

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285133	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/11/2025
NAME OF PROVIDER OR SUPPLIER  Hillcrest Health & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1702 Hillcrest Drive Bellevue, NE 68005	

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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 04577</p> <p>Licensure reference: 175 NAC 12-006.09(l)(i)(1)</p> <p>Based on observation, interview, and record review, the facility failed to ensure fall prevention interventions were implemented for 2 [Residents 4 and 7] of 4 sampled residents with falls. The facility had a total census of 142 residents.</p> <p>Findings are:</p> <p>A.</p> <p>A review of Resident 4's Admission Record revealed Resident 4 was admitted to the facility on [DATE] with a diagnosis of displaced fracture of lateral end of right clavicle and acute respiratory failure with hypoxia. Admission Record indicated Resident 4 was discharged to an acute care hospital on 2/27/25.</p> <p>A review of Resident 4's MDS [Minimum Data Set; a comprehensive assessment used for care planning] dated 2/10/25 revealed Resident 4 required partial/moderate assistance with transfer and supervision or touching assistance with walking 10 feet. Resident 4 was identified as having falls in the last month prior to admission and fall with fracture in the last 6 months prior to admission. Resident 4's Brief Interview for Mental status score was 5 indicating severe cognitive impairment.</p> <p>A review of Resident 4's Fall Risk Evaluation dated 2/5/25 identified Resident 4 as being at a high risk for falls.</p> <p>A review of Resident 4's Care Plan revealed a focus area dated 2/14/25 for actual fall with no injury. The following interventions were listed for Resident 4:</p> <ul style="list-style-type: none"> <li>-Bed alarm placed dated 2/14/25</li> <li>-Physical Therapy consult for strength and mobility dated 2/14/25</li> <li>-Resident to be offered as one of the first to get up in the mornings dated 2/27/25</li> <li>-Scoop mattress to bed dated 2/27/25</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285133	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/11/2025
NAME OF PROVIDER OR SUPPLIER  Hillcrest Health & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1702 Hillcrest Drive Bellevue, NE 68005	
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A review of Incident Report dated 2/14/25 at 5:00 AM revealed Resident 4 was found next to bed with brief around knees and puddle of urine under Resident 4. In the notes section of the Incident Report was identified that bed alarm was placed for Resident 4 on 2/14/25.</p> <p>A review of Incident Report dated 2/27/25 at 8:30 AM revealed Resident 4 was found on the floor next to bed. Under the notes section of the Incident Report was identified that Resident 4 was sent to the emergency room for evaluation of treatment of left hip fracture.</p> <p>A review of Resident 4's Treatment Administration Record for 2/2025 revealed the alarm function need to be checked to ensure proper placement and functioning every shift. The section for the night shift on 2/26/25 had not been completed to indicate that Resident 4's alarm was in place and functioning. The section for the day shift on 2/27/25 was initialed to indicate that Resident 4's alarm was on and functional.</p> <p>In an interview on 3/11/25 at 11:48 AM, Medication Aide A confirmed that when Resident 4 fell out of bed on 2/27/25 Resident 4's alarm did not go off.</p> <p>In an interview on 3/11/25 at 11 AM, the Director of Nursing reported that staff had signed off indicating the alarm was in place when Resident 4 fell but the alarm was not in place. Staff had been educated on ensure fall interventions were in place.</p> <p>In interviews on 3/11/25 at 12:18 PM and 3:15 PM, Clinical Care Coordinator B confirmed that Resident 4's alarm was not on when Resident 4 fell. Clinical Care Coordinator B reported obtaining a new alarm and placing it on Resident 4 after Resident 4 fell. Clinical Care Coordinator B reported staff had been educated on checking alarms to ensure alarms were in place and functional. Clinical Care Coordinator B reported doing monitoring of residents with alarms since Resident 4's fall to ensure that alarms were in place and functional.</p> <p>B. A review of Resident 7's Admission Record revealed Resident 7 was admitted to the facility on [DATE] with a diagnosis of infection and inflammatory reaction due to internal right knee prosthesis.</p> <p>A review of Resident 7's MDS dated [DATE] identified Resident 7 was dependent for transfer and was not able to walk 10 feet. Resident 7's Brief Interview for Mental Status identified a score of 3 which indicates severe cognitive impairment.</p> <p>A review of Resident 7's Care Plan revealed a focus area of Resident 7 had an actual fall with no injury dated 2/19/25 with the following interventions identified:</p> <ul style="list-style-type: none"> <li>-Alarm to wheelchair and bed to alert staff when guest is getting up dated 2/24/25</li> <li>-Continues to be on skilled therapy for strength and mobility. Consulted with Occupational Therapy for wheelchair cushion suggestions dated 2/19/25</li> <li>-Dycem applied to wheelchair and talked with therapy who provided a different cushion type with the hope to reduce the chance of Resident 7 sliding out dated 2/19/25</li> <li>-Resident 7 should have alarm on wheelchair and bed at all times. Staff working with Resident 7 to be educated to keep alarms on and to monitor that Resident 7 has it under Resident 7.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285133	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/11/2025
NAME OF PROVIDER OR SUPPLIER  Hillcrest Health & Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE  1702 Hillcrest Drive Bellevue, NE 68005	
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 0689  Level of Harm - Actual harm  Residents Affected - Few	<p>Observations on 3/11/25 at 11:42 AM revealed Resident 7 in wheelchair in common area with alarm in place and functioning. Another alarm was observed in place on Resident 7's bed.</p> <p>A review of Incident Report for Resident 7 dated 2/16/25 revealed Resident 7 was found on the floor during routine rounding. Resident 7 was found on floor in front of wheelchair with both legs pulled up trying to get self back in wheelchair. Resident 7 was not found to have any apparent injuries. In the notes section of the Incident Report was identified that Dycem was applied to Resident 7's wheelchair and therapy had provided a different cushion type.</p> <p>A review of Incident Report for Resident 7 dated 2/20/25 revealed Resident 7 sliding out of wheelchair to the floor. Resident 7 was not found to have any apparent injuries. In the notes section of the Incident Report was identified that Resident 7 was placed on increased rounds and alarm was placed in wheelchair and bed.</p> <p>A review of Incident Report for Resident 7 dated 2/28/25 without a time revealed Resident 7 was found sitting on the floor by Resident 7's bed. Resident 7 reported Resident 7 was trying to get in bed. Resident 7 was not found to have any apparent injuries. In the notes section of the Incident Report was identified that Resident 7 should have an alarm on wheelchair and bed at all times. Staff members working with resident to be educated on keeping alarms on and to monitor that alarm is under Resident 7.</p> <p>A review of Resident 7's Treatment Administration Record for 2/2025 revealed the alarm function need to be checked to ensure proper placement and functioning every shift. The section for day and evening shift on 2/28/25 had been initialed to indicate that Resident 7's alarm was placed and functioning. The section for the night shift on 2/28/25 was not initialed to indicate that Resident 7 was in place and functional.</p> <p>In an interview on 3/11/25 at 3:20 PM, Clinical Care Coordinator B confirmed Resident 7's alarm was not in place when Resident 7 fell on [DATE]. Clinical Care Coordinator B report that Resident 7 did not have a functional alarm in chair on 3/3/25. Clinical Care Coordinator B reported providing education to staff on ensure that alarms were in place and functional on 3/4/25.</p> <p>C. A review of facility education documentation dated 2/28/25 revealed staff members were educated on ensuring that alarms are on and functioning before initializing treatment administration record that alarm is in place.</p> <p>D. A review of facility education documentation dated 3/4/25 revealed staff members were education on ensuring all fall interventions are in place.</p> <p>E. In interviews on 3/11/25 at 1:45 and 2:45 PM, the Administrator reported a review of falls was began on 2/26/25 as the initial step in establishing a process improvement program regarding falls.</p>		