

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165502	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2025
NAME OF PROVIDER OR SUPPLIER Hillcrest Home		STREET ADDRESS, CITY, STATE, ZIP CODE 915 West First Street Sumner, IA 50674	

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 0640</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Encode each resident's assessment data and transmit these data to the State within 7 days of assessment.</p> <p>50874</p> <p>Based on electronic health record (EHR) review, Long-Term Care Facility Resident Assessment Instrument (RAI) 3.0 user's manual review, and staff interviews revealed the facility failed to submit 2 completed Minimum Data Set (MDS) assessments for 1 of 5 residents reviewed. The facility reported a census of 43 residents.</p> <p>Findings include:</p> <p>A review of the EHR MDS detail listing for Resident #197 revealed the following:</p> <p>5/23/2025 - Quarterly - None PPS / M D S 3.0 - In Progress</p> <p>2/25/2025 - Admission - None PPS / M D S 3.0 - Completed</p> <p>2/18/2025 - Entry / M D S 3.0 - Completed</p> <p>A review of all completed but not accepted MDS's for Resident #197 documented the unit is neither Medicare nor Medicaid certified and MDS data is not required by the state. The submission information for all completed but not accepted MDS's for Resident #197 documented do not submit to the Centers for Medicare and Medicaid Services (CMS).</p> <p>During an interview on 5/14/25 at 1:19 PM, Staff A, Business Office Manager revealed the facility is dually certified for all beds with CMS.</p> <p>During an interview on 5/14/25 at 2:46 PM, the Director of Nursing (DON) revealed the facility follows the RAI manual for completing and submission of the MDS assessments. The DON revealed the facility had utilized a third party for completion of the MDS assessments in the interim of hiring for the MDS Coordinator position. The DON acknowledged the entry and admission MDS had not been submitted to CMS as required.</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 0640</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>A review of the Long-Term Care Facility RAI 3.0 user's manual Version 1.19.1, October 2024 revealed nursing homes are required to submit Omnibus Budget Reconciliation Act (OBRA) required Minimum Data Set (MDS) records for all residents in Medicare- or Medicaid-certified beds regardless of the payer source. Skilled nursing facilities (SNFs) and non-critical access hospitals (non-CAH) with a swing bed agreement (swing beds) are required to transmit additional MDS assessments for all Medicare beneficiaries in a Part A stay reimbursable under the SNF Perspective Payment System (PPS).</p> <p>All Medicare and/or Medicaid-certified nursing homes and swing beds, or agents of those facilities, must transmit required MDS data records to CMS' Internet Quality Improvement and Evaluation System (iQIES). Required MDS records are those assessments and tracking records that are mandated under OBRA and SNF (PPS).</p> <p>Assessments that are completed for purposes other than OBRA or SNF PPS reasons are not to be submitted to iQIES, examples include, but are not limited to, private insurance and Medicare Advantage Plans (i.e., Medicare Part C). After completion of the required assessment and/or tracking records, each provider must create electronic transmission files that meet the requirements detailed in the current MDS 3.0 Data Submission Specifications available on the CMS MDS 3.0 website at:</p> <p>http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html.</p> <p>The provider indicates the certification or licensure of the unit on which the resident resides in item A0410, Unit Certification or Licensure Designation. In addition to reflecting certification or licensure of the unit, this item indicates the submission authority for a record.</p> <p>o Value = 1 Unit is neither Medicare nor Medicaid certified and MDS data is not required by CMS or the State.</p> <p>o Value = 2 Unit is neither Medicare nor Medicaid certified but MDS data is required by the State.</p> <p>o Value = 3 Unit is Medicare and/or Medicaid certified.</p>		