

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  02/13/2025
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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 51560</p> <p>Licensure Reference Number NAC 175 12-006.12(A)</p> <p>Based on interview and record review the facility failed to provide an indication and rationale for the use a prophylactic antibiotic for one (Resident 17) of three residents. The facility identified a census of 63.</p> <p>Findings are:</p> <p>A record review of the facility's Antibiotic Stewardship Policy dated July 2022 revealed the infection preventionist will monitor individual resident antibiotic regimens including:</p> <ul style="list-style-type: none"> <li>a. Reviewing clinical documentation supporting antibiotic orders</li> <li>b. Compliance with start/stop dates and/or days of therapy</li> </ul> <p>A record review of an admission face sheet for Resident 17 revealed the resident was admitted to the facility on [DATE].</p> <p>A record review of a 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 1/13/25 revealed in Section C that Resident 17 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 13/15, indicating the resident was cognitively intact. Section H revealed that Resident 17 had a foley catheter (a thin, flexible tube inserted into the bladder to drain urine). Section N revealed that Resident 17 was on an antibiotic.</p> <p>A record review of Resident 17's diagnosis list revealed the following diagnoses:</p> <ul style="list-style-type: none"> <li>-Benign prostatic hyperplasia with lower urinary tract symptoms (a condition where the prostate gland, located below the bladder in men, enlarges with age).</li> <li>-Calculus in bladder (a hard, mineral deposit that forms in the urinary bladder).</li> <li>-Personal history of urinary tract infections (an infection of the urinary tract, which includes the kidneys, ureters, bladder, and urethra).</li> </ul> <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 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Obstructive and reflux uropathy (a condition where urine flow is blocked within the urinary tract, causing urine to back up and potentially damage the kidneys).</p> <p>A record review of Resident 17's physician orders dated 2/11/25 revealed an order for:</p> <p>Cephalexin Oral Capsule 500 milligrams (mg) (an antibiotic- medications used to treat bacterial infections); give one capsule by mouth one time a day for prophylactic with a start date of 11/22/24.</p> <p>An interview on 2/11/25 at 10:42 AM with Registered Nurse (RN)-A confirmed that Resident 17 was taking the antibiotic prophylactically but RN-A was unsure why. RN-A revealed that Resident 17 had an artificial bladder and had a history of complications as a result of that, including urinary tract infections. RN-A revealed that the antibiotic was ordered by the urologist (a doctor who specializes in diagnosing and treating conditions of the urinary tract and reproductive system). RN-A confirmed that the order did not have a clear indication, diagnosis, or stop date and was not being reviewed by the pharmacist or physician for a rationale for its continuation.</p> <p>An interview on 2/12/25 at 2:45 PM with Director of Nursing (DON) confirmed that Resident 17's use of a prophylactic antibiotic did not have a duration and was not reviewed with a rationale for its continuation. The DON confirmed that it should have been.</p>		