

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/08/2025
NAME OF PROVIDER OR SUPPLIER  Hillcrest Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  2121 Avenue L Hawarden, IA 51023	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on record review and staff interviews the facility failed to update care plan interventions for resident after falls for 1 of 3 residents reviewed, (Resident #2). Findings include: The Minimum Data Set (MDS) assessment dated [DATE] for Resident #2 documented diagnoses of Alzheimer's Disease, dementia and malnutrition. The MDS showed the Brief Interview for Mental Status (BIMS) score of 3, which indicated severe cognitive impairment. The Incident Reports for Resident #6 showed the following falls: 3/31/25 at 9:00 PM- resident found on floor, 4/2/25 at 10:30 PM- resident found sitting on the floor, 4/7/25 at 8:55 PM- resident found sliding on her buttock across the floor, 4/19/25 at 10:30 AM- resident stood up from recliner and fell, 6/12/25 at 4:30 AM- resident found sitting on the floor, 6/15/25 at 2:45 PM- resident found sitting on the floor. The Care Plan for Resident #1 showed the facility failed to place interventions on the care plan related to the falls. In an interview on 10/7/25 at 11:07 AM, Staff A Licensed Practical Nurse (LPN) reported she would look for fall interventions on the care plan. When asked who enters the interventions on a care plan after a fall, Staff A stated, the nurses. In an interview on 10/7/25 at 2:15 PM, the Director of Nursing, (DON) reported the nurses should enter interventions on the care plan after a fall. The DON reported interventions found to be charted in the Progress Notes, the IDT reviewed the falls and staff received education. The DON stated, they were doing multiple interventions, they didn't put the interventions in the care plan. The DON explained, Risk Management prompts the nurse to add an intervention but the incident can be left open if not addressed. The DON stated, it is then the MDS nurses responsibility to catch, follow up and enter fall interventions into the care plan. We are training a new MDS nurse. The Fall Management System policy dated August 2025 identified: STANDARD: This facility is committed to promoting resident autonomy by providing an environment that remains as free of accident hazards as possible. Each resident is assisted in attaining or maintaining their highest practicable level of function through providing the resident adequate supervision, assistive devices and functional programs as appropriate to prevent accidents. POLICY: It is the policy of this facility to provide each resident with appropriate assessment and interventions to prevent falls and to minimize complications if a fall occurs. PROCEDURES: 1. On admission, the Fall Risk Evaluation will be completed to determine his/her risk for sustaining a fall. (If Resident is admitted skilled nursing will follow PT recommendations following their initial assessment/evaluation). 2. Residents with high risk factors identified on the Fall Risk Evaluation will have an individualized care plan developed that includes measurable objectives and timeframes. (Including but not limited to therapy recommendations, resident level of cognitive functioning, Acute illness status) The care plan interventions will be developed to prevent falls by addressing the risk factors and will consider the particular elements of the evaluation that put the resident at risk. 3. When a resident sustains a fall, a physical assessment will be completed by a licensed nurse, with results documented in the medical record. The Attending Physician and Resident Representative shall be notified of the fall and the resident status. Follow-up documentation will be completed for a minimum of 72 hours following the incident. A Fall Risk Evaluation will be completed post fall incident. 4. Review of the fall incident will include investigation to determine probable causal factors. 5. The investigation will be reviewed by the Inter Disciplinary Team. A Summary of the investigation and recommendations will be documented in the residents Clinical Record. 6. Resident's care plan will be updated. 7. The Risk Committee will analyze trends related to falls and will determine if further intervention is needed.</p>		