

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285080	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/16/2025
NAME OF PROVIDER OR SUPPLIER Hillcrest Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 309 West 7th Street McCook, NE 69001	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>Licensure Reference Number 175 NAC 12-006.02(H)Based on record review and interview, the facility failed to thoroughly investigate a fracture for 1 resident (Resident 3) of 3 sampled residents. The facility census was 67.Findings are:Review of a facility policy titled Freedom from Abuse, Neglect, and Exploitation dated 12/2023 revealed it was the facilities policy to ensure all residents had the right to be free from abuse including physical abuse. The policy stated it was the responsibility of the Director of nursing to direct the steps of investigation into occurrences of possible abuse.A review of the Resident Dashboard revealed the facility admitted Resident 3 on 03/07/2025 with diagnosis of Chronic Kidney Disease (CKD), where the kidneys do not function properly, and Congestive Heart Failure (CHF), a condition where the heart does not pump blood properly resulting in a buildup of fluid.The comprehensive Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) dated 11/21/2025 revealed Resident 3 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 15 indicating the resident was cognitively intact. The resident was documented to have received set up and clean up assistance with eating, partial to moderate assistance with bed mobility, and supervision or touching assistance with transfers and toilet use. Record review of a facility supplied document titled Incident by Date Report dated 12/16/2025 revealed Resident 3 suffered an incident on 11/12/2025 at 8:50 PM.Record review of a facility supplied document titled Injury and dated 11/12/2025 revealed documentation that on 11/12/2025 Resident #3 stated that thy used to sink to assist themselves into a standing position and heard a pop from their left shoulder and having pain in their left shoulder. The resident was sent to the emergency room for evaluation.Record review of Resident 3's Progress Notes dated 11/12/2025 at 11:57 PM revealed documentation that the nurse received a report from the local emergency room that Resident 3 X-Ray results were ok but the resident was going to be admitted to the hospital for an exacerbation of their Congestive Heart Failure.Record review of Resident 3's Progress Notes Dated 11/14/2025 at 6:00 PM revealed that Resident 3 re admitted to the facility at 3:45 PM with a diagnosis of a subacute fracture to their left shoulder and that their arm was in a sling.Record review of a facility supplied document titled Discharge Summary Note and dated 11/14/2025 revealed that Resident 3 was diagnosed with a left acromion (the highest point of the shoulder) fracture and compression fracture in their 8th thoracic (lower back) vertebrae (back or spinal bones). Record review of a facility supplied document titled Nursing Home Nursing Communication and dated 11/19/2025 revealed documentation that Resident 3 provider communicated to the facility that the resident had a left shoulder/acromion fracture and a compression fracture of the 8th thoracic bone.In an interview completed on 12/16/2025 at 2:15 PM with the facility Director of Nursing (DON), the DON reported they did not investigate if the Resident 3 did or did not have a compression fracture. The DON confirmed that on 11/19/2025 the facility was notified by the resident's provider that the resident had a compression fracture to the 8th thoracic bone. The DON confirmed a investigation into had not been completed to find the possible/probable etiology of the compression fracture.</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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