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	05/07/2026

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 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 interview and record review the facility failed to identify and implement interventions for a significant weight loss for 1 (Resident 4) of 3 residents sampled. The facility census was 96. The findings are:A.Record review of Resident 4's Minimum Data Set (MDS: a federally mandated assessment tool used for care planning) revealed the facility staff assessed the following about the resident:-admitted to the facility on [DATE].-Brief Interview of Mental Status (BIMS) was scored as a 14. According to the MDS Manual a score of 13 to 15 indicates a person is cognitively intact.-required set up assistance with eating.-required extensive assistance with upper body dressing.-required total assistance with hygiene, bathing, toileting, lower body dressing, bed mobility and transfers.-weighed 219 pounds (lb). Record review of Resident 4's Dietary Progress Notes (DPN) dated 04-08-2026 revealed the Registered Dietician (RD) had assessed Resident 4's nutritional status and the RD would monitor weight trend and provide nutrition interventions. Record review of Resident 4's Electronic Health Record (EHR) under the weights and vitals section, revealed on 04-03-2026 Resident 4's weight was 219.1 lbs and on 04-22-2026 Resident 4's weight was 207.0 lbs equaling a 12.1 lb weight loss resulting in a 5.5% weight loss in 19 days. Record review of Resident 4's DPN revealed no nutritional assessment or dietary interventions for the 5.5% weight loss on 04-22-2026. An interview conducted on 05-07-2026 at 9:35 AM with the RD revealed a reweigh was not requested and obtained and confirmed no new interventions had been initiated for the weight loss on 04-22-2026. An interview conducted on 05-07-2026 at 2:00 PM with the Director of Nursing confirmed the 5.5% weight loss in 19 days was a significant weight loss and new nutritional interventions were not implemented for Resident 4.

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