STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285302	A. Building B. Wing	02/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Millard LLC	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)
F 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician. Based on interview and record review, the facility failed to ensure a qualified person was the director of food and nutrition services. This has the potential to affect all 55 residents of the facility. Findings are: A review of certificate dated 11/22/10 submitted on 2/26/26 revealed the Dietary Director had completed an Associate degree in Applied Science General Education. The certificate did not provide any evidence that the Dietary Director had completed the course work for the Dietary Manager certification. In an interview on 2/24/26 at 2:01 PM, the Administrator reported the Dietary Director had completed course work for the Certified Dietary Manager program. According to the Administrator, the Dietary Director could not locate the documentation at the time but the certificate would be submitted to the survey agency.The facility was unable to provide evidence the Dietary Director qualification prior exit on 2224-2026. In a follow up interview on 3-3-2026 at 9:52 AM with Administrator. the Administrator confirmed no additional documentation of the Dietary Director qualifications were available.

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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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Licensure reference: 175 NAC 12-006.11(E) Based on observation and interview, the facility failed to ensure foods were stored in a manner to protect from potential cross contamination, failed to ensure kitchen equipment was maintained in a clean manner, and failed to ensure dietary staff member wore beard restraint. The has the potential to affect all 64 residents of the facility. Findings are: A.Observations on 2/18/26 between 7:21-7:54 AM revealed raw chicken and a precooked chicken patty product being thawed in the same pan on the lower rack in the walk-in refrigerator. In an interview on 2/18/26 at 8:17 AM, the Dietary Director confirmed that raw chicken should not be thawed together with a precooked chicken product. A review of 2022 United States Food and Drug Food Code revealed the following:-Food shall be protected from cross contamination by separating raw animal foods during storage, preparation, holding and display from cooked ready-to-eat food. B.Observations on 2/23/26 at 10:33 AM revealed unwrapped hot dogs lying in the bottom of an unclean food preparation sink in the kitchen. In an interview on 2/23/26 at 10:33 AM, [NAME] A reported that [NAME] A planned to take the hot dogs out of the sink, put them in a zip lock bag and put them in the freezer for use later. In an interview on 2/23/26 at 10:33 AM, Dietary Director confirmed that the sink was not clean and the hot dogs could not be used. Dietary Director discarded the hot dogs. A review of 2022 United States Food and Drug Food Code revealed the following:- During preparation, unpackaged food shall be protected from environmental sources of contamination. C.Observations on 2/18/26 between 7:21-754 AM revealed [NAME] A was preparing and serving breakfast and was not wearing a beard restraint over [NAME] A's beard. Observations on 2/23/26 at 10:36 AM revealed [NAME] A cutting meatloaf for service at lunch and was not wearing a beard restraint over [NAME] A's beard. In an interview on 2/18/26 at 8:17 AM, Dietary Director confirmed that [NAME] A should be wearing a beard restraint. A review of 2022 United States Food and Drug Food Code revealed the following:-Food employees shall wear hair restraints such as beard restraints that are designed and worn to effectively keep their hair from contacting exposed food, clean equipment, utensils, linens and unwrapped single service and single-use articles. D.Observations on 2/18/26 between 7:21-7:54 AM revealed the sides and doors of the oven and range, sides of the grill, and drawers under the fryer were heavily soiled with dried on food spills. Observations on 2/23/26 between 10:36-11:05 AM revealed outsides of equipment including range, oven, fryer, and grill continued to be soiled with dried on food spills In an interview on 2/24/26 at 1:28 PM, Dietary Director confirmed the outsides of the cooking equipment was soiled. Dietary Director reported that there was not currently a cleaning schedule and that Dietary Director was doing the cleaning. A review of 2022 United States Food and Drug Food Code revealed the following:- Nonfood-contact surfaces of equipment shall be cleaned at a frequency necessary to preclude accumulation of soil residues. A review of facility policy dated 12/5/17 and titled Culinary Cleaning Policy revealed the following:- Each piece of equipment will have a cleaning procedure and a weekly schedule for cleaning posted in the kitchen.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. **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. B. Observation of resident room [ROOM NUMBER] on 02/18/2026 at 3:18 PM revealed dried bowel movement on the toilet riser. 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. 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. E. 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. 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. 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. 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. F. Observations of room [ROOM NUMBER] on 2/18/26 at 1:33 PM revealed floor was soiled with debris. G. 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. 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. H. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. I. Observations on 2/24/26 between 9:07-9:43 AM revealed the following environmental concerns: -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 never 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. J. 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. K. In an interview on 2/24/26 at 10:03 AM, the Administrator reported that facility was having difficulty (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. Moping 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.

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F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. Licensure Reference Number 175 NAC 12-006.02(H)Based on interviews and record review the facility failed to report to the State Agency an allegation of potential physical abuse for 1 (Resident 4) of 2 sampled resident. The facility census was 64. Findings are:A record review of the facility's Reporting Allegation of Abuse/Neglect/Exploitation dated 2/9/2018 revealed the following:The Licensed Nurse or Designee will: a. Remove the accused team member, guest, visitor from the area immediately. b. Notify the director of clinical services, Administrator & Director of Transitions. c. Notify the attending physician, guest family/legal representative, and medical director. d. Monitor and Document the guest's condition, including response to medical treatment or nursing interventions. e. Document actions taken in the electronic health record. A record review of Resident 4's Comprehensive Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing homes identify health problems) dated 1/16/2026 revealed Resident 4 a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 15. According to the MDS manual, a score of 15-15 indicated the resident had intact cognition. In an interview on 02/18/2026 at 12:53 PM, Resident 4 reported Resident 4 felt manhandled. Resident 4 reported having told someone about the incident. In a follow up interview on 02/19/2026 at 1:34 PM, Resident 4 reported Resident 4 told the Director of Recreation (DOR) about the incident. In an interview on 02/19/2026 at 1:57 PM, DOR confirmed Resident 4 did tell the DOR of the incident. The DOR confirmed the DOR did not tell the Administrator or the Director of Nursing about what Resident 4 told the DOR. In an interview on 02/19/2026 2:05 PM, the facility Administrator confirmed the DOR should have reported any concern of roughness or mistreating behavior against residents to the Administrator or the Director of Nursing. The Administrator confirmed that there have been no reports concerning resident mistreatment.

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. Based on record review and interview, the facility failed to notify the resident or resident representative in writing at the time of transfer the reason for hospital transfer for 1 (Resident 89) of 2 sampled residents. The facility staff identified a census of 64.Findings are:Record review of Resident 89's admission Record (AR) showed the facility admitted the resident on 11/19/2025. Further review of the AR revealed Resident 89 had diagnoses that included displaced fracture of right tibia, fracture with routine healing, and hypertension.Record review of Resident 89's Progress Notes revealed the resident was transferred to the hospital for low blood pressure.Record review of Resident 89's Electronic Health Record (EHR) including progress notes, scanned documents, and assessments revealed no evidence that the resident or resident representative was notified in writing in a manner understood by the resident or resident representative at the time of hospital transfer.During an interview on 02/23/2026 at 12:15 PM, the Director of Nursing confirmed there was no evidence the reason for hospital transfer was provided to the resident or resident representative in writing at the time of transfer.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(J)(i)(1)Based on record review, observation, and interview, the facility failed to implement interventions to prevent weight loss for 1 (Resident 99) of 4 sampled residents. The facility staff identified a census of 64.Findings are:Record review of facility policy entitled Weight Monitoring Policy dated 01/01/2023 revealed resident weights should be obtained daily for three days on admission, then weekly for four weeks, then at least monthly or as ordered by the provider, and per the direction of the Culinary Coordinator or Dietician. Further review of the policy revealed a re-weigh would be obtained if a significant weight change was noted and the Culinary Director or Dietician should be consulted to assist with interventions with the interventions recorded in the medical recorded.Record review of Resident 99's admission Record (AR) revealed the facility admitted the resident on 02/09/2026. Further review of the AR showed the resident had diagnoses that included fracture of right femur, chronic diastolic congestive heart failure, and major depressive disorder (a serious mood disorder involving one or more episodes of intense psychological depression or loss of interest or pleasure that lasts two or more weeks and is accompanied by irritability, fatigue, poor concentration, sleep disturbances, weight gain or loss, feelings of worthlessness or guilt, and sometimes suicidal tendencies).Record review of Resident 99's admission Minimum Data Set (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and help nursing home staff identify health problems) dated 02/16/2026 revealed Resident 99 had a Brief Interview for Mental Status (BIMS, a brief screener that aids in detecting cognitive impairment) score of 15. According to the MDS manual, a score of 15 indicated the resident was cognitively intact. Further review of the MDS revealed Resident 99 ate independently without assistance from staff.Record review of Resident 99's Weights & Vitals revealed the facility recorded the following weights: -02/10/2026 - 111.0 pounds (lbs.) -02/12/2026 - 111.2 lbs. -02/18/2026 - 97.6 lbs.According to the weights within the medical record, the resident had a 12.07 percent (%) weight loss in six days.Record review of Resident 99's Meal Intakes revealed the following: -02/19/2026 at 8:55 AM the resident consumed 0-25 percent (%). -02/19/2026 at 1:10 PM was documented as not applicable. -02/19/2026 at 8:43 PM the resident consumed 51-75%. -02/20/2026 at 12:27 PM the resident consumed 51-75%. -02/20/2026 at 1:22 PM the resident consumed 51-75%. -02/20/2026 at 9:55 PM the resident consumed 51-75%. -02/21/2026 at 9:43 AM the resident consumed 51-75%. -02/22/2026 at 5:31 PM the resident consumed 0-25%. -02/23/2026 at 9:00 AM the resident consumed 76-100%. -02/23/2026 at 1:00 PM the resident consumed 51-75%.Further review of Resident 99's Electronic Health Record (EHR) including progress notes did not identify any additional weight information or any additional meal intake information, nor did it reveal any refusal of weight by the resident.Record review of a Nurse Tech Assignment Sheet (NTAS) dated 02/21/2026 revealed a re-weigh was required for the resident in room [ROOM NUMBER]. There was no weight listed.Record review of a NTAS dated 02/22/2026 revealed no request for a re-weight for Resident 99.Interview on 02/23/2026 at 11:25 AM with the Registered Dietician (RD) revealed the RD identified the weight change for Resident 99. The RD requested a re-weigh for Resident 99. The RD reported reweighs are communicated with nursing staff either by e-mail, or in writing on the nurse tech assignment sheet.Interview on 02/23/2026 at 11:37 AM with Clinical Care Coordinator (CCC)-B confirmed Resident 99 occupied room [ROOM NUMBER] on 02/21/2026. CCC-B reported that when a resident needed a re-weigh, it was placed on the NTAS. If the weight was not obtained on the day it was requested, that information should be given to the night nurse to place on the following days NTAS. CCC-B confirmed Resident 99 was listed for a re-weigh and no weight was listed. CCC-B further confirmed there was no documented refusal of weight for Resident 99 on 02/21/2026 and Resident 99 was not listed on the NTAS for 02/22/2026.During a follow-up interview on 02/23/2026 at 12:48 PM, the RD confirmed meal intakes were ordered three times daily. The RD reported they (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	would expect a response three times a day, even if the resident refused. The RD confirmed there were not three meal intakes listed daily for 02/21/2026, 02/22/2026, and 02/23/2026.