

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 28E299	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/21/2025
NAME OF PROVIDER OR SUPPLIER Hillcrest Shadow Lake LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>Licensure Reference Number 175 NAC 12-006.09(H)</p> <p>Based on record review and interview, the facility failed to ensure that monitoring was in place for diuretic medication (a medication that increases the amount of urine produced by the kidneys and helps to remove excess fluid and salt from the body) administered to 3 of 6 residents surveyed (Residents 2, 3, and 4). The facility claimed a census of 109.</p> <p>Findings are:</p> <p>A.</p> <p>A record review of Resident 2's medical diagnoses (the nature and cause of a disease or condition) revealed Resident 2 had Chronic Kidney Disease (a disease characterized by progressive damage and loss of function in the kidneys).</p> <p>A record review of Resident 2's medication orders revealed an order dated 3/3/2025 for Furosemide (a diuretic medication used to treat excess fluid held in the body) 20 mg (mg - milligram - a unit of measurement) daily for edema (excess fluid retained in the body).</p> <p>A record review of Resident 2's physician orders revealed there were no laboratory orders to monitor the effect of the medication Furosemide on Resident 2.</p> <p>A record review of Resident 2's Care Plan (a document that provides directions on the type of nursing care the individual may need) revealed it did not include any interventions (an act to prevent harm or improve functioning) to monitor the resident for the use of Furosemide.</p> <p>An interview on 5/21/2025 at 2:00 PM with RN (Registered Nurse) A confirmed Resident 2 had an order for Furosemide 20 mg daily in March 2025. RN-A confirmed Resident 2 did not have an order to monitor the effects of the medication.</p> <p>B.</p> <p>A record review of Resident 3's medical diagnoses revealed the resident has chronic kidney disease and Congestive Heart Failure (a chronic condition where the heart cannot pump blood effectively, leading to fluid buildup in the lungs and other tissues).</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
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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of Resident 3's MAR (Medication Administration Record - a standardized record that includes medication names, the dose taken, any special instructions, the date and time the medication was given or withheld, the reasons why, the dates the order was received and discontinued) revealed an order dated 9/25/2024 for Torsemide (a diuretic medication used to treat excess fluid held in the body) 10 mg once daily for edema.</p> <p>A record review of Resident 3's care plan revealed an intervention dated 10/03/2024 which stated: Monitor Lab work as ordered. Ensure results reported to PCP (Primary Care Provider) as needed.</p> <p>A record review of Resident 3's care plan revealed an intervention dated 10/03/2024 which stated: Monitor/document PRN (As needed) any signs or symptoms of hypokalemia (a low blood level of potassium) in residents receiving diuretic therapy: Fatigue, muscle weakness, diminished appetite, nausea and vomiting and dysrhythmias (abnormal heart rhythms). Monitor potassium levels. Notify PCO (physician contracting organization) of these changes as needed.</p> <p>A record review of Resident 3's MRR's (Medication Regimen Review - a thorough monthly evaluation of a patient's medication regimen by a pharmacist to identify, prevent and resolve medication related issues) revealed there were no pharmacy recommendations to monitor the use of the medication Torsemide.</p> <p>A record review of Resident 3's order summary revealed there were no orders to monitor the resident for the use of the medication Torsemide.</p> <p>An interview on 5/21/2025 at 2:25 PM with Resident 3 revealed the resident did not have any blood tests while in the facility.</p> <p>An interview on 5/21/2025 at 2:15 PM with RN-A confirmed Resident 3 did not have an order to monitor the effects of Torsemide.</p> <p>C.</p> <p>A record review of Resident 4's medication orders revealed Resident 4 had an order for Spironolactone (a diuretic medication used to treat excess fluid held in the body) 25 mg. Half of a tablet one time a day for CHF (Congestive Heart Failure - a chronic condition where the heart cannot pump blood effectively, leading to fluid buildup in the lungs and other tissues).</p> <p>A record review of Resident 4's Care Plan revealed the following interventions dated 2/14/2025 which stated: Monitor/document PRN (As needed) any signs or symptoms of hypokalemia (a low blood level of potassium) in residents receiving diuretic therapy: Fatigue, muscle weakness, diminished appetite, nausea and vomiting and dysrhythmias (abnormal heart rhythms). Monitor potassium levels. Monitor Lab work: K+ (potassium), NA (Sodium), BUN (Blood Urea Nitrogen - a test to assess how well the kidneys are functioning), Creatinine (a test to assess kidney function). Report results to PCP.</p> <p>A record review of Resident 4's MAR revealed there is no documentation indicating Resident 4 was monitored for diuretic use.</p> <p>An interview on 5/21/2025 at 2:25 PM with RN-A confirmed Resident 4 did not have an order to monitor the effects of Spironolactone.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of an undated sheet provided by the Director of Nursing and titled Medication Monitoring revealed the following information:</p> <p>The following are medication classes that are candidates for routine monitoring, frequency of labs is often provider preference based on the residents' health.</p> <p>Diuretics (CMP or BMP -Comprehensive Metabolic Panel or Basic Metabolic Panel - tests that measure the levels of various substances in the blood).</p> <p>An interview on 5/21/2025 at 11:50 AM with the DON confirmed the pharmacy will make recommendations to the primary care provider to monitor the effects of specific medications. The DON confirmed it is up to the provider to order monitoring for medications.</p>