STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285133	A. Building B. Wing	12/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Health & Rehab	1702 Hillcrest Drive Bellevue, NE 68005

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. Licensure Reference Number 175 NAC 12-006.09 and 12-006.09(H)(iv)(5).Based on observation, interview, and record review, the facility failed to implement neurological checks for an unwitnessed fall for 2 (Residents 1 and 2) of 3 sampled residents, and failed to monitor bowel movements and provider ordered interventions to prevent the potential for constipation for 1 (Resident 2) of 1 sampled resident. The facility staff identified a census of 121.The findings are:A. Record review of a facility policy entitled Neuro Checks dated revised 3/31/2021 revealed: -A neuro check is a simple and standardized assessment to detect changes in level of consciousness. These may be performed on an individual with a post-fall head injury, or unwitnessed fall. **Consciousness is the most sensitive indicator of neurological status. -1. Neuro checks will be completed per physician order or initiated by the nurse, at their discretion, based on physical assessment of the resident, guest, or elder. -2. Neuro checks will be completed on the resident, guest, or elder with an unwitnessed fall or fall with head injury. -3. The nurse should review the previous assessment for comparison and report any significant/abnormal variances to the physician for further instruction. -4. If a resident, guest, or elder is transferred for further evaluation and is medically cleared for return to the facility, the neuro checks may be discontinued unless otherwise directed by their provider. Record review of Resident 1's admission Record revealed the facility admitted the resident on 9/11/2025. Further review of the admission record identified the resident had diagnoses that included infection and inflammatory reaction due to internal left knee prosthesis, bacteremia (a blood stream infection of bacteria in the blood), myasthenia gravis (a chronic autoimmune disease causing fluctuating weakness in voluntary muscles such as the eyes, face, throat, and limbs due to nerve-muscle communication breakdown, where antibodies block signals, worsening with activity and improving with rest), essential tremors, abnormalities of gait, and unsteadiness on feet. Record review of Resident 1's admission Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and help nursing home staff identify health problems) dated 9/17/2025 revealed a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 15. According to the MDS Manual, a score of 15 indicated the resident was cognitively intact. The MDS identified Resident 1 had no behaviors including rejection of care. Further review of the MDS identified Resident 1 had a range of motion impairment on one side with both upper and lower extremities and was dependent upon staff for assistance with transfers. Record review of Resident 1's fall investigations revealed Resident 1 sustained a fall on 9/26/2025 at 6:55 PM. (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

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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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Record review of Resident 1's Neuro Checks sheet revealed the resident was to have neurological checks completed every 15 minutes for four assessments, every 30 minutes for four assessments, every one hour for four assessments, every four hours for four assessments, and every eight hours for four assessments. Further review of the neuro check sheet revealed neurological checks were not completed on 9/27/2025 at 6:50 AM, 10:50 AM, and 2:50 PM; 9/28/2025 at 9:15 PM; and 9/29/2025 at 5:15 AM. Interview on 12/30/2025 at 11:31 AM with Nurse Tech (NT)-A revealed Resident 1's fall on 9/26/2025 was an unwitnessed fall. Interview on 12/30/2025 at 1:27 PM with the Director of Compliance (DOC) revealed the facility did not have any additional documentation of Resident 1's neurological checks. The DOC confirmed the neurological checks were not completed as expected. B. Record review of Resident 2's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 11-11-2025 revealed the facility staff assessed the following about the resident: -admission date was 06-20-2024 -Brief Interview of Mental Status (BIMS) was scored as a 1. According to the MDS Manual a score of 0 to 7 indicates severe cognitive impairment. -Required limited assistance with bed mobility and upper body dressing. -Required extensive assistance with hygiene, toileting, bathing, lower body dressing and transfers. -was frequently incontinent of bowel and bladder. -had 2 or more falls in the last 90 days. -was receiving hospice care. Record review of Resident 2's fall investigations revealed Resident 2 had an unwitnessed fall on 07-31-2025 and 08-01-2025. Record review of Resident 2's progress notes, evaluations, and miscellaneous documents did not reveal neurological checks were conducted after both unwitnessed falls. An interview with the Director of Compliance on 12-30-2025 at 1:25 PM confirmed neurological checks were not conducted after the unwitnessed falls on 07-31-2025 and 08-01-2025 and should have been. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	C. Record review of the facility policy titled Bowel Management dated 01-01-2023 revealed all residents should be monitored, and staff should intervene when necessary to prevent constipation. The nurse or designee should review bowel movement records to determine which residents have gone 3 or more days without having a Bowel Movement (BM) and report to the oncoming nurse. The nurse should contact the provider if there are no as needed (PRN) bowel medication orders and obtain, as necessary. The nurse should administer a laxative or stool softener as ordered to the resident who have not had a BM. If there have been no results from the PRN bowel medication by the following day, the nurse should administer further PRN medications as ordered. The provider should be called if no results from the above interventions. Record review of Resident 2's bowel records revealed Resident 2 did not have BM from 12-10-2025 to 12-17-2025 and no BM from 12-26-2025 to 12-30-2025. Record review of Resident 2's Medication Administration Record (MAR) for December 2025 revealed no PRN bowel medications were administered between 12-10-2025 and 12-17-2025 or 12-26-2025 and 12-30-2025. An interview conducted with Licensed Practical Nurse (LPN) I on 12-30-2025 at 6:35 AM revealed the night shift nurse runs a report from the Electronic Health Record and a list of residents that have not had a BM for 3 days are placed on the list. The list is communicated through shift change report and each resident on the list are given the PRN bowel medication. An interview conducted with Nurse Tech (NT) H on 12-30-2025 at 7:40 AM revealed when Resident 2 had a BM, the staff document the BM in the Electronic Health Record. An interview conducted with the Clinical Care Coordinator (CCC) G on 12-30-2025 at 2:30 PM confirmed Resident 2 was not provided with PRN bowel medications between 12-10-2025 and 12-17-2025 or 12-26-2025 and 12-30-2025 and should have been.

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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 0686 Level of Harm - Actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number NAC 175 12-006.09(H)(iii)(1) and 12-006.09(H)(iii)(2). Based on observation, interview and record review the facility failed to implement interventions for the prevention of pressure ulcers for 2 (Resident 2 and 4) of 4 residents sampled and failed to provide practitioner ordered wound care to promote healing of pressure ulcers for 1 (Resident 4) of 4 residents sampled. The facility census was 121. The findings are:Record review of the facility policy dated 07-25-2025 revealed all team members are responsible for preventing, caring for and providing treatment for any patient with altered skin integrity. Record review of the facility's undated policy titled Braden Scale revealed the facility uses the Braden Scale as a tool to assess the resident's level of risk for development of pressure ulcers. The evaluation is based on six indicators: sensory perception, moisture, activity, mobility, nutrition, and friction or shear. A lower Braden Scale Score indicates a lower level of functioning, therefor a higher level of risk for pressure ulcer development. Team members will update the plan of care with identified interventions for the resident to decrease the risk of skin breakdown. A. Record review of Resident 2's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 11-11-2025 revealed the facility staff assessed the following about the resident: -admission date was 06-20-2024. -Brief Interview of Mental Status (BIMS) was scored as a 1. According to the MDS Manual a score of 0 to 7 indicates severe cognitive impairment. -Required limited assistance with bed mobility and upper body dressing. -Required extensive assistance with hygiene, toileting, bathing, lower body dressing and transfers. -was frequently incontinent of bowel and bladder. -was at risk of developing a pressure ulcer. -was receiving hospice care. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	Record review of Resident 2's Comprehensive Care Plan (CCP) printed on 12-29-2025 revealed under the focus section Resident 2 had a potential for pressure ulcer development related to incontinence and limited mobility dated 07-03-2024. The goal was Resident 2 will have a reduced risk for alteration in skin through the review date, dated 07-03-2024 revised 12-12-2025. Interventions listed were administer treatments as ordered and monitor effectiveness, follow facility policies and protocols for the prevention and treatment of skin breakdown, and monitor nutritional status. Serve diet as ordered, monitor intake and record. The CCP also revealed a focus that Resident 2 was at risk for alteration in skin related to altered independence with activities of daily living (ADL) and mobility, incontinence, cognitive deficits, altered gait, compulsive transfers and intermittent refusal of cares dated 07-02-2024. The goal dated 07-02-2024 and revised 12-12-2025 was Resident 2's skin injury Maceration Associated Skin Damage (MASD: according to the MDS Manual, MASD is superficial skin damage caused by sustained exposure to moisture such as incontinence, wound exudate, or perspiration) of the bilateral buttocks will attain and maintain intactness by the review date and dated 10-17-2025 Resident 2 would have reduced risk of skin breakdown through the review date. Interventions were to encourage frequent toileting and assist with cleaning after incontinent episodes dated 07-02-2024, encourage Resident 2 to reposition often dated 07-02-2024, skin treatment per order dated 07-02-2024 and air mattress ordered per hospice dated 12-23-2025 Record review of Resident 2's Braden Scale (BS: According to the MDS Manual a Braden Scale is an assessment tool for predicting pressure sore risk) score dated 11-04-2025 was scored at a 16 indicating Resident 2 was at risk of developing a pressure ulcer. Record review of Resident 2's BS dated 11-11-2025 was scored at a 13 indicating moderate risk of developing a pressure ulcer. Record review of Resident 2's CCP printed on 12-29-2025 revealed no new interventions were implemented on 11-11-2025. Record review of Resident 2's BS dated 12-09-2025 revealed a score of 13 indicating Resident 2 was at moderate risk of developing a pressure sore. Record review of Resident 2's Skin Only Evaluation ([NAME]) dated 12-09-2025 revealed Resident 2 had MASD to bilateral buttocks. Record review of Resident 2's Hospice Nursing Clinical Note (HNCN) dated 12-10-2025 revealed Resident 2's skin was pale, skin was dry and no wounds were identified, and no pressure relief devices were in use. Record review of Resident 2's BS dated 12-16-2025 revealed a score of 12 indicating Resident 2 was at high risk of developing a pressure sore. Record review of Resident 2's Progress Note (PN) dated 12-16-2025 revealed the facility staff updated the hospice nurse that Resident 2's buttocks wounds were getting worse and the hospice nurse was ordering an air mattress. Record review of Resident 2's [NAME] dated 12-16-2025 revealed Resident 2 had MASD to the left buttock and coccyx (tailbone) and a fading bruise to the right hip. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	Record review of Resident 2's [NAME] dated 12-17-2025 revealed Resident 2 had MASD to the left buttock and a stage 2 pressure ulcer to the sacrum measuring 1 centimeter (cm) length by 1 cm width by 0.1 cm in depth, the skin surrounding the wound was fragile. The [NAME] also revealed hospice was ordering a Roho Cushion (According to the manufacturer, a Roho cushion is an air-filled cushion that uses interconnected air cells that adapt to the body's shape, providing superior pressure relief, circulation and stability to prevent skin breakdown and pressure ulcers) for Resident 2. Record review of an email communication dated 12-17-2025 revealed a new order for a foam dressing to be applied to sacrum change every 3 days and as needed and a Roho cushion has been ordered. Record review of Resident 2's Hospice Nursing Clinical Note (HNCN) dated 12-22-2025 revealed Resident 2's skin was pale, skin was dry and no wounds were identified, and no pressure relief devices were in use. Record review of Resident 2's CCP printed on 12-29-2025 revealed a focus dated 12-17-2025 revised on 12-23-2025 Resident 2 had a stage 2 pressure ulcer to the sacrum related to immobility and general decline and Resident 2 had a pressure ulcer to the right heel. The goal was Resident 2's pressure ulcer will show signs of healing and remain free from infection by the review date. Interventions listed dated 12-17-2025 were to administer medications as ordered, administer treatments as ordered and monitor for effectiveness, assess, record, monitor wound healing, measure length, width and depth, assess and document status of the wound perimeter, wound bed and healing progress. Report improvements and declines to the physician, educate resident, family and care givers as to causes of skin breakdown including transfer and positioning requirements, importance of taking care during transfers, good nutrition, and frequent repositioning, hospice ordered a Roho cushion, and a pressure reducing mattress in place for prevention and treatment. The CCP also revealed an additional intervention for heel protectors on feet while in bed dated 12-23-2025. Record review of Resident 2's BS dated 12-23-2025 was scored at an 11, indicating Resident 2 was at high risk of developing a pressure ulcer. Record review of Resident 2's [NAME] dated 12-23-2025 revealed Resident 2 had MASD to the left buttock, a stage 2 pressure ulcer to the sacrum measuring 0.9 cm length by 0.9 cm width by 0.1 depth, and an unstageable pressure ulcer to the right heel measuring 1.5 cm length by 1.3 cm in width, the wound bed was necrotic, and the skin around the wound was reddened. The [NAME] also revealed the hospice nurse was updated and provided heel protectors for Resident 2. An observation conducted on 12-29-2025 at 11:18 AM revealed Resident 2 was sitting in a wheelchair in [gender] room without a Roho cushion and a scoop mattress was in place on the bed. An observation conducted on 12-29-2025 at 12:37 PM revealed Resident 2 was sitting in wheelchair without a Roho cushion and the facility staff entered the room to assist Resident 2 into bed and there was no air mattress on the bed. An observation conducted on 12-29-2025 at 2:35 PM revealed Resident 2 was in bed with the Head of Bed (HOB) elevated, there was no Roho cushion in the wheelchair or the recliner and there was no air mattress on Resident 2's bed. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	An observation conducted on 12-30-25 at 6:20 AM revealed Resident 2 was in bed with HOB elevated, no air mattress on the bed and no Roho cushion in the recliner or wheelchair. An observation conducted on 12-30-2025 at 7:40 AM revealed Resident 2 was in bed with HOB elevated, no air mattress on the bed and no Roho cushion in wheelchair or recliner. An interview conducted on 12-30-2025 at 11:20 AM with Nurse Tech (NT) H confirmed Resident 2 did not have a Roho cushion or an air mattress in place. An interview conducted with the facility's Wound Nurse, Registered Nurse (RN) F on 12-30-2025 at 12:00 PM revealed RN F would need to look at the facility policy when asked what interventions were put into place when the BS Score worsened, furthermore RN F revealed hospice has ordered a Roho Cushion for Resident 2. An interview with RN F on 12-30-2025 at 2:00 PM revealed the Roho cushion was ordered on 12-17-2025 by hospice and confirmed the Roho cushion had not been delivered and 13 days was too long of a wait. Furthermore, RN F revealed the air mattress for Resident 2 was not implemented and heel protectors were implemented on 12-23-2025 after the wound to the right heel had developed. B. A record review of Resident 4's Clinical Census dated 12-02-2025 revealed the resident was readmitted to the facility on [DATE]. A record review of Resident 4's Medical Diagnosis dated 12-04-2025 revealed the resident had diagnoses of Hypertensive Chronic Kidney Disease (high blood pressures that damage the kidney blood vessels), Spinal Stenosis (narrowing of spaces in the spine), Morbid Obesity (very overweight), Presence of Right Artificial Knee Joint, and Presence of Left Artificial Knee Joint. A record review of Resident 4's Minimum Data Set (MDS)(a comprehensive assessment used to develop a resident's care plan) dated 11-04-2025 revealed the resident had a Brief Interview for Mental Status (BIMS)(a score of a resident's cognitive abilities) of 15 which indicated the resident was cognitively aware (able to think and comprehend). The resident was independent with oral hygiene (cleaning), required setup or clean-up assistance with eating, required partial/moderate assistance with toileting, upper body dressing, and personal hygiene, required substantial/maximal assistance with bathing and footwear, and was dependent on staff for lower body dressing, and footwear. The resident required Partial/moderate assistance with sit to lying positioning and lying to sitting on the side of the bed. The resident needed substantial/maximal assistance with sit-to-stand, chair/bed-to-chair transfer, toilet transfer, and tub/shower transfer. The resident did have 1 unstageable pressure ulcer (severe wound). The MDS did not reveal that the resident used a mechanical lift. A record review of the facility's New Pressure Ulcer incident report dated 09/25/2025 revealed that Resident 4 had an open ulcer on the left medial metatarsal (bone on the inside midfoot) that was assessed and treated. The resident foot was deformed and there was a prominent bunion (bump that forms on the side of the foot at the base of the big toe) that the ulcer formed over. The resident had been pivot transferring with the left foot with socks on related to (r/t) right knee restrictions. Education was provided to the resident regarding using a shoe for the left foot with all transfers. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	A record review of Resident 4's Care Plan with an admission date of 09/19/2025 revealed a focus area of The resident acquired (got) an unstageable pressure injury to left medial metatarsal r/t not wearing appropriate footwear with pivot transfers and recent surgery which affects (gender) weight transfer to left foot during position changes. The Care Plan had intervention of administer medications as ordered, administer treatments as ordered, assess/record/monitor wound healing and report changes to the provider, and educate the resident as to the causes of skin breakdown including transfer/positioning requirements. The Care Plan did not reveal interventions related to the cause of the pressure ulcer such as appropriate footwear with all transfers or transfer needs. A record review of Resident 4's Shoe Color Change Assessment dated 09/20/2025 revealed the resident was to be transferred with 2 caregivers and a sit-to-stand lift (a mechanical lift) but did not reveal any special instructions. A record review of Resident 4's Client Uploaded Files dated 12/29/2025 revealed the resident had special instructions of assist of 2 with sit-to-stand lift, slide board assist of 2 bed to wheelchair to recliner, sit-to-stand to toilet. It did not reveal the resident needed to wear a left shoe with all transfers. An observation on 12/30/2025 at 8:58 AM revealed Nurse Tech (NT)-C and NT-D transferred Resident 4 to the restroom using a sit-to-stand lift. The observation did not reveal the resident was wearing any shoes during the transfer. An observation on 12/30/2025 at 8:58 AM revealed Nurse Tech (NT)-C and NT-D transferred Resident 4 to the restroom using a sit-to-stand lift with the resident's feet in socks, flat on the sit-to-stand lift. The observation did not reveal the resident was wearing any shoes during the transfer. An observation on 12/30/2025 at 9:18 AM revealed Nurse Tech (NT)-C and NT-E transferred Resident 4 from the restroom to the resident's wheelchair using a sit-to-stand lift with the resident's feet in socks, flat on the sit-to-stand lift. The observation did not reveal the resident was wearing any shoes during the transfer. In an interview on 12/30/2025 at 9:10 AM, NT-C confirmed the only things NT-C was aware of to prevent pressure on Resident 4's left foot was gripper socks and compression hose. NT-C confirmed Resident 4 did not wear shoes during the transfer. In an interview on 12/30/2025 at 9:28 AM Resident 4 confirmed the resident did not use shoes when transferring, only to therapy. The resident confirmed the staff did not tell the resident anything different to do after the pressure ulcer was found. In an interview on 12/30/2025 at 2:25 PM, Registered Nurse (RN)-F, the wound nurse, confirmed that when the wound occurred, RN-F added to wear shoes with transfers to the Care Plan under the Focus Area for the left medial pressure ulcer. C. (continued on next page)

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F 0686 Level of Harm - Actual harm Residents Affected - Few	A record review of Resident 4's Clinical Physician Orders dated 12/30/2025 revealed the resident had an order for wound treatments to the left medial metatarsal Monday, Wednesday, Friday and as needed (PRN) with a start date of 09/25/2025 and an end date of 12/10/2025. The order was changed to every day shift and as needed on 12/10/2025. A record review of Resident 4's Medication Administration Record and Treatment Administration Record dated September through December 2025 revealed the left medial metatarsal wound care orders were not completed: - 09/26/2025 - 09/29/2025 - 10/06/2025 - 10/17/2025 - 10/31/2025 - 11/17/2025 - 11/19/2025 - 12/05/2025 - 12/12/2025 - 12/19/2025 - 12/22/2025 A record review of Resident 4's Progress Notes dated 06/05/2025 - 12/28/2025 revealed RN-F completed a skin evaluation on 11/19/2025 and the wound treatment was completed. In an interview on 12/30/2025 at 9:55 AM, RN-F confirmed if RN-F completed the wound care during a skin evaluation, then RN-F would mark it off as being completed, but failed to mark it off on 11/19/2025. In an interview on 12/30/2025 at 2:25 AM, RN-F confirmed Resident 4's left medial metatarsal wound care orders were not completed on 9/26/2024, 9/29/2025, 10/6/2025, 10/17/2025, 10/31/2025, 11/17/2025, 12/5/2025, 12/12/2025, 12/19/2025, or 12/22/2025 and should have been.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. B. Record review of Resident 1's admission Record revealed the facility admitted the resident on 9/11/2025. Further review of the admission record identified the resident had diagnoses that included infection and inflammatory reaction due to internal left knee prosthesis, bacteremia (a blood stream infection of bacteria in the blood), myasthenia gravis (a chronic autoimmune disease causing fluctuating weakness in voluntary muscles such as the eyes, face, throat, and limbs due to nerve-muscle communication breakdown, where antibodies block signals, worsening with activity and improving with rest), essential tremors, abnormalities of gait, and unsteadiness on feet. Record review of Resident 1's admission Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and help nursing home staff identify health problems) dated 9/17/2025 revealed a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 15. According to the MDS Manual, a score of 15 indicated the resident was cognitively intact. The MDS identified Resident 1 had no behaviors including rejection of care. Further review of the MDS identified Resident 1 had a range of motion impairment on one side with both upper and lower extremities and was dependent upon staff for assistance with transfers. Record review of a Witnessed Fall Risk Management document dated 9/26/2025 pertaining to Resident 1 revealed nurse technicians notified the nurse assigned to care for Resident 1 that Resident 1 tried to take a step to reach his bed and he fell into the bed with his feet on the floor. Further review of the document showed Resident 1 reported that [gender] tried to reach the bed, but [gender] felt the socks caught on the carpet and caused him to fall forward onto the bed. The risk management document showed the resident as transferred off the floor and into the bed with a full body mechanical lift, there was no injury noted after the fall, and predisposing physiological factors included gait imbalance. The risk management also included a statement from Staff dated 9/27/2025 that read Resident 1 was assisted back to bed without difficulty and denied any pain. No injury noted. There were no other statements or investigative documents provided for review. A record review of Resident 1's progress notes dated 9/11/2025 through 10/16/2025 revealed no information regarding the fall. A telephone interview on 12/30/2025 at 9:39 AM with Registered Nurse (RN)-B revealed it was reported to her by Nurse Tech (NT)-A that staff were entering Resident 1's room and Resident 1 was trying to get up. Resident 1 took a step towards the bed and went down on one knee with the torso in the bed. RN-B staff were present at the time Resident 1 went down on the knee. RN-B reported that they did not obtain a written statement of details from the staff members who observed the resident on the knees on the floor and that neurological checks were begun out of habit. In an interview on 12/30/2025 at 11:06 AM, the Assistant Director of Nursing (ADON) revealed the facility reviewed and further investigated falls during the morning clinical start up and IDT meeting. The ADON revealed the facility did not have documentation of the review of Resident 1's fall during the meeting as the facility was not completing the Daily Clinical Review form. (continued on next page)

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	285133	A. Building B. Wing	12/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Health & Rehab	1702 Hillcrest Drive Bellevue, NE 68005

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A telephone interview on 12/30/2025 at 11:31 AM with NT-A revealed NT-A was in Resident 1's room prior to Resident 1 being observed on his knee at bedside. NT-A reported [gender] had entered Resident 1's room and Resident 1 wanted to transfer from the recliner to bed. NT-A further reported [gender] told Resident 1 that additional help was needed to complete the transfer and to remain in the recliner. When NT-A returned to the room with help, Resident 1 was at the side of his bed, down on one knee with the torso in the bed. NT-A reported that [gender] did not observe the resident go down on the knee, nor did NT-A recall being asked to write a statement of events or being asked additional questions regarding the events surrounding the fall. A follow up interview on 12/30/2025 at 2:22 PM with the ADON revealed the facility had no additional investigative notes or other files to determine whether Resident 1's fall was fully investigated. Record review of facility policy entitled Fall Risk Management Policy dated 01/01/2023 revealed post fall follow up will include an effort to determine root cause. Some examples of this may include observation of the environment, interviews of resident and team members if applicable, an observation of resident condition at the time of the fall. A. Record review of Resident 2's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 11-11-2025 revealed the facility staff assessed the following about the resident: -admission date was 06-20-2024 -Brief Interview of Mental Status (BIMS) was scored as a 1. According to the MDS Manual a score of 0 to 7 indicates severe cognitive impairment. -Required limited assistance with bed mobility and upper body dressing. -Required extensive assistance with hygiene, toileting, bathing, lower body dressing and transfers. -was frequently incontinent of bowel and bladder. -had 2 or more falls in the last 90 days. -was receiving hospice care. Record review of Resident 2's Comprehensive Care Plan (CCP) revealed Resident 2 was at risk for falls related to being unaware of safety needs. The goal for Resident 2 would have a reduced risk for serious injury. Interventions the staff were to implement were: -Call Don't Fall sign placed in room dated 10-21-2024. -hospice ordered and provided a scoop mattress dated 12-05-2025. -Be sure call light is within reach and encourage resident to use it for assistance as needed. The resident needs prompt response to all requests for assistance. Dated 07-03-2024/ (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-a bell was provided to resident and a sign on the bedside table reminding resident to use call light or bell for assistance. -pillows removed from wheelchair and a cushion ordered by hospice. Dated 09-08-2025. -if Resident 2 is restless during the day or night, staff were to bring resident out of room and set up a western movie to be watched in the day room dated 09-09-2025 -keep room clear of any obstacles dated 11-29-2024. -rounds to be increased when resident in the room to prevent resident from getting up without assistance dated 11-10-2025/ -Dycem and cushion placed to the seat of the recliner to prevent sliding out of the chair dated 11-05-2025. -staff to offer toileting frequently during each shift. An observation conducted on 12-29-2025 at 11:18 AM revealed Resident 2 was sitting in wheelchair in room and Resident 2's bell was sitting on dresser next to the television. An observation conducted on 12-29-2025 at 2:35 PM revealed Resident 2 was in bed, call light in reach and bell was still on the dresser next to the television out of Resident 2's reach. An observation conducted on 12-30-2025 at 6:20 AM revealed Resident 2 was lying in bed and unable to observe the location of the call light and the bell was on the dresser next to the television out of Resident 2's reach. An observation conducted on 12-30-2025 at 7:40 AM revealed Resident 2 was in bed and Nurse Tech (NT) H entered the room to provide assistance. NT H confirmed Resident 2 did not have a call light in reach or the bell and took the bell off of the dresser next to the television and placed it on Resident 2's bedside table. An interview conducted with NT H on 12-30-2025 at 11:20 AM revealed Resident 2's call light was broken and a work order had been placed for it to be repaired. An interview conducted with the Environmental Service Director (EVSD) on 12-30-2025 at 12:30 PM revealed a work order had not been placed for the repair of Resident 2's call light. An interview conducted with the Assistant Director of Nursing (ADON) on 12-30-2025 at 12:35 PM confirmed that Resident 2 was without a call light and bell for over an hour and should a call light and hand bell in reach.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12.006.18(B) Based on observation, interview, and record review, the facility failed to ensure staff donned (put on) masks during a COVID-19 outbreak, ensure Enhanced Barrier Precautions (EBP) were followed for Resident 2, and maintain vinyl coverings on six recliners to reduce the potential for cross contamination in the Magnolia Trail commons area. The facility census was 121. Findings are:Licensure Reference Number 175 NAC 12.006.18(B) Based on observation, interview, and record review, the facility failed to ensure staff donned (put on) masks during a COVID-19 outbreak, ensure Enhanced Barrier Precautions (EBP) were followed for Resident 2, and maintain vinyl coverings on six recliners to reduce the potential for cross contamination in the Magnolia Trail commons area. The facility census was 121. Findings are: A. A record review of the facility's Coronavirus Disease 2019 (COVID-19) SNF Policy with an effective date 05/15/2023 revealed source control (wearing of a surgical mask or N-95 respirator) would be required for all staff when the facility is in outbreak status for a minimum of 14 days after the last confirmed positive case. A record review of Resident 6's (in room [ROOM NUMBER]) Hospital Medicine – Initial Visit dated 12/24/2025 revealed the resident had Influenza A. A record review of the facility's Daily Census dated 12/28/2025 revealed the residents in rooms 10.2, 83, 85, 94, and 102 had tested positive for COVID-19. An observation on 12/30/2025 at 6:09 AM revealed Nurse Tech (NT)-J was in the Ivy Court hallway without a mask on and Licensed Practical Nurse (LPN)-K was in the Ivy Lane hallway and entered Resident 7's room without a mask on. An observation on 12/30/2025 at 6:14 AM revealed Environmental Services Tech (EST)-L was in the main hallway entering and exiting the offices without a mask on. An observation on 12/30/2025 at 6:15 AM revealed NT-M exited Resident 6's room, room [ROOM NUMBER], into the Ivy Court hallway without a mask on. NT-M walked to the hopper room by room [ROOM NUMBER] on Ivy Lane with a bag of laundry, then entered room [ROOM NUMBER] without a mask on. Resident 6's door revealed a sign that the resident was in droplet precautions and staff were to wear a N-95 mask, gown, and gloves. In an interview on 12/30/2025 at 9:10 AM, NT-C confirmed the staff had all been told they need to wear an N-95 mask when in areas that have a COVID-19 positive resident and a surgical mask in all other areas of the building. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 12/30/2025 at 9:26 AM, NT-E confirmed that the staff had been given guidance to wear a surgical mask throughout the facility and if that unit had a COVID-19 positive resident, they needed to wear an N-95. In an interview on 12/30/2025 at 8:33 AM, the facility's Administrator confirmed the facility was in a COVID-19 outbreak status and the facility Medical Director said all staff should wear source control. B. A record review of the facility's Enhanced Barrier Precautions (EBP) for Prevention of Multidrug-Resistant Organism Transmission with an effective date of 1/1/2024 revealed EBP would be implemented for residents with a chronic wound. The staff must wear required personal protective Equipment (PPE) during high-contact care of gloves and gown. Signage should be posted outside the resident's room. A record review of Resident 4's Clinical Census dated 12/02/2025 revealed the resident was readmitted to the facility on [DATE]. A record review of Resident 4's Medical Diagnosis dated 12/04/2025 revealed the resident had diagnoses of Hypertensive Chronic Kidney Disease (high blood pressures that damage the kidney blood vessels), Spinal Stenosis (narrowing of spaces in the spine), Morbid Obesity (very overweight), Presence of Right Artificial Knee Joint, and Presence of Left Artificial Knee Joint. A record review of Resident 4's Minimum Data Set (MDS)(a comprehensive assessment used to develop a resident's care plan) dated 11/04/2025 revealed the resident had a Brief Interview for Mental Status (BIMS)(a score of a resident's cognitive abilities) of 15 which indicated the resident was cognitively aware (able to think and comprehend). The resident was independent with oral hygiene (cleaning), required setup or clean-up assistance with eating, required partial/moderate assistance with toileting, upper body dressing, and personal hygiene, required substantial/maximal assistance with bathing and footwear, and was dependent on staff for lower body dressing, and footwear. The resident required Partial/moderate assistance with sit to lying positioning and lying to sitting on the side of the bed. The resident needed substantial/maximal assistance with sit-to-stand, chair/bed-to-chair transfer, toilet transfer, and tub/shower transfer. The resident did have 1 unstageable pressure ulcer (severe wound). The MDS did not reveal that the resident used a mechanical lift. A record review of the facility's New Pressure Ulcer incident report dated 09/25/2025 revealed that Resident 4 had an open ulcer on the left medial metatarsal (bone on the inside midfoot) that was assessed and treated. The resident foot was deformed and there was a prominent bunion (bump that forms on the side of the foot at the base of the big toe) that the ulcer formed over. The resident had been pivot transferring with the left foot with socks on related to (r/t) right knee restrictions. Education was provided to the resident regarding using a shoe for the left foot with all transfers. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A record review of Resident 4's Care Plan with an admission date of 09/19/2025 revealed a focus area of The resident acquired (got) an unstageable pressure injury to left medial metatarsal r/t not wearing appropriate footwear with pivot transfers and recent surgery which affects (gender) weight transfer to left foot during position changes. The Care Plan had intervention of administer medications as ordered, administer treatments as ordered, assess/record/monitor wound healing and report changes to the provider, and educate the resident as to the causes of skin breakdown including transfer/positioning requirements. The Care Plan did not reveal interventions related to the cause of the pressure ulcer such as appropriate footwear with all transfers or transfer needs. A record review of Resident 4's Client Uploaded Files dated 12/29/2025 revealed the resident had special instructions of assist of: Enhanced Barrier Precautions (EBP) – chronic wounds An observation on 12/29/2025 at 2:24 PM revealed Resident 4's room did not have an EBP sign posted, and no gowns were available. RN-N entered the resident's room and completed wound care orders on the resident's left medial metatarsal pressure ulcer. RN-N did not donn (put on) a gown prior to completing wound care. During the wound care, RN-N removed the right-hand glove and held the dressing against the wound with the ungloved right hand while taping the dressing. RN-N then walked down the Ivy Court hallway to the nurse's station. An observation on 12/29/2025 at 2:58 AM revealed Resident 4's room did not have an EBP sign posted, and no gowns were available. RN-F, the wound nurse, completed wound care orders on the resident right knee surgical incision without donning a gown. RN-F kneeled on the floor with RN-F's clothing directly touching Resident 4's carpeting. RN-F then exited the resident's room, walked down the Ivy Court hallway to the laundry room on Ivy Lane, then continued down the main hall to the Registered Dietician's office (shared with RN-F) and then down the [NAME] Way hallway. In an interview on 12/29/2025 at 2:57 PM, RN-F, the wound nurse confirmed that RN-F was unsure why Resident 4 was not in EBP. In an interview on 12/29/2025 at 3:05 PM, the Assistant Director of Nursing (ADON), Infection Preventionist, confirmed that Resident 4 should have been in EBP and was not. The ADON confirmed staff should have worn a gown and gloves during wound care. B. Observation on 12/29/2025 at 2:44 PM revealed six recliners in the commons area centered around a television with vinyl that had peeled away from the arm rests and the seats, which prevented the surface from being able to be fully cleaned. An interview on 12/30/2025 at 7:47 AM with the Environmental Services Director (EVSD) confirmed the chairs were missing vinyl and were unable to be cleaned.