STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	28E299	A. Building B. Wing	11/20/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hillcrest Shadow Lake LLC	1507 E Gold Coast Road Papillion, NE 68046

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 04577 Licensure reference: 175 NAC 12-006.09(H) Based on observation, interview, and record review, the facility failed to ensure positioning to maintain body alignment for 1 [Resident 1] of 3 sampled residents. The facility had a total census of 103 residents. Findings are: A review of Resident 1's Admission Record revealed Resident 1 was admitted to the facility on [DATE] with a diagnosis of Alzheimer's disease [a progressive disease that destroys memory and other important mental functions]. A review of Resident 1's Care Plan revealed a focus area for being at risk for falls with an intervention dated 11/2/24 of staff being educated on ensuring Resident 1 is in a tilt position in wheelchair at all times except when eating meals. A review of facility investigation dated 11/6/24 revealed Resident 1 was being wheeled to communal area after dinner when Resident 1 put feet down on the floor, leaned forward and fell out of Resident 1's wheelchair. Resident 1 was transferred to the hospital and diagnosed with a nose fracture. As follow-up, staff education was provided regarding resident's wheelchair being in the tilt position at all times except during meals. Observations on 11/20/24 at 8:46 AM, 9:28 AM, 9:40 AM revealed Resident 1 seated in tilting wheelchair at dining room table with chair in upright position. Resident 1's legs/feet were in dependent position without leg rests or foot pedals to support Resident 1's legs. Resident 1's feet did not reach the floor. Observations on 11/20/24 at 10:06 AM, 10:50 AM, and 11:32 AM revealed Resident 1 seated in common area, with activities going on, with wheelchair tilted back and feet/legs dangling from wheelchair seat. The wheelchair did not have any leg rests or foot pedals to support Resident 1's legs. (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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observations on 11/20/24 at 11:36 AM revealed Resident 1 pushed from common area to dining room table in with wheelchair in reclined position with feet/legs dangling from wheelchair seat. No leg rests or foot pedals were placed on wheelchair while wheelchair was being moved. Resident 1 wheelchair was placed in an upright position while at dining room table. Resident 1 feet did not touch the floor while in the upright position. Observations on 11/20/24 at 1:14 PM revealed Resident 1 being pushed from dining room table to spa in reclined position with feet/legs dangling and no leg rests or foot pedals on wheelchair. In an interview on 11/20/24 at 1:14 PM, Nurse Aide A confirmed staff had been educated to tilt Resident 1 back when transporting in wheelchair. In an interview on 11/20/24 at 2:19 PM, Occupational Therapist G reported Resident 1 had been evaluated for a new wheelchair but it had not been approved by Resident 1's insurance. Occupational Therapist G confirmed leg rests/foot pedals should be utilized when Resident 1 is tilted back in wheelchair or when wheelchair is being pushed. In an interview on 11/20/24 at 3:18 PM, the Director of Nursing reported Resident 1's wheelchair pedals had been removed from the wheelchair due to Resident 1 scooting self-back in the wheelchair. The Director of Nursing confirmed that wheelchair pedals should be used when pushing a resident in the wheelchair.

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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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 04577 Licensure reference: 175 NAC 12-006.09(I) Based observation, interview, and record review, the facility failed to ensure residents were transferred in accordance with plan of care for 2 [Residents 1 and 3] of 3 sampled residents. The facility had a total census of 103 residents. Findings are: A. A review of Resident 3's Admission Record revealed Resident 3 was admitted to the facility on [DATE] with Parkinson's Disease [a disorder of the central nervous system that affects movement] and unspecified dementia. A review of Resident 3's Care Plan revealed a focus area related needing assist with activities of daily living with an intervention dated 11/15/24 of Resident 3 requiring a Hoyer lift [full body lift] transfer with 2-assist. Observations on 11/20/24 at 11:51 AM revealed Resident 3 being transferred from recliner to wheelchair by Director of Nursing and Nurse Aide A with gait belt and utilizing a pivot transfer. Resident 3 was taken by wheelchair to the spa and transferred to toilet by Nurse Aide A and Nurse Aide B to toilet with gait belt utilizing a pivot transfer. Observations on 11/20/24 at 1:25 PM revealed Nurse Aide C and Nurse Aide D transfering Resident 3 from wheelchair to bed utilizing a Hoyer lift [full body weight lift]. A review of Shoe Color Change assessment dated 11.14.24 identified Resident 3 being a red shoe transfer which is identified as requiring assist of 2 and/or mechanical lift. A review of Physical Therapy Note dated 11/14/24 revealed Resident 3 had decreased weight bearing, decreased upright posture and no maneuvering of bilateral feet during pivot transfer. A trial of transfer with sit to stand lift revealed Resident 3 with decrease in upright posture and heavy leaning into axillary. Physical Therapy note stated that due to concerns identified and concern for patient/staff safety Resident 3 was being downgraded to Hoyer lift transfer with assist of 2. A review of undated Shift Report revealed Resident 3 was identified as a 2 assist stand pivot, hoyer lift. In an interview on 11/20/24 at 1:35 PM, Nurse Aide A reported being unaware that Resident 3's transfer status had been changed to a Hoyer Lift. (continued on next page)

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 11/202/4 at 2:41 PM, Physical Therapy Assistant E confirmed Resident 3 transfer status had been downgrade to a Hoyer lift transfer due to difficulty with a pivot transfer, ability to bare weight, and inconsistency with ability to use sit to stand lift. Physical Therapy Assistant E reported completing shoe color change form and care profile. In an interview on 11/20/24 at 3:07 PM, the Director of Nursing reported that being aware of Resident 3 transfer status change to Hoyer lift. The Director of Nursing reported Resident 3 can do a pivot transfer when alert and staff can use their discretion for making transfer decisions. B. A review of Resident 1's Admission Record revealed Resident 1 was admitted to the facility on [DATE] with a diagnosis of Alzheimer's disease [a progressive disease that destroys memory and other important mental functions]. A review of Resident 1's Care Plan revealed a focus area related having a deficit with activities of daily living and needing moderate to maximum assist with activities of daily living with an intervention dated 9/23/24 of Resident 1 requiring Hoyer lift transfer with 2-assist. Observations on 11/20/24 at 1:14 PM revealed Resident 1 being transferred out of wheelchair by Nurse Aide A and Nurse Aide F utilizing a sit to stand lift. A review of Resident 1's Therapy Screening Note dated 8/23/24 revealed Resident 1 remains a Hoyer lift with 2-assist. A review of undated Shift Report revealed Resident 1 was a 2 assist-sit 2 stand-hoyer. In an interview on 11/20/24 at 2:54 PM, Physical Therapy Assistant E reported that Resident 1 has not been on case load for a period of time. Physical Therapy Assistant E reported that nursing may down grade a resident's transfer status based on resident and staff safety. In an interview on 11/20/24 at 3:18 PM, the Director of Nursing reported Resident 1 may be a Hoyer lift transfer or a sit to stand transfer depending on behaviors.