CPAP.</p> <p>A record review of Resident 101's Care Plan with an admitted [DATE] revealed a focus area of the resident used a BiPAP due to OSA and a interventions of encourage BiPAP use and keep call bell within reach.</p> <p>A record review of Resident 101's Order Summary Report dated 01/28/2025 revealed the resident was on a BiPAP at night and had orders for supply cleaning and replacement, but no order for cleaning the machine itself.</p> <p>A record review of Resident 101's Medication Administration Record and Treatment Administration Record (MAR & TAR) dated January 2025 revealed the resident used the BiPAP every night.</p> <p>An observation on 01/27/2025 at 12:32 PM revealed Resident 101's BiPAP was on the resident's bedside table and contained layers of white and gray fuzzy substances on the surface.</p> <p>An observation on 01/28/2025 at 2:20 PM revealed Resident 101's BiPAP was on the resident's bedside table and contained layers of white and gray fuzzy substances on the surface.</p> <p>An observation on 01/29/2025 at 8:05 AM revealed Resident 101's BiPAP was on the resident's bedside table and contained layers of white and gray fuzzy substances on the surface.</p> <p>An observation on 01/29/2025 at 2:19 PM with the Director of Nursing (DON) revealed Resident 101's BiPAP was on the resident's bedside table and contained layers of white and gray fuzzy substances on the surface.</p> <p>In an interview on 01/29/2025 at 2:19 PM, the DON confirmed Resident 101's BiPAP was on the resident's bedside table and contained layers of white and gray fuzzy substances on the surface, and it should have been clean.</p> <p>47312</p> <p>C.</p> <p>An observation on 1/27/25 at 12:33 PM revealed Resident 60 lying in bed with oxygen being administered through a nasal cannula. The observation further revealed no indication of when the oxygen tubing was last changed.</p> <p>An observation on 1/28/25 at 12:07 PM revealed Resident 60 sitting on the edge of [gender] bed with the oxygen being administered through a nasal cannula. The observation further revealed no indication of when the oxygen tubing was last changed.</p> <p>A review of Resident 60's Order Summary Report, dated 1/28/25, revealed no order to change Resident 60's oxygen tubing.</p> <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 - Many</p>	<p>An interview on 1/29/25 at 11:22 AM, Registered Nurse (RN)-F confirmed that there was no indication of when the oxygen tubing was last changed.</p> <p>An interview on 1/29/25 at 11:27 AM, the Unit Coordinator (UC)-G confirmed that oxygen tubing should be changed weekly and that a piece of tape is to be applied to the tubing with the date it was changed.</p> <p>A review of the facility's Cleaning Respiratory Equipment, dated 5/1/17, revealed the following:</p> <p>-replace masks and/or cannula used by an individual within 7 days and as needed (PRN) when obviously contaminated.</p> <p>D.</p> <p>An observation on 1/27/25 at 12:03 PM revealed Resident 66 lying in bed with oxygen being administered through a nasal cannula. The observation further revealed a piece of tape on the oxygen tubing that read 11/9.</p> <p>An observation on 1/28/25 at 12:11 PM revealed Resident 66 sitting on the edge of [gender] bed with the oxygen being administered through a nasal cannula. The observation further revealed a piece of tape on the oxygen tubing that read 11/9.</p> <p>A review of Resident 66's Order Summary Report, dated 1/28/25, revealed no order to change Resident 66's oxygen tubing.</p> <p>An interview on 1/29/25 at 11:25 AM, RN-F confirmed that the date on the oxygen tubing was 11/9.</p> <p>An interview on 1/29/25 at 11:27 AM, the UC-G confirmed that oxygen tubing should be changed weekly and that a piece of tape is to be applied to the tubing with the date it was changed.</p> <p>A review of the facility's Cleaning Respiratory Equipment, dated 5/1/17, revealed the following:</p> <p>-replace masks and/or cannula used by an individual within 7 days and as needed (PRN) when obviously contaminated.</p>		