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	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Health & Rehab	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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. Licensure Reference Number 175 NAC 12-006.04(F)(i)(5) Based on interview and record review the facility failed to notify the provider of blood sugars outside of parameters for 1 resident (Resident 151), medications provided outside of parameters for 3 residents (Resident 2, 146 and 151), failed to notify provider of a change in an Abnormal Involuntary Movement Scale (AIMS, a clinical tool used to detect and measure involuntary muscle movements, primarily Tardive Dyskinesia in patients taking neuroleptic or antipsychotic medications) score for 1 (Resident 30) and no Continuous Positive Airway Pressure (CPAP, a device primarily used to treat obstructive sleep apnea) available for 1 resident (Resident 32) of 6 sampled residents. The facility identified a census of 120. Findings are: A. Record Review of the facility's Medication Administration Policy dated 1/1/2023 revealed the following: Policy: A medication error is defined as the preparation or administration of drugs or biological which is not in accordance with physician's orders, manufacturer specifications, or accepted professional standards and principles of the professional(s) providing services. 1. The attending Physician is notified promptly of any significant error or adverse consequence. The physicians' orders are implemented as ordered for monitoring. 2. The following information is documented in the medication error report and in the resident's clinical record: a. Factual description of the error or adverse consequence. b. Name of physician and time notified. c. Physician's subsequent orders. d. Resident's condition for 24 to 72 hours or as directed. Record Review of the facility's Unnecessary Medication Policy with a revision date of 11/18/2025 revealed the following: Policy: (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
	285133	A. Building B. Wing	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Health & Rehab	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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Residents are not prescribed medications unless they are necessary to treat a specific condition, as diagnosed and documented in the medical record, and the medication is beneficial to the resident, as evidenced by monitoring and documentation of the resident's response to the medication(s). Policy and Guidelines: 1. Each resident's medication regimen must be free from unnecessary medications. Criteria may include: excessive dose, excessive duration, inadequate monitoring, inadequate indication for use, adverse consequences, duplicate therapy. 2. The indications for initiating, withdrawing or withholding medication(s), as well as the use of nonpharmacological approaches, shall be determined by the provider along with the interdisciplinary team, and resident/family. 5. Resident who use psychotropic medications will be monitored for both the effectiveness of the medication's as well as any possible adverse consequences from medications. 7. Resident who are prescribed antipsychotic medication should have an Abnormal Involuntary Movement Scale (AIMS) or similar test performed on admission, annually and with significant change in condition, medication change or as deemed necessary. 9. The resident response to the medication(s), including progress towards goals and presence/absence of adverse consequences, shall be documented in the resident's medical record. Record Review of the facility's undated Change in Condition or Status of Resident revealed the following: Policy: The facility shall promptly notify the resident, his or her Attending Physician, and representative of changes in the resident's medical/mental condition and/or status. Responsibility of: Nurse, Clinical Care Coordinator, Interdisciplinary Team' Procedure: 1. The Nurse will notify the guest's Attending Physician or On-Call Physician when there has been: An Accident or incident involving the resident; A discovery of injuries of an unknown source; A reaction to medication; A significant change in the resident's physical/emotional/mental condition; A need to alter the resident's medical treatment significantly; (continued on next page)

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	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Health & Rehab	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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A need to transfer the resident to a hospital/treatment center; A discharge without proper medical authority; and/or Instructions to notify the Physician of changes in the resident's condition 7. The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status. B. Record Review of Resident 151's Order Summary Report dated 06/02/2026 revealed an order for the following: Blood Glucose Monitoring three times a day, notify MD (Medical Director) of BS (Blood Sugars) less than 70 or greater than 400. Record Review of Resident 151's Medication Administration Record (MAR) dated 11/2025 revealed that the following blood sugars were obtained: -11/21/2025 blood sugar at night was 452 -11/23/2025 blood sugar at noon was 405 -11/23/2025 blood sugar at night was 481 -11/25/2025 blood sugar at noon was 426 -11/25/2025 blood sugar at night was 483 -11/28/2025 blood sugar at dinner was 528 -11/28/2025 blood sugar at night was 491 Record review of Resident 151's medical records revealed no evidence of their provider being notified of their blood sugars that were greater than 400. In an interview on 06/03/2026 at 1:06 PM, Director of Nursing (DON) confirmed the listed blood sugars. The DON also confirmed that there was no evidence that the provider was notified of the blood sugars. C. Record Review of Resident 151's Order Summary Report dated 6/2/2026 revealed the following order: Carvedilol Tablet 3.125 MG, give 1 tablet by mouth two times a day for hypertension. Hold for systolic blood pressure less than 90 and pulse less than 60. Take with Meals. (continued on next page)

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	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Health & Rehab	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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record Review of Resident 151's Medication Administration Record (MAR) dated 11/2025 and 12/2025 revealed the Carvedilol medication was administered on the following dates despite the corresponding pulses: -11/24/2025 pulse of 59 -11/28/2025 pulse of 56 -11/30/2025 pulse of 57 -12/07/2025 pulse of 53 -12/19/2025 pulse of 55 In an interview on 06/03/2026 at 1:06 PM, the DON confirmed that Resident 151's Carvedilol was administered on the listed dates with the listed pulses and should not have been. In an interview on 06/04/2026 at 6:37 AM, DON confirmed that administering medication outside of parameters would be considered a medication error. DON confirmed that the provider should have been notified of the medication administered outside of parameters for Resident 151 and there was no evidence that provider was notified. D. Record Review of Resident 2's Order Summary Report dated 06/04/2026 revealed the following order: Metoprolol Succinate ER (extended release) tablet, Extended Release 24 Hour, 25 milligram (MG). Give 0.5 tablet by mouth one time a day for hypertension. Hold for systolic blood pressure less than 90 or pulse less than 60. Record review of Resident 2's MAR dated 5/2026 revealed that the medication was administered on the following dates despite the corresponding blood pressure/pulse: -05/18/2026 blood pressure was 104/60 -05/19/2026 blood pressure was 102/60 -05/22/2026 pulse was 57 -05/25/2025 blood pressure was 100/58 -05/28/2026 blood pressure was 102/62 In an interview on 06/04/2026 at 7:57 AM, DON confirmed that Resident 2's medication was administered on the listed dates with the listed blood pressures and pulse and should not have been. DON further confirmed that the provider should have been notified of the medication being administered outside of parameters for Resident 2 and there was no evidence that the provider was notified. (continued on next page)

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	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Health & Rehab	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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	E. Record Review of Resident 146's Order Summary Report dated 6/2/2026 revealed the following order: Hydrochlorothiazide tablet 25 MG, give 12.5 mg by mouth one time a day for hypertension. Hold if systolic blood pressure is less than 110. Record Review of Resident 146's Medication Administration Record (MAR) dated 02/2026 and 03/2026 revealed the hydrochlorothiazide was administered on the following dates despite the corresponding blood pressure: -02/03/2026 blood pressure was 109/70 -02/04/2026 blood pressure was 105/72 -02/12/2026 blood pressure was 108/69 -02/17/2026 blood pressure was 104/70 -03/02/2026 blood pressure was 106/70 In an interview on 06/03/2026 at 1:20 PM, DON confirmed that Resident 146's medication was provided outside of parameters on the listed dates and should not have been. DON further confirmed that the provider should have been notified that the medication was provided outside of parameters for Resident 146 and there was no evidence that the provider was notified. F. Record Review of Resident 30's AIMS Evaluation dated 05/28/2025 revealed a score of 6. Record Review of Resident 30's AIMS Evaluation dated 05/20/2026 revealed a score of 9. Scoring: 1. TOTAL SCORE - Sum of items 1-7. The higher the score (0-28), the greater the impact of observed movements on resident. Record Review of Resident 30's Progress Notes did not reveal that the provider was notified of an AIMS score increase. Record Review of Resident 30's 60 Day LTC (long term care) Visit note date 02/18/2026 did not reveal any information regarding the increased AIMS score. In an interview on 06/04/2026 at 9:52 AM, DON confirmed that provider was not notified of an increased AIMS score for Resident 30. DON confirmed that the provider reviews every 60 days and there is no mention of an increase in AIMS scoring in the provider visit note. (continued on next page)

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	06/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Health & Rehab	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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 06/04/2026 at 12:05 PM Clinical Care Coordinator (CCC)-G confirmed that CCC-G completed the AIMS assessment on Resident 30. CCC-G confirmed that there was no documentation in Resident 30's electronic health record regarding provider notification. E. Record review of Resident 32's admission Record (AR) revealed the facility admitted the resident on 05/07/2026. Further review of the AR identified Resident 32 had a diagnosis of obstructive sleep apnea (a disorder where breathing repeatedly stops and starts during sleep because the throat muscles relax, causing the airway to collapse and block airflow). Record review of Resident 32's Medication Review Report which showed active orders as of 05/07/2026 identified an order for a continuous positive airway pressure device (CPAP, a small bedside device that pumps a steady stream of gentle, pressurized air through a mask which keeps the throat open preventing blockages) with settings from home dated 05/07/2026. Record Review of Resident 32's Comprehensive Care Plan (CCP, a document that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment) revealed an intervention to encourage the resident's use of CPAP dated 05/20/2026. Record review of Resident 32's Treatment Administration Record (TAR) dated May 2026 revealed the CPAP was documented as not administered on 05/09/2026, 05/13/2026, and 05/20/2026. Further review of the TAR identified the CPAP order was discontinued on 05/22/2026. Record review of Resident 32's Progress Notes (PN) dated 05/07/2026 through 05/22/2026 identified there was no CPAP equipment available for use on the following dates: 05/09/2026, 05/13/2026, and 05/21/2026. Record review of Resident 32's Electronic Health Record (EHR) which included progress notes and scanned documents showed a lack of evidence the provider was notified that the Resident did not have CPAP equipment or actions taken to obtain the CPAP equipment. During an interview on 06/04/2026 at 7:04 AM with Clinical Care Coordinator (CCC)-B present, CCC-H confirmed Resident 32 never had a CPAP machine available. CCC-H further confirmed there was no evidence Resident 32's representative or provider were notified of the unavailability of the CPAP machine and reported the representative and provider should have been notified.