STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285303	A. Building B. Wing	03/13/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Joseph's Hillside Villa	540 E Washington Street West Point, NE 68788

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities 42360 Licensure Reference Number NAC 175 12-006.09 Based on record review, and interview; the facility failed to ensure Resident 107's Preadmission Screening and Resident Review (PASARR- federally mandated screening tool to be completed prior to admission to ensure appropriate placement and services for those residents identified as having MI, ID, or RD (mental illness/ intellectual disability or related disorders)), was completed accurately. The sample size was 13 and the facility census was 51. Findings are: Review of the facility PASARR policy with a revision date of 3/11/24 revealed the following: -All applicants were screened for serious mental disorders, intellectual disabilities, and related conditions in accordance with the States's Medicaid rule for screening. -The facility only admitted individuals with a mental disorder or intellectual disability who the State's mental health or intellectual disability authority determined as appropriate for admission. -The Social Services Director (SSD) was responsible for keeping track or each resident's PASARR screening status and referring to the appropriate authority. Review of Resident 107's PASARR dated 2/27/25 revealed the following: -There was no sign of serious mental illness, intellectual disability, or a related condition found during the screen and no further clinical review, or onsite evaluation was needed. -The screening question asking if the resident had Mental Illness was completed and indicated the resident had no mental health diagnosis known or suspected. Review of Resident 107's Medical Record Diagnosis List dated 2/28/25 revealed the resident had the following mental health diagnoses: -Delusional Disorder, and -Recurrent Depressive Disorder. (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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident 107's Hospital Discharge Orders dated 2/28/25 revealed the following psychotropic (medications that alter thinking and behavior) medications. -Seroquel (antipsychotic) 25mg 1 tablet daily, -Trazadone (antidepressant) 100mg 1 tablet daily, and -Duloxetine (antidepressant) 60mg 1 tablet daily. Review of Resident 107's Care Plan with a revision date of 3/11/25 revealed the following: -The resident had impaired cognition and thought processes, and had delusions at times, -had self-care performance deficits related to confusion, and -took medications that required monitoring for adverse reactions, including psychotropic medications for a delusional disorder and a recurrent depressive disorder. During an interview on 3/11/25 at 10:56 AM The Director of Nursing confirmed the facility failed to ensure Resident 107's PASARR completed on 2/27/25 accurately reflected the resident's diagnosis related to mental health (delusional disorder and recurrent depressive disorder), thus could have affected the results of the screening and decision, if additional screening needed to occur, and if the resident was appropriate for admission or needed any additional services. During an interview on 3/13/25 at 8:24 AM The Social Services Director confirmed the facility did not confirm the accuracy of Resident 107's PASARR dated 2/27/25 and confirmed the resident did have mental health diagnosis that were not including in the screening thus making the screen inaccurate.