

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 12/17/2024
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 0756</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>45614</p> <p>Licensure Reference Number 175 NAC 12-006.12(A)(vi)</p> <p>Based on record review and interview the facility failed to ensure the facility's Medication Regimen Review (MRR) Policy included the required procedural steps.</p> <p>Findings are:</p> <p>A record review of the facility MRR policy dated 1/1/2023 revealed the following:</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>-1. The nurses should review and follow-up on recommendations from Pharmacist's (a healthcare professional who is an expert in the science and use of medications) Admission Regimen Review (a process that involves evaluation a patient's current medications to identify potential issues).</p> <p>-2. Recommendations by the consultant pharmacist (a pharmacist who provides expert clinical advice to healthcare providers on medication usage) per the monthly medication regiment review should be reviewed by the primary care provider and carried out by a licensed nurse.</p> <p>-3. The consultant pharmacist should be consulted on any patient that the licensed nurse or Director of Clinical Services feels would benefit from a review due to changes in medical condition (falls, mental status changes). Any new orders received should be carried out per standard protocol and policy.</p> <p>Further review of the facility MMR Policy dated 1/1/2023 revealed there was no time frames each step of the MMR process was to be completed by.</p> <p>An interview on 12/16/2024 at 11:42 AM with the Director of Nursing (DON) confirmed the MRR Policy dated 1/1/2023 was complete as written and did not include time frames for the MMR process or the steps the pharmacist must take when an irregularity requires immediate action.</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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>45614</p> <p>Licensure Reference Number 175 NAC 12-006.09(A)</p> <p>Based on record review and interview the facility failed to ensure a psychotropic (a medication that affects how the brain works) PRN (PRN - as needed) order had a rationale (a reason) for continued use and failed to identify target behaviors (specific actions) for an antipsychotic (a class of drug that treats psychotic symptoms and disorders) medication and an antianxiety (a drug that reduces anxiety) medication for 1 (Resident 50) of 5 residents. The facility had a census of 117.</p> <p>Findings are:</p> <p>A. A record review of Resident 50's Order Summary sheet with active orders of 12/12/2024 revealed the following medication order:</p> <p>Lorazepam (an antianxiety medication) 0.5 milligrams (mg-a unit of measurement), give 0.5 mg by mouth every 4 hours as needed for panic disorder.</p> <p>A record review of a Note To Attending Physician/Prescribers from the consultant pharmacist and dated 4/24/24 revealed the following:</p> <p>-In order to comply with CMS (Centers for Medicare and Medicaid Services) regulations (official rule) PRN orders for psychotropic medications are limited to 14 days unless rationale and duration are otherwise specified by the provider.</p> <p>A record review of a Note To Attending Physician/Prescribers revealed Resident 50's provider response on 4/24/2024 to continued the medication for 365 days, however there was not rational given why the medication needed to extend pass the 14 days.</p> <p>An interview on 12/16/2024 at 5:23 PM with the Director of Nursing (DON) confirmed there was not a rationale for the use of PRN lorazepam.</p> <p>B. A record review of a order dated 8-29-2024 revealed Resident 50's practitioner ordered the following:</p> <p>-Quetiapine Fumarate (antipsychotic medication) 50 MG. Give 50 mg by mouth at bedtime for Schizoaffective disorder (a mental health disorder including schizophrenia and mood disorder symptoms).</p> <p>A record review of Resident 50's Order Summary with active orders as of 12-12-2024 revealed orders to monitor the resident for target behaviors in relation to the antipsychotic medication and the antianxiety medication.</p> <p>-The orders read as follows:</p> <p>(continued on next page)</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Antipsychotic drug behavior monitoring (Schizoaffective disorder). Notify physician if medication not managing behaviors.</p> <p>-Anxiolytic drug behavior monitoring. Monitor for signs/symptoms of anxiety and target behaviors (Panic Disorder). Notify provider of increased behaviors and/or signs/symptoms of anxiety?</p> <p>An interview on 12/16/2024 at 5:23 PM with the DON confirmed target behaviors were not identified for either the antianxiety medication or the antipsychotic medication.</p>