STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285230	A. Building B. Wing	04/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Heritage Crossings	501 North 13th Street Geneva, NE 68361

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** License Reference Number 175 NAC 12.006.09(B)(iii)Based on record review and interviews, the facility failed to accurately code a Minimum Data Set (MDS- a comprehensive assessment used to develop a resident's plan of care) reflected that insulin (medication to control blood sugars) was being given. This affected 2 (Resident 37 and 47) out of the six sampled residents. The facility census was 47 at the time of survey. Findings are:Record review of Resident 37's quarterly MDS dated [DATE] revealed that the resident was admitted on [DATE] with a Brief Interview for Mental Status (BIMS- a test used to get a quick snapshot of a resident's cognitive function, scores from 0-15, the higher the score, the higher the cognitive function) scored a 0 which means severe cognitive impairment and that the resident was taking insulin injections.Record review of Resident 37's physician orders revealed no orders for insulin.Record review of Resident 37's list of diagnosis revealed a diagnosis of Type 2 Diabetes Mellitus.Record review of Resident 37's comprehensive care plan revealed:Focus dated 6/19/2024 that the resident is at risk for abnormal blood sugars and a diagnosis of Diabetes.Intervention dated 6/19/2024 that the staff are to administer medications as ordered.Record review of Resident 47's admission MDS dated [DATE] revealed that the resident was admitted on [DATE] with a BIMS score of 0 which means which means severe cognitive impairment and that the resident was taking insulin injections.Record review of Resident 47's physician orders revealed no orders for insulin.Record review of Resident 47's list of diagnosis revealed a diagnosis of Type 2 Diabetes Mellitus.Record review of Resident 37's comprehensive care plan revealed: Focus dated 02/05/2026 that the resident is at risk for abnormal blood sugars and a diagnosis of Diabetes. During an interview on 03/31/2026 at 12:44 PM RN - A, the MDS Coordinator, confirmed that Residents 37 and 47 were not on insulin and it was marked incorrectly on the MDS. RN - A also confirmed that Resident 37 and Resident 47 received Ozempic during the look back period and that Ozempic is not insulin. It was further confirmed that the Resident Assessment Instrument (RAI-a standardized, comprehensive framework used in nursing homes to assess a resident's functional, medical and psychosocial status) is used to ensure MDS accuracy.Record review of the CMS's RAI Version 3.0 Manual revealed that question N0350 is to record the number of days that insulin injections were received during the last 7 days.Review of the Ozempic package insert revealed that Semaglutide (Ozempic) belongs to the glucagon-like peptide-1 (GLP-1) receptor agonist drug class, often referred to as GLP-1. It works by mimicking the GLP-1 hormone to stimulate insulin secretion, lower blood sugar, slow gastric emptying, and increase feelings of fullness to aid in weight loss.

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