

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285239	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  11/20/2025
NAME OF PROVIDER OR SUPPLIER  Emerald Nursing & Rehab Legacy Pointe LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  3110 Scott Circle Omaha, NE 68112	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 175 NAC 12-006.18Based on observation, interview and record review, the facility failed to ensure staff followed hand hygiene procedures during the provision of peri-care (the process of washing the genitals and anal area to maintain hygiene, prevent infection and prevent skin breakdown) for 2 residents (Residents 1 and 2) of 3 residents surveyed. The facility identified a census of 68. Findings are: A record review of the facility's undated Hand Hygiene Policy revealed all staff are responsible for following hand hygiene procedures. - before and after having direct contact with a residents intact skin.- after contact with blood, body fluids or excretions, mucous membranes (a tissue that secretes mucus), non-intact skin, or wound dressings.- when hands move from a contaminated-body site to a clean body site during resident care.- before and after wearing gloves.A record review of the Infection Control Standard Precautions dated 3-20, 2024 revealed Hand Hygiene is performed with alcohol-based hand rub (ABHR) or soap and water. before and after contact with the resident before performing an aseptic (free from contamination caused by harmful bacteria, viruses, or other microorganisms) task, after contact with items in the residents' room and after removing personal protective equipment (PPE). Hands are washed with soap and water after direct or indirect contact with dirt, blood, and body fluids and after removing gloves. Gloves are changed as necessary, during the care of a resident to prevent cross contamination from one body site to another (moving from a dirty site to a clean one).A. Record review of Resident 2's undated Care Plan revealed Resident 2 was admitted to the facility on [DATE] and had the following diagnoses: Age related physical debility (a state of increased vulnerability due to a decline in the body's reserves and function as a person ages), Adult failure to thrive (a state of mental and physical decline in older adults), Anxiety disorder (a mental health condition characterized by persistent and excessive worry and fear), Fibromyalgia (a chronic condition causing widespread musculoskeletal pain, fatigue, sleep problems and cognitive difficulties), Hypertension (high blood pressure), Hyperlipidemia (high cholesterol), venous stasis ulcers on lower leg (a chronic open sore on the lower leg that occurs when the veins are unable to send blood back to the heart properly) and chronic respiratory failure (a long term condition where the lungs cannot get enough oxygen into the blood or remove enough carbon dioxide).A record review of Resident 2's Care Plan revealed Resident 2 is chairfast (Resident 2 is unable to walk and has severely limited mobility but can sit in a chair or wheelchair). Resident 2 required maximum assistance (caregiver to provides 51% to 75% of help) for bed mobility, transfers, and upper body dressing. Resident 2 requires total assistance (the highest level of physical help for a task), for wheelchair mobility, bathing, and lower body dressing.An observation on 11/18/2025 at 10:30 AM of peri-care performed by Nurse Assistant (NA) A and NA-B for Resident 2 revealed the following: NA-A and B donned gowns, gloves, and masks. They knocked on Resident 2's door and stated they were there to provide peri-care. NA-A closed the shades, raised the bed, removed the blankets from Resident 2, removed a pillow from beneath the residents' legs and</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:  285239	Facility ID:  285239  If continuation sheet Page 1 of 3

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>gloves. An interview on 11/18/2025 at 4:20 PM with NA-D confirmed they should have used hand sanitizer or washed their hands before and after donning gloves. An interview with the Director of Nursing on 11/19/2025 at 11:25 AM confirmed it is an expectation of the facility that the NA's will change their gloves during peri-care and that they will use a hand-sanitizer in between or wash their hands between glove changes. The DON confirmed the facility does not have a Peri-Care policy.</p>