

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>285133                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>06/04/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hillcrest Health & Rehab                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1702 Hillcrest Drive<br>Bellevue, NE 68005 |                                                 |
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| F 0812<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 175 NAC 12.006.11(E) Based on observation, interview, and record review, the facility failed to ensure all food stored in the facility's kitchen was labeled, dated, and/or sealed, ensure kitchen was maintained in a clean and sanitary manner, ensure food holding temperatures (temps) were completed prior to food service all to prevent foodborne illness. The facility failed to ensure food temperature probes were sanitized between product usage, ensure staff washed hands between glove changes, and failed to ensure tongs were stored in a manner to prevent cross contamination. This had the potential to affect 118 residents that consumed food prepared in the facility kitchen. The total facility census was 120. Findings are:A.A record review of the facility's Proper Food Storage policy dated 05/23/2017 revealed all food handlers must follow proper guidelines for food storage to ensure all products were safe and sanitary for their residents. Staff were to only use proper food storage containers, all food products must be covered, label all foods removed from their original container, and clearly label all food with: product or item name, preparation date, use by date, expiration or sell by date, and prepared by. An observation on 06/01/2026 at 7:06 AM - 8:12 AM with the Dietary Manager (DM) revealed:Superior 2 door reach-in refrigerator (fridge) contained: - 1 opened bag of yellow shredded cheese not dated. - 1 opened pack of white cheese slices wrapped with plastic wrap not dated. - 1 open bag of white meat chucks not sealed, labeled, or dated.Walk-in fridge contained: - 1 bag white shredded cheese partially wrapped in plastic wrap, not dated. - 1 block of butter that was open and exposed, not sealed or dated. - 1 clear plastic container with a green lid that was not fastened on the container and contained red chunks was not labeled, dated or sealed.Walk-in freezer contained: - 1 opened but tied shut bag of green beans not dated. - 1 opened bag of French fries wrapped in plastic wrap not dated. - 1 large steam pan full of an unknown substance covered with aluminum foil, not labeled or dated. - 1 open bag Grilled Chicken Breast Filets, not sealed or dated. - 1 open bag Country Fried Beef Fritters not sealed or dated. - 1 open box of hamburger patties not sealed or dated. In an interview on 06/01/2026 at 7:06 AM - 8:12 AM, the DM confirmed throughout the observation they saw the above items and confirmed the items were not labeled, dated and/or sealed and should have been. B.A record review of the facility's Culinary Cleaning Policy dated 12/05/2017 revealed the equipment, surfaces, and floors in the kitchen would be thoroughly cleaned and sanitized throughout the day and at closing. An observation on 06/01/2026 at 7:06 AM - 8:12 AM with the DM revealed: - [NAME] and brown food splatters and debris on the [NAME] Mixer. - [NAME] and brown food splatters on the walk-in freezer wall behind the [NAME] mixer. - Food debris and splatters throughout the kitchen floors. - Food splatters and debris throughout the exterior front of the Superior reach-in fridge. - [NAME] food splatters on the exterior front of the ice machine. - The Southbend range front exterior contained food (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0812</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>splatters and debris, and the handles were sticky to the touch. - The bottom shelf of the preparation table to the right of the Southbend range contained food debris. - There was food debris and splatters on the shelf below the steam table. - There was pipe insulation and food debris on the floor below the clean side of the dish machine table. - The walk-in fridge floor contained food debris and splatters throughout. An observation on 06/03/2026 at 7:51 AM revealed: - [NAME] and brown food splatters and debris on the [NAME] Mixer. - [NAME] and brown food splatters on the walk-in freezer wall behind the [NAME] mixer. - Food debris and splatters throughout the kitchen floors. - Food splatters and debris throughout the exterior front of the Superior reach-in fridge. - The Southbend range front exterior contained food splatters and debris, and the handles were sticky to the touch. - The bottom shelf of the preparation table to the right of the Southbend range contained food debris. - There was food debris and splatters on the shelf below the steam table. An observation on 06/03/2026 at 12:01 PM revealed food splatters on the front of the Magnolia Circle kitchen oven and cabinets below the steam table. In an interview on 06/01/2026 at 7:06 AM - 8:12 AM, the DM confirmed throughout the observation they saw the above items and confirmed the items were not clean and should have been. In an interview on 06/03/2026 at 12:35 PM, the DM confirmed the Magnolia Circle oven and cabinets below the steam table were not clean and should have been. C.A record review of the Food Temperatures policy dated 01/01/2026 revealed food temps would be taken and recorded daily before service of meals. Foods would be held at temps of 41 degrees Fahrenheit (F) or below for cold foods and above 140 degrees F for hot foods. A record review of the Week At A Glance menu for lunch on 06/03/2026 was spaghetti and meatballs, Italian blended vegetables, garlic bread, fruit crisp, and a beverage. A record review of the Culinary Temp Logs Main Kitchen sheets dated 05/01/2026 revealed 82 of 93 meals did not have cold food holding temps and the lowest hot food temp was 163 degrees F. The sheets only contained 1 column for cold foods for each meal, 1 column for breakfast hot foods, 1 column for lunch protein and 1 column for lunch starch, 1 column for dinner protein and 1 column for dinner starch. The sheets only contained food holding temps columns, there were no columns to document final cooking temps or temps of mechanically prepared foods (foods placed in a blender to make the consistency easier to swallow). A record review of the Magnolia Temp Logs Terrace sheets dated May 2026 revealed 41 of 93 meals did not have cold food holding temps. 15 meals did not have temps recorded. The sheets only contained 1 column for cold foods for each meal, 1 column for breakfast hot foods, 1 column for lunch protein and 1 column for lunch starch, 1 column for dinner protein and 1 column for dinner starch. A record review of the Magnolia Temp Logs Circle sheets dated May 2026 revealed 58 of 93 meals did not have cold food holding temps. 16 meals did not have temps recorded. The sheets only contained 1 column for cold foods for each meal, 1 column for breakfast hot foods, 1 column for lunch protein and 1 column for lunch starch, 1 column for dinner protein and 1 column for dinner starch. An observation on 06/03/2026 at 9:42 AM - 11:27 AM revealed the DM recorded final cooking temperature on the Food Holding Temps column of the Culinary Temp Logs Main Kitchen sheet dated 05/01/2026. An observation on 06/03/2026 at 9:42 AM - 11:27 AM did not reveal holding temps of any of the foods on the steam table were checked prior to plating the food. An observation on 06/03/2026 at 12:10 PM of the Magnolia Terrace kitchen did not reveal Culinary Server (CS)-Q checked the temps of all protein and starch steam pans before serving the food. An observation on 06/03/2026 at 12:20 PM of the Magnolia Circle kitchen did not reveal CS-R checked the temps of all protein and starch steam pans before serving the food, just the sauce and blended vegetables. In an interview on 06/03/2026 at 12:20 PM, CS-R confirmed CS-R did not check the temp of all steam pans of protein and starch foods because they were out of spots on the log sheets. In an interview on 06/03/2026 at 1:44 PM, the DM confirmed that staff should have checked (continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0812</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>the holding temps of the food prior to serving the food. D.A record review of the United States Food and Drug Administration's 2022 Food Code dated 01/18/2023 revealed equipment food-contact surfaces and utensils shall be cleaned before using or storing a food temperature measuring device and at any time during the operation when contamination may have occurred. A record review of the facility's Infection Prevention And Control Program dated 01/01/2026 revealed staff should perform hand hygiene (cleaning) before donning (putting on) and after removing gloves. An observation on 06/03/2026 at 12:10 PM of Magnolia Terrace kitchen revealed CS-Q placed a food thermometer (temp probe) in the pasta without cleaning the probe, grabbed another temp probe out of the drawer and did not clean it, just placed it in meatballs, it didn't work, so CS-Q took the temp probe from the pasta, wiped it with a dry napkin and put it in the meatballs. CS-Q wiped the condensation off the top of the steam pan cover that had other steam pans on top of it with the napkin that was used to wipe off the temp probe after removing it from the pasta. CS-Q used that same contaminated wet napkin used to wipe the condensation of the steam pan lid to wipe the temp probe and placed it in the apple crisp. An observation on 06/03/2026 at 12:20 PM of the Magnolia Circle kitchen revealed CS-R placed a temp probe in the apple crisp to check the holding temp. CS-R removed the temp probe from the apple crisp, ran the probe under water and wiped the probe with a wash cloth that was laying in the sink, and put it in the spaghetti sauce. CS-R then removed gloves and re-gloved without handwashing, then removed the temp probe from the spaghetti sauce, rinsed the temp probe with water and used same contaminated washcloth from the sink to temp the blended vegetables. CS-R removed the temp probe from the blended vegetables, rinsed it with water and wiped probe with same contaminated washcloth, put the protector on it, and placed it in the drawer. CS-R then removed gloves and applied new gloves without handwashing prior to plating food. In an interview on 06/03/2026 at 12:35 PM, the DM confirmed that staff should have sanitized the temp probe before placing it in the food product and between placing it in different foods to prevent cross contamination. The staff should have washed their hands between glove changes. E.A record review of the United States Food and Drug Administration's 2022 Food Code dated 01/18/2023 revealed equipment food-contact surfaces and utensils shall be cleaned at any time during the operation when contamination may have occurred. An observation on 06/03/2026 at 10:11 AM - 11:27 AM revealed Cook-S placed 2 sets of tongs (hinged utensil used to handle and serve food) on the sticky, contaminated, range handle in preparation for lunch service. At 11:21 AM Cook-S put on gloves, got 2 pieces of bread and put cheese between them and placed in a small frying pan on the stovetop, Cook-S removed the gloves, picked up tongs from the range handle flipped the grilled cheese sandwich, and placed the tongs back on the range handle, allowing the food contact areas of the tongs to touch the contaminated range exterior and range handle. Then Cook-S removed the tongs from the range handle, again allowing the food contact surface to contact the range exterior and handle, and took the grilled cheese from frying pan and placed it on a plate. Cook-S then returned the tongs to the range handle. In an interview on 06/03/2026 at 12:35 PM, the DM confirmed that staff should not have hung the tongs on the range handle or allowed the food contact surfaces to get contaminated by the range exterior or handle before handling the food product with the tongs.</p> |                                                                                         |                                                 |

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| <p>F 0865</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Many</p>                | <p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>Licensure Reference Number 175 NAC 12-006.07(C) Based on record review and staff interviews; the facility Quality Assessment Performance Improvement Plan (QAPI) failed to identify issues relevant to F 553, F 578, F 580, F 628, F 641, F 656, F 684, F689, F692, F 695, F 698, F 757, F 812, F 842, F 880 and implement plans of action to identify and correct the deficient practice. This deficient practice had the potential to affect all residents who reside in the facility. The facility sample size was 51. The facility staff identified a census of 120. Findings are:Record review of the facility QAPI program policies dated 01/01/2026 revealed the following information: Policy: The purpose of the Quality Assurance and Performance Improvement (QAPI)program is to ensure person-centered care. The QAPI program will evaluate,maintain, and improve the quality of services provided to guests at HillcrestHealth and Rehab. The QAPI program is intended to: 1) monitor critical aspectsof service line operations, 2) provide data on feedback on performancecompared to threshold, 3) continually improve quality of care and quality of life tocomply with regulatory requirements and customer satisfaction, 4) use resourcesmore efficiently, 5) support the integration of services within Hillcrest HealthSystems, 6) meet Five Star criteria, and 7) provide additional areas of educationfor team members.Procedure:1. Hillcrest Health and Rehab (HCF) will maintain a QAPI Committee for the purpose ofidentifying and addressing quality of care and quality of life issues. The service line mustmaintain a QAPI Committee (F Tag 520) consisting of 1) Administrator, 2) Director ofClinical Services 3) Director-Quality &amp; Education, 4) a physician designated by theservice line, and 5) at least three (3) other service line team members.2. QAPI Committee roles and responsibilities will include implement data collection(dashboard), analyze findings, identify areas of opportunity, and implement systemicsolutions.3. The HCF QAPI Committee will: 1) meet quarterly between the 16th and end of month inJanuary, April, July, and October, and as needed, to identify issues with respect to whichQAPI activities are necessary, and 2) develop and implement appropriate plans of actionto correct identified quality concerns. The Administrator is responsible to plan the specificQAPI Committee calendar and provide to the Director-Quality &amp; Education by November30th for the next calendar year. Study periods are January-March reported in April; April-May reported in June; June-September reported in October; and October-Decemberreported in January.4. The QAPI Committee will maintain a) agendas to indicate date of meeting, general topicsto be covered, discuss last quarter's results of plans of action, and b) minutes that showgeneral topics covered, areas of opportunity identified, plans of action, and teammembers who attended.5. The QAPI committee will identify quality concerns and develop and implement plans ofaction to correct these quality concerns, including monitoring the effect of implementedchanges and making needed revisions to the action plans.6. The QAPI Committee will identify important processes and functions that affect healthcare outcomes, efficient use of company resources, and customer perception of care.The focus will be on high risk, high volume, and/or problem-prone activities.7. Hillcrest Health and Rehab team members will be expected to demonstrate proficiency in the use of root cause analysis. Systemic actions look comprehensively across all involved systems to prevent future events and promote sustained improvement. This element includes a focus on continual learning and continuous improvement.8. Data collection will be used to design and assess new processes, performance, measure the level of performance and stability of existing processes, and identify areas of improvement in existing processes and if the results of changes improve processes.9. Each QAPI committee member is responsible to report on their data collection findings. Data collection will be maintained by the administrator or designee.10. Areas identified on the dashboard as red require a written plan of action (continued on next page)</p> |                                                                                         |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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Form Approved OMB  
No. 0938-0391

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| F 0865<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Many                        | to the [NAME] President -Facility-based Operations and Director-Quality & Education within 10 working days.11. The administrator or designee will record results quarterly and as necessary. In addition, the administrator or designee will provide quarterly: minutes, dashboard, and plans of action to Director-Quality and Education. Results will be reported quarterly to the executive team by the Director-Quality and Education. This dashboard report will include:-Identifying problems-Recommend appropriate action-Implementing recommendations-Results12. Hillcrest Health and Rehab will work toward the goal of increased desirable outcomes, and ensure compliance with the requirements of all federal, state, and accrediting agencies, as outlined in the QAPI master program. Interview on 06/04/2026 at 12:01 PM with the facility Administrator confirmed that the following citations had not been identified by the QAPI process and no plans of actions were implemented to identify and correct the deficient practices for the following Federal deficiencies identified during the annual survey: F 578, F 580, F 605, F 628, F 641, F 656, F 684, F689, F 690, F692, F 695, F 698, F 757, F 812, F 842, F 880: - F 553: Failed to ensure residents / representatives were invited to care plan meetings. - F578: Failed to ensure right to formulate advanced directive.- F 580: Failed to notify the practitioner of changes in condition. - F 628: Failed to complete recaptitulation of stay.- F 641: Failed to ensure accuracy of Minimum Data Set.- F 656: Failed to develop a Comprehensive Care Plan related to specific resident identified issues.- F 684: Failed to follow fluid restriction orders. - F 689: Failed to evaluate equipment for safety.- F 695: failed to have valid orders for respiratory services.- F 698: Failed to coordinate services for Dialysis.- F 757: Failed to ensure medications were provided within parameters.- F 812: Failed to ensure foods were labeled, holding temperatures of food were maintained, equipment was maintained and stored in a sanitary manner and the kitchen was maintained in a clean and sanitary manner.- F 842: Failed to ensure documentation was accurate.- F 880: Failed to ensure gloves were applied prior to giving injectable medications, equipment was not in contact with the floor and hand hygiene and gloving were performed between residents during medication administration. |                                                                                         |                                                 |

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| <p>F 0580</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>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:</p> <p>A.</p> <p>Record Review of the facility's Medication Administration Policy dated 1/1/2023 revealed the following:</p> <p>Policy:</p> <p>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.</p> <p>1. The attending Physician is notified promptly of any significant error or adverse consequence. The physicians' orders are implemented as ordered for monitoring.</p> <p>2. The following information is documented in the medication error report and in the resident's clinical record:</p> <p>a. Factual description of the error or adverse consequence.</p> <p>b. Name of physician and time notified.</p> <p>c. Physician's subsequent orders.</p> <p>d. Resident's condition for 24 to 72 hours or as directed.</p> <p>Record Review of the facility's Unnecessary Medication Policy with a revision date of 11/18/2025 revealed the following:</p> <p>Policy:</p> <p>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).<br/>(continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0580</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Policy and Guidelines:</p> <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ol> <p>Record Review of the facility's undated Change in Condition or Status of Resident revealed the following:</p> <p>Policy:</p> <p>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.</p> <p>Responsibility of:</p> <p>Nurse, Clinical Care Coordinator, Interdisciplinary Team'</p> <p>Procedure:</p> <ol style="list-style-type: none"> <li>The Nurse will notify the guest's Attending Physician or On-Call Physician when there has been:</li> </ol> <p>An Accident or incident involving the resident;</p> <p>A discovery of injuries of an unknown source;</p> <p>A reaction to medication;</p> <p>A significant change in the resident's physical/emotional/mental condition;</p> <p>A need to alter the resident's medical treatment significantly;</p> <p>(continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0580</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>A need to transfer the resident to a hospital/treatment center;</p> <p>A discharge without proper medical authority; and/or</p> <p>Instructions to notify the Physician of changes in the resident's condition</p> <p>7. The nurse will record in the resident's medical record information relative to changes in the resident's medical/mental condition or status.</p> <p>B.</p> <p>Record Review of Resident 151's Order Summary Report dated 06/02/2026 revealed an order for the following:</p> <p>Blood Glucose Monitoring three times a day, notify MD (Medical Director) of BS (Blood Sugars) less than 70 or greater than 400.</p> <p>Record Review of Resident 151's Medication Administration Record (MAR) dated 11/2025 revealed that the following blood sugars were obtained:</p> <p>-11/21/2025 blood sugar at night was 452</p> <p>-11/23/2025 blood sugar at noon was 405</p> <p>-11/23/2025 blood sugar at night was 481</p> <p>-11/25/2025 blood sugar at noon was 426</p> <p>-11/25/2025 blood sugar at night was 483</p> <p>-11/28/2025 blood sugar at dinner was 528</p> <p>-11/28/2025 blood sugar at night was 491</p> <p>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.</p> <p>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.</p> <p>C.</p> <p>Record Review of Resident 151's Order Summary Report dated 6/2/2026 revealed the following order:<br/>(continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0580</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>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.</p> <p>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:</p> <p>-11/24/2025 pulse of 59</p> <p>-11/28/2025 pulse of 56</p> <p>-11/30/2025 pulse of 57</p> <p>-12/07/2025 pulse of 53</p> <p>-12/19/2025 pulse of 55</p> <p>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.</p> <p>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.</p> <p>D.</p> <p>Record Review of Resident 2's Order Summary Report dated 06/04/2026 revealed the following order:</p> <p>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.</p> <p>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:</p> <p>-05/18/2026 blood pressure was 104/60</p> <p>-05/19/2026 blood pressure was 102/60</p> <p>-05/22/2026 pulse was 57</p> <p>-05/25/2025 blood pressure was 100/58</p> <p>-05/28/2026 blood pressure was 102/62<br/>(continued on next page)</p> |                                                                                         |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Hillcrest Health & Rehab                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1702 Hillcrest Drive<br>Bellevue, NE 68005 |                                                 |
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| <p>F 0580</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>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.</p> <p>E.</p> <p>Record Review of Resident 146's Order Summary Report dated 6/2/2026 revealed the following order:</p> <p>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.</p> <p>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:</p> <p>-02/03/2026 blood pressure was 109/70</p> <p>-02/04/2026 blood pressure was 105/72</p> <p>-02/12/2026 blood pressure was 108/69</p> <p>-02/17/2026 blood pressure was 104/70</p> <p>-03/02/2026 blood pressure was 106/70</p> <p>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.</p> <p>F.</p> <p>Record Review of Resident 30's AIMS Evaluation dated 05/28/2025 revealed a score of 6.</p> <p>Record Review of Resident 30's AIMS Evaluation dated 05/20/2026 revealed a score of 9.</p> <p>Scoring:</p> <p>1. TOTAL SCORE - Sum of items 1-7. The higher the score (0-28), the greater the impact of observed movements</p> <p>on resident.<br/>(continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0580</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Some</p>                | <p>Record Review of Resident 30's Progress Notes did not reveal that the provider was notified of an AIMS score increase.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>E.</p> <p>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).</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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 (continued on next page)</p> |                                                                                         |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| F 0580<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Some                        | 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. |                                                                                         |                                                 |

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| <p>F 0553</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Allow resident to participate in the development and implementation of his or her person-centered plan of care.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 175 NAC 12-006.05(E)Licensure Reference Number 175 NAC 12-006.09(F) Based on interview and record review, the facility failed to ensure comprehensive care plan (documents that outlined a resident's medical, emotional, and daily living needs) meetings and invitations to the residents and families were completed quarterly for 3 (Residents 14, 9, and 130) of 6 sampled residents. The facility census was 120. Findings are:A record review of the facility's Care Planning policy dated 01/2026 revealed the Interdisciplinary Team (a group of professionals from different fields to achieve a common goal) was responsible for the review and updating the care plan at least quarterly. The resident had the right to participate in the planning process and identify individuals to be included. A record review of the Medicare.gov's undated What's a nursing home care plan? revealed that a health assessment must be completed at least every 90 days, or more often if a resident's needs change, and changes made to the care plan as needed. The resident, the resident's family, or someone acting on behalf of the resident had the right to take part in planning the care with the nursing home staff.</p> <p><a href="https://www.medicare.gov/providers-services/original-medicare/nursing-homes/care-plan">https://www.medicare.gov/providers-services/original-medicare/nursing-homes/care-plan</a> A.A record review of Resident 14's Clinical Census dated 06/04/2026 revealed the resident was admitted to the facility on [DATE]. A record review of Resident 14's Medical Diagnosis dated 06/04/2026 reveled the resident had diagnoses of Chronic Obstructive Pulmonary Disease (COPD), Type 2 Diabetes Mellitus (uncontrolled blood sugars), Chronic Diastolic (Congestive) Heart Failure, and Post-Traumatic Stress Disorder (PTSD). A record review of Resident 14's Minimum Data Set (MDS)(a comprehensive assessment used to develop a resident's care plan) dated 03/13/2026 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 understand). A record review of Resident 14's Progress Notes dated of 06/02/2026 revealed the last care plan meeting the resident had was on 04/24/2025. The progress notes did not reveal a meeting, resident, or family invitations since that date. A record review of Resident 14's Clinical - Assessment list dated 06/02/2026 did not reveal that the facility had a care plan meeting for the resident or that the resident or family was invited to a care plan meeting. A record review of Resident 14's Client Uploaded Files list dated 06/02/2026 did not reveal that the facility had a care plan meeting for the resident or that the resident or family was invited to a care plan meeting. In an interview on 06/01/2026 at 9:17 AM, Resident 14 confirmed the resident had not been invited to a care plan meeting and was not sure if the resident's family had been. In an interview on 06/02/2026 at 2:17 PM, the facility's Administrator confirmed the facility was supposed to be doing care plan meetings every quarter (3 months) and if the resident had a significant change in condition, and those meeting would be documented in progress notes. The facility was supposed to send invitations verbally to the residents and by phone or email to the resident's family and that would be documented in the resident's progress notes. The administrator confirmed that the facility had not conducted a care plan meeting with, or invited Resident 14 to a care plan meeting since 04/24/2025. B.A record review of Resident 130's Clinical Census dated 06/04/2026 revealed the resident was admitted to the facility on [DATE]. A record review of Resident 130's Medical Diagnosis dated 06/04/2026 reveled the resident had diagnoses of Spinal Stenosis (narrowing of spaces within the spine), Essential Hypertension (high blood pressure), Depression, and Anxiety. A record review of Resident 130's MDS dated [DATE] revealed the resident (continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0553</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>had a BIMS of 12 which indicated the resident was moderately cognitively impaired (confused). A record review of Resident 130's Progress Notes dated of 06/02/2026 revealed the last care plan meeting the resident had was on 06/25/2025. The progress notes did not reveal a meeting, resident, or family invitations since that date. A record review of Resident 130's Clinical - Assessment list dated 06/02/2026 did not reveal that the facility had a care plan meeting for the resident or that the resident or family was invited to a care plan meeting. A record review of Resident 130's Client Uploaded Files list dated 06/02/2026 did not reveal that the facility had a care plan meeting for the resident or that the resident or family was invited to a care plan meeting. In an interview on 06/01/2026 at 12:23 PM, Resident 130 confirmed the resident had never been invited to a care plan meeting. In an interview on 06/02/2026 at 2:17 PM, the facility's Administrator confirmed the facility was supposed to be doing care plan meetings every quarter and if the resident had a significant change in condition, and those meeting would be documented in progress notes. The facility was supposed to send invitations verbally to the residents and by phone or email to the resident's family and that would be documented in the resident's progress notes. The administrator confirmed that the facility had not conducted a care plan meeting with, or invited Resident 130 to a care plan meeting since 06/25/2025. C.A record review of Resident 9's Clinical Census dated 06/04/2026 revealed the resident was admitted to the facility on [DATE]. A record review of Resident 9's Medical Diagnosis dated 06/04/2026 reveled the resident had diagnoses of Chronic Kidney Disease, Type 2 Diabetes Mellitus (uncontrolled blood sugars), Chronic Diastolic (Congestive) Heart Failure, and Need For Personal Care. A record review of Resident 9's MDS dated [DATE] revealed the resident had a BIMS score of 8 which indicated the resident was moderately cognitively impaired (confused). A record review of Resident 9's Progress Notes dated of 06/02/2026 revealed the last care plan meeting the resident had was on 05/28/2025. The progress notes did not reveal a meeting, resident, or family invitations since that date. A record review of Resident 9's Clinical - Assessment list dated 06/02/2026 did not reveal that the facility had a care plan meeting for the resident or that the resident or family was invited to a care plan meeting. A record review of Resident 9's Client Uploaded Files list dated 06/02/2026 did not reveal that the facility had a care plan meeting for the resident or that the resident or family was invited to a care plan meeting. In an interview on 06/01/2026 at 1:50 PM, Resident 9 confirmed the resident had not been invited to a care plan meeting. In an interview on 06/02/2026 at 2:17 PM, the facility's Administrator confirmed the facility was supposed to be doing care plan meetings every quarter and if the resident had a significant change in condition, and those meeting would be documented in progress notes. The facility was supposed to send invitations verbally to the residents and by phone or email to the resident's family and that would be documented in the resident's progress notes. The administrator confirmed that the facility had not conducted a care plan meeting with, or invited Resident 9 to a care plan meeting since 05/28/2025.</p> |                                                                                         |                                                 |

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| F 0578<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility staff failed to obtain a signed code status prior to changing the code status in the electronic health record for 1 (Resident 16) of 32 sampled residents. The facility identified a census of 120. Findings are: A. Record Review of the facility's undated policy titled Cardiopulmonary Resuscitation Directive revealed the following: Policy: Patients admitted to Hillcrest Care &amp; Rehabilitation Center shall indicate in writing their preference regarding resuscitation. The facility will follow the pre-admission advance directive of the resident. The explanation of cardiopulmonary resuscitation is: Responsibility of: Nurse manager, medical records<br/>Supplies Needed: CPR/No CPR form<br/>Procedure: As part of the admission process, the admitting personnel will explain the facility's CPR/no CPR procedure. Once the patient/responsible party understands this process, they will be offered an opportunity to sign CPR/No CPR form. Any discussion with patient/responsible party, in regard to the patient's advance directive will be documented as needed. The admitting personnel will then copy the signed directive; sending one copy to the patient's physician for signature. Admitting personnel will also obtain a copy of any other advanced directive the patient has executed (i.e. living will, etc.) to be kept in the EHR as available. After the physician has signed and returned the form to the facility, the updated copy will be placed in the resident's EHR. If patient denies CPR: Choosing No CPR does not mean, Do Not Treat. The nursing team will notify the attending provider of ongoing illnesses, and the residents will receive treatment as prescribed.</p> <p>B. Record Review of Resident 16's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated [DATE] revealed the facility staff assessed the following about the resident: - admitted on [DATE]- Brief Interview of Mental Status (BIMS) was scored as a 15. According to the MDS Manual a score of 15 indicates a person is cognitively intact. Record Review of Resident 16's signed CPR/NO CPR dated [DATE] revealed the most recent documentation acknowledged by Resident 16 was for cardiopulmonary resuscitation (CPR). Record Review of Resident 16's Order Summary dated [DATE] revealed that Resident 16 had an order for DNR (Do Not Resuscitate). Record Review of Resident 16's Electronic Health Record (EHR) dated [DATE] revealed that Resident 16 was a do not resuscitate (DNR). In an interview on [DATE] at 9:25 AM, Resident 16 confirmed that Resident 16 was a full code. In an interview on [DATE] at 9:45 AM, Clinical Care Coordinator (CCC)-B confirmed that CCC-B changed Resident 16's code status to DNR. CCC-B confirmed that Resident 16 is a full code (wants the use of CPR).</p> |                                                                                         |                                                 |

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| F 0628<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.</p> <p>Based on record review and interview, the facility failed to complete a recapitulation of stay (the clinical story of a person's time in a care facility) for 1 (Resident 148) of 2 sampled residents. The facility staff identified a census of 120. Findings are: Record review of Resident 148's admission Record (AR) revealed the facility admitted the resident on 03/20/2026. Further review of the admission record identified Resident 148 had diagnoses of displaced trimalleolar fracture of the right lower leg (a fracture of the ankle joint in three different places where the broken bones had shifted out of normal position), and foot drop of the left foot (inability to lift the front part of the foot due to weakness or paralysis). Record review of Resident 148's Clinical Census identified the facility discharged Resident 148 on 04/16/2026. Record review of Resident 148's Electronic Health Record (EHR) which included progress notes, assessments, and scanned documents revealed a lack of evidence to show a recapitulation of the resident's stay was completed. During an interview on 06/04/2026 at 12:25 PM, the Director of Nursing reported a recapitulation of stay was not completed for Resident 148 because the social services department had not initiated the document in the charting system. The DON further confirmed a recapitulation of stay should have been completed.</p> |                                                                                         |                                                 |

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| <p>F 0641</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 175 NAC 12-006.09(D)Based on record review and interview, the facility failed to accurately code the 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) for 2 (Resident 32 and Resident 70) of 46 sampled residents. The facility staff identified a census of 120. Findings are: A. 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 Treatment Administration Record (TAR) for 05/07/2026 through 05/21/2026 revealed the resident had an order for a Continuous Positive Airway Pressure (CPAP, a device primarily used to treat obstructive sleep apnea) and the following was documented: -The CPAP was documented as not administered on 05/09/2026, 05/13/2026, and 05/20/2026. -The CPAP was documented as administered on all remaining days from 05/07/2026 through 05/21/2026. 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 admission MDS dated [DATE] revealed the facility identified the resident received a non-invasive mechanical ventilator during the assessment review period. 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 the entries on the TAR on dates the CPAP was marked as administered was not accurate. During an interview on 06/04/2026 at 7:21 AM, MDS Coordinator (MDSC)-P reported the facility had retained services from an MDS consultant and the MDS consultant had completed Resident 32's MDS remotely. MDSC-P confirmed Resident 32's MDS included a non-invasive mechanical ventilator. MDSC-P further confirmed the MDS was coded incorrectly as the resident did not ever have a CPAP machine available for use in the assessment review period. During an interview on 06/04/2026 at 11:32 AM, the Director of Clinical Services (DCS)-E reported the facility did not have a policy regarding MDS accuracy, they followed the RAI manual. B. Record review of Resident 70's AR revealed the facility admitted the resident on 04/20/2026. Further review of the AR identified the resident had diagnoses of dysphagia (difficulty swallowing) following cerebral infarction (stroke). Record review of Resident 70's Order Summary Report revealed an order for 240 milliliters (mL) Osmolite 1.5 (type of tube feeding formula) through the feeding tube four times daily, with a start date of 04/20/2026. Record review of Resident 70's oral intakes beginning on their date of admission, revealed no oral intakes recorded until 05/11/2026. Record review of Resident 70's admission MDS dated [DATE] revealed the facility evaluated that Resident 70 received 25 percent (%) or less of total calories through parenteral (nutrition delivered directly to the bloodstream) or tube feeding while a resident. Further review of the MDS identified Resident 70 received 501 mL per day or less of daily average fluid intake by intravenous (IV) administration or tube feeding. During an interview on 06/04/2026 at 11:32 AM, the Director of Clinical Services (DCS)-E reported the facility did not have a policy regarding MDS accuracy, they followed the RAI manual. During an interview on 06/04/2026 at 12:58 PM, the Director of Nursing (DON) confirmed Resident 70 received no oral intake until 04/29/2026. The DON further confirmed the resident received all nutrition and hydration through tube feeding during the MDS assessment review period. The DON confirmed the admission MDS was coded inaccurately.</p> |                                                                                         |                                                 |

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| F 0656<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 175 NAC 12-006.09(E) Based on record review and interview, the facility failed to develop a 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) for 2 ( Resident 12, related to seizures, and did not develop a CCP for identified care areas for Resident 11) of 51 sampled residents reviewed for CCP's. The facility census was 120. Findings are:</p> <p>A.</p> <p>Record review of a facility policy entitled Care Planning effective 01/2026 revealed the following information:</p> <p>Policy: An individualized comprehensive care plan that includes measurable objectives and timetables to meet the residents' medical, nursing, mental and psychological needs is developed for each resident.</p> <p>4. The comprehensive person-centered care plan will:</p> <p>a. Include measurable objectives and time frames.</p> <p>b. Describe services that are to be provided to attain or maintain the residents highest practicable physical, mental and psychosocial wellbeing.</p> <p>g. Incorporate risk factors associated with identified problems. Risk factors are determined by the resident assessment.</p> <p>j. Recognize currently accepted standards of practice for problem areas and conditions.</p> <p>5. Areas of concern that are identified during the residents assessment are evaluated using specific assessment tools before interventions are added to the care plan.</p> <p>6. Care plan interventions are developed that are clinically relevant and are meaningful to the resident.</p> <p>8. Assessments of residents is ongoing and care plans are revised as information about the resident and the resident condition change.</p> <p>B.</p> <p>Record review of Resident 12's Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff (continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0656</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>identify health problems) dated 04/06/2026 revealed an admission date of 6/16/25 and a diagnosis of seizures. The MDS identified that Resident 12 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 6. The MDS identified that a score of 0-7 indicated severe cognitive impairment. The MDS identified that Resident 12 used an anticonvulsant drug daily with indication for use present.</p> <p>Record review of Resident 12's Physician Orders revealed an order dated 04/03/2026 for levetiracetam [an anti-seizure medicine] tablet 500 milligrams [mg], 1 tablet by mouth twice per day for seizures.</p> <p>Record review of Resident 12's Medication Administration Record dated May 2026 and June 2026 revealed that Resident 12 did receive levetiracetam [an anti-seizure medicine] tablet 500 mg, 1 tablet by mouth twice per day for seizures.</p> <p>Record review of Resident 12's Progress Notes dated 03/31/2026 revealed that Resident 12 had a seizure that lasted 5 minutes with tremors, twitching and shewing motions noted. The primary care provider responded with the following recommendation; send to ER [emergency room] by 911.</p> <p>Record review of Resident 12's undated CCP did not identify any specific information related to seizure activity or history and no specific care related to the treatment for seizures for Resident 12.</p> <p>Interview on 06/04/2026 at 10:10 AM with the Director of Nursing [DON] reviewed the CCP for Resident 12 and confirmed there was no care plan developed related to Resident 12's seizure activity and there should have been. The DON confirmed Resident 12 did have a history of seizures and took medications for the treatment of the seizures.</p> <p>C.</p> <p>Record review of Resident 11's admission MDS dated [DATE] revealed facility staff assessed the following about the resident: -Resident 11 required supervision for eating and personal hygiene; supervision for oral hygiene and upper body dressing; substantial assistance for toileting hygiene, bathing, lower body dressing, and putting on or taking off footwear. -Resident 11 had an indwelling urinary catheter and was frequently incontinent of bowel. -Resident 11 had a fall in the last month prior to admission and had a fracture related to a fall in the six months prior to admission. -Resident 11 was at risk for pressure ulcer development. -Resident 11 received antipsychotic and antianxiety medication during the assessment review period. -Resident 11 had frequently experienced pain in the last 5 days that frequently effected the resident's ability to sleep and limited the resident's day-to-day activities.</p> <p>Further review of Resident 11's MDS identified the facility staff would develop a comprehensive care plan with interventions for the following areas: functional abilities, urinary incontinence; falls; nutritional status; dehydration/fluid maintenance; pressure ulcer/injury; psychotropic drug use, and pain.<br/>(continued on next page)</p> |                                                                                         |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| F 0656<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | Record review of Resident 11's undated CCP revealed there were no identified interventions for the following areas: functional abilities, urinary incontinence and indwelling catheter, falls, nutritional status, dehydration/fluid maintenance, psychotropic drug use, and pain.<br><br>During an interview on 06/04/2026 at 10:21 AM, the MDS Coordinator (MDSC)-P confirmed the comprehensive care plan was not developed for Resident 11 and should have been. |                                                                                         |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>285133                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>06/04/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Hillcrest Health & Rehab                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1702 Hillcrest Drive<br>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. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                         |                                                 |
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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for 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> Licensure Reference Number 175 NAC 12-006.09(l)Based on record reviews, observations, and interviews, the facility failed to complete a recliner chair safety evaluation for 2 (Resident 79 and Resident 70) of 8 sampled residents; and the facility failed to turn off an oxygen concentrator when not in use for 1 (Resident 20) of 2 sampled residents. The facility staff identified a census of 120.Findings are:</p> <p>A.</p> <p>Record review of facility policy entitled Fall Risk Management Policy dated 01/01/2023 revealed:<br/>-After completion of additional assessments, the admitting nurse or therapist determines what factors could contribute to fall risk.</p> <p>Record review of Resident 79's admission Record (AR) revealed the facility admitted the resident on 05/01/2026 with diagnoses of lack of coordination, generalized muscle weakness, unsteadiness on feet, and unspecified dementia.</p> <p>Record review of Resident 79's Fall Risk Evaluation dated 05/01/2026 identified Resident 79 was at-risk of falls.</p> <p>Record review of an Un-witnessed Fall document dated 05/15/2026 revealed Resident 79 attempted to lower the footrest of their electric recliner and the recliner tipped forward causing Resident 79 to slide to the floor. Resident 79 did not sustain an injury.</p> <p>Record review of Resident 79's Electronic Health Record (EHR) including scanned documents, progress notes, and assessments showed no recliner safety evaluation was completed for Resident 79.</p> <p>During an interview on 06/04/2026 at 7:04 AM with Clinical Care Coordinator (CCC)-B present, CCC-H confirmed a recliner chair safety evaluation was not completed for Resident 79 and further confirmed an evaluation should have been completed.</p> <p>B.</p> <p>A record review of Resident 70's admission Record revealed that the resident was admitted to the facility on [DATE] with diagnoses of hemiplegia (a medical condition that causes severe weakness or paralysis on one entire side of the body) and hemiparesis (a medical condition that refers to muscular weakness or partial loss of movement) following a cerebral infarction (a medical condition when blood flow to an area of the brain is blocked or significantly reduced).</p> <p>A record review of Resident 70's Minimum Data Set (MDS, a comprehensive assessment of each resident's functional capabilities used to develop a resident's plan of care) dated 4/22/2026, revealed the following:<br/>(continued on next page)</p> |                                                                                         |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Hillcrest Health & Rehab                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1702 Hillcrest Drive<br>Bellevue, NE 68005 |                                                 |
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| <p>F 0689</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>-The Brief Interview for Mental Status (BIMS, a test used to get a quick snapshot of a resident's cognitive function, scored from 0-15, the higher the score, the higher the cognitive function) revealed a score of 12. According to the MDS manual, a score of 12 indicated the resident was cognitively moderately impaired.</p> <p>-The resident has functional limitation on one side of the body both upper and lower extremities and the resident's mobility is dependent on staff.</p> <p>-The hemiplegia affected the resident's left side which is the residents non-dominant side.</p> <p>-The resident was on occupational and physical therapy case loads.</p> <p>A record review of Resident 70's Fall Risk Evaluation effective date 5/5/2026, revealed a score of 11 which identified the resident was at risk for falls.</p> <p>A record review of Resident 70's Un-witnessed Fall report dated 4/26/2026 revealed the resident was found lying in front of the recliner with the Hoyer sling underneath the resident and the recliner was in the upright position. Resident 70 told staff Resident 70 could not figure out the recliner remote and slid out. The record review further revealed immediate actions taken were to educate Resident 70 on use of the recliner remote with return demonstration and educated staff not to leave Hoyer sling under the resident in the chair.</p> <p>A record review of Residents 70's Electric Lift Chair Assessment revealed that the assessment was not completed.</p> <p>A record review of Resident 70's Care Plan Report last updated 5/11/2026, revealed Resident 70 was working with physical and occupational therapies.</p> <p>An interview with Resident 70 on 06/04/2026 at 12:15 PM confirmed that Resident 70 does not sit in the recliner because the fabric is too slick and kept sliding out.</p> <p>An interview with Clinical Care Coordinator (CCC)-B and CCC-H on 06/04/2026 at 12:38 PM confirmed an Electric Lift Chair Assessment should have been complete on Resident 70 after sliding out of the electric recliner. CCC-B stated if a resident falls or slides out of a recliner the case managers would put in a referral to physical therapy and have them complete an Electric Lift Chair Assessment. CCC-B further confirmed an Electric Lift Chair Assessment was not completed on Resident 70.</p> <p>C.</p> <p>Record Review of the facility's undated policy titled Oxygen Therapy and Storage revealed the following:</p> <p>9. Oxygen concentrators are to be turned off when not in use. If they are not connected to the guest, any team member can turn off the machine.<br/>(continued on next page)</p> |                                                                                         |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>285133                                                                                                                                                                                                                                                                       | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                | (X3) DATE SURVEY<br>COMPLETED<br><br>06/04/2026 |
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| F 0689<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>An observation on 06/03/2026 at 8:20 AM revealed that Resident 20's oxygen concentrator was on, and the nasal cannula was laying on the floor.</p> <p>In an interview on 6/3/2026 at 08:41 AM, Medication Tech (MT)-A confirmed that the oxygen concentrator should have been shut off prior to MT-A exiting the room and was not.</p> |                                                                                         |                                                 |

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| <p>F 0692</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide enough food/fluids to maintain a resident's health.</p> <p>Licensure Reference Number 175 NAC 12-006.09(J) Based on record reviews, observations, and interviews, the facility staff failed to follow ordered fluid restrictions for 1 (Resident 32) of 1 sampled resident. The facility identified a census of 120. Findings are: Record review of facility policy entitled Fluid Restriction dated revised 11/20/2017 revealed guests on fluid restrictions should not have a water pitcher at bedside and nursing staff would be responsible for documenting fluid intakes in the clinical record. 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 diagnoses of chronic diastolic (congestive) heart failure (lower heart chambers don't relax as they should). Record review of Resident 32's Order Summary Report revealed an order dated 05/08/2026 for 2,000 milliliter (mL) fluid restriction with 400 mL served at each breakfast, lunch, and dinner, and 800 mL left over for nursing med pass. Record review of Resident 32's May 2026 Medication Administration Record (MAR) revealed the following: -On 05/09/2026, the total daily fluid restriction amount was exceeded by 1,900 mL. -On 05/10/2026, the total daily fluid restriction amount was exceeded by 300 mL. -05/14/2026 the total daily fluid restriction amount was exceeded by 1,300 mL. -05/17/2026 the total daily fluid restriction amount was exceeded by 250 mL. -05/25/2026 the total daily fluid restriction amount was exceeded by 1,000 mL. Observation on 06/03/2026 at 10:29 AM revealed Resident 32 was in bed with a clear water pitcher within Resident 32's reach. The water pitcher was clear with markings to indicate mL in the cup. Water was up to approximately the 300 mL mark. Observation on 06/03/2026 at 12:21 PM revealed Resident 32 sitting in their room with a water pitcher in reach. The water was filled to the 450 mL mark. Observation on 06/04/2026 at 8:13 AM revealed Resident 32 was in the commons area with water pitcher and breakfast. During an interview on 06/03/2026 at 11:03 AM, Nurse Tech (NT)-T reported direct care staff were responsible for tracking fluids the resident received through meal trays and the water pitcher. NT-T reported they would document the amount of the fluids the resident received on their shift on the MAR and would report to the licensed nurse. NT-T confirmed the direct care staff did not document the fluid anywhere except for the total recording at the end of their shift. NT-T reported staff should probably record this information somewhere. During an interview on 06/04/2026 at 9:43 AM, Licensed Practical Nurse (LPN)-I confirmed Resident 32 received water pitchers in the room. LPN-I reported direct care staff verbally communicated the amounts of fluids the resident was given but did not record it anywhere. LPN-I further reported they were unaware of the resident ever going over the fluid restriction. During an interview on 06/04/2026 at 10:05 AM, the Director of Nursing (DON) confirmed residents with ordered fluid restriction should not have a water pitcher in the room. The DON further confirmed the fluid restriction was exceeded on 05/09/2026, 05/10/2026, 05/14/2026, 05/17/2026, and 05/25/2026. The DON reported facility staff should have a paper on the back of the resident's room door or another mechanism for tracking fluids as they were given.</p> |                                                                                         |                                                 |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference Number 175 NAC 12-006.09(H)(vi)(3)(g) Based on observation, interview, and record review, the facility failed to have valid Positive Airway Pressure (PAP)(a machine used to treat sleep apnea) device orders for 2 (Residents 7 and 14) of 2 sampled residents, and failed to have and follow valid oxygen orders for 3 (Residents 14, 13, and 9) of 3 sampled residents. The facility census was 120. Findings are:</p> <p>A record review of the National Library of Medicine's undated Nursing Skills, Chapter 11 Oxygen Therapy revealed that a prescription was required for a PAP device.<br/><a href="http://www.ncbi.nlm.nih.gov/books/NBK593208/">www.ncbi.nlm.nih.gov/books/NBK593208/</a></p> <p>A record review of the facility's undated Oxygen Therapy and Storage policy revealed oxygen would be administered to guests per physician's order and the staff would adjust flow rate per physician's order.</p> <p>A record review of the National Library of Medicine's undated Nursing Skills, Chapter 11 Oxygen Therapy revealed that oxygen was considered a medication and required a prescription.<br/><a href="http://www.ncbi.nlm.nih.gov/books/NBK593208/">www.ncbi.nlm.nih.gov/books/NBK593208/</a></p> <p>A record review of the National Library of Medicine's undated Nursing Skills, Basic Concepts of Administering Medications revealed that according to the Centers for Medicare &amp; Medicaid Services, all orders for the administration of drugs and biologicals must contain the following information:</p> <p>Drug name</p> <p>Dose, frequency, and route</p> <p>Name/Signature of the prescriber</p> <p>Specific instructions for use, when applicable</p> <p><a href="https://www.ncbi.nlm.nih.gov/books/NBK593215/#:~:text=Components%20of%20a%20Medication%20Order,i">https://www.ncbi.nlm.nih.gov/books/NBK593215/#:~:text=Components%20of%20a%20Medication%20Order,i</a></p> <p>A.</p> <p>A record review of Resident 14's Clinical Physician Orders dated 06/02/2026 revealed the resident had orders for Continuous Positive Airway Pressure (CPAP) set up in the morning and CPAP settings: on at hours of sleep (HS) off in the morning (AM) settings from home or when delivered from medical supply. The order did not include the settings for the machine.</p> <p>A record review of Resident 14's Care Plan Report with an admission date of 06/29/2021 revealed the resident had a focus area of the resident had Chronic Obstructive Pulmonary Disease (COPD) and (continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>interventions of CPAP as ordered and oxygen as ordered. It did not contain CPAP settings.</p> <p>A record review of Resident 14's Medication Administration Record and Treatment Administration Record (MAR &amp; TAR) dated June 2026 revealed the resident wore the PAP every night.</p> <p>A record review of Resident 14's MAR &amp; TAR dated May 2026 revealed the resident wore the PAP every night.</p> <p>An observation on 06/01/2026 at 9:34 AM revealed Resident 14 had a PAP machine on the bedside table.</p> <p>An observation on 06/02/2026 at 8:41 AM revealed Resident 14 had a PAP machine on the bedside table.</p> <p>In an interview on 06/01/2026 at 9:34 AM, Resident 14 confirmed the resident used the PAP device located on the bedside table every night.</p> <p>In an interview on 06/04/2026 at 6:42 AM, Registered Nurse (RN)-C confirmed Resident 14 wore the PAP faithfully every night and there were not settings listed on the resident's PAP order.</p> <p>In an interview on 06/04/2026 at 11:10 AM, the DON confirmed the facility did not have any other orders for Resident 14 other than what was in the resident's Clinical Physician Orders and the PAP should have the setting listed on the order.</p> <p>B.</p> <p>A record review of Resident 14's Clinical Physician Orders dated 06/02/2026 revealed the resident had an order for oxygen 1 liter per minute (l/m) with CPAP at bedtime.</p> <p>A record review of Resident 14's Care Plan Report with an admission date of 06/29/2021 revealed the resident had a focus area of the resident had Chronic Obstructive Pulmonary Disease (COPD) and interventions of CPAP as ordered and oxygen as ordered. It did not contain oxygen settings.</p> <p>A record review of Resident 14's MAR &amp; TAR dated June 2026 revealed the resident wore the oxygen every night.</p> <p>A record review of Resident 14's MAR &amp; TAR dated May 2026 revealed the resident wore the oxygen every night.</p> <p>An observation on 06/01/2026 at 9:34 AM revealed Resident 14 had an oxygen concentrator (a machine used to purify oxygen) in the room, and it was set at 2 l/m.</p> <p>An observation on 06/02/2026 at 8:41 AM revealed Resident 14 had an oxygen concentrator in the room, and it was set at 2 l/m.<br/>(continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>An observation on 06/02/2026 at 6:37 AM with RN-C revealed Resident 14 had an oxygen concentrator in the room, and it was set at 2 l/m.</p> <p>In an interview on 06/01/2026 at 9:33 AM, Resident 14 confirmed the resident used the oxygen concentrator every night.</p> <p>In an interview on 06/04/2026 at 6:42 AM, RN-C confirmed Resident 14's oxygen order was for the oxygen to be set at 1 l/m, but but their concentrator was set at 2 l/m and should not have been.</p> <p>In an interview on 06/04/2026 at 11:10 AM, the DON confirmed the facility did not have any other orders for Resident 14 other than what was in the resident's Clinical Physician Orders and the oxygen should have been set at the setting listed there.</p> <p>C.</p> <p>A record review of Resident 9's Clinical Physician Orders dated 06/04/2026 revealed the resident had an order for oxygen at 3 l/m as needed for shortness of breath at night.</p> <p>A record review of Resident 9's Care Plan Report with an admission date of 10/11/2023 revealed the resident had a focus area of the resident had oxygen therapy related to ineffective gas exchange and interventions of oxygen settings: oxygen at 3 l/m as needed for shortness of breath and night.</p> <p>An observation on 06/01/2026 at 1:07 PM revealed Resident 9 was wearing an oxygen nasal cannula (a tubing the goes in the nose to delivery oxygen) and the oxygen concentrator was set at 2 l/m.</p> <p>An observation on 06/04/2026 at 6:38 AM with RN-C confirmed Resident 9 was wearing an oxygen nasal cannula and the oxygen concentrator was set at 2 l/m.</p> <p>In an interview on 06/01/2026 at 1:07 PM, Resident 9 confirmed the resident used oxygen most of the time.</p> <p>In an interview on 06/04/2026 at 6:46 AM, RN-C confirmed Resident 9's oxygen order was for the oxygen to be set at 3 l/m, but it was set at 2 l/m and should not have been.</p> <p>In an interview on 06/04/2026 at 11:10 AM, the DON confirmed the facility did not have any other orders for Resident 9 other than what was in the resident's Clinical Physician Orders and the oxygen should have been set at the setting listed on the order.</p> <p>D.</p> <p>A record review of Resident 13's Clinical Physician Orders dated 06/04/2026 revealed the resident had an order for oxygen for comfort. The order did not reveal settings for the oxygen.</p> <p>A record review of Resident 13's Care Plan Report with an admission date of 08/01/2022 did not reveal a focus area or interventions for oxygen.<br/>(continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0695</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>A record review of Resident 13's MAR &amp; TAR dated June 2026 revealed the resident wore the oxygen for comfort every day.</p> <p>A record review of Resident 13's MAR &amp; TAR dated May 2026 revealed the resident wore the oxygen every day.</p> <p>An observation on 06/01/2026 at 1:03 PM revealed Resident 13 was wearing an oxygen nasal cannula, and the oxygen concentrator was in the restroom, and it was set at 1.5 l/m.</p> <p>An observation on 06/04/2026 at 6:44 AM with RN-C revealed Resident 13 was wearing an oxygen nasal cannula, and the oxygen concentrator was in the restroom, and it was set at 2 l/m.</p> <p>In an interview on 06/04/2026 at 11:10 AM, the DON confirmed the facility did not have any other orders for Resident 13 other than what was in the resident's Clinical Physician Orders and the oxygen order should contain a setting but did not.</p> <p>E.</p> <p>Record review of Resident 7's admission Record revealed that Resident 7 was admitted on [DATE] with a diagnosis of chronic obstructive pulmonary disease (COPD, pulmonary disease that is characterized by chronic typically irreversible airway obstruction resulting in a slowed rate of exhalation.)</p> <p>Record review of Resident 7's 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 5/17/2026 revealed that Resident 7 had 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.</p> <p>Record review of Resident 7's orders revealed no orders for a CPAP machine.</p> <p>An observation on 6/2/2026 at 7:30 AM of Resident 7's room revealed a continuous positive airway pressure (CPAP, a medical device that is used to treat pulmonary disease) medical device was noted on the resident's bedside nightstand. The mask was attached to Resident 7's bed rail with Velcro.</p> <p>An interview with Resident 7 on 6/3/2026 at 2:14 PM confirmed that Resident 7 used the CPAP machine and mentioned that the hospital set the machine up to automatically turn on when the mask was placed on the resident's face. Resident 7 further confirmed that the only thing staff did to assist with the CPAP was by adding distilled water into the holding tank on the machine.</p> <p>An interview with Registered Nurse (RN)-N on 6/4/2026 at 9:43 AM confirmed there was no CPAP settings order or cleaning schedule orders for Resident 7.</p> |                                                                                         |                                                 |

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| <p>F 0698</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>Based on observation, interview, and record review the facility failed to coordinate meals and transportation for dialysis for 1 (Resident 7) of 1 sampled resident. The facility identified a census of 120. Findings are:Record review of facility policy, Dialysis Monitoring Policy effective date 1/1/2023, revealed:-Policy Explanation and Compliance Guidelines 1. Transportation to dialysis will be coordinated by the facility and communicated with the resident. 2. The facility will co-ordinate care with the dialysis provider in developing an appropriate plan of care to include, but not limited to:b. Any recommended medication schedule change to accommodate dialysis schedule.c. Meal or snack to be sent with resident as needed. Record review of Resident 7's admission Record revealed that facility admitted Resident 7 on 5/14/2026 with diagnoses of chronic kidney disease, stage 4 (severe kidney damage) with dependance on renal dialysis (a life- sustaining treatment for severe kidney disease that filters the blood and removing waste products, toxins and excess fluids from the blood stream) muscle weakness with abnormal gait and mobility, and right lower extremity, non-pressure related, wound. Record review of Resident 7's 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 5/17/2026 revealed that Resident 7 had 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. Record review of Resident 7's Comprehensive Care Plan (CCP, a document that includes measurable objectives and timetables to meet a resident's medical, nursing, mental and psychosocial needs that are identified in the comprehensive assessment), with an initiated date of 5/15/2026 revealed the following:-The resident needs dialysis related to renal failure.-The resident has potential/actual impairment to skin integrity related to . on dialysis. One of the interventions listed included encouraging good nutrition and hydration in order to promote healthier skin. Record review of Resident 7's Order Summary Report revealed the following:-Dialysis transportation was ordered for 5:30 AM pick up and to arrive at the dialysis clinic at 6:15 AM on Monday, Wednesday, and Friday each week. -Diet is liberalized with regular texture and regular/thin liquids consistency. A.An interview with Resident 7 on 6/2/2026 at 7:30 AM revealed that the resident had concerns with the social work department in regard to transportation to and from the dialysis center. An observation on 6/3/2026 at 6:17 AM revealed that Resident 7 was loading in a contracted transport van. An interview with License Practical Nurse (LPN)-A on 6/3/2026 at 11:57 AM revealed transportation needs for residents were arranged by Clinical Support Assistant (CSA)-A. An interview with Resident 7 on 6/3/2026 at 2:14 PM revealed the following:-The resident spoke to the dialysis center social worker about the transportation being late to pick the resident up from the nursing facility on several occasions. The resident expressed this was unacceptable because it made the resident arrive after the scheduled dialysis clinic arrival time of 6:15 AM. The resident further revealed that it was the same driver that was late and confirmed the care coordinator and social work offices were made aware. An interview with CSA-M on 06/04/2026 at 10:45 AM revealed the following:-Transportation scheduling process: the admission team would send an email to CSA-M, CSA-M then confirmed dialysis times with the dialysis facility and then arranged transportation. CSA-M notifies the admissions team to continue with the admission.-CSA-M stated that no complaints had been reported by any facility staff about timeliness of the transportation companies. -CSA-M further revealed that the dialysis clinic Resident 7 is assigned to was just down the way a couple of minutes so they could leave at 6:00 AM and be on time. An interview with Resident 7 on 6/4/2026 at 12:30 PM confirmed dialysis transportation on (continued on next page)</p> |                                                                                         |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 10/09/2026  
Form Approved OMB  
No. 0938-0391

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| F 0698<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | 6/1/2026 and 6/4/2026 were late for pickup from the nursing facility and was the same driver both times. B.An interview with Resident 7 on 6/3/2026 at 2:14 PM revealed the following:-The resident voiced concern about the breakfast meal not being available or provided prior to the resident on dialysis treatment days. The resident further revealed that the facility staff have discussed the new system used to place residents' meal orders with the residents. The resident stated that once back from dialysis the nurse aides will reheat the breakfast tray, but the resident chooses to wait for the lunch meal. - No snacks are offered or provided to the resident on dialysis treatment days.-The resident eats the supper meal, is not offered a bedtime snack, and then waits until almost 1:00 PM to eat the lunch meal on dialysis treatment days. An interview with Nurse Assistant (NA)-L on 06/04/2026 at 9:54 AM confirmed the resident did not get their breakfast in the mornings before being transported to dialysis, but NA-L did order a breakfast tray for Resident 7 and would let it sit on the bedside table until the resident got back from dialysis around 11:00 AM. NA-L confirmed the resident didn't want breakfast warmed up and the resident would wait to eat until lunch. NA-L further confirmed resident wasn't available for breakfast was charted 6/2/2026 and 6/4/2026 for Resident 7. |                                                                                         |                                                 |

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| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |                                                 |
| <p>F 0757</p> <p>Level of Harm - Minimal harm<br/>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>Licensure Reference Number 175 NAC 12-006.09(H) Based on interview and record review the facility failed to ensure residents were not provided medications outside of ordered parameters for 3 (Residents 2, 146 and 151) of 8 sample residents. The facility identified a census of 120. Findings are: A. Record Review of the facility's Unnecessary Medication Policy with a revision date of 11/18/2025 revealed the following: Policy: 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. B. 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. Record Review of Resident 151's Medication Administration Record (MAR) dated 11/2025 and 12/2025 revealed Medication was administered on the following dates: 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, Director of Nursing (DON) confirmed that Resident 151's medication was administered on the listed dates with the listed pulses and should not have been. C. Record Review of Resident 2's Order Summary Report dated 06/04/2026 revealed the following order: Metoprolol Succinate ER 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 Medication Administration Record (MAR) dated 5/2026 revealed that the medication was administered on the following dates: 05/22/2026 pulse was 57 In an interview on 06/04/2026 at 7:57 AM, DON confirmed that Resident 2's medication was administered on the listed date with pulse below 60 and should not have been. D. 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 following: 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.</p> |                                                                                         |                                                 |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Licensure Reference number 175 NAC 12-006.17(A)(v)Licensure Reference Number 175 NAC 1-008(xii)Based on record review and interview, the facility staff failed to accurately document the use of 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 to prevent blockage) for 1 (Resident 32) of 3 sampled residents and failed to document restorative (services provided to maintain range of motion ability) services provided for 1 (Resident 67) of 1 reviewed. The facility staff identified a census of 120.Findings are:</p> <p>A.</p> <p>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).</p> <p>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.</p> <p>Record review of Resident 32's Treatment Administration Record (TAR) for 05/07/2026 through 05/21/2026 revealed the following: -The CPAP was documented as not administered on 05/09/2026, 05/13/2026, and 05/20/2026. -The CPAP was documented as administered on all remaining days from 05/07/2026 through 05/21/2026.</p> <p>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.</p> <p>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 the entries on the TAR on dates the CPAP was marked as administered was not accurate.</p> <p>B.</p> <p>Record review of an undated facility policy entitled Restorative Program Policy revealed the following information:</p> <p>Policy: to identify residents appropriate for restorative nursing services and provide structured interventions to help them maintain or improve functional abilities and support quality of life.<br/>(continued on next page)</p> |                                                                                         |                                                 |

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| <p>F 0842</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Documentation should include type of program, frequency and duration, resident participation, level of assistance provided, tolerance / response, refusals / barriers, progress toward goals, monthly or periodic summaries.</p> <p>C.</p> <p>Record review of Resident 67's annual MDS dated [DATE] revealed an admission date of 04/12/2024 with a diagnosis of Cerebral Vascular Accident [CVA,stroke] with Hemiplegia [paralysis that affects one side of the body] affecting the left side. The MDS (Minimum Data Set-a federally mandated clinical assessment tool that helps generate a plan of care) identified that resident 67 had a BIMS score of 6 which indicated severe cognitive impairment. The MDS identified that Resident 67 had range of motion impairment on one side of the body affecting the upper and lower extremity. The MDS identified that Resident 67 was dependent on staff for assistance with activities of daily living such as dressing, bathing, toilet use, personal hygiene and transfers. The MDS identified that Resident 67 received no therapy services and no range of motion, active or passive, during the look back period and did not use a splint or brace.</p> <p>Observation on 06/02/2026 at 8:16 AM revealed that Resident 67 was seated in a wheelchair at the breakfast table on the secured unit of the facility. The residents had a contracture [a shortening of muscle fibers resulting in the loss of joint mobility] of the left hand and was not able to open the hand or extend the fingers.</p> <p>Observation on 06/02/2026 at 8:30 AM revealed that Restorative Nurse Aide [RNA]-D asked Resident 67 if the resident wanted to go to have a restorative [a type of treatment aimed at helping individuals regain physical function] therapy session. Resident 67 agreed to the request and proceeded to go to the therapy area and received a restorative therapy session with range of motion to the left hand provided.</p> <p>Record review of Resident 67's Electronic Medical Record [EMR] did not include documentation the type of restorative program, duration, resident participation, level of assistance provided, tolerance / response, refusals / barriers, progress toward goals, or monthly or periodic summaries related to the contracture of the left hand.</p> <p>Interview on 06/03/2026 at 1:22 PM with the Director of Nursing [DON] confirmed that the Resident 67 did get restorative exercises but confirmed there was no documentation of what restorative services had been provided to Resident 67.</p> <p>Interview on 06/04/2026 at 9:53 AM with RNA-D revealed that Resident 67 received range of motion to the left hand 1-2 times per week. RNA-D confirmed that there wasn't anywhere to document the services provided and hasn't been for a long time.</p> |                                                                                         |                                                 |

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| <p>F 0880</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide and implement an infection prevention and control program.</p> <p>Licensure Reference Number 175 NAC 12-006.18 Based on observations, record reviews and interviews, the facility staff failed to apply gloves prior to administering an injectable medication, discard the nasal cannula (oxygen tubing) that was lying on the floor for 1 (Resident 20) of 1 sampled residents and failed to perform hand hygiene between taking off and putting on new gloves during medication administration for 1 (Resident 14) of 6 sampled residents. The facility identified a census of 120. Findings are:A.</p> <p>Record Review of the facility's undated Insulin Administration Competency revealed the following:</p> <p>5. Check the MAR for injection site to be used.</p> <p>6. Apply gloves.</p> <p>7. Clean the site with an alcohol wipe and allow to air dry.</p> <p>8. Grasp the skin at the injection site between the index finger and thumb, with the other hand, insert the needle at a 45-degree angle.</p> <p>B.</p> <p>An observation on 06/03/2026 at 8:20 AM, Medication Tech (MT)-A obtained a blood pressure cuff and entered Resident 20's room. MT-A obtained the blood pressure on Resident 20's right arm. MT-A provided a medication cup to Resident 20. MT did not complete hand hygiene or apply gloves, swabbed the back of Resident 20's right arm, removed the plastic cap over the needle and injected the medication into the back of Resident 20's right arm. Further observation revealed Resident 20's oxygen tubing/nasal cannula (a lightweight plastic tubing that is used to deliver oxygen) lying on the floor by Resident 20's bed and oxygen tubing was connected to running oxygen concentrator (a medical device that extracts and purifies oxygen from the surrounding air).</p> <p>In an interview on 06/03/2026 at 8:41 AM, MT-A confirmed that MT-A should have had gloves on prior to administering the injectable medication. MT-A confirmed that MT-A should have discarded Resident 20's nasal cannula prior to exiting the room.</p> <p>C.</p> <p>A record review of the facility's Infection Prevention And Control Program dated 01/01/2026 revealed staff should perform hand hygiene (cleaning) before donning (putting on) and after removing gloves</p> <p>An observation on 06/02/2026 at 8:41 AM revealed Registered Nurse (RN)-C performed hand hygiene, gloved, entered Resident 14's room and administered the resident's insulin. After the insulin administration, RN-C removed RN-C's gloves and applied new gloves without performing hand hygiene before administering the resident's eye drops.</p> <p>(continued on next page)</p> |                                                                                         |                                                 |

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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Form Approved OMB  
No. 0938-0391

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| F 0880<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | In an interview on 06/02/2026 at 11:12 AM, RN-C confirmed RN-C did not perform hand hygiene between glove changes before administering Resident 14's eye drops and should have. |                                                                                         |                                                 |