

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

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 06/17/2026
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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. Licensure Reference Number 175 NAC 12-006.12) (1)Based on observation, interview and record review, the facility failed to store medications securely in the medication rooms and failed to ensure medications were not left unattended at the resident's bedside for Residents 5, 12, 87, 111, 125, and 137. This had the potential to affect all the residents receiving medications in the facility. The facility census was 191 at the time of survey. Findings are: A. An observation on 06/16/2026 at 10:40 AM revealed the station 3 medication room with a large refrigerator and no lock on it with controlled substances noted inside. During an interview on 06/16/2026 at 10:45 AM Licensed Practical Nurse (LPN) - H confirmed that the medication room refrigerator should be locked because there are medications in it. An observation on 06/16/2026 at 10:58 AM revealed the station 4 medication room with no lock on the refrigerator with controlled substances noted to be inside. During an interview on 6/16/2026 at 11:02 AM Unit Director (UD) &ndash; B confirmed that the medication refrigerator should be locked if there are meds in it. An observation on 06/16/2026 at 12:51 PM revealed the station 1 medication room refrigerator was not locked with meds and narcotics in it. During an interview on 06/16/2026 12:53 PM interview with Medication Aide (MA) - E confirmed that the refrigerators have to be locked if there are medications in it. Record review of the undated facility policy titled Medication Storage and Security, revealed medications and biologicals are stored in a manner that ensures safety, security, integrity, and proper environmental conditions, in accordance with manufacturer recommendations, USP standards, and applicable federal and state regulations. Medication access is limited to authorized personnel only, and storage practices support accurate administration, accountability, and prevention of (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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	contamination, degradation, or diversion. During an interview on 06/16/2026 at 3:47 PM Nurse Consultant (NC) confirmed that the refrigerators in the medication rooms need to be locked with meds are in them. B. Record review of facility policy titled Cleaning Respiratory Equipment revised 05/01/2017 revealed that when supplies are not in use, they should be stored in plastic bags and labeled with the resident's name and date. Nebulizers should be rinsed with water and air dried between treatments on the same resident. Record review of the Order Summary dated 06/10/2026 revealed the Resident 83 had an order for Ipratropium/Albuterol inhale one vial per nebulizer four times daily for 14 days that began on 06/08/2026. An observation on 06/16/2026 at 12:15 PM in Resident 83's room revealed the nebulizer chamber full of liquid with no nurse or medication aide present at the bedside or near the resident room. The machine was off and the chamber was sitting unused. An observation on 06/16/2026 at 3:46 PM in Resident 83's room revealed that the liquid was still in the chamber of the nebulizer and the resident was lying in bed. An interview on 06/16/2026 at 12:27 PM with Registered Nurse -A (RN-A) and Licensed Practical Nurse-C (LPN-C) revealed that the process to administer nebulizer treatments was to put the liquid in the chamber and start the medication, go back, and then clean the chamber out after turning the machine off. RN-A confirmed that the last documented nebulizer treatment administered to Resident 83 was on 06/16/2026 at 9:57 AM. During the interview, RN-A and LPN-C entered Resident 83's room and confirmed the nebulizer chamber to still be full of medication. LPN-C confirmed the medication was placed in the chamber in the last 10 minutes even though Resident 83 had changed their mind prior to the administration. They confirmed that they left the medication unattended and did not complete any follow up documentation. An interview on 06/16/2026 at 4:14 PM with the Director of Nursing (DON) confirmed that the expectation for staff when administering nebulizer treatments and a resident changed their mind would be for them to dump out the medication until the resident was ready for the treatment, not document the administration, or they should document a refusal. The DON confirmed that the medication was documented as administered at 2:23 PM. An interview on 06/17/2026 at 1:58 PM with the Nurse Consultant (NC) confirmed that there was no nebulizer administration policy. C. (continued on next page)		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an observation on 06/16/2026 at 9:30 AM revealed a medication cup of pink cream, and a medication cup of a white powdery substance in Resident 12's room. Record review of Resident 12's admission record revealed an admission date of 06/07/2026. Record review of Resident 12's order summary revealed an order to wash wound care to buttocks with facility cleanser and then pat dry. Mix collagen powder and calmoseptine. Apply to buttocks and buttock crease three times a day and as needed. Apply calmoseptine alone as needed after soiling and bathing. During an observation on 06/16/2026 at 9:40 AM revealed Resident 87 had wound vashe at bedside in a grey basin. Record review of Resident 87's revealed an admission date of 05/21/2026. Record review of Resident 87's order summary revealed the following wound care, to wash wound with facility wound cleanser or foam soap and let dry. Paint the peri wound with skin prep and let dry. Fill the wound with white soaked gauze with vashe. Squeeze out extra vashe. Cover with a white abdominal pad and secure with medipore tape. Change four times a day and as needed. During an observation on 06/16/2026 at 9:50 AM revealed Resident 111 had pink cream at bedside. During an observation on 06/16/2026 at 9:50 AM revealed Resident 111 had a medication cup of a white powdery substance at bedside. Record review of Resident 111's admission record revealed an admission date of 10/31/2018. Record review of Resident 111's order summary revealed calmoseptine to be applied to peri area four times a day and as needed for irritation. Record review of Resident 111's order summary revealed antifungal powder 2% apply 1 gram to affected area twice a day. Record review of Medication and Storage and Security with no revision date revealed medications and biologicals are stored in a manner that ensures safety, security, integrity, and proper environmental conditions. In accordance with manufacturer recommendations, USP standards, and applicable federal and state regulations. -Medication access is limited to authorized personnel only, storage practices support accurate administration, accountability and prevention of contamination, degradation and diversion. -Medication security and access: -Medication rooms, carts and storage areas are locked when not in use. (continued on next page)		

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Access is limited to authorized personnel. -The facility maintains a list of authorized personnel. During an interview on 06/16/2026 at 10:00 AM with Medication aide (MA-E) confirmed that no medication including creams and powders should be in resident's rooms. During an interview on 06/16/2026 at 2:21 PM Licensed practical nurse (LPN-O) confirmed that medications should not be left in resident's rooms. D. Record review of an undated facility policy titled Medication Storage and Security, revealed the following: Procedures.A. General Storage Requirements.1. Medications are stored in pharmacy-dispensed containers that meet regulatory and USP standards. 2. Medications are not transferred between containers or altered by facility staff. A record review of Resident 137's electronic medication record revealed Resident 137 had orders for Triad Paste applied twice a day to the buttocks. An observation on 6/16/2026 at 7:12 AM of Resident 137's room revealed an unlabeled medicine cup with white cream in it sitting on the over-the-bed table. Resident 137 was not present in the room. An interview with Resident 137 on 6/17/2026 at 9:38 AM confirmed the medicine cup on the over-the-bed table was not there before leaving for breakfast. Resident 137 further confirmed the medicine cup had skin cream for the buttocks area and that staff would apply it. An interview on 6/16/2026 from 2:00 PM to 2:15 PM with MA (Medication Aide)-P confirmed the medication cup had Triad Paste and did not know who had left it on the over-the-bed table. MA-P confirmed being the MA for Resident 137 and LPN (Licensed Practical Nurse)-H was the nurse for 6/16/2026 day shift. An interview with DON (Director of Nursing) on 6/16/2026 at 5:02 PM confirmed that medications are not to be left on bedside tables.		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** The facility failed to ensure Personal Protective Equipment (PPE) was being used as indicated for three residents (Resident 6, 13, and 99) of 5 sampled residents, hand hygiene was done for the 20 seconds for two resident (Resident 12 and 199), wound care to prevent cross contamination for one resident (Resident 4) of 3 sampled residents, catheter care for one resident (Resident 12) of one sampled resident, food prep, and cleaning and storing nebulizer treatment for one resident (Resident 83) of 1 sampled residents were completed within standards of care to prevent the potential for cross contamination and failed to review and update infection prevention and control policies. The facility census was 191. A. A record review of the admission Record revealed Resident 4 was admitted to the facility on [DATE] with the diagnosis of Type 2 Diabetes Mellitus with Diabetic Nephropathy (high blood sugar and high blood pressure damage the kidneys' tiny filtering units), Morbid severe Obesity (a chronic disease characterized by extreme excess body fat), Pressure Ulcer of Sacral Region Stage 3 (a deep, crater-like wound on the tailbone where full-thickness skin loss has occurred, exposing the underlying fatty tissue), Pressure Ulcer of other site, Stage 3 (a deep, crater-like wound that features full-thickness skin loss), Cellulitis of Right Lower limb (serious bacterial skin infection that causes redness, swelling, and pain in the infected skin and underlying tissues). A record review of the Minimum Data Set (MDS) (a comprehensive assessment of each resident's functional capabilities) dated [DATE] revealed Resident 4 had a Brief Interview for Mental Status (BIMS) (a test used to get a quick snapshot of a resident's cognitive function, scored 0-15, the higher the score, the higher the cognitive function) scored a 15 meaning cognitively intact. A record review of the Comprehensive Care Plan (CCP) (a written instructions needed to provide effective and person centered care of the resident that meet professional standards of quality care) for Resident 4 revealed: The resident has an actual impairment of skin integrity to the right lower extremity related to a vascular wound. -Moisture-Associated Skin Damage (MASD) to bilateral breasts, pannus (A hanging flap of excess skin and subcutaneous fat in the lower abdominal area). -groin area (the crease on either side of the body where the lower abdomen meets the upper thighs). -Venous wound (open sore) right posterior(back) leg with 2 open areas. -Trauma/MASD right medial (middle) upper thigh. -Cellulitis Right lower leg, -MASD with Stage 3 pressure ulcer right groin/upper thigh. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	-Skin tear right posterior upper thigh, Skin tear left posterior upper thigh, -Stage 3 Sacrum Cellulitis right lower leg. -ENHANCED BARRIER PRECAUTIONS: Utilize contact precautions during high contact resident care activities. Date Initiated: 12/29/2025, Monitor skin areas with treatment/cares and notify provider if complications noted. Date A record review of the physicians orders for Resident 4 revealed: Wound orders : Pannus/groin 1. Wash and dry skin folds 2. Apply Calmoseptine (moisture barrier ointment primarily used to protect, soothe, and heal skin irritations). 3. Apply wicking material (to draw moisture away from your skin and spread it across the fabric's exterior for rapid evaporation) every day and night shift. Wound care skin tear left posterior thigh: Wash with facility cleanser, dry. **Do not scrub the area, do not try to scrub off all the old Triad Paste (wound dressing used to manage moist, weeping wounds, superficial injuries, and severe skin irritations) . It is okay to leave a layer on the skin.** Apply Triad Paste to the wound area. Cover with a waterproof dressing (Mepilex (foam dressings) or equivalent). Change daily and PRN for soiling, saturation or accidental removal. every day shift for Wound Care. Wound Care Stage 3 Pressure Ulcer to Sacrum: Wash with facility cleanser, dry. Apply Triad Paste to the wound area. **Do not scrub the area. Do not try to scrub off all of the Triad Paste. It is okay to leave a layer on the skin.** Okay to leave open to air. Repeat in AM and at HS. Apply facility barrier cream PRN after soiling, bathing, etc. two times a day for Wound Care. An observation of wound cares on 6/16/26 at 3:00 PM with LPN- D for Resident 4 revealed: LPN- D was gathering supplies from the treatment cart. LPN-D gathered 2 plastic medication cups. LPN-D filled one of the medication cup with Triad Paste and the other medication cup LPN-D filled with Calmoseptine. LPN-D gathered several packages of 4x4 gauze that LPN-D torn open but left gauze in package, a bottle of wound cleanser, and the wicking material. LPN-D entered Resident 4 room and explained to Resident 4 that LPN-D would be doing Resident 4 wound dressing change. LPN-D then laid down the supplies on the tray table with no barrier placed before laying down the wound dressings and medication cups. LPN-D did wash hands for 45 seconds and put on a gown. LPN-D applied gloves and assisted with pulling pants and brief down just below the buttocks and removed the old dressings from the sacrum area. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	tracking system in place for the infection prevention and control plan. The interview further revealed the Infection Prevention and Control policy was reviewed in QAPI within the last year, but no date was provided. G. Record review of Facility MDRO (Multidrug-Resistant Organism) PPE (Personal Protective Equipment)-Enhanced Barrier Precautions, dated January 2024, revealed: Policy statement: Enhanced Barrier Precautions (EBP) are an infection control intervention designed to reduce transmission of resistant organisms that employs targeted gown and glove use during high contact resident care activities. - EBP may be indicated for residents with any of the following: - Wounds or indwelling medical devices - Policy Interpretation and Implementation - Framework for applying enhanced barrier precautions in this facility is the application of EBP to routine care to residents with wounds or indwelling medical devices - Examples of chronic wounds include pressure ulcers - Examples of indwelling medical devices include urinary catheters - For residents for whom EBP are indicated, EBP is employed when performing the following high-contact resident care activities: - Providing Hygiene - Device care or use: Urinary catheter - Wound Care Record review of Resident 13's admission Record revealed that they were admitted to the facility on [DATE] with diagnoses of unspecified mononeuropathy of bilateral lower limbs (damage, compression, or entrapment affecting single nerve in both legs. It causes localized pain, numbness, tingling, or weakness), type 2 diabetes mellitus with hypoglycemia (a chronic metabolic disorder where the body either resists the effects of insulin or doesn't produce enough to maintain normal glucose levels. Low blood sugar readings are dangerous and requires immediate treatment to prevent seizures or unconsciousness), complex regional pain syndrome of bilateral lower limbs (a rare and highly debilitating presentation of a chronic neurological condition characterized by severe, disproportionate pain, swelling, and dysfunction of the autonomic nervous system in both legs), and (continued on next page)		

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NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Lancaster LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 South Street Lincoln, NE 68502	
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	presence of urogenital implants (a medical device surgically placed to support or replace the function of the urinary systems, such as a cuff placed around the tube that carries urine from the bladder that inflates to prevent urine leakage). Review of Resident 13's physician orders revealed that the resident receives loperamide (a medication to treat chronic diarrhea), gabapentin (a medication primarily used to manage nerve pain), degludec (a long-acting prescription injection used to treat diabetes), ondansetron (a prescription medication used to prevent and treat nausea and vomiting), glipizide (a medication used to lower blood sugar in adults with Type 2 diabetes), FUROSEMIDE (a medication that works to eliminate excess fluid, water, and salt through urine), benzonatate (a medication to suppress coughing), ATORVASTATIN (a prescription medication used to lower bad cholesterol and triglycerides in the blood, while increasing good cholesterol), acetaminophen (medication used to relieve mild to moderate pain), and tramadol (a prescription painkiller used to treat moderate to moderately severe pain) as needed. Review of Resident 13's Minimum Data Set (MDS, a standardized assessment required for all nursing home residents) dated 4/23/2026 revealed a Brief Interview for Mental Status score of 15 (indicating resident 13 is cognitively intact), a Resident Mood Interview score of zero (indicating that Resident 13 does not have depression). MDS further reveals that resident 13 has limitations to the range of motion to both lower extremities and has a foley catheter to drain urine from the bladder. MDS shows that Resident 13 could feed themselves but required assistance with all other cares. Observation of Resident 13's door on 6/16/2026 at 7:30 AM revealed a sign indicating the need for enhanced barrier precautions (EBP). Observation of area immediately inside Resident 13's door revealed a cart that contained personal protective equipment necessary for EBP. Observation on 6/16/26 7:30 AM of care provided to Resident 13 prior to wound care to the crease of the buttocks. This observation revealed that NA-I wore gloves but did not wear a gown while cleaning Resident 13's buttocks. LPN-D wore gloves but did not wear a gown while holding Resident 13 for the cleaning process. Interview with LPN-D following the care provided for Resident 13, revealed that LPN-D stated that NA-I should have worn a gown since that individual performed the peritoneal care and was in contact with the wound and catheter. LPN-D stated that they did not believe that it was necessary wear a gown since they were assisting to hold the resident. LPN-D was asked what the facility policy was for EBP. LPN-D stated they would review the facility policy and confirm what needs to be done going forward. Interview with RN-K on 6/16/26 at 8:30AM confirmed that a gown should have been worn to provide peri care for a resident on EBP and that LPN-D and NA-I should have worn a gown and followed EBP when providing wound, catheter and incontinence care for Resident 13. H. Record review of Resident 12's admission record revealed an admission date of 02/25/2026. (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Record review of Resident 12's Minimum data set (MDS-a federally mandated clinical assessment tool used in Medicare and Medicaid certified nursing homes) dated 03/22/2026 revealed section C Brief Interview for Mental Status (BIMS- is a screening tool to assess the resident's short term memory, recall and basic temporal orientation a score of 13-15 indicated that the resident's cognition is intact). Resident 12's BIMS was 15. Record review of Resident 12's MDS dated [DATE] section H revealed that Resident 12 had an indwelling catheter. Record review of Resident 12's MDS dated [DATE] section I revealed a diagnosis of neurogenic bladder. Record review of Resident 12's diagnosis list revealed a diagnosis of neuromuscular dysfunction of bladder (occurs when nerve damage disrupts the communication between your brain and urinary tract. This prevents the bladder muscles and sphincters from tightening or relaxing at any right time, leading to urinary retention, leakage or urinary tract infections.) During an observation on 06/16/2026 at 10:30 AM of Nursing Assistant (NA-M and NA-R) emptying a catheter of urine and providing catheter cares. Nursing Assistants NA-M and NA-R had on isolations gowns and then placed their gloves. NA-M ensured that the privacy curtain was pulled and informed Resident 12 of the procedure that staff provided. NA-M asked Resident 12 to pull down her pants and then NA- M unfastens incontinence brief, NA-M begins catheter care by wiping the tubing in a circular motion away from the entrance site. NA-M folds incontinence wipe in half and then wipes each side of the groin area, folds wipe again and then wipes down the labia. NA-M throws wipe away and puts on a new white brief. NA-R then has a graduate and sits on a dry paper towel on the floor, NA-M opens the drain port to drain urine in graduate urine spills on the floor. NA-M dumps urine in toilet and flushes, NA-R wipes up urine with paper towel that was on the floor. NA-M then removed gloves and placed in trash can, NA-R removed gloves and placed in trash can. NA-M exits room and does hand hygiene with an alcohol-based hand rub (ABHR). NA-R exits room and performed hand hygiene with ABHR. Record review of Infection Control Standard Precautions Handwashing last revised on 1/2024 revealed: Policy Statement: The facility considers hand hygiene the primary means to prevent the spread of infections. All personnel should be trained regularly in serviced on the importance of hand hygiene in prevention of the transmission of healthcare-associated infections. Wash hands with soap and water for the following situations: a. when hands are visibly soiled b. after contact with residents with infectious diarrhea including but not limited to infections caused by norovirus, salmonella, shigella and C-diff (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Use ABHR contains at least 62 percent alcohol or alternatively soap and water for the following situations: -before and after coming on duty -before and after contact with residents -before preparing or handling medications -before performing any non-surgical invasive procedures -before and after handling an invasive device (urinary catheters, IV access sites) -before putting on sterile gloves -before handling clean or soiled dressings, gauze pads, etc. -before moving from a contaminated body site to a clean body site during resident's care -after contact with a resident's intact skin -after contact with blood or bodily fluids -wet hands first with water then apply an amount of product recommended by the manufacturer to hands -rub hands together vigorously for at least 20 seconds, covering all surfaces of the hands and fingers. -rinse hands with water and dry thoroughly with a disposable towel. -use towel to turn off the faucet -avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis. During an interview on 06/16/2026 at 12:30 PM NA-M CNA confirmed that hand hygiene should have been done for 20 seconds prior to placing a clean incontinence product on resident. During an interview on 06/16/2026 at 12:35 PM with Licensed Practical Nurse (LPN-O) confirmed that hand hygiene should have been done for 20 seconds prior to placing a clean incontinence product on resident or use an ABHR.		

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F 0584 Level of Harm - Minimal harm or potential for actual harm 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. **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. Record review of facility Operations Management Policy on Physical Environment, dated 01/2024 revealed: -Policy: The facility will maintain all mechanical, electrical and patient care equipment in a safe operational condition. -Policy Explanation and Compliance Guidelines: 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. Observations of resident rooms conducted on June 16, 2026, revealed the following: 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. 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. 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. 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. Facility tour of environment on 6/16/26 at 1:40 PM with Associate Administrator (ADM-2) and 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. During interview following environmental tour, MD-G confirmed that their expectation would be that (continued on next page)		

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. Findings are: On 06/10/2026 at 5:30 PM an observation of rooms revealed: -room [ROOM NUMBER] blankets, bags and clutter on the floor. -room [ROOM NUMBER] Bags of clothes and boxes and clothes baskets coving the vent to the air conditioner/heater. -room [ROOM NUMBER] Suit case, 3 drawer plastic cabinet, and a white coat covering the vent to the air conditioner/heater. -room [ROOM NUMBER] 2 plastic totes and coat and cushion up against the vent. -room [ROOM NUMBER] dresser blocking more than 1/2 the vent. -room [ROOM NUMBER] blanket covering vents. On 06/15/2026 at 2:00 PM on observation of rooms revealed: -room [ROOM NUMBER] blankets, bags and clutter on the floor. -room [ROOM NUMBER] Bags of clothes and boxes and clothes baskets coving the vent to the air conditioner/heater. -room [ROOM NUMBER] Suit case, 3 drawer plastic cabinet, and a white coat covering the vent to the air conditioner/heater. -room [ROOM NUMBER] 2 plastic totes and coat and cushion up against the vent. -room [ROOM NUMBER] dresser blocking more than 1/2 the vent. -room [ROOM NUMBER] blanket covering vents. 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. 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. (continued on next page)		

Department of Health & Human Services
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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of facility Operations Management Policy on Physical Environment, dated 01/2024 revealed: -Policy Explanation and Compliance Guidelines: 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. 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.		

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure reference number 175 NAC 12-006.09B 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) accurately reflected the resident's status for 1 (Resident 87) of the 6 sampled residents. The facility census was 191. Findings are: Record review of Resident 87's admission Record revealed Resident 87 admitted to the facility 05/21/2026 with an admitting diagnosis of unspecified protein calorie malnutrition. Record review of Resident's 87 MDS dated [DATE] revealed a Brief Interview for Mental Status (BIMS- is a quick, 15-point cognitive screening test used by healthcare providers to evaluate memory, learning, and orientation. The higher the score means that there is little to no cognitive impairment). Resident 87's BIMS was 15. Under Section I of the MDS dated [DATE] revealed the following diagnoses: cancer, heart failure, renal insufficiency, diabetes mellitus, depression. Further record review of the MDS dated [DATE] under Section 1 revealed that the facility did not check I5600 Malnutrition (protein or calorie) or at risk for malnutrition. Record Review of facility's Expanded Assessment Areas and policy and procedure last revised 1-2024 revealed:-The accuracy of the assessment- means that the appropriate qualified health professional correctly documents the resident medical functional, and psychosocial problems and identifies resident strengths to maintain or improve medical status, functional abilities, and psychosocial status. The initial comprehensive assessment provides baseline data for ongoing assessment of resident progress.-Resident assessment instrument- a facility must make a comprehensive assessment of a resident's needs, strengths, goals life history and preferences, using the resident assessment instrument specified by CMS.-Total health status- includes functional status, medical care, nursing care, nutritional status, rehabilitation and restorative potential, activities potential, cognitive status, oral health status, psychosocial status, sensory and physical impairments. During an interview on 06/16/2026 at 1:15 PM with Minimum Data Set Licensed Practical Nurse (MDS-LPN) confirmed that under Section I of the MDS dated [DATE] the diagnosis of malnutrition should have been marked for Resident 87.		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure reference number 175 NAC 12.006.09(H)(iv)(4)Based on observation, record review and interview, the facility failed to provide incontinence care after completing wound care for 1 (Resident 87) of 3 sampled residents. The facility census was 191.Findings are:Record review of Resident 87's admission face sheet revealed an admission date of 05/21/2026.Record review of Resident 87's medical diagnoses revealed: asthma, unspecified protein calorie nutrition, pressure ulcer stage 3 to sacral area, hyperlipidemia, hypertension, and malignant neoplasm of right female breast.Record review of Resident 87's order summary revealed: wash wound with facility wound cleanser or foam soap, paint the peri wound with skin prep (preparing the skin surface for medical adhesives protect the skin barrier and increase comfort) let dry. Fill the wound with white gauze soaked wound Vashe, squeeze out excessive Vashe. Cover with white abdominal pad and secure with medi pore white tape. Change dressing four times a day and as needed for soiling saturation or accidental removal.Record review of Resident 87's order summary revealed an order for active critical liquid protein 30 cc three times a day.Record review of Resident 87's Braden (is a clinical assessment tool used to predict a patient's risk of developing pressure injuries, lower scores indicated a higher risk for developing pressure injuries while a higher score indicates lower risk) Resident 87's score was a 17 indicating mild risk for pressure sores.Record review of Resident 87's Minimum Data Set (MDS-a federally mandated clinical assessment tool used in Medicare and Medicaid certified nursing homes) dated 05/27/2026 revealed that Resident 87's Brief Interview for Mental Status (BIMS is a screening tool to assess a patient's short-term memory, recall and basic temporal orientation, it is a scale from 0-15. The higher the score 13-15 cognition appears intact]. Resident 87's BIMS was 15. Section H on the MDS revealed that Resident 87 was incontinent of bowel and urine. Section M of MDS revealed Resident 87 admitted with a pressure ulcer. Record review of Resident 87's care plan dated 05/21/2026 revealed: Resident 87 has a pressure ulcer Stage 3 to coccyx present upon admission. Date Initiated: 05/21/2026 Revision on: 05/26/2026. Resident 87's pressure ulcer (s) will show signs of improvement and remain free from infection through the next review date. Date Initiated: 05/21/2026 Target Date: 08/19/2026 Avoid positioning Resident 87 on coccyx. Date Initiated: 05/21/2026 Revision on: 05/26/2026. ENHANCED BARRIER PRECAUTIONS: Utilize contact precautions during high contact Resident 87's care activities. Date Initiated: 05/26/2026. Provide pressure reducing/relieving device to bed- Air Mattress. Date Initiated: 05/21/2026 Revision on: 05/26/2026. Provide wound treatment per current physician orders. Date Initiated: 05/26/2026. Resident 87's wounds are being followed by [NAME], APRN- NHCP Wound. Date Initiated: 05/21/2026 Revision on: 05/26/2026. Resident 87 ?s has a bladder incontinence related to weakness, need for assistance with personal care and general pain and discomfort Date Initiated: 05/21/2026 Revision on: 06/02/2026. Resident 87 will remain clean and dry through the next review date. Date Initiated: 05/21/2026 Target Date: 08/19/2026. Incontinent: routine check and change as required for incontinence. Date Initiated: 05/21/2026 Revision on: 05/21/2026. Brief use: Resident 87 used adult disposable briefs. Change (SPECIFY FREQ) and prn. Date Initiated: 05/21/2026 Revision on: 06/02/2026.During an observation on 06/16/2026 at 9:35 AM of Wound Care Registered Nurse (WCRN) provided wound care to Resident 87. WCRN tucked a white soiled brief under the resident, WCRN then followed the wound care orders. WCRN then placed a new white brief on Resident 87.Record review of facility's policy on Peri-Care with no last revised date revealed: that staff should remove soiled brief and discard in trash can, staff wash resident from front to back and change side (continued on next page)		

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	of wash cloth with each swipe, if a female wash middle first then sides. Buttocks wash sides first then the middle. Remove gloves, perform hand hygiene and apply clean gloves. Apply barrier cream, clean brief/incontinent product and re dress resident. Clean work area, dispose of soiled linen, remove gloves and perform hand hygiene. In an interview on 06/16/2026 at 9:50 AM WCRN confirmed that the brief on Resident 87 was soiled with wound drainage and urinary incontinence. Further observation revealed WCRN left Resident 87's room at 9:52 AM with surveyor. During a continuous observation on 06/16/2026 from 09:52 AM through 10:20 AM no facility staff in room to provide Resident 87 incontinent care. During an interview on 06/16/2026 at 12:25 PM with nursing assistant (NA-Q) confirmed that Resident 87 does not get out of bed, and that staff provide all cares including incontinence care. In an interview on 06/16/2026 at 1:30 PM with WCRN confirmed that incontinence care should have been provided to Resident 87. In an interview on 06/16/2026 at 4:54 PM with the Director of Nursing (DON) confirmed it is an expectation that if a brief is soiled with urine, feces or other drainage that incontinence care should have been provided.		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09 Based on record review, observation and interview the facility failed to follow wound care orders for 1 (Resident 125) of 10 sampled and administer as needed blood pressure medication for 1 (Resident 125) of 5 sampled. The facility identified a census of 191. Findings are: A record review of facility policy Charting and Documentation last revised 01/01/2024 revealed staff will document procedures and treatments along with the resident's refusals in the resident's electronic medical record (EMR). The record review further revealed that medication administered, withheld, not administered, or refused will be documented in the resident's EMR. A record review of Resident 125's admission Record revealed that the resident was admitted to the facility on [DATE] with diagnoses of a bacterial skin infection, chronic wounds, body mass index (BMI, a screening tool used to estimate body fat based on a person's height and weight) of 70 or greater (a healthy BMI range is 18.5 to less than 25), swelling of the lower legs and high blood pressure. A record review of Resident 125's Minimum Data Set (MDS, a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) dated 05/11/2026, revealed a Brief Interview for Mental Status (BIMS, a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function) score of 15. According to the MDS manual, a score of 15 indicated the resident was cognitively intact. A record review of Resident 125's Order Summary Report dated 06/11/2026, revealed the resident was to have wound care to the left posterior lower leg every day and night shift as follows:-wash with wound cleanser-dry and paint the wound with skin prep-apply MediHoney (antibacterial honey) on the wound-place an Alginate Ag dressing (a type of wound dressing) over the wound-cover with an absorbent pad-wrap the lower leg with gauze A record review of Resident 125's Order Summary Report dated 06/11/2026, revealed medication Clonidine (treats high blood pressure) with a start date of 03/02/2026, as needed every six hours for a systolic blood pressure (the top number of a blood pressure) greater than 169. A record review of Resident 125's EMR revealed no wound care was provided to Resident 125 on the following days: 03/10/2026, 03/19/2026, 03/26/2026, 04/09/2026, 04/21/2026, 05/08/2026, 06/08/2026, and 06/12/2026. A record review of Resident 125's EMR revealed medication Clonidine was not given for blood pressures of 177/91 on 05/24/2026, 183/95 on 05/27/2026, 180/77 on 05/29/2026, 170/72 on 05/30/2026, 173/82 on 05/31/2026, 175/88 on 06/06/2026, 177/94 on 06/12/2026, and 173/89 on 06/13/2026. On 06/16/2026 at 8:54 AM to 9:30 AM an observation was made of Resident 125's wound care completed by Wound Care Registered Nurse (WCRN). An interview with LPN-H on 06/16/2026 at 3:15 PM confirmed that wound care for Resident 125 on 03/10/2026, 03/19/2026, 03/26/2026, 04/09/2026, 04/21/2026, 05/08/2026, 06/08/2026, and 06/12/2026 was not completed and the provider was not notified. An interview with charge nurse LPN (Licensed Practical Nurse)-H, on 06/16/2026 at 3:15 PM confirmed PRN Clonidine should have been given on 05/24/2026, 05/27/2026, 05/29/2026, 05/30/2026, 05/31/2026, 06/06/2026, 06/12/2026 and 06/13/2026 and if Resident 125 refused the medication, it should be documented in the EMR. During an interview with the DON (Director of Nursing) on 06/16/2026 at 5:15 PM when discussing missing wound treatments and lack of administering the as needed Clonidine for Resident 125, the DON viewed Resident 125's EMR and confirmed the staff did not follow the facility policies or provider orders.		

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 06/17/2026
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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(F)(ii) Based on record review and interview, the facility failed to ensure new interventions where put in place to prevent falls for one (Resident 115) of 5 sampled residents. The facility census was 191. Findings are: A record review of the admission record reveals that Resident 115 was admitted to the facility on [DATE] with the diagnosis of Hypotension (abnormally low blood pressure), Repeated falls, Dementia (decline in mental ability severe enough to interfere with daily life), Depression (mood disorder that causes persistent feelings of sadness, emptiness, and a loss of interest in activities), Anxiety (feelings of tension, worried thoughts), Insomnia (difficulty falling asleep, staying asleep, or waking up too early) . A record review of the Minimum Data Set (MDS) (a comprehensive assessment of each resident's functional capabilities) dated May 4, 2026 revealed Resident 115 had a Brief Interview for Mental Status (BIMS) (a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function). with a score of 4 meaning severely impaired. A record review of the fall assessment for Resident 115 revealed: On 3/20/26 Resident 115 was getting out of bed and slipped and fell with no injuries. What is the resident's description of what happened? Resident stated she went to get out of bed and her feet slipped from under her and she fell to the floor she stated she didn't hit her head, and she stated she wasn't in any pain Intervention: Resident 115 was assisted back to bed and the aid put Resident 115 on some slip resistant socks On 4/24/26 Resident 115 was self transferring out of bed and slipped and fell with skin tears to Left hand and left forearm. What is the resident's description of what happened: Resident reports attempting to self-transfer out of bed and feet slipping on floor. Interventions: Encouraged to call for assistance when attempting to transfer. On 4/26/26 Resident 115 was found sitting on the floor with no injuries. What is the resident's description of what happened? unable to give clear description due to advanced dementia. Interventions: encourage resident to use gripper sock at night and shoes during the day when up On 5/3/25 Resident 115 was sitting on the floor besides the bed with a skin tear to chest What is the resident's description of what happened? Resident reports slipping on blanket and falling forward hitting chest against walker handle then falling backwards and sitting onto the floor. Interventions: encouraged resident to use call light for assistance when transferring A record review of the Fall Data Collection in the progress notes for Resident 115 revealed: 5/3/26-Initial intervention that was implemented to prevent reoccurrence: encouraged resident to use call light for assistance when transferring 4/26/26-Initial intervention that was implemented to prevent reoccurrence: encourage resident to use gripper sock at night and shoes during the day when up. 4/24/26-Initial intervention that was implemented to prevent reoccurrence: Resident encouraged to call for assistance when attempting to transfer. 3/20/26-Initial intervention that was implemented to prevent reoccurrence: Resident was assisted back to bed and the aid put her on some slip resistant socks. A record review of the Comprehensive Care Plan (CCP) (written instructions needed to provide effective and person centered care of the resident that meets professional standards of quality care). for Resident 115 revealed: The resident is at risk for falls: 4/24/26 -unwitnessed fall out of bed 5/3/26-witness fall in room Interventions: 4/24/26 staff to encourage Resident 115 to wear non skid footwear in bed, 2/6/26 Ensure that Resident 115 is wearing appropriate footwear ie (in other words) non skid socks or shoes when ambulating or mobilizing with walker. 5/4/26 Staff to round every 1-2 hours. A record review of the Policy Fall Management with a revised date of 1/24 revealed: Fall injury (continued on next page)		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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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.			
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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevention-post fall3) Review Fall Risk Assessment for any changes in fall risk, reassess post fall6) Adjust/add interventions on the Plan of Care-Fall Risk Reduction An interview on 6/16/26 at 3:30 PM with the DON confirmed that new interventions should of been in place with each fall for Resident 115 and new interventions had not been put in place.		

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NAME OF PROVIDER OR SUPPLIER Emerald Nursing & Rehab Lancaster LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1001 South Street Lincoln, NE 68502	
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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Licensure reference number 175 NAC 12-006.11 (D)Based on record reviews, observations, and interviews, the facility failed to ensure recipes for pureed foods (a pudding like consistency for residents who are unable to eat solid foods due to a variety of medical conditions) was followed. This had the potential to affect the 7 residents who eat pureed foods from the kitchen. The total census at the time of the survey was 191.Findings are:Record review of the facility's policy titled Food Preparation Guidelines dated 11/2017 revealed in the section titled Policy Explanation and Compliance Guidelines subsection 1. The cook or designee should prepare menu items following the facility's written menus and standardized recipes.Record review of the facility's recipe for Pureed Macaroni & Cheese with a copyright date of 2026 revealed that 10 servings required: 1-quart plus 1-cup of Macaroni and Cheese blended with 2 1/2 cups of milk.Record review of the facility's recipe for Pureed Choc Chip Cookie Bar with a copyright date of 2026 revealed that 10 servings require: 10 bars blended with 2 1/2 cups of milk.Observation of lunch preparation on 06/11/2026 at 10:00AM revealed the cook gathering the ingrediencies needed to prepare the pureed foods to be served at the next meal. The cook scooped the macaroni and cheese mixture into a clean food processor (FP, a motorized kitchen appliance that blends food into the desired consistency) and added milk without measuring either ingredient. The cook then turned the FP on and let the mixture blend for approximately 60 seconds. The cook then removed the lid, scraped the sides of the FP bowl, and proceeded to add more milk after revealing it was too thick. The cook did not measure the additional milk. The cook turned the FP on again and processed for an additional 30-45 seconds. The cook then removed the lid, stirred the mixture and revealed that it was still too thick and added more milk without measuring, and turned the FP back on. The cook then walked over to the book that contained the recipes and began to look for the pureed recipes. The cook then decided the macaroni and cheese was good and placed the mixture in 2 small containers.The cook then proceeded to prepare the next dish of Pureed Chocolate Chip Cookie Bars. The cook revealed that there should be a recipe for the pureed chocolate chip cookie bars but was not able to find it. The cook also revealed that they know that they are supposed to follow the recipes but don't. The cook placed an unmeasured amount of chocolate chip cookie bars into the FP along with an unmeasured amount of milk and began to blend, repeating the process of adding unmeasured milk until the mixture was deemed good.Interview with the cook on 06/11/2026 at 10:45 AM confirmed that the recipe was not followed for either of the pureed dishes and should have been.Interview with the Kitchen Manager on 06/11/2026 at 11:00 AM revealed that it is the facility's expectation that recipes are followed for all foods prepared in the kitchen including pureed foods. Interview on 06/15/2026 at 3:21 PM with the DON revealed that there are currently 7 residents on pureed diets that eat from the kitchen.		