STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285063	A. Building B. Wing	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Park Care Center	1633 Sweetwater Alliance, NE 69301

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 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** LICENSURE REFERENCE NUMBER 175 12-006.05(G)Based on record review, interviews, and observations, the facility failed to ensure one (Resident 5) of one sampled resident was free from restraints. The facility identified a census of 55. LICENSURE REFERENCE NUMBER 175-12 006.05(G)Based on record review, interviews, and observations, the facility failed to ensure one (Resident 5) of one sampled resident was free from restraints. The facility identified a census of 55.Findings are:A record review of an admission summary reveals Resident 5 admitted on [DATE] and included a admission diagnosis Cerebral infarction with Hemiplegia and Hemiparesis affecting the Left side of the body (occurs when blood flow to a part of the brain is interrupted, causing brain tissue damage which results in cognitive dysfunction with subsequent paralysis and weakness to affected side of the body). A record review of Resident 5s Physicians Orders revealed Resident 5 was admitted to Hospice on 04/04/2025. A record review of a Quarterly Minimum Data Set (MDS-a federally mandated assessment tool for nursing homes) for Resident 5 revealed in Section C, a Brief Interview for Mental Status (BIMS- an assessment tool used to evaluate the cognitive function of residents in Long Term Care), a BIMS score of 00/15, revealing that Resident 5 had severe cognitive dysfunction. Section GG further revealed that Resident 5 was fully dependent on staff for dressing/undressing, toileting, and transfers. Resident 5 utilized a wheelchair with staff to propel for ambulation. Section P of the MDS indicated the facility was not utilizing the use of restraints for Resident 5.A record review of Resident 5s care plan revealed the facility implemented the use of pillows while Resident 5 was in bed. The pillows were to be placed around Resident 5 to protect from potential injuries related to involuntary arm and leg movements.An observation of Resident 5 in bed on 08/05/2025 at 8:30 AM revealed Resident 5 lying flat and positioned on the left side. Resident 5 appeared to be sleeping at that time with no visible distress or agitation observed. A full-length body pillow was observed to be tucked under the fitted sheet, with Resident 5 was facing the body pillow. The pillow was positioned in a manner consistent in restricting a person from getting out of bed. There were no other pillows observed around Resident 5. An observation on 08/05.2025 at 9:30 AM revealed that Resident 5 could be heard yelling help from the hallway. Resident 5 was observed to be in bed in a flat and laying in a left sided position. Licensed Practical Nurse (LPN) entered the room and asked Resident 5 what did she need Resident 5 who observed waiving right arm in the air purposelessly A Full-length body pillow was observed under the fitted sheet positioned in a manner consistent with restricting a person from getting out of bed. There were no other pillows observed around Resident 5. An observation of Resident 5 in bed on 08/06/2025 9:13 AM revealed Resident 5 lying flat and positioned on left side. A full-length body pillow was observed to be tucked under fitted sheet, with no part of the pillow observed to be touching Resident 5, indicating the pillow was not being used for positioning. The pillow was positioned in a manner consistent with restricting a person from getting out of bed. An interview with Certified Nursing Assistant (CNA-A) on 08/06/2025 at 9:10 AM revealed that CNA-A states the pillow was used to keep Resident 5 from getting out of bed. Confirmed the wedge pillow under the sheet is always there to keep Resident 5 from falling out of bed, report6ing Resident 5 thrashes around and is always moving.An interview with CNA-B on 08/06/2025 at 9:30 Am confirmed the full length body pillow placed on the left side of the bed was used to keep Resident 5 from falling out of bed.An interview with the Director of Nursing (DON) at 3.00 PM on 08/06/2025 confirmed the understanding of how a pillow laced under a fitted sheet and outside the reach of Resident 5 could be considered a restraint. No Notes