

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2026
NAME OF PROVIDER OR SUPPLIER Hillcrest Millard LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 13225 Westwood Lane Omaha, NE 68144	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure reference: 175 NAC 12-006.19 Based on observation and interview, the facility failed to ensure common areas, dining room, and 8 [103, 117, 118, 119, 130, 162, 168, and 176] of 64 occupied rooms were maintained in a clean and sanitary manner. The facility had a total census of 64 residents. Findings are:A. Observation of Resident room [ROOM NUMBER] on 02/18/2026 at 2:32 PM revealed the floor appeared shiny directly under the bed and appeared as though a liquid was spilled and dried.</p> <p>B. Observation of resident room [ROOM NUMBER] on 02/18/2026 at 3:18 PM revealed dried bowel movement on the toilet riser.</p> <p>C. Observation of Resident room [ROOM NUMBER] on 02/18/2026 12:28 PM revealed the toilet is soiled with brown splatters and trash is full with a brief.</p> <p>D. Observation of Resident room [ROOM NUMBER] on 02/18/2026 at 2:22 PM revealed the toilet has a riser that has a brown substance on the seat, toilet paper on the seat, toilet paper on the floor and brown substance on the floor in front of the toilet. There is paper towels on the floor next to the bed. There is a meal tray on the floor in the entry way of room.</p> <p>E.</p> <p>Observations of room [ROOM NUMBER] on 2/18/26 at 10:29 AM revealed a white powdery substance scattered on the floor under the head of the bed.</p> <p>Observations of room [ROOM NUMBER] on 2/19/26 at 7:21 AM revealed white powdery substance scattered on the floor under the head of the bed was still present.</p> <p>Observations of room [ROOM NUMBER] on 2/19/26 at 11:05 AM revealed some of the white powdery substance on floor under head of bed had been cleaned up with smears of white powdery substance remaining.</p> <p>Observations of room [ROOM NUMBER] on 2/23/26 at 7:40 AM revealed smears of white powdery substance on floor under head of bed remained.</p> <p>F.</p> <p>Observations of room [ROOM NUMBER] on 2/18/26 at 1:33 PM revealed floor was soiled with debris.</p> <p>G.</p> <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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2026
NAME OF PROVIDER OR SUPPLIER Hillcrest Millard LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 13225 Westwood Lane Omaha, NE 68144	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observations of room [ROOM NUMBER] on 2/18/26 at 1:59 PM revealed floor in room and bathroom was soiled throughout with debris. Toilet was soiled with a dried brown substance.</p> <p>Observations of room [ROOM NUMBER] on 2/19/26 at 7:18 AM revealed the floor was soiled with debris and had spots of dried liquid.</p> <p>H.</p> <p>Observations on 2/23/26 at 5:27 AM revealed a large dark stain on carpet near [NAME] seats by common area and a red stain under dining room table near entrance to the kitchen.</p> <p>I.</p> <p>Observations on 2/24/26 between 9:07-9:43 AM revealed the following environmental concerns:</p> <ul style="list-style-type: none"> -In the dining room, there was a red stain on the floor underneath the dining room table near the entrance to the kitchen and the dining room floor was soiled with debris throughout. -In room [ROOM NUMBER], the floor was soiled throughout with debris and small pieces of paper and crumbs under the bed. The toilet riser was soiled with brown spots. -In room [ROOM NUMBER], there was a soiled spot under the bed and wheel tracks could be seen on the floor. The toilet was soiled. -In room [ROOM NUMBER], the floor was soiled with debris and popcorn. There was a large, dried liquid spot on the floor at the foot of the bed. There was a white creamy substance on the bedside table. -In room [ROOM NUMBER], the floor was soiled with small pieces of paper and debris throughout the room and bathroom. The toilet riser and toilet were soiled with a white creamy substance and brown stains. -In room [ROOM NUMBER], the floor with a dried brown stain near the door to the room and debris under the bed and behind the toilet. The toilet riser and the toilet were soiled with brown spots. -In room [ROOM NUMBER], the floor throughout the room was soiled with debris and small pieces of paper. A white powdery substance was spilled on the floor by the over bed table. -In room [ROOM NUMBER], the floor was soiled with debris, small pieces of paper, and a tissue. There was a dried liquid stain on the over bed table. -In room [ROOM NUMBER], the floor was soiled throughout with dried streaks, debris, and M&M candies. -In the Railroad common area, the drain area in the cabinet under the ice machine was soiled with a green stain. <p>J.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285302	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2026
NAME OF PROVIDER OR SUPPLIER Hillcrest Millard LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 13225 Westwood Lane Omaha, NE 68144	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During a tour of the facility on 2/24/26 between 10:31-10:50 AM, the Administrator confirmed the soiled floor in the dining room, the stain on the carpet near the bleachers in the common area, the stain and soiled area in the cabinet under the ice machine in the Railroad common area, and the soiled floors and toilets identified in rooms 103, 109, 115, 117, 118, 119, 130, 162, 169, and 175.</p> <p>K.</p> <p>In an interview on 2/24/26 at 10:03 AM, the Administrator reported that facility was having difficulty hiring for a housekeeper position and the new Environmental Service Director had started the previous day. The Administrator reported that high contact surfaces in resident rooms were to be cleaned daily and a deep cleaning is to be done weekly and at discharge. Mopping of resident room floors would be done based on the condition of the floor. The Administrator reported that any documentation for room cleaning would be incomplete.</p>		