

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  285293	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/14/2025
NAME OF PROVIDER OR SUPPLIER  Hillcrest Country Estates-Cottages		STREET ADDRESS, CITY, STATE, ZIP CODE  6082 Grand Lodge Avenue Papillion, NE 68133	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> B. Record review of Resident 47's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 04-30-2024 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> <li>-short and long term memory problems</li> <li>-moderately impaired decision making skills</li> <li>-required moderate assistance with eating and hygiene.</li> <li>-required maximum assistance with toileting, dressing, bathing, bed mobility and transfers.</li> <li>-was taking an anticoagulant medication (a medication that prevents blood to clot).</li> </ul> <p>Record review of Resident 47's progress note dated 05-28-2024 revealed a skin evaluation was conducted and the staff identified a large bruise on forehead.</p> <p>Record review of Resident 47's progress notes dated between 05-28-2024 and 06-03-2024 revealed no communication with Resident 47's practitioner or responsible party.</p> <p>Record review of Resident 47's progress note dated 06-04-2024 revealed a skin evaluation was conducted and a bruise was identified to the left forehead measuring 10.5 centimeters (cm) in length by 5.5 cm in width and the area was painful.</p> <p>Record review of the facility investigation of Resident 47's bruise revealed on 06-10-2025 Resident 47's daughter was visiting and noticed the bruise and wanted the bruise evaluated.</p> <p>An interview with the Clinical Care Coordinator (CCC) F on 04-14-2025 at 8:39 AM confirmed the physician and responsible party were not notified of the bruise on 05-28-2024 when the bruise was first noticed or on 06-04-2024 when the bruise was measured.</p> <p>Record review of the facility policy dated 03-06-2025 titled Hillcrest Health and Living Notification of Change of Condition or Status of Resident revealed:</p> <ul style="list-style-type: none"> <li>-the facility is to notify the resident, his or her Attending Physician, and/or responsible party of changes in the resident's medical/mental condition and/or status.</li> </ul> <p>(continued on next page)</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-the facility will notify the resident's Attending Physician or On-Call Physician, resident and consistent with his or her authority, the residents responsible party when there has been an accident or incident involving the resident which results in injury and has potential for requiring physician intervention.</p> <p>Nebraska Licensure Reference Number 175 NAC 12-006.04(F)(i)(5)</p> <p>Based on interviews and record reviews; the facility failed to notify the physician of a resident's laboratory result for 1 (Resident 8) of 5 sampled residents; and the facility failed to notify the resident's representative and physician of a head injury for 1 (Resident 47) of 1 sampled resident. The facility staff identified a census of 47.</p> <p>The findings are:</p> <p>A. Record review of a facility procedure entitled Laboratory and Phlebotomy Procedure dated 2/1/2023 revealed:</p> <p>-All routine lab results will be faxed to the provider office.</p> <p>Record review of a facility policy entitled Notification of Change in Condition or Status of Resident dated revised 3/6/2025 revealed:</p> <p>-The facility will notify the resident's attending physician or on-call physician, resident, and consistent with his or her authority, the resident representative promptly when there has been:</p> <p>-e) The provider must be notified of all pertinent information from the facility.</p> <p>Record review of Resident 8's admission Record dated 04/09/2025 revealed the facility admitted Resident 8 on 09/07/2019 with diagnoses of chronic obstructive pulmonary disease (COPD, pulmonary disease that is characterized by chronic typically irreversible airway obstruction resulting in a slowed rate of exhalation), osteoarthritis, depressive episodes, and hypertension (high blood pressure).</p> <p>Record review of Resident 8's 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) revealed a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 9 out of 15. According to the MDS Manual, a score of 9 indicated the resident had moderately impaired cognition.</p> <p>Record review of Resident 8's laboratory results dated [DATE] revealed the resident had a Complete Blood Count (CBC, a common blood test that measures components of blood) , a Comprehensive Metabolic Panel (CMP, a blood test that measures various substances in the blood to assess the health of the liver, kidney, and overall metabolic status), and a Hemoglobin A1c (HbA1c, a blood test that that reflects that average blood sugar levels over the past few months) test performed. The lab results revealed the following:</p> <p>-Red Blood Count 3.66. The laboratory reference range was 4.20-5.60, which indicated the resident's result was abnormally low.</p> <p>(continued on next page)</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Hemoglobin 11.3. The laboratory reference rang was 12.0-15.5, which indicated the resident's result was abnormally low.</p> <p>-Hematocrit 36.1. The laboratory reference rang was 37.0-48.0, which indicate the resident's result was abnormally low.</p> <p>-Glucose 188. The laboratory reference range was 70-99 which indicated the resident's result was abnormally high.</p> <p>-Estimated Glomerular Filtration Rate (eGFR) 59. The laboratory reference range was greater than 60, which indicated that the resident's result was abnormally low.</p> <p>-Hemoglobin A1c 7.3. The laboratory reference range was less than 5.7, which indicated that the resident's result was abnormally high. The laboratory results stated HbA1c values greater than or equal to 6.5 percent are diagnostic of diabetes mellitus.</p> <p>An interview on 04/09/2025 at 1:23 PM with Clinical Care Coordinator (CCC)-F revealed that once laboratory results are received, the results are to be phoned or e-mailed to the provider. The results are to be signed on the next rounding date, or the provider is to sign and fax or e-mail the reviewed results back to the facility.</p> <p>An interview on 04/10/2025 at 8:47 AM with the Director of Nursing (DON). During the interview the DON reported they were unable to confirm that the laboratory result had been reviewed by the provider and should have been.</p>

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>Licensure Reference Number 12-006.02(H) and St 28-372</p> <p>Based on record review and interview the facility failed to submit an investigation report on an injury of unknown origin to the state agency in 5 working days for 1 (Resident 47) of 2 residents sampled the facility census was 47.</p> <p>The findings are:</p> <p>A. Record review of Resident 47's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 04-30-2024 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> <li>-short and long term memory problems</li> <li>-moderately impaired decision making skills</li> <li>-required moderate assistance with eating and hygiene.</li> <li>-required maximum assistance with toileting, dressing, bathing, bed mobility and transfers.</li> <li>-was taking an anticoagulant medication (a medication that prevents blood to clot).</li> </ul> <p>Record review of Resident 47's progress note dated 05-28-2024 revealed a skin evaluation was conducted and the staff identified a large bruise on forehead.</p> <p>Record review of the facility's investigation of Resident 47's bruise revealed the bruise was discovered on or about 05-28-2024 from an unknown cause.</p> <p>An interview with the Director of Nursing (DON) on 04-10-2025 at 1:59 PM confirmed an investigation report should be sent to the state agency in 5 working days and a confirmation of submission via email or fax was not available.</p> <p>Record review of the facility policy dated 07-01-2025 revealed:</p> <ul style="list-style-type: none"> <li>-it is the policy of Hillcrest Health Services to report all allegations of abuse to the appropriate agencies in accordance with current state and federal regulations.</li> <li>-injuries of unknown source includes circumstances when both of the following conditions are met. The source of injury was not observed by any person or could not be explained by the resident. The injury is suspicious because of the extent of the injury, location of the injury, the number of injuries observed at a particular point in time, or the incidence of injuries over time.</li> <li>-the facility Administrator or designee will follow up with government agencies to confirm the report was received and to report the results of an investigation when final as required by state agencies.</li> </ul>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>B Record review of a practitioners order dated 3/22/2025 revealed the following information</p> <p>-Nebulizer tubing set up: Change Duoneb tubing, mask and aerosol chamber weekly. Ensure the date and initials are on the new tubing and mask with the change being scheduled overnights on Saturdays.</p> <p>A record review of a practitioners order dated 3/22/25 revealed the following:</p> <p>-C-PAP (a continuous positive airway pressure device that is a common treatment for obstructive sleep apnea). Staff were to set the CPAP in the morning and to store CPAP Mask when not in use in clean dry area. Staff may use respiratory set up bag when not in use.</p> <p>.An observation on 4/7/25 at 2:51 PM revealed Residents 58's nebulizer (a small electric powered device that converts liquid medication into an inhalable mist) mask was sitting on top of their side table without a bag in place. The nebulizer tubing was not dated. Residents CPAP mask was hanging from the residents' bedside lamp.</p> <p>An observation on 4/8/25 at 11:45 AM revealed Residents 58's CPAP mask was hanging from the bedside table and the nebulizer mask was resting on the nebulizer machine. The nebulizer tubing was not dated.</p> <p>An observation on 4/14/2025 at 7:23 AM revealed Residents 58's CPAP mask was hanging on the bedside lamp.</p> <p>An observation on 4/14/2025 at 7:23 AM revealed Residents 58's nebulizer mask was resting on the bedside table and the nebulizer tubing was undated.</p> <p>An interview on 4/8/25 at 11:55 AM with Registered Nurse (RN) H confirmed the CPAP mask was hanging from the lamp and it should not have been. RN-H further confirmed the nebulizer tubing was not dated and it should have been dated.</p> <p>An interview on 4/14/2025 at 7:23 AM with RN-I confirmed the nebulizer tubing was undated. RN-I confirmed the nebulizer mask was resting on the bedside table and the CPAP mask was hanging from the bedside lamp. RN-I confirmed the nebulizer tubing should have been dated and the CPAP mask should have been in a bag.</p> <p>Licensure Reference Number 175 NAC 12-006.09 &amp; 12-006.09(H)(iii)</p> <p>Based on record review and interview the facility failed to monitor for neurological changes after a head injury and failed to evaluate and monitor changes in skin integrity for 1 (Resident 47) of 1 residents sampled and failed to follow physician's orders for 1 (Resident 58) of 9 residents sampled. The facility census was 47.</p> <p>The findings are:</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A.Record review of Resident 47's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) dated 04-30-2024 revealed the facility staff assessed the following about the resident:</p> <ul style="list-style-type: none"> <li>- short and long term memory problems</li> <li>- moderately impaired decision making skills</li> <li>-required moderate assistance with eating and hygiene.</li> <li>-required maximum assistance with toileting, dressing, bathing, bed mobility and transfers.</li> <li>-was taking an anticoagulant medication (a medication that prevents blood to clot).</li> </ul> <p>Record review of Resident 47's Progress Note dated 05-28-2024 revealed a skin evaluation was conducted and the staff identified a large bruise on forehead.</p> <p>Record review of Resident 47's Progress Notes dated between 05-28-2024 and 06-03-2024 revealed no communication with Resident 47's practitioner or responsible party.</p> <p>Record review of the facility investigation for Resident 47's bruise revealed measurements of the bruise were not obtained until 06-04-2024 and etiology was not investigated until 06-10-2024.</p> <p>An interview with Clinical Care Coordinator (CCC) F on 04-14-2025 at 8:39 AM confirmed the absence of measurements and neurological checks and confirmed the bruise should have been measured, an incident report should have been completed and due to having a new bruise to the head, neurological checks should have been initiated.</p> <p>Record review of the facility policy dated 01-01-2023 titled Hillcrest Country Estates Skin Integrity and Wound Assessment, Treatment and Documentation policy revealed:</p> <ul style="list-style-type: none"> <li>-all team members are responsible for preventing, caring for and providing treatment for any patient with altered skin integrity.</li> <li>-altered skin integrity can include bruises, abrasions, skin tears, contusions, lacerations, surgical incisions, and deep tissue injuries.</li> <li>-a full body skin assessment should be conducted by a licensed nurse upon admission and then weekly and as needed.</li> <li>-when a skin integrity concern is identified during a weekly skin evaluation the nurse will communicate the assessment of the wound upon identification and as needed for a treatment plan.</li> <li>-assessment of the skin integrity concern includes determining the etiology of the concern, measurements, presence of pain, the appearance of the concern and the surrounding area.</li> </ul> <p>Record review of the facility policy dated 11-20-2017 titled Hillcrest Country Estates Neuro Checks revealed:</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-a Neuro Check is a simple and standardized assessment to detect changes in level of consciousness. These may be performed on an individual with a post-fall head injury, traumatic brain injury, new stroke or any individual with a neurological event or diagnosis.</p> <p>-Neuro checks will be completed on the individual with a known or suspected head injury, unwitnessed fall or diagnosis warranting neuro checks.</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure nurse aides have the skills they need to care for residents, and give nurse aides education in dementia care and abuse prevention.</p> <p>Licensure Reference Number 175 NAC 12-006.04(B)(ii)(1)</p> <p>Based on interview and record review the facility failed to ensure nursing assistants received annual abuse and dementia training for 5 of 5 employee files reviewed. The facility census was 47.</p> <p>The findings are:</p> <p>Record review of Nurse Tech (NT) A's employee file revealed a hire date of 04-04-2024 and the absence of annual abuse and dementia training.</p> <p>Record review of NT B's employee file revealed a hire date of 06-27-2022 and the absence of annual abuse and dementia training.</p> <p>Record review of NT C's employee file revealed a hire date of 04-10-2023 and the absence of annual abuse and dementia training.</p> <p>Record review of NT D's employee file revealed a hire date of 02-12-2024 and the absence of annual abuse and dementia training.</p> <p>Record review of NT E's employee file revealed a hire date of 06-13-2022 and the absence of annual abuse and dementia training.</p> <p>An interview conducted with the Regional Nurse Consultant (RNC) on 04-08-2025 at 3:25 PM confirmed NT A and NT B did not complete annual abuse training and NT A, B, C, D and E did not complete annual dementia training.</p> <p>Record review of the facility policy titled Hillcrest Health Services Inservice Education Policy dated 11-20-2017 revealed a policy statement of Hillcrest Country Estates will hold in services for all Team Members to attend. In-services are conducted in order to increase a Team Member's knowledge of the job-related skills as well as provide internal information regarding changes, within the organization, department or industry. Attending in-services is a Hillcrest Country Estates expectation in order to provide and ensure our guest's the highest quality of care and service. Also included in the policy under Procedures #2 revealed all team members must attend or complete on Hillcrest University the following mandatory in-services yearly:</p> <ul style="list-style-type: none"> <li>-guest rights</li> <li>- abuse and neglect</li> <li>-dementia behavior management</li> <li>-emergency preparedness- tornado, fire, evacuation.</li> <li>-safety accident prevention</li> </ul> <p>(continued on next page)</p>		

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<p>F 0947</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-infection and exposure control</p> <p>-annual competencies by department</p> <p>-safety data sheets-use of chemicals</p>