

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285163	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2024
NAME OF PROVIDER OR SUPPLIER Hilltop Estates		STREET ADDRESS, CITY, STATE, ZIP CODE 2520 Avenue M Gothenburg, NE 69138	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>50253</p> <p>Based on record review, observation, and interview the facility failed to ensure the Advanced Beneficiary Notice of Non-Coverage (a required notice of the cost of continuing to receive skilled services) and the Notice of Medicare Non-Coverage (a required notice allowing the resident to appeal the facility decision to end Medicare Part A coverage) was given to a beneficiaries at least two days prior to the end of covered services which affected 1 (Resident 29) of 3 sampled residents. The facility census was 43.</p> <p>Findings are:</p> <p>Record Review of Resident 29's Advanced Beneficiary Notice of Non-Coverage dated 3/18/2024 revealed the last covered day of Medicare Part A services was on 3/15/24. Resident/resident representative were not notified at least two days in advance of the end of the Medicare part A services.</p> <p>Record Review of Resident 29's Notice of Medicare Non-Coverage dated 3/18/24, revealed the effective date of coverage ended on 03/15/2024. The Notice of Medicare Non-Coverage was not provided prior to the end of Medicare Part A coverage as required.</p> <p>Observation on 03/20/24 at 10:03 AM in Resident 29's room revealed the resident was in their room sitting in their chair.</p> <p>Interview with the Business Office Manager (BOM) on 03/20/24 at 9:40 AM revealed a notice was not given to Resident 29 or their representative prior to ending services on 3/15/24.</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>50105</p> <p>Licensure Reference Number 175NAC 12-006.11E</p> <p>Based on observations, record reviews and interviews, the facility failed to ensure that the high temperature dishwashing machine maintained the required high temperature for sanitization of facility dishware. This affected all 43 facility residents that receive meals out of the facility kitchen. The facility census was 43.</p> <p>Findings are:</p> <p>A.</p> <p>Record review revealed an undated policy titled Dishwasher Temperature:</p> <p>Policy: It is the policy of this facility to ensure dishes and utensils are cleaned under sanitary conditions through adequate dishwasher temperatures.</p> <p>Policy Explanation and Compliance Guidelines:</p> <p>3. For high temperature dishwashers (heat sanitization):</p> <p>a. The wash temperature shall be 150-160 degrees F.</p> <p>b. The final rinse temperature shall be 180 degrees F or above but not to exceed 194 degrees F (165 degrees F for stationary rack, single temperature machine). Corrective actions shall be taken for final temperature below the required final rinse temperatures.</p> <p>6. Water temperatures shall be measured and recorded prior to each meal and /or after the dishwasher has been emptied or re-filled for cleaning purposes.</p> <p>A review of the Dishwasher Temperature Chart on the wall that contains an area for annotating the temperatures of the dishwasher during its process revealed it contained columns listed for the time of record, the temperature for the wash cycle, the temperature for the rinse cycle and the temperature for the final cycle every morning, noon, and evening. The last part of this chart is an area for corrective action when the temperature does not reach 180 degrees F on the final rinse or when the temperature exceeds 194 degrees F.</p> <p>Record review revealed that the Dishwasher Temperature Chart for the month of March 2024 listed the temperatures all in the required range. The area of the chart for corrective action if the final rinse temperature was below 180 degrees F or above 194 degrees F was blank.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 03/20/2024 at 10:35 AM observation of Dietary Cook-C (DC-C) during the dishwashing process revealed that the final rinse cycle was reaching a temperature of 142 degrees Fahrenheit (F) on the gauge of the dishwashing machine. The facility Dietary Manager (DM) placed a manual temperature gauge in the dishwasher to test the temperature of the final rinse cycle which revealed a temperature of 147.5 degrees F. The DC-C revealed they were unfamiliar with the process and monitoring the temperature.</p> <p>The facility DM was interviewed on 03/21/2024 at 07:41 AM about the dishwasher machine and stated the facility dishwasher is a high temperature sanitization dishwasher, provided the temperature log for the month of March and the policy for dishwasher temperatures</p> <p>During an interview on 03/21/2024 at 10:53 AM the facility DM stated that all facility residents eat out of the kitchen.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49382</p> <p>Licensure Reference Number 175 NAC 12-006.17</p> <p>Based on observation, interview, and record review the facility failed to follow transmission-based precautions to prevent the spread of communicable disease. This had the potential to affect 43 residents. Facility stated census was 43.</p> <p>Findings are:</p> <p>In an interview on 03/18/2024 at 9:30 AM with the Facility Administrator (FA), FA stated the facility was in COVID-19 outbreak and had residents on isolation due to testing positive for COVID-19.</p> <p>In an observation on 03/18/2024 at 10:00 AM the following was observed:</p> <p>room [ROOM NUMBER], 302, 306, and 310 with signs on the door stating Red Zone Isolation area, and Centers for Disease Control (CDC) Sequence for putting on personal protective equipment (PPE), which is the equipment worn to minimize exposure to hazards that can cause serious injury or illness. Beside the door in the hall a clear plastic rectangle container with 3 drawers. In the first drawer were blue individually wrapped gowns. In the second drawer were more blue gowns. In the third drawer was a roll of clear plastic trash bags and black plastic trash bags.</p> <p>There were no surgical masks, N95 masks, Alcohol based hand gel, goggles or face shield or sanitizing wipes on any of the clear plastic 3 drawer containers in the hall outside of the doors.</p> <p>In an interview on 03/18/2024 at 11:00 AM with Housekeeper F (HSK-F), revealed staff wore their N95 mask all shift. HSK-F further revealed staff did not change their masks after exiting an isolation room. HSK-F revealed staff did not clean their goggles or face shield after exiting an isolation room.</p> <p>In an interview on 03/18/2024 at 11:05 AM with Medication Aide G (MA-G), revealed staff wore their goggles for the entire shift and would put them up on top of their heads or in their pockets when not in an isolation room. MA-G revealed they were not instructed to clean their goggles after exiting an isolation room. MA-G confirmed that staff were wearing N95 masks and wore their mask for their entire shift.</p> <p>In an interview on 03/18/2024 at 11:10 AM with the Director of Nursing (DON), DON stated the facility had enough of Personal Protective Equipment (PPE) to meet the needs of the residents and facility staff.</p> <p>In an interview on 03/18/2024 at 11:20 AM with the Infection Preventionist (IP), the IP confirmed that staff were not changing masks or cleaning goggles when exiting isolation rooms. IP confirmed that if staff needed to change their mask during their shift, they would have to obtain a new mask from the staff entrance area by the time clock. IP stated the facility communicated and received direction on infection control from the local health department and Infection Control Assessment and Promotion Program (ICAP).</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an interview on 03/18/2024 at 11:40 AM with the DON, the DON stated facility staff were using N95 masks and goggles on an extended use basis that did not require staff to change masks, goggles, or face shield from isolation room to non-isolation area. The DON stated the facility communicated and received directions from ICAP regarding isolation precautions and standards. The DON stated would contact ICAP for current standards for isolation precautions and extended use of masks and goggles or face shields.</p> <p>In an observation on 03/18/2024 at 3:45 PM it was observed that on top of the clear plastic containers in the hall outside rooms 204, 302, 306, and 310 was a white and purple container with a label reflecting sanitization wipes, N95 masks, and alcohol-based hand gel. In the second drawer of each container were clear plastic face shields.</p> <p>A record review of facility supplied document unlabeled dated 03/18/2024 revealed communication from ICAP to the DON stating extended use of N95 masks could only be used in a contingency capacity strategy if unable to sustain quantity for conventional mask changes. Also stated the same N95 could be worn when grouping cares between isolation rooms then the N95 should be discarded, and a new mask put on prior to care for in a non-infectious area. With extended use or use of reusable goggles or face shields they should be cleaned each time they are removed.</p> <p>A record review of facility supplied policy COVID-19 Prevention, Responses, and Reporting dated 05/23/2023 revealed under source control measures if being used during the care of a resident for which a N95 or face mask is indicated for PPE, they should be removed and discarded after the resident care encounter and a new on put on.</p> <p>A record review of Centers for Disease Control Strategies for conserving the supply of eye protection dated 05/09/2023 revealed reusable eye protection should be cleaned and disinfected whenever it is removed.</p> <p>A record review of Centers for Disease Control Strategies for conserving the supply of N95 respirators dated 01/24/2024 revealed during conventional use in patient care, a disposable respirator should be removed and discarded between patients. Practices allowing extended use of N95 respirators should only be considered as a contingency capacity strategy which means strategies consistent with CDC guidance that may be used during temporary periods of actual or expected PPE shortages.</p>		