STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285178	A. Building B. Wing	01/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Care Center	702 Cedar Avenue Laurel, NE 68745

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Respond appropriately to all alleged violations. 49164 Licensure Reference Number 175 NAC 12.006.02 (H) Based on record review and interview the facility failed to investigate and report an allegation of abuse for 1 (Resident 1) of 3 sampled residents. The facility census was 21. The findings are: Record review of Resident 1's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 10-29-2024 revealed the facility staff assessed the following about the resident: -Brief Interview of Mental Status (BIMS) was scored at a 99, which according to the MDS Manual a score of 99 indicates the resident could not complete the interview. -had short- and long-term memory problems -cognitive skills for daily decision making was severely impaired. - required extensive assistance with dressing and hygiene. -required total assistance with bed mobility, transfers, toileting and bathing. Record review of a group text message sent on 01-07-2025 revealed an allegation of a nursing assistant putting a washcloth over a resident's mouth. Record review of investigations conducted by the facility for the past year revealed no abuse investigations were conducted after 08-15-2024 and the investigations the facility had done in August of 2024 did not involve Resident 1. An interview conducted on 01-16-2025 at 5:00 AM with NA A revealed NA A had brought up the abuse allegation that had occurred in August of 2024 in a group text that was sent on 01-07-2025 including the night shift, Director of Nursing (DON) and the Administrator (ADM). (continued on next page)

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0610 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	An interview conducted on 01-16-2025 at 10:00 AM with the Business Office Manager (BOM) which revealed NA B had reported an allegation of a nurse aid holding a washcloth over Resident 1's mouth to (gender) on August 6, 2024. An interview conducted on 01-16-2025 at 12:10 PM with DON revealed the DON had no knowledge of the abuse that allegedly occurred in August, until receiving a response from a group text with the night shift on 01-07-2025. Furthermore, the DON revealed an investigation had not been conducted on 01-07-2025. An interview with the ADM on 01-16-2025 at 12:40 PM revealed the ADM became aware of the allegation on 01-07-2025 via a group text message with the night shift employees and the DON. The ADM confirmed that an investigation had not been conducted, and the allegation had not been reported to the state agency. Record review of the facility's policy titled Abuse-Neglect-and-Exploitation Policy dated September 2024 revealed: -it is the policy of this facility to provide protections for the health, welfare, and rights of each resident by developing and implementing written policies and procedures that prohibit and prevent abuse, neglect, exploitation and misappropriation of resident property. -an immediate investigation is warranted when suspicion of abuse, neglect or exploitation, or reports of abuse, neglect or exploitation occur. - reporting of all alleged violations to the Administrator, state agency, adult protective services and to all other required agencies with specified timeframes: -immediately, but no later than 2 hours after the allegation is made if the events that cause the allegation involve abuse or result in serious bodily injury or, -Not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury. -The Administrator will follow up with government agencies, during business hours, to confirm the initial report was received, and to report the results of the investigation when final within 5 working days of the incident, as required by state agencies.