

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 04/04/2024
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>47733</p> <p>Licensure Reference Number 175 NAC 12-006.18B3</p> <p>Based on observations and interviews; the facility staff failed to ensure the venting system was functional in 4 (B-004, C-010, C-015 and C-017) room effecting 7 residents who resided in those rooms and failed to ensure the Heating and Cooling unit (commonly called PTAC) was maintained in good repair. This effected 7 of 92 residents. The facility staff identified a census of 92.</p> <p>Findings are:</p> <p>An observation on 04/01/24 at 9:30 AM revealed the vent were not fuctioning in the bathroom of rooms B-004, C-010, C-015, and C-017.</p> <p>An observation on 04/01/2024 at 10:00 AM revealed the front cover of the PTAC has missing pieces in room C-011.</p> <p>On 4/04/2024 at 12:26 PM during a tour of the facility with the Maintenance Director (MD) confirmed the vents in rooms B-004, C-010, C-010, and C-017 were not functional and the PTAC front cover needed replaced in C-011.</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
---	-------	-----------

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 04/04/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50106</p> <p>Licensure Reference Number 175 NAC ,d+[DATE].05(9)</p> <p>Based on record review and interview; the facility staff failed to protect 4 (Resident 32, 92, 342 and 33) residents from abuse. The survey sample was 19 and the facility staff identified a census of 92.</p> <p>Findings are:</p> <p>A. Record review of a Order Summary report sheet printed on [DATE] revealed Resient 32 was admitted to the facility on [DATE].</p> <p>Record review of Resident 32 Minimum Data Set (MDS, a federally mandated assessment tool used for care-planning) dated [DATE] revealed Resident 32 had Brief Interview for Mental Status (BIMS) score of 15. According to the MDS [NAME] a score of 13 to 15 indicates a person is cognitively intact.</p> <p>On [DATE] at 11:00 AM the facility Administrator identified Resident 32 had reported of being verbally abused by Nursing Assistant (NA)-EE.</p> <p>On [DATE] at 1:14 PM an interview was conducted with Resident 32. During the interview Resident 32 reported the incident of verbal abuse occurred on [DATE]. According to Resident 32 NA-EE was informed of the need to use the bathroom. Resident 32 reported NA-EE stated there's the door. Resident 32 further reported telling NA-EE having been married a long time and had 4 children and that Resient 32's husband had died . According to Resident 32 report, NA-EE stated you know what that makes you? An old widow. During the interview Resident 32 reported no one else in the facility treated Resident 32 like that. Resident 32 reported reported not being able to sleep after that incident and stated I was so upset. I prayed to God to help me sleep. Resident 32 reported not having any problems sleeping currently. Resident 32 further reported requesting the family not be notified of the incident as the family would worry about Resident 32.</p> <p>On [DATE] at 9:08 AM a follow up interview was conducted with Resident 32. During the interview Resident 32 identified not reporting NA-EE right ways as Resident 32 did not know who to tell. According to Resident 32 the Ombudsman had been in the facility and Resident knew the Ombudsman was someone Resident 32 could report the incident to. Resident 32 reported feeling like NA-EE didn't like resident 32. Resident 32 reported being fearful of NA-EE as NA-EE has a strong personality.</p> <p>On [DATE] at 2:13 PM an interview was conducted with the facility Administrator. During the interview the Administrator reported calling NA-EE. According to the Administrator NA-EE immediately knew about the incident that occurred on [DATE] and had not been rude to Resident 32.</p> <p>(continued on next page)</p>		

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 04/04/2024
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>B. Record review of a facility Staff to Resident Allegation of Abuse (SRAA) sheet dated [DATE] revealed Licensed Practical Nurse (LPN) QQ reported Nursing Assistant (NA) -PP was verbally inappropriate and rough with Residents, 92, 33 and 342 on [DATE]. According to the SRAA dated [DATE] the Director of Nursing/Administrator was notified on [DATE] at 1:24 PM. Under the section identified as What immediate steps were taken to protect the resident? revealed the facility Administrator seen a email at 10:40 PM, approximately 9 hours and 16 minutes later.</p> <p>Record review of a interview sheet identified as a conversation with LPN QQ dated [DATE] and times as 8:11 AM revealed LPN QQ identified the resident in an email about the alleged verbal abuse as Resident 92, 33 and 342. Further review of the interview sheet identified as a conversation with LPN QQ dated [DATE] revealed there was no discussion of how Resident 92, 33 and 342 were protected or what actions LPN QQ took to protect the residents.</p> <p>Record review of the facility for Report Allegations of Abuse/neglect/Exploitation Reporting with an effective date of [DATE] revealed the following information:</p> <p>-Policy:</p> <p>-It is the policy to report all allegations of abuse/neglect/exploitation to the appropriate agencies in accordance with current state and federal regulations.</p> <p>-Responsibility: All team members.</p> <p>-Compliance Guideline:</p> <p>-3. The facility will provide residents, families and team member information on how and to whom they may report concerns, incidents, and grievances without fear of retribution.</p> <p>-4. Verbal abuse means the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to resident or their families, or within hearing distance regardless of their age, ability to comprehend or disability.</p> <p>-6. Protection; The facility will protect residents from harm during the investigation.</p> <p>-Procedure for Response and Reporting Allegations of Abuse/Neglect/Exploitation:</p> <p>-When suspicion of abuse/neglect/exploitation of reports of abuse/neglect/exploitation occur, the following procedure(s) will be initiated:</p> <p>-The licensed nurse or designee will:</p> <p>-a. Remove the accused team member from resident care.</p> <p>-f. Initiate an investigation.</p>		

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 04/04/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45641</p> <p>Licensure Reference Number 175 NAC 12-006.09C1c</p> <p>Based on observation, interview, and record review, the facility failed review and revise 1 (Resident 77) of 1 resident's Care Plan related to the oxygen order. The facility census was 92.</p> <p>Findings are:</p> <p>A record review of the facility's undated Comprehensive Care Planning policy revealed assessments of residents were ongoing and the care plans were revised as information about the resident and the resident's condition changed.</p> <p>A record of Resident 77's Clinical Census dated 04/02/2024 revealed the resident was admitted to the facility 02/17/2024.</p> <p>A record review of Resident 77's Medical Diagnosis dated 04/02/2024 revealed the resident had diagnoses of Chronic Obstructive Pulmonary Disease (COPD), Pulmonary Hypertension, Unspecified (high pressure in the blood vessels that supply the lungs), Dependence on Supplemental Oxygen, and Solitary Pulmonary Nodule (single mass in lungs).</p> <p>A record review of Resident 77's Minimum Data Set (MDS, a comprehensive assessment used to develop a resident's care plan) dated 02/23/2024 revealed the resident had a Brief Interview for Mental Status (BIMS, a score of a resident's cognitive abilities) 4 of 15 which indicated the resident was severely cognitively impaired. The resident was dependent on staff for toileting, bathing and needed substantial/maximal assistance with personal hygiene (cleaning), and upper and lower body dressing. The MDS revealed Resident 77 was on oxygen while a resident.</p> <p>An observation on 04/01/2024 at 10:01 AM revealed Resident 77 was in the room with the oxygen nasal cannula (a tube that goes in the nose to deliver oxygen) on and the oxygen concentrator (a machine that purifies oxygen) set at 5 liters per minute (l/m).</p> <p>An observation on 04/01/2024 at 3:22 PM revealed Resident 77 was in the room with the oxygen on and the concentrator was set at 5 l/m.</p> <p>A record review of the Order Summary Report dated 04/01/2024 revealed Resident 77 had an order: Oxygen: Oxygen at 2 L (liters) per nasal cannula every shift Check Oxygen Saturation. Notify Physician if less than 90%.</p> <p>A record review of the Medication Administration Record and Treatment Administration Record (MAR & TAR) dated [DATE] and March 2024 revealed Resident 77 had the order: Oxygen: Oxygen at 2 L (liters) per nasal cannula every shift Check Oxygen Saturation. Notify Physician if less than 90%.</p> <p>(continued on next page)</p>		

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 04/04/2024
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of Resident 77's Progress Notes dated 03/22/2024 revealed the resident was having low oxygen levels on oxygen at 2 l/m. The Nurse Practitioner was contacted, and a verbal order was given to increase the oxygen to 5 l/m.</p> <p>A record review of Resident 77's Radiology Report dated 03/22/2024 revealed a telephone order of oxygen at 2-5 L per nasal cannula to keep saturations above 88%.</p> <p>A record review with Regional Nurse Consultant (RNC)-A of Resident 77's Care Plan with an admitted [DATE] revealed the resident had a Focus area of altered respiratory status/difficulty breathing related to the COPD diagnosis. The Care Plan had an intervention of oxygen settings: Oxygen (o2) via nasal cannula at 2 l/m continuously.</p> <p>In an interview on 04/02/2024 at 10:52 AM, RNC-A confirmed the Care Plan still showed an intervention of o2 via nasal cannula at 2 l/m continuously and it should have been changed with the new telephone order from 03/22/2024.</p>		

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 04/04/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45614</p> <p>Licensure Reference Number 175 NAC 12-006.10D</p> <p>Based on observations, record review and interview; the facility staff failed to follow practitioners orders for medication administration for 1 (Resident 93) and failed to implement treatment orders for 1 (Resident 25). The total survey sample was 19.</p> <p>The facility staff identified a census of 92.</p> <p>Findings are:</p> <p>A. Record review of Resident 93's Medical Diagnosis sheet print on 4-04-2024 revealed Resident 93 had the diagnosis of Dementia, Diabetes, Hypertension, Major Depressive disorder and Functional Quadriplegia.</p> <p>Record review of Resident 93's Clinical Physician Orders sheet printed on 4-4-2024 revealed an order for staff to hold insulin if Resident 93 did not eat meals.</p> <p>A record review of Resident 93's Medication Administration Report (MAR) dated 3/16/24 revealed RN-SS administered Resident 93's insulin.</p> <p>A record review of the dietary intake sheet for Resident 93 revealed there was no documentation of food intake for 3/16/2024.</p> <p>A record review of Resident 93's MAR for 3/17/2024 revealed Resident 93's morning blood glucose was 58.</p> <p>An interview on 04/04/2024 at 6:27 PM with the DON confirmed RN-SS failed to follow the practitioners orders and gave insulin when it should have been held.</p> <p>47733</p> <p>B. Record review of Resident 25's Comprehensive Care Plan (CCP) dated and revised on 2-07-2024 revealed Resident 25 admitted to the facility 20 1-26-2024 with the diagnoses of Dementia, Heart Failure Diabetes, Chronic Obstructive Pulmonary Disease (COPD)and Peripheral Vascular Disease. Further review of Resident 25's CCP dated and revised on 2-07-2024 revealed Resident 25 was at risk for skin impairment due to fragile skin and mobility. The goal identified for Resident 25 was to maintain or develop clean intact skin. Interventions identified to meet this goal was to encourage good nutrition and hydration, Geri Sleeves/Tubi Grip (type of cloth like covering) to upper extremities for protection as the resident allows and to keep skin clean, dry and to use lotion on dry skin.</p> <p>(continued on next page)</p>		

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 04/04/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 25's TAR for March 2024 revealed on 3-19-2024 Resident 25 had orders for wound care to both legs. The ordered treatment directed staff to cleanse the wound with wound cleanser, apply a Xeroform (type of dressing) to open areas and to cover with an ABD (a type of dressing cover) and Kerlix. The order directed staff to change the dressing in the morning for the resident. Further review of Resident 25's TAR for March 2024 revealed Resident 25's March 2024 TAR did not have and indications the ordered treatment was completed on 3-20-2024, 3-21-2024, 3-30-2024 and 3-31-2024.</p> <p>Observation on 4-01-2024 at 7:29 AM of Resident 25's lower extremities revealed Resident 25 had dressings to both extremities that were dated 3-29-2024.</p> <p>Observation on 04/02/2024 at 10:47 AM Resident 25 was in a wheelchair and did not have Geri sleeves on to the Bilateral Upper Extremities (BUE) .</p> <p>Observation on 04/02/2024 at 3:18 PM Resident 25 remained in the wheelchair without Geri sleeves on the BUE's.</p> <p>A interview with Regional Nurse Consultant (RNC)-A was conducted on 04/01/2024 at 12:30 PM. During the interview RNC-A confirmed that no treatments have been completed to Resident 25's bilateral lower extremities since 03/29/2024.</p> <p>A interview on 04/02/2024 at 3:30 PM was conducted with RNC-A. During the interview the RNC-A confirmed Resident 25 should have had Geri Sleeves/Tubi grips on and if the resident had refused the treatment then it should show refused.</p> <p>Record review of the facility policy dated 08/09/2018 titled Hillcrest [NAME] Skin Integrity, Wound, Ulcer Assessment Prevention Treatment Documentation Policy. Policy states to provide direction to the Clinical Team for obtaining correct orders for treatment in skin integrity and wound care concerns.</p> <p>-Purpose: 3) To provide treatment that promotes prevention of altered skin integrity and to resolve existing areas of altered skin integrity .</p> <p>Observation on 04/01/2024 7:29 AM Resident 25 has a dressing to the bilateral lower extremity dated 03/29/2024.</p>		

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 04/04/2024
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45641</p> <p>Licensure Reference Number 175 NAC 12-006.09D7a</p> <p>Based on interview and record review, the facility failed to ensure 1 (Resident 48) of 8 sampled resident's safety belt remain secured during the bathing process and implement interventions to prevent a fall with fracture for 1 (Resident 94) of 8 sampled residents. The facility census was 92.</p> <p>Findings are:</p> <p>A. Record review of the facility's Bathing Procedure dated 05/23/2024 revealed the spa tub procedure was to assist residents out of their clothing and onto the tub chair utilizing appropriate transfer device and ensure the safety belt was on the resident. NEVER leave guest unattended during bath.</p> <p>A record review of Resident 48's Medical Diagnosis dated 04/04/2024 revealed the resident had diagnoses of Vascular Dementia, Unspecified Severity, Without Behavioral Disturbance, Psychotic Disturbance, Mood Disturbance, and Anxiety (confusion), Other Sequelae of Cerebral Infarction (altered sensation following a stroke), Memory Deficit Following Cerebral Infarction (poor memory following a stroke), Epilepsy, Unspecified, Not Intractable, Without Status Epilepticus (uncontrolled seizure disorder), Long Term (Current) Use of Opiate Analgesic (long term use of a pain patch), and Essential (Primary) Hypertension, (high blood pressure).</p> <p>A record review of Resident 48's Minimum Data Set (MDS, a comprehensive assessment used to develop a resident's care plan) dated 02/14/2024 revealed the resident had a Brief Interview for Mental Status (BIMS, a score of a residents cognitive abilities) that was blank. The resident was dependent for all activities of daily living (ADL), transfers, and rolling left to right. The MDS revealed Resident 48 was on Hospice (end of life care).</p> <p>A record review of Resident 48's Care Plan with an admitted [DATE] revealed the resident was admitted to the facility on [DATE]. The resident had a Focus area of at risk for falls due to a history of falls, balance issues, at risk for falls per fall risk assessment, incontinence, use of PRN opioid meds (medications), impulsive and does not recognize her limitations due to dementia and multiple interventions for falls. The Care Plan revealed the residents would require 2-person assist with ADLs for safety and was a mechanical lift for transfer with 2 staff assistance.</p> <p>A record review of Resident 48's Progress Note dated 03/22/2024 at 1:32 PM revealed the Hillcrest Hospice Bath Aide (HHBA)-X finished giving Resident 48 a bath and was about to start dressing the resident when HHBA-X saw the resident leaning forward. HHBA-X went to stop the resident from falling and ended up falling on the spa floor and Resident 48 fell on top of HHBA-X. The resident hit the resident's head, needed stitches, and was sent to the Emergency Department (ED).</p> <p>(continued on next page)</p>		

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 04/04/2024
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>A record review of the Abuse, Neglect or Misappropriation (stealing) reportable sheet dated 03/26/2024 revealed on 03/22/2024 at about 12:20 PM, the HHBA-X was getting Resident 48 out of bath and drying resident off. HHBA-X lowered the shower chair and removed bath strap and reached for resident's shirt and the resident fell out of the chair onto staff member that slipped trying to stop the fall. The resident fell on HHBA-X and hit the resident's head on floor that required sutures. The resident was a Hoyer lift (mechanical lift for transfers) for all transfers. The resident was alert and oriented to the resident's name only. The resident was assessed and sent to ED. Permanent measures to prevent reoccurrence were that Hospice was to increase their presence with the resident, continue comfort meds, and the resident would require 2 staff assist when bathing, transferring, and dressing.</p> <p>A record review of the Hillcrest Hospice Patient Fall dated 3/22/2024 revealed Resident 48 was sitting in the bath chair and was finished with bathing. HHBA-X was present and started to dress the resident. HHBA-X turned to grab the resident's shirt and the resident was leaning forward when HHBA-X reached to catch the resident. HHBA-X slipped on water and fell and the resident fell over HHBA-X. Resident 48 hit the resident's head on the bath chair leg. There was a large laceration on top of the resident's head and a moderate amount of bleeding. The wound measured 6.5 centimeter (cm) long, 0.7 cm wide, and 0.4 cm deep but it was an approximate measurement because the resident's hair and bleeding interrupted the view.</p> <p>A record review of the Hospice Nursing Clinical Note dated 03/22/2024 revealed the same information as the Hillcrest Hospice Patient Fall dated 3/22/2024 and also revealed Resident 48 was moaning occasionally, the wound was on the crown of the head, and the wound appeared deeper in some areas than what was measured. The Hospice Nurse, Case Manager (HNCM)-Y, notified the Emergency Medical Services (EMS) that the resident was a Hospice patient, and they only wanted the head laceration addressed, no other tests, procedures, or treatments. The HNCM-Y then spoke with the ED and notified the ED that the HNCM-Y only wanted the resident's head assessed with no other treatments, assessments, or procedures and then send the resident back to the facility.</p> <p>A record review of Resident 48's Progress Note dated 03/22/2024 at 06:00 PM revealed the resident returned from the ED with the head laceration (cut) was repaired with dissolving sutures (stitches) and that the resident had no signs of pain at that time.</p> <p>A record review of Resident 48's Medication Administration Record and Treatment Administration Record (MAR & TAR) dated March 2024 revealed the resident had an order for Morphine Sulfate (concentrate)(a liquid pain medication) Oral Solution 100 milligrams (mg)/5 Milliliters (ml). Give .025 ml every 6 hours for pain and every 1 hour for pain as needed. The order for as needed has only administered (given) on 03/01/2024 and 03/04/2024 prior to the resident's fall and the last dose of that order was administered 03/22/2024 at 12:00 PM. After the fall the Morphine Sulfate (concentrate) Oral Solution 100 mg/5 ml was changed to:</p> <p>Give .5 ml every 4 hours for pain and every 1 hour for pain as needed which was last administered 03/23/2024 at 12:00 PM</p> <p>Give .5 ml every 4 hours for pain and every 30 minutes for pain as needed which was last administered 03/23/2024 at 12:17 PM</p> <p>Give .5 ml every 2 hours for pain and every 1 hour for pain as needed which was last administered 03/24/2024 at 04:00 AM</p> <p>(continued on next page)</p>		

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 04/04/2024
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Give .75 ml every 4 hours for pain and every 1 hour for pain as needed which was last administered 03/25/2024 at 08:00 AM</p> <p>Give 1.25 ml every 2 hours for pain and every 1 hour for pain as needed which was last administered 03/25/2024 at 10:00 PM</p> <p>Give 1.75 ml every 2 hours for pain and every 1 hour for pain as needed which was last administered 03/29/2024 at 10:00 AM</p> <p>AT 2:00 PM at 2:00 PM Oxycodone HCL (a pain medication) Oral Tablet 10 mg, Give 2 tablets under the tongue every 2 hours and every 1 hour as needed for pain or shortness of breath, crush tabs and dissolve in a small amount of liquid was last administered 03/31/2024 at 6:00 AM.</p> <p>In a telephone interview on 04/04/2024 at 3:26 PM, HHBA-X confirmed HHBA-X got Resident 48 out of the bath and resident was still in shower chair. HHBA-X took the safety strap off and went to reach for the resident's clothing and it was out of reach, so HHBA-X had to take a step away from the resident. HHBA-X noticed the resident start to fall so HHBA-X stepped to put a hand in front of the resident, the HHBA-X slipped, and the resident fell on top of HHBA-X and smacked the resident's head on shower chair leg. My biggest mistake was I took the strap off too soon.</p> <p>In a telephone interview on 04/04/2024 at 1:43 PM, HNCM-Y confirmed Resident 48 fell , hit the resident's head, was bleeding, and sent to the ED. HNCM-Y confirmed HHBA-X told HNCM-Y that HHBA-X got the resident out of the whirlpool and the resident was in the chair, the chair was in the normal sitting position. HHBA-X started drying the resident, took the safety belt off and threw it in the corner, went to reach for Resident 48's clothing but it was out of reach, so HHBA-X had to take a couple of steps away and the resident started leaning forward so HHBA-X lunged back toward the resident and slipped in water, and resident 48 fell over HHBA-X and hit the resident's head. HNCM-Y confirmed the safety belt should have been left on the resident anytime the resident was in the bath chair unless another staff member was there to assist. HNCM-B confirmed the resident did have increased pain following the fall.</p> <p>In an interview on 04/04/2024 at 11:26 AM with Regional Nurse Consultant (RNC)-A confirmed HHBA-X should not have taken the safety belt off the resident prior to getting the resident dressed and transferred.</p> <p>50106</p> <p>B. Record review of Resident 94's census sheet printed on 4-02-2024 revealed Resident 94 was admitted to the facility on [DATE] and was discharged on [DATE].</p> <p>Record review of Resident 94 Medical Diagnosis sheet printed on 4-02-2024 revealed the following diagnosis: Attention and concentration deficit following cerebral infarction, cognitive social or emotional deficit following cerebral infarction, hemiplegia and hemiparesis following cerebral infarction affecting right dominant side, cerebral infarction, and vascular dementia.</p> <p>(continued on next page)</p>		

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 04/04/2024
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of Resident 94's annual Minimum Data Set (MDS, federally mandated assessment tool used for care planning), dated 6/29/2023 revealed Resident 94 had a Brief Interview for Mental Status (BIMs) score of 3. According to the MDS [NAME] a score of 0 to 7 indicates a person has severe cognitive impairment. Further review of Resident 94's MDS revealed Resident 94 had rejection of care issues 4-6 times during the look-back period. According to Resident 94's MDS dated [DATE] Resident 94's functional status revealed Resident 94 required extensive assist with bed mobility, limited assistance with transfers, supervision with eating, and limited assistance with toileting. Mobility devices used by Resident 94 were a walker and a wheelchair. Bowel and bladder status of Resident 94 revealed occasionally incontinent of urine and frequently incontinent of bowel.</p> <p>Record Review of Resident 94's Comprehensive Care Plan (CCP) revealed the following information:</p> <p>-Fall Problem: Falls-at risk due to history of falls, need for assist with Activities of Daily Living (ADLs) mobility due to balance issues, incontinence of bowel and bladder, does not recognize limitations due to dementia, non-compliant with calling for assist or waiting for assistance with transfers related to cognition and dementia, at risk per fall risk assessment.</p> <p>-Goals: Resident 94 will have no falls with injury thru next review.</p> <p>-Interventions:</p> <p>-Fall risk assessment completed. Fall score is 18. A score of 18 revealed Resident 94 is a high risk for falls. (No date).</p> <p>-Falling prevention program as indicated. Date identified as Status active and current.</p> <p>-Encourage to use the call light. (No date).</p> <p>-5/18/23-Physical therapy to evaluate and treat.</p> <p>-6/13/23-Request for Miralax (Laxative to treat constipation) to be changed to as needed (PRN).</p> <p>-6/26/23-X-ray done; sent to hospital due to inconclusive X-ray results.</p> <p>-3/8/23- Call don't fall sign in resident's bathroom.</p> <p>-7/27/23-Encourage resident to use the bathroom.</p> <p>5/18/23-red tape to call light for visual acuity.</p> <p>-Transfer to stronger side-left side- (no date).</p> <p>-Keep assistive device within reach.</p> <p>-9/15/22-Call don't fall sign.</p> <p>-11/6/22-red tape to call light for visual acuity.</p> <p>(continued on next page)</p>		

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 04/04/2024
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 0689</p> <p>Level of Harm - Actual harm</p> <p>Residents Affected - Few</p>	<p>-4/16/23-Physical therapy to evaluate and treat due to recent falls.</p> <p>-5/15/23-soft touch call light.</p> <p>Record review of a Huddle Report sheet dated 6/13/2023 revealed Resident 94 fell in the bathroom. In the section titled immediate interventions to be taken the following interventions were: Do not leave alone (Resident 94) with wheelchair in room, please rise slowly to prevent dizziness, non-slip socks, and staff to assist to bathroom on a schedule.</p> <p>Record review of a Huddle Report sheet dated 6/26/2023 revealed Resident 94 fell in the dinning area. Further review of the Huddle Report sheet dated 6/26/2023 revealed Resident 94 had complaints of left hip pain after being assisted back to Resident 94's room. According to the information in the Huddle Report sheet dated 6/26/2023 Resident 94 was sent to the emergency room (ER).</p> <p>Record review of a Fall with Injury sheet dated 6/28/2023 revealed Resident 94 had fallen while ambulating in the dinning room. Resident 94 complained of pain and was assisted back to Resident 94's room in a wheelchair. Resident 94 was sent to ER for an evaluation with the results being Resident 94 sustained a fracture of the left femur.</p> <p>Interview with MDS coordinator on 4/3/23 at 7:55 AM confirmed the intervention added to the care plan for fall dated 6/26/23 was X-ray done; sent to the hospital due to inconclusive X-ray results. MDS coordinator confirmed no further interventions are found nor implemented on the care plan.</p> <p>Interview on 4/4/24 at 4:31 PM with MDS Coordinator revealed the following interventions were never added to the care plan or implemented: Do not leave alone (Resident 94) with wheelchair in room, please rise slowly to prevent dizziness, non-slip socks, and staff to assist to bathroom on a schedule.</p> <p>Record review of Hillcrest Health Services, Fall Risk Management Program, with effective date 4/18/22, revealed: Determining Appropriate Interventions:</p> <ol style="list-style-type: none"> 1. Nurse/Therapist reviews medical and personal history and completes additional screens/assessments as needed to assist in determining additional risk factors for falls. 2. After completion of additional assessments, admitting nurse or therapist determines what factors could contribute to fall risk. <ol style="list-style-type: none"> a. Based on these factors, the admitting nurse and/or therapist determines appropriate interventions to implement within the baseline care plan/nurse tech care plan. 3. Selected interventions will be updated to the Care plan and/or Nurse Tech Care plan by the clinical care coordinator, therapist and/or designees. Therapy selected interventions will be communicated to the nurse on shift and initially implemented by therapist of designee. 4. Fall Risk interventions should be reviewed by the interdisciplinary team as needed and can be included in the Quality assurance, Huddle, Risk, and All Team Meetings. <p>(continued on next page)</p>

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 04/04/2024
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)		
F 0689 Level of Harm - Actual harm Residents Affected - Few	<p>5. Care plan interventions are reviewed during interdisciplinary team meetings assuring interventions continue to be appropriate for the resident/patient.</p> <p>a. Care Plan Interventions should be monitored and/or audited for consistent application in the care of the patient. Care plan interventions should be monitored and/or audited for consistent application in the care of the patient. Care plan interventions can be listed on the Medication Administration Record (MAR) or Treatment Administration Record (TAR) and/or nurse tech care plan according to the Plan of Care policy.</p> <p>6. Nursing/Therapy leadership will educate the nursing/IDT (Interdisciplinary Team) on a regular basis regarding care plan interventions for all risk reduction efforts, changes in care, etcetera.</p>		

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 04/04/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45641</p> <p>Licensure Reference Number 175 NAC 12-006.09D6(5)</p> <p>Based on observation, interview, and record review, the facility failed ensure the provider was notified when Resident 77's oxygen level dropped below the ordered parameter. The facility census was 92.</p> <p>Findings are:</p> <p>A record of Resident 77's Clinical Census dated 04/02/2024 revealed the resident was admitted to the facility 02/17/2024.</p> <p>A record review of Resident 77's Medical Diagnosis dated 04/02/2024 revealed the resident had diagnoses of Chronic Obstructive Pulmonary Disease (COPD), Pulmonary Hypertension, Unspecified (high pressure in the blood vessels that supply the lungs), Dependence on Supplemental Oxygen, and Solitary Pulmonary Nodule (single mass in lungs).</p> <p>A record review of Resident 77's Minimum Data Set (MDS)(a comprehensive assessment used to develop a resident's care plan) dated 02/23/2024 revealed the resident had a Brief Interview for Mental Status (BIMS)(a score of a residents cognitive abilities) 4 of 15 which indicated the resident was severely cognitively impaired. The resident was dependent on staff for toileting and bathing and needed substantial/maximal assistance with personal hygiene (cleaning), and upper and lower body dressing. The MDS revealed Resident 77 was on oxygen while a resident.</p> <p>A record review of Resident 77's Care Plan with an admitted [DATE] revealed the resident had a Focus area of altered respiratory status/difficulty breathing related to the COPD diagnosis. The Care Plan had an intervention of oxygen settings: Oxygen (o2) via nasal cannula at 2 l/m continuously.</p> <p>An observation on 04/01/2024 at 10:01 AM revealed Resident 77 was in the room with the oxygen nasal cannula on and the oxygen concentrator (a machine that purifies oxygen) set at 5 liters per minute (l/m).</p> <p>An observation on 04/01/2024 at 3:22 PM revealed Resident 77 was in the room with the oxygen on and the concentrator set at 5 l/m.</p> <p>A record review of the Order Summary Report dated 04/01/2024 revealed Resident 77 had the order: Oxygen: Oxygen at 2 L (liters) per nasal cannula every shift Check Oxygen Saturation. Notify Physician if less than 90%.</p> <p>A record review of the Medication Administration Record and Treatment Administration Record (MAR & TAR) dated [DATE] revealed Resident 77 had the order: Oxygen: Oxygen at 2 L (liters) per nasal cannula every shift Check Oxygen Saturation (sat). Notify Physician if less than 90%. The MAR & TAR revealed the oxygen saturation was below 90% on the following days:</p> <p>-02/20/2024 - Evening Shift - Sat 85%</p> <p>(continued on next page)</p>		

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 04/04/2024
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-02/23/2024 - Day Shift - Sat 88%</p> <p>-02/24/2024 - Night Shift - Sat not completed</p> <p>A record review of the MAR & TAR dated [DATE] revealed Resident 77 had the order: Oxygen: Oxygen at 2 L (liters) per nasal cannula every shift Check Oxygen Saturation (sat). Notify Physician if less than 90%. The MAR & TAR revealed the oxygen saturation was below 90% on the following days:</p> <p>-03/10/2024 - Day Shift - Sat 86%</p> <p>-03/13/2024 - Evening Shift - Sat 86%</p> <p>-03/16/2024 - Day Shift - Sat 89%</p> <p>-03/22/2024 - Evening Shift - Sat 76%</p> <p>A record review of the entire Electronic Medical Record including Progress Notes did not reveal the provider was notified of oxygen saturations less than 90% on the following days:</p> <p>-02/20/2024 - Evening Shift - Sat 85%</p> <p>-02/23/2024 - Day Shift - Sat 88%</p> <p>-02/24/2024 - Night Shift - Sat not completed</p> <p>-03/10/2024 - Day Shift - Sat 86%</p> <p>-03/13/2024 - Evening Shift - Sat 86%</p> <p>-03/16/2024 - Day Shift - Sat 89%</p> <p>-03/22/2024 - Evening Shift - Sat 76%</p> <p>A record review of Resident 77's Progress Notes dated 03/22/2024 revealed the resident was having low oxygen levels on oxygen at 2 l/m. The Nurse Practioner was contacted, and a verbal order was given to increase the oxygen to 5 l/m.</p> <p>A record review of Resident 77's Radiology Report dated 03/22/2024 revealed a telephone order of oxygen at 2-5 L per nasal cannula to keep saturations above 88%.</p> <p>In an interview on 04/02/2024 at 2:25 PM, RNC-A confirmed the staff should have notified the physician if Resident 77's oxygen saturations were less than 90% and the staff did not contact the provider until 03/22/2024 when the provider increase the oxygen to 5 l/m.</p>		

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 04/04/2024
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p>47733</p> <p>Based on record review, interview and observation, the facility staff failed to evaluate and implement interventions to manage triggers for 1(Resident 81) of 1 resident reviewed who has a diagnoses of Post Traumatic Stress Disorder (PTSD). The facility staff identified a census of 92.</p> <p>Findings are:</p> <p>Record review of Resident 81's Minimum Data Set (MDS, a federally mandated assessment tool used for care planning) dated 1-24-2024 revealed Resident 81 had an active diagnoses of PTSD.</p> <p>Record review of Resident 81's trauma care plan initial date and revised date is 02/06/2024. Care plan interventions are:</p> <ul style="list-style-type: none"> - Provide reassurance and redirection. -Encourage to express needs/wants. -Encourage to participate in activities of choice. -Provide space if she is upset so long as she and her peers are safe. -Provide female caregivers for toileting/bathing when needed. -Provide comfort when sad. <p>Observation on 04/01/2024 at 7:33 AM revealed Resident 81 was in their room wiping counters and had their belonging packed and placed in the hallway.</p> <p>Observation on 04/01/2024 at 12:33 PM revealed Resident 81's belongings had been placed back into Resident 81 room. Further observations on 04/01/2024 revealed Resident 81 was eating lunch in the dinning room with other residents.</p> <p>A interview was conducted with Nursing Assistant (NA)-J on 04/01/2024 at 7:38 AM. During the interview NA-J reported Resident 81 always does packs belongings and staff will move things back into Resident 81's room. NA-J further reported Resident 81 is sad at times and cries with the belief Resident 81's family are coming to pick Resident 81 up.</p> <p>A interview with DON (Director of Nursing) on 04/04/2024 at 2:30 PM confirmed that Resident 81 has not had a Trauma Informed Care Assessment (evaluation) completed.</p> <p>A interview with Social Services (SS)-E, and Administrator in Training (AIT)-D on 04/04/2024 at 3:00 PM revealed SS-E and AIT-D were unaware that Resident 81 had PTSD.</p> <p>A interview with NA-G on 04/04/2024 at 3:05 PM confirmed that the NA didn't know that Resident 81 has PTSD or what the care plan interventions were for the resident.</p> <p>(continued on next page)</p>		

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 04/04/2024
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 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A interview with Medication Assistant (MA)-F on 04/04/2024 at 3:10 AM revealed Resident 81 has PTSD. MA-F reported being unsure of the interventions for Resident 81's PTSD. MA-F further reported during the interview Resident 81 does have male caregivers.</p>		

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 04/04/2024
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>45614</p> <p>Licensure Reference Number 175 NAC 12-006.04B2b</p> <p>Based on interview and record review, the facility staff failed to ensure competencies in insulin administration were completed for 5 Certified Medication Assistant (CMA) and 3 licensed nurses surveyed. This had the ability to affect 13 residents (Residents 6, 15, 19, 21, 25, 30, 38, 50, 60, 62, 74, 194 and 196) who receive insulin in the facility. The facility claimed a census of 92.</p> <p>Findings are:</p> <p>An interview on 04/03/2024 at 10:32 AM with CMA-K revealed they had not been assessed for competency in administering insulin by the facility.</p> <p>An interview on 04/03/2024 at 1:37 PM with the Director of Nursing (DON) confirmed CMA's have to be assessed for competency before they are allowed to administer insulin in the facility. The DON confirmed they were not aware that MA-K had not been assessed for competency to administer insulin by the facility.</p> <p>An interview with on 04/03/2024 at 1:39 PM with Registered Nurse (RN) B confirmed facility staff are assessed for competency through the facility on boarding and education process. RN-B confirmed staffing agencies supply the facility with their completed assessment/competency requirements for the staff they send to work in the facility.</p> <p>An interview on 04/03/2024 at 1:44 PM with the facility Administrator (ADM) confirmed the staffing agencies send completed competency information on each employee they send to the facility. The Administrator was unable to find the competency information on MA-K.</p> <p>A record review of the facility CMA competency checklists, revealed the following CMA did not receive a competency assessment in insulin administration when they completed their annual competency assessments: CMA -L, CMA-M , CMA, and CMA-O.</p> <p>An interview with CMA-L on 04/04/2024 at 11:00AM confirmed they had not been assessed for competency in insulin administration. CMA-L confirmed they had administered insulin to residents in the facility when working as a CMA. CMA-L confirmed they were not aware they needed to be assessed for competency before administering insulin to residents.</p> <p>A record review of the facility nurse competency checklists, dated 2/2/2024 and 2/7/2024 revealed the following nurses did not receive an assessment in competency to administer insulin to residents, Licensed Practical Nurse (LPN) -P,LPN-Q, and LPN-R.</p> <p>An interview on 04/04/2024 at 11:16 AM with the facility ADM confirmed the competency checklists for CMA-L, CMA-M, CMA-N, CMA-O, LPN-P, LPN-Q and LPN-R did not reveal an insulin administration competency completion sheet. The ADM confirmed they were unable to provide evidence of competency assessment for insulin administration for these employees.</p> <p>(continued on next page)</p>		

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 04/04/2024
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review of the undated facility Medication Administration and Provision Policy from the website \fs1Redirected FoldersdriceDocumentsClinical Policies--RevisedMedication adm.policy.doc Final: revealed the following information:</p> <p>-Number 26 in the procedure directions: Only licensed nurses/certified may administer injections. (Other than insulin which may be administered by competent medication tech using insulin pens only) Vials must be administered by the nurse.</p>		

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 04/04/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45614</p> <p>Licensure Reference Number 175 NAC 12-006.12B</p> <p>Based on record review and interview; the facility staff failed to have rationale for the continued use of an antianxiety medication for 3(Resident 1,21 and 25), failed to complete behavioral monitoring for 1(Resident 57) and failed to identify the need for a increase in dosage of a antidepressant medication for 1 (Resident) 1 of 5 residents sample size for the medication review. The facility staff identified a census of 92.</p> <p>Findings are:</p> <p>A. A record review of Resident 21's Minimum Data Set (MDS- a federally mandated process for clinical assessment of all residents in Medicare or Medicaid certified nursing homes) dated 1/1/2024 revealed Resident 21 is [AGE] years old and had a Brief Interview of Mental Status (BIMS - a mandatory tool used to screen and identify the cognitive condition of residents) of 5 indicating Resident 21 is severely cognitively impaired. Resident 21 had the following diagnoses: Unspecified dementia, severe with other behavioral disturbance, depression, unspecified, Type 2 Diabetes, COPD, Heart Failure, Acute and chronic Respiratory failure with hypoxia, hypothyroidism, Vitamin D deficiency, anxiety disorder, unspecified, Neurogenic bladder, neuromuscular dysfunction of bladder, osteoarthritis, insomnia due to medical condition, slow transit constipation.</p> <p>A record review Resident 21's annual MDS dated [DATE] revealed Resident 21 is taking an antipsychotic, antidepressant, antianxiety and hypoglycemic medication. The MDS indicated the physician stated a Gradual Dose Reduction (GDR) of the antipsychotic was contraindicated (a symptom or medical condition that is a reason for a person to not receive a particular treatment or procedure because it may be harmful) and verbal behavior symptoms were present.</p> <p>Record review of Resident 21's Order Summary Report with active orders as of 4-02-2024 revealed Resident 21's practitioner order Lorazepam (an antianxiety medication) started on 2-02-2024 and had an end date to the order of 2-01-2025.</p> <p>An interview on 04/04/2024 at 3:51 PM with the Director of Nursing (DON) confirmed that they are unable to find any documentation of rationale from the pharmacy to the facility and physician in relation to the as needed (PRN) lorazepam order for 365 days.</p> <p>A record review of the Medication Regimen Review Policy (Policies and Procedures - Pharmacy Services for Nursing Facilities - Copyright 2006 American Society of Consultant Pharmacists and MED-PASS, Inc. revealed the following under Procedures: The consultant pharmacist's evaluation includes, but is not limited to reviewing and/or evaluating the following:</p> <p>-C.9) The duration of therapy is indicated and is appropriate for the resident.</p> <p>(continued on next page)</p>		

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 04/04/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review of undated Rely Pharmacy Admission Medication Regimen Review (MRR) contains the following statement in the section titled Provider Review:</p> <p>Resident has a PRN psychotropic medication which will DC (discontinue) in 14 days, if physician does not want to DC in 14 days, please provide both rationale and duration for continued use.</p> <p>45641</p> <p>B. A record review of the facility's Psychotropic Medication Policy dated 01/01/23 revealed Residents are not prescribed psychotropic medications unless they are necessary to treat a specific condition, as diagnosed and documented in the medical record, and the medication is beneficial to the patient, as evidenced by monitoring and documentation of the patient's response to the medications. The indications for use of psychotropic medications should be documented in the medical record. The indications for use of psychotropic medications should be documented in the medical record. Non-pharmacological interventions that have been attempted and the target symptoms for monitoring shall be included in the documentation.</p> <p>A record review of Resident 57's Medical Diagnosis dated 04/03/2024 revealed the resident had diagnoses of Unspecified Mood (Affective) Disorder and Dysthymic Disorder (a milder, but long-lasting form of depression).</p> <p>A record review of Resident 57's Minimum Data Set (MDS, a comprehensive assessment used to develop a resident's care plan) dated 01/10/2024 revealed the resident had a Brief Interview for Mental Status (BIMS, a score of a residents cognitive abilities) 13 of 15 which indicated the resident was cognitively aware. The resident was dependent or needed substantial/maximal assistance for most activities of daily living (ADL). The MDS revealed Resident 57 never felt down, depressed, or hopeless during the look back period. The resident did exhibit verbal behavioral symptoms directed towards others and rejection of care. The MDS revealed the resident was on a antipsychotic and antidepressant medication.</p> <p>A record review of Resident 57's Care Plan with an admitted [DATE] revealed the resident was admitted to the facility on [DATE]. Resident 57's Care Plan had a Focus area of Psychiatric (Psych) medication use-uses antidepressant and an intervention of document behaviors as scheduled and when behaviors occur.</p> <p>A record review of Resident 57's Order Summary Report of current active medications dated 04/03/2024 revealed the resident had orders of Mirtazapine (an antidepressant medication) Oral Tablet 7.5 milligram (mg), Give 1 tablet by mouth at bedtime for mood disorder. In addition the Order Summary Report sheet dated 04/03/2024 revealed the following additional orders:</p> <p>-Antidepressant Behavior Monitoring - Monitor for signs/symptoms of target Behaviors. Notify the Physician of increased behaviors or ineffective antidepressant medication, monitor every shift the targeted behaviors related to depression. The Order Summary Report did not reveal the specific mood disorder for Mirtazapine or what behaviors the staff were to monitor for.</p> <p>(continued on next page)</p>		

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 04/04/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A record review of the Medication Administration Record and Treatment Administration Record (MAR & TAR) dated February 2024, March 2024, and April 2024 revealed the resident had orders of Mirtazapine Oral Tablet 7.5 mg (Mirtazapine) Give 1 tablet by mouth at bedtime for mood disorder. The MARs & TARs did not reveal the specific mood disorder for Mirtazapine or what behaviors the staff were to monitor for.</p> <p>A record review of Resident 57's University of Nebraska Medical Center (UNMC) Geriatric Psychiatry note dated 09/19/202 revealed the resident had a history of depression, hallucinations, and suicidal statements, but did not reveal the indication or targeted behaviors for the Mirtazapine.</p> <p>A record review of Resident 57's Progress Notes dated 04/03/2024 revealed 1 on documented behavior in the last 3 months and that was yelling at the staff on 01/24/2024.</p> <p>In an interview on 04/03/2024 at 11:29 AM, Nursing Assistant (NA)-BB was unsure what Resident 57's target behaviors were and was not sure what the target behaviors for depression would be. NA-BB confirmed the only behaviors from Resident 57 was the resident liked the room dark and liked to stay in the room due the resident's eyes.</p> <p>In an interview on 04/03/2024 at 11:31 AM, NA-CC confirmed Resident 57 don't have any signs or symptoms of depression other than stays in the resident's room due to the resident's eyes.</p> <p>In an interview on 04/03/2024 at 11:33 AM, Licensed Practical Nurse (LPN)-AA reported Resident 57 sometimes got tearful and angry but now is on Tramadol (a medication for pain) routinely and anger is better. LPN-AA reviewed the MARs & TARs for March 2024 and April 2024 and confirmed there was not targeted behaviors listed for Resident 57's Mirtazapine or what specific behaviors were related to the resident's depression.</p> <p>In an interview on 04/03/2024 at 11:48 AM, DON confirmed there were no specific target behaviors on the orders, MARs & TARs, or the Care Plan. The DON confirmed that the provider was not specific in his documentation for the reason for ordering Mirtazapine or the behaviors that were being exhibited by Resident 57, and there should have been.</p> <p>47733</p> <p>Record review of the facility's policy dated 1/1/2023 and titled Hillcrest Health Services, Psychotropic Medication Policy revealed the following:</p> <p>- The Policy:</p> <p>- Patients are not to be prescribed psychotropic medications unless they are necessary to treat a specific condition, as diagnosed and documented in the medical record, and the medication is beneficial to the patient, as evidence by monitoring and documentation of the patient's response to the medication.</p> <p>-A psychotropic drug is any drug that affects the brain activities associated with mental processes and behavior. Psychotropic drugs include, but are not limited to the following categories:</p> <p>-Antipsychotics</p> <p>(continued on next page)</p>		

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 04/04/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>-Antidepressants</p> <p>-Anti-anxiety medications</p> <p>-Hypnotics</p> <p>-Policy and explanation and compliance guidelines:</p> <p>-8) PRN (As Needed) orders for any psychotropic medication shall be used only when medication is necessary to treat a diagnosed specific condition that is documented in the medical record and for a limited duration (i.e., 14 days). If the prescribing provider believes that it is appropriate for the PRN order to be extended beyond the order duration, they shall document the rationale in the patient's medical record and indicate the new duration for the PRN order.</p> <p>Record review of Resident 25's Medication Administration Record (MAR) for March 2024 revealed Resident 25 had orders for Lorazepam 0.5 mg every 6 hours as needed for anxiety ordered on 1/29/2024. Further review of Resident 25's MAR for March 2024 revealed Resident 25 was administered the as needed Lorazepam on the 1st, 2nd, 3rd, 7th, 9th in the AM and 11th, 15th, 17th, and the 23rd on the PM.</p> <p>Record review of Resident 25's Care plan initiated on 2/07/2024 revealed Resident 25 resists Care at times, yells out at team members and peers frequently, has delusions/hallucinations once in a while and can become verbally aggressive at times. The goal for Resident 25 was Resident 25 would cooperate with a target date: 05/10/2024.</p> <p>-Interventions listed on Resident 25's care plan are as follows:</p> <p>-Encourage as much participation/interaction by Resident 25 as possible during care, activities.</p> <p>- Give clear explanation of all care activities prior to and as they occur during each contact.</p> <p>- If Resident 25 resists with ADLs, reassure Resident 25 safety, leave and return 5-10 minutes later and try again.</p> <p>-Praise Resident 25 when behavior is appropriate.</p> <p>-Provide Resident 25 with opportunities for choice during care provision.</p> <p>-Provide consistency in care to promote comfort with ADLs. Maintain consistency in timing of ADLs, caregivers, and routine, as much as possible.</p> <p>A interview on 4/03/24 12:00 PM was conducted with Regional Nurse Consultant (RNC)-A. During the interview RNC-A confirmed non-pharmacological interventions had been implemented prior to administering the as needed Lorazepam.</p> <p>50106</p> <p>(continued on next page)</p>		

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 04/04/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>D. Record review of Resident 1's Order Summary Report sheet printed on 4-02-2024 revealed Resident 1 had orders for Lorazepam 0.25 milliliters (ml) every 4 hours as needed with a order date of 2/24/2023 and end date of the order being 6/09/2024. In addition Resident 1 had an order for Sertraline (a antidepressant medication) 50 mg give 1.5 tabs (75 mg) at bed time.</p> <p>Record review of a Census sheet printed on 4/02/2024 revealed Resident 1 was discharged from hospice care on 12/19/2022.</p> <p>Record review of Note to Attending Physician/Prescribers dated 6/9/2023 from the consultant pharmacist revealed the following note: Centers for Medicare and Medicaid Services (CMS) rules now limit PRN psychotropic orders to 14 days unless rationale and duration are clearly stated. This resident is enrolled in Hospice Care and therefore requires the following PRN psychotropic order as a comfort medication to manage anxiety and/or agitation. In signing below, it is acknowledged that this medication should be continued for at least 6 months from date signed unless otherwise noted. Medication and Directions: Lorazepam 2 mg/ml solution give 0.25 mg sublingually every 4 hours as needed anxiety/agitation. Resident 1's Advance Registered Nurse Practitioner (ARNP) signed the note to continue for 365 days.</p> <p>Record review of Note to Attending Physician/Prescribers dated 10/13/2023 per behavior meeting, nursing staff reported resident is showing increased signs/symptoms of depression. Would you like to increase her order for Sertraline 50 mg every day at this time? New order was received to increase Sertraline to 75 mg every day orally.</p> <p>Observation of the resident were 4/1/2024 at 9:00 AM, 10:13 AM, and 1:15 PM with no behaviors noted.</p> <p>Observation of Resident 1 were 4/2/2024 at 11:15 AM and 12:35 PM with no behaviors noted.</p> <p>Observation of Resident 1 were 4/3/2024 at 12:16 PM with no behaviors noted.</p> <p>Observation of Resident 1 on 4/4/2024 at 12:35 PM with no behaviors noted.</p> <p>A interview was conducted with DON on 4/4/2024 at 11:45 AM revealing there was no documentation why Resident 1 required an increase of Sertraline.</p> <p>A interview was conducted with DON on 4/4/2024 at 11:45 AM. During the interview the DON reported there was not documentation found to indicate a rationale for the as needed Lorazepam to extend past 14 days.</p>		

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 04/04/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>45614</p> <p>Licensure Reference Number 175 NAC 12-006.12E1</p> <p>Licensure Reference Number 175 NAC 12-006.12E7</p> <p>Based on observation and interview;the facility staff failed to ensure 2 medications in medication cart E were labeled for use, failed to ensure 2 medication carts and medications were secured and failed to ensure the medication refrigerator was secured in the memory care unit. This had the ability to affect 9 ambulatory residents of 22 residents who live on the memory care unit. The facility claimed a census of 92.</p> <p>Findings are:</p> <p>A. An observation on 04/04/2024 at 7:30 AM of the drawers in the medication cart on hall E revealed an open undated, unlabeled generic brand of a 8 oz bottle of Cough DM and a bottle of Neomycin and Polymyxin B Sulfates and Dexamethasone Ophthalmic Suspension</p> <p>On 04/04/2024 at 7:30 AM an interview was conducted with Certified Medication Assistant (CMA). During the interview CMA-K reported not knowing who the medication belonged to or how long the medications had been in the cart.</p> <p>B. An observation on 04/04/24 at 12:45 PM revealed the medication refrigerator on memory care unit did not have a lock.</p> <p>An interview on 04/04/2024 at 12:50 PM with Registered Nurse (RN)-W confirmed the office door should be locked at all times and the fridge should have a lock. RN-W further confirmed there were ambulatory residents in the memory care unit.</p> <p>An interview on 04/04/2024 at 2:14 PM with the Regional Nurse Consultant (RNC) confirmed having an undated, unlabeled generic bottle of Cough DM and an unlabeled prescription medication in the medication cart does not meet the expectations of the facility. The RNC confirmed having the nurse's office door open and an unlocked medication refrigerator in that office on the memory care unit is a danger to ambulatory residents.</p> <p>47733</p> <p>C. Observation on 04/2/24 10:47 AM revealed LPN-T laid a Resident's blood pressure medication on top of the medication cart and walked away from leaving the medication unsecured and unsupervised in the memory care unit.</p> <p>An interview on 04/2/24 10:49 AM with LPN T confirmed that the medication should not have been left on top of the medication cart unsupervised.</p> <p>(continued on next page)</p>		

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 04/04/2024
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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 04/03/24 8:24 AM revealed the medication cart on the secured memory care unit, across from room D6 was unlocked, unsupervised and had Metoprolol (medication used to help control blood pressure) 100 mg tablets was left on top of the cart. in addition the medication cart</p> <p>An interview on 04/03/24 8:27 AM with LPN-U confirmed that the cart should not have been unlocked and the card of Metoprolol should have not been on the top of the cart.</p> <p>Record review of the facility policy Hillcrest Shadow Lake Medication Administration And Provision. Policy: It is the policy of the facility to ensure that each guest receives medications as prescribed by their physician. Procedure: 29) During administration of medications, the medication cart will be kept closed and locked when out of sight of the medication team member. No medications can be left on top of the medication cart or in the medication cabinet in rooms without team member that is administering the medications within the sight of the medications.</p>

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 04/04/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45641</p> <p>Licensure Reference Number 175 NAC 12-006.11E</p> <p>Based on observation, interview, and record review, the facility failed to perform hand washing after touching potentially contaminated items during meal prep, place the blade in the puree blender in a sanitary manner, ensure staff did not touch the drinking surfaces of the cups of 12 residents in the E hall dining room to prevent cross-contamination. The facility failed to ensure the main kitchen and the Evergreen/Memory unit kitchen floors and equipment were cleaned and failed to ensure all items in the Evergreen/Memory Care unit refrigerator and freezer were labeled and dated to prevent the potential for food-borne illness. This had the potential to affect all 92 residents in the facility. The facility census was 92.</p> <p>Findings are:</p> <p>(continued on next page)</p>

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 04/04/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>A. An observation on 04/02/2024 at 7:04 AM revealed the facility's Chef went to dry storage in the food preparation (prep) process and got 3 cans of green beans, the Chef opened a box of frozen beans and opened the plastic bag inside the box and dumped them into a saucepan with the other green beans. The Chef did not perform hand hygiene after returning from the dry storage area. The Chef got a strainer, dumped a can of green beans in a steamer pan, opened another can of green beans and dumped the beans into a large saucepan. The Chef covered both steam pans, and left the food prep area to go to the walk-in refrigerator and placed the green beans in walk-in. The Chef then returned to the food prep area and took large saucepan, added an unmeasured amount of water, placed the saucepan on the stove without having performed hand hygiene. The Chef put a pot of measured water on stove, got a rag from sanitizer bucket and rung it out, refilled the sanitizer bucket, tested the sanitizer revealing the sanitizer was in range. The Chef got a new towel from the bin, went to walk-in freezer got a box of chicken, gloved, without performing hand hygiene, realized the box of chicken was bad so the Chef threw it away, went back to the walk-in freezer and got a box of frozen sausage patties, and re-gloved, all with no hand hygiene. The Chef opened the box by touching the box and the bag inside and grabbed the sausage patties and placed them on a baking sheet, removed the gloves and placed the baking sheet of sausage patties into oven, all without hand hygiene. The Chef closed the bag, dated it, covered it with plastic wrap, and went back to the walk-in freezer. The Chef then opened a box, re-gloved, opened a bag of chicken breast, grabbed the chicken breasts with the gloved right hand and placed the chicken in a medium warmer pan, added unmeasured amt of water, removed the gloves and handwashed for greater than 20 seconds. The Chef prepped the potatoes and took the box of unused potatoes to walk-in refrigerator, returned to the food prep area, stirred the gravy with the right hand, got 6 small steam pans and put plastic bags in them without gloved hands. The Chef went to walk-in and got 2 boxes of diced chicken, added unmeasured amount of water to the gravy, got a bag of diced chicken from the box, opened and dumped the chicken into the gravy, whisked in, and added basil leaves without hand hygiene. The Chef got bread loafs, set the oven to 45 minutes, and put the baking trays of potatoes in the oven. The Chef got a knife, gloved both hands, halved bread slices and them placed the bread in a steamer pan with paper, returned to the food prep area and covered the bread with plastic wrap removed gloves and did not complete hand hygiene. The Chef whisked the chicken supreme, got a spoon and stirred the beans with right hand, then took the green beans to blender and used the Chef's bare hand to put the blade in the blender. The Chef then scooped in servings of green beans and pureed the beans. The Chef dumped the beans into the warmer pans, covered with plastic wrap and repeated the process 2 more times. The Chef put the 3 pans of green beans on the griddle, stirred the chicken supreme mixture, pureed more green beans, took the blender parts to the sink and sprayed them off, and ran blender parts through the sanitizer. The Chef took the blender bowl back to blender and placed the blade in using right bare hand without having performed hand hygiene.</p> <p>In an interview on 04/04/2024 at 8:55 AM, the facility's Dietary Manager (DM) confirmed the Chef should have washed hands when the Chef returned to the food prep area after going to the dry storage, walk-in refrigerator and freezer, and after touching the boxes. The DM confirmed the Chef should not have inserted the blade into the blender with a potentially contaminated bare hand.</p> <p>B. An observation on 04/02/2024 at 12:18 PM revealed Dietary Aide (DA)-HH delivered beverages in cups to Residents 62, 84, 47, 76, 34, 21, 20, 33, 36, 69, 86, and 35 in E hall dining room by touching the drinking surface of the cups and the drinking surface of the straw for Resident 34.</p> <p>(continued on next page)</p>		

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 04/04/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>In an interview on 04/02/2024 at 12:53 PM, The Registered Dietician (RD) confirmed the RD observed DA-HH delivered beverages in cups by touching the drinking surfaces of the cups for the above listed residents and the straw for Resident 34. The RD reported DA-HH should not have touched the drinking surfaces.</p> <p>C. A record review of the Culinary (cooking or kitchen) Equipment Cleaning Policy dated 02/22/2022 revealed each piece of equipment would have a cleaning procedure and weekly schedule for cleaning. The cleaning checklist forms were to be signed off by the team member that completed the task. It was the responsibility of the culinary team to maintain the sanitization of all pieces of equipment and the kitchen.</p> <p>A record review of the facility's undated Chef's Daily Cleaning List revealed the morning chef was to sweep and mop the entire kitchen and clean under the prep and steam tables.</p> <p>A record review of the undated Chef Weekly Cleaning List revealed the morning and evening shift chefs were to work together to clean the walls behind the equipment, sides of the equipment, and the floors under the equipment on Wednesdays.</p> <p>An observation on 04/01/2024 at 7:05 AM revealed the floor throughout the main kitchen contained scattered food debris and white flakes, a black substance, and were sticky by reach-in refrigerator with glass doors. Both the walk-in refrigerator and walk-in freezer floors contained scattered food debris. The inside of the walk-in refrigerator door had smeared substance and handprints on it. Oven 001's horizontal and vertical surfaces were scattered with splashes from the waste can and food debris. The vertical surfaces of the stove contained a brown crusty substance and food debris. The stainless-steel wall behind the griddle was splattered with a white substance. The top of the steamer had gray fuzzy substance and food debris on it. The dish sanitizer had a white crusty and brown crusty substance on the top. The warmer carts doors contained smears of food and the bottoms contained food debris.</p> <p>An observation on 04/02/2024 at 7:04 AM revealed the floor throughout the main kitchen contained scattered food debris and white flakes, and a black substance. Both the walk-in refrigerator and walk-in freezer floors contained scattered food debris. The inside of the walk-in refrigerator door had smeared substance and handprints on it. Oven 001's horizontal and vertical surfaces were scattered with splashes from the waste can and food debris. The vertical surfaces of the stove contained a brown crusty substance and food debris. The stainless-steel wall behind the griddle was splattered with a white substance. The top of the steamer had gray fuzzy substance and food debris on it. The dish sanitizer had a white crusty and brown crusty substance on the top. The warmer carts doors contained smears of food and the bottoms contained food debris.</p> <p>(continued on next page)</p>		

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 04/04/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An observation on 04/01/2024 at 7:05 AM with the DM revealed the floor throughout the main kitchen contained scattered food debris and white flakes, a black substance, and were sticky by reach-in refrigerator with glass doors. Both the walk-in refrigerator and walk-in freezer floors contained scattered food debris. The inside of the walk-in refrigerator door had smeared substance and handprints on it. Oven 001's horizontal and vertical surfaces were scattered with splashes from the waste can and food debris. The vertical surfaces of the stove contained a brown crusty substance and food debris. The stainless-steel wall behind the griddle was splattered with a white substance. The top of the steamer had gray fuzzy substance and food debris on it. The dish sanitizer had a white crusty and brown crusty substance on the top. The warmer carts doors contained smears of food and the bottoms contained food debris.</p> <p>In an interview on 04/01/2024 at 11:50 AM, the DM confirmed the DM observed all of the above concerns and that all of the items should have been cleaned and were not.</p> <p>D. A record review of the Culinary (cooking or kitchen) Equipment Cleaning Policy dated 02/22/2022 revealed each piece of equipment would have a cleaning procedure and weekly schedule for cleaning. The cleaning checklist forms were to be signed off by the team member that completed the task. It was the responsibility of the culinary team to maintain the sanitization of all pieces of equipment and the kitchen.</p> <p>A record review of the undated Evergreen/Memory Kitchen Daily Cleaning End of Shift Check List revealed the refrigerator and freezer was to be cleaned daily on the morning and afternoon shift. It did not reveal a cleaning schedule for the floors and microwave.</p> <p>An observation on 04/01/2024 at 7:42 AM of the Evergreen/Memory Care unit's refrigerator revealed the handles had white crusty substance on them, the floors had a dark gray substance and scattered drippings. The horizontal surfaces and pull-out tray of the refrigerator were sticky and contained food debris throughout. All surfaces of the freezer were sticky and contained food debris. The microwave had red and brown food debris on bottom.</p> <p>An observation with the DM on 04/01/2024 at 11:50 AM of the Evergreen/Memory Care unit's refrigerator revealed the handles had white crusty substance on them, the floors had a dark gray substance and scattered drippings. The horizontal surfaces and pull-out tray of the refrigerator were sticky and contained food debris throughout. All surfaces of the freezer were sticky and contained food debris. The microwave had red and brown food debris on bottom.</p> <p>In an interview on 04/01/2024 at 11:50 AM, the DM confirmed the DM observed all the concerns from above and confirmed the refrigerator, freezer, floors, and microwave should have been clean and they were not.</p> <p>E. A record review of the facility's Proper Food Storage policy dated 02/22/2022 revealed the staff should label all foods removed from their original container. The label should contain the item name, preparation date, use by date, expiration date, and prepared by name.</p> <p>(continued on next page)</p>		

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 04/04/2024
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An observation on 04/01/2024 at 7:42 AM of the Evergreen/Memory Care unit's refrigerator revealed 1 great value Blue Cheese Dressing opened, not dated. 1 Mr. C's Italian dressing opened, not dated. a plastic bag with a Styrofoam container, what appeared to be lunch meat and a banana was not labeled and dated. The freezer contained 1 white plastic bag assorted meats, 2 bags of brats, 2 bags of jerky were not labeled or dated, 1 black container with clear lid and brown and white substance inside was not labeled and dated.</p> <p>An observation with the DM on 04/01/2024 at 11:50 AM of the Evergreen/Memory Care unit's refrigerator revealed 1 great value Blue Cheese Dressing opened, not dated. 1 Mr. C's Italian dressing opened, not dated. a plastic bag with a Styrofoam container, what appeared to be lunch meat and a banana was not labeled and dated. The freezer contained 1 white plastic bag assorted meats, 2 bags of brats, 2 bags of jerky were not labeled or dated, 1 black container with clear lid and brown and white substance inside was not labeled and dated.</p> <p>In an interview on 04/01/2024 at 11:50 AM, the DM confirmed the DM observed the items listed above and all the items should have been labeled and dated.</p>

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 04/04/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45641</p> <p>Licensure Reference Number 175 NAC 12-006.17B</p> <p>Licensure Reference Number 175 NAC 12-006.17D</p> <p>Based on observation, interview, and record review, the facility failed ensure the facility staff wore surgical masks above the nose and below the chin while in resident care areas, failed to perform hand hygiene when going between 2 residents while assisting with meal, failed to ensure that hand hygiene was performed before and after glove changes during medication administration for Resident 74, and failed to glove and do hand hygiene to prevent cross-contamination during wound care for resident 81 and catheter care for Resident 88 and Resident 1. This had the potential to affect all 92 residents in the facility. The facility census was 92.</p> <p>Findings are:</p> <p>A. A record review of the facility's Infection Prevention and Control Program dated 01/04/2024 revealed health care workers were recommended to wear masks during routine care for residents who were thought to be contagious.</p> <p>Observation on 4-01-2024 at 8:06 AM revealed a sign was posted directing when entering the unit everyone must wear a mask.</p> <p>An observation on 04/01/2024 at 10:19 AM revealed Medication Aide (MA)-M was working with Resident 84 within 1 foot of the resident with the MA-FF's surgical mask below the nose.</p> <p>An observation on 04/01/2024 at 11:43 AM revealed MA-M was walking down the hall between resident rooms C8 - C13 with the surgical mask off.</p> <p>An observation on 04/01/2024 at 10:22 AM revealed Registered Nurse (RN)-W was working within 2 feet or Resident 69 with the surgical mask below the nose.</p> <p>An observation on 04/01/2024 at 11:45 AM revealed MA-FF walked down the hall between resident rooms C2 - C6 with the surgical mask below the mouth. MA-FF then walled into the nurse's station where there was a resident taking a breathing treatment and MA-FF sat down within 2 feet of the resident.</p> <p>An observation on 04/02/2024 at 11:55 AM revealed Licensed Practical Nurse (LPN)-AA pushed a resident North from the dining room past the main entrance leaning on the handles of the resident's wheelchair with the surgical mask below the nose. LPN-AA face was within 1 foot of the resident's face.</p> <p>An observation on 04/02/2024 at 12:05 PM revealed MA-K had the surgical mask below the nose as 3 resident past by to enter the assisted dining room. All 3 residents were within 3 feet of MA-K.</p> <p>An observation on 04/02/2024 at 12:09 PM revealed MA-K was in a resident's room working with the resident with the surgical mask below the nose.</p> <p>(continued on next page)</p>		

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 04/04/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>An observation on 04/02/2024 at 2:09 PM revealed Administrative Assistant (AA)-GG sat at the reception desk at the entrance to the facility within 2 feet of a visitor without a mask, and within 6 feet of a resident with the surgical mask below the nose.</p> <p>In an interview on 04/02/2024 at 12:09 PM, the Regional Nurse Consultant (RNC)-A confirmed there were COVID-19 positive residents in the facility and all the staff should have worn a surgical mask at all times while in the facility above the nose and below the chin.</p> <p>B. A record review of the facility's Infection Prevention and Control Program dated 01/04/2024 revealed hand hygiene (cleaning) should have been completed before and after direct contact with each resident and before donning (putting on) and after removing gloves.</p> <p>In an observation on 04/02/2024 at 12:32 PM revealed Nursing Assistant (NA)-II touched Resident 20's clothing and arm then assisted Resident 33 with the meal without removing gloves and performing hand hygiene. NA-II kept touching Resident 20's clothing protector and then would go back to assisting Resident 33 with bite of food. NA-II continued to go back and forth between assisting Residents 20 and 33 with bites of food.</p> <p>An observation on 04/02/2024 at 12:37 PM revealed Activities Director (AA)-JJ went back and forth between Resident 34 and Resident 21 assisting with bites of food and adjusting the resident's clothing. AA-JJ did not perform hand hygiene at any time between contacts with the residents. AA-JJ then got up, touched Resident 35's clothing and wheelchair and then went back to assisting Residents 34 and 21 with bites of food. AA-JJ touched Resident 34's lap with AA-JJ's right hand then assisted Resident 21 with a bite of food with the same right hand. AA-JJ touched Resident 34's clothing on back with AA-JJ's right hand, assisted with drink, then assisted Resident 21 with a bite of food with the same right hand. AA-JJ got up and got Resident 34 a cup of ice water gave the resident a drink while touching straw with right hand. AA-JJ the assisted Resident 21 with a bite of food with the same right hand. AA-JJ touched Resident 34's spoon and then assisted Resident 21 with a bite with the same right hand. The entire observation did not reveal AA-JJ performed hand hygiene.</p> <p>In an interview on 04/02/2024 at 12:53 PM, The Registered Dietician (RD) confirmed the RD observed AA-JJ and NA-II going back and forth assisting residents with dining without having performed hand hygiene and should have.</p> <p>In an interview on 04/02/2024 at 12:53 PM RNC-A confirmed AA-JJ and NA-II should not have went back and forth between residents while assisting with dining without having performed hand hygiene between resident contacts.</p> <p>45614</p> <p>(continued on next page)</p>		

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 04/04/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>C. An observation on 04/03/2024 at 7:15 AM of Certified Medication Assistant K (CMA)-K performing blood glucose testing and insulin administration for Resident 74 revealed CMA-K gathered Resident 74's individual glucose monitor, a test strip, a cotton ball, a lancet and a pair of gloves. CMA-K also had 2 insulin flex pens, one of Lantus with 22 units of insulin and one of Humalog 5 units of insulin, both pens were prepared for administration with a safety needle attached. CMA-K entered the resident room and informed Resident 74 that CMA-K was there to test the residents blood glucose and administer insulin. Resident 74 agreed and CMA-K donned gloves without washing their hands or using hand sanitizer. CMA-K opened the alcohol wipe and wiped the forefinger on the right hand. CMA-K used the lancet to [NAME] the skin producing a drop of blood , placed the test strip in the glucometer and collected the blood drop. CMA-K used the cotton ball to blot the blood on the resident's finger and then gathered the trash and removed their gloves. CMA-K did not wash or sanitize their hands after removing the soiled gloves.</p> <p>An observation on 04/03/2024 at 7:40 AM Revealed CMA-K returned to Resident 74's room with an alcohol wipe, donned clean gloves and did not washing or sanitizing their hands CMA-K wiped Resident 74's upper right arm with the alcohol wipe and administered the insulin Humalog, 5 units to the front of the arm and Lantus 22 units to the back of the arm.</p> <p>Record review of the facility's Infection Prevention and Control Program dated 01/04/2024 revealed hand hygiene (cleaning) should have been completed before and after direct contact with each resident and before donning (putting on) and after removing gloves.</p> <p>50106</p> <p>D. Record Review of Minimum data Set (MDS, a federally mandated assessment tool used for care planning) dated 3/4/2024 revealed Resident 87 had a BIMS of 12. According to the MDS [NAME] a BIMS score of 8 to 12 indicates a person has moderately impaired cognition.</p> <p>Record review of Physician Orders dated 3/6/2024 for Resident 87 revealed an order for Triad Hydrophilic Wound Dress External Paste (Wound Dressings) to be apply to coccyx wound two times a day after cleansing area until healed.</p> <p>Observation on 04/02/24 at 9:37 AM revealed LPN-P gathered supplies from the nurse's station. LPN-P knocked on Resident 87's door and got permission for observation of the wound care. LPN-P laid the supplies on the bedside table without a barrier. LPN-P closed the blinds, did Hand Hygiene (HH) and applied clean gloves. Resident 87 slid their pants down to knees and to perform the wound care Resident 87 bended over the bed to expose the coccyx area. LPN-P sprayed the wound with wound cleaner and wiped with a new gauze each swipe down the coccyx. LPN-P with the same soiled gloves applied the cream to the open area on Resident 87's coccyx.</p> <p>A interview on 04/02/24 at 9:45 AM with LPN-P confirmed HH should have been done between cleaning the wound and application of the cream. LPN-P further confirmed a barrier should have been used when laying supplies on the bedside table.</p> <p>Policy Hand Hygiene policy Effective: 4.11.18; Updated 2.23.22 revealed the following:</p> <p>Policy: All members of the healthcare team will comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.</p> <p>(continued on next page)</p>		

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 04/04/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Purpose: Effective hand hygiene reduces the incidence of healthcare-associated infections.</p> <p>Hand Hygiene Guidance/Procedure:</p> <ol style="list-style-type: none"> 1. Healthcare Personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: <ol style="list-style-type: none"> a. Immediately before touching a patient. b. Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices. c. Before moving from work on a soiled body site to a clean body site on the same patient. d. After touching a patient or the patient's immediate environment e. After contact with blood, body fluids, or contaminated surfaces. f. Immediately after glove removal 2. Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and, in the absence of a sink, are an effective method of cleaning hands. <p>E. Record Review of Resident 88's MDS dated [DATE] revealed Resident 88 was admitted on [DATE]. Review of the Bowel and Bladder section of the MDS revealed Resident 88 had an indwelling catheter and was always incontinent of bowel.</p> <p>Record Review of the Order Summary printed on 4-01-2024 for Resident 88 revealed Resident 88 has an order for Foley Catheter (type a tube placed into the bladder to drain urine).</p> <p>Observation on 4-02-2024 at 7:38 AM of catheter care for Resident 88 revealed certified Medication Assistant (CMA)-M completed HH and donned gloves. CMA-M using a wipe cleansed Resident 88's front peri area revealing the wipe had a brownish stain, similar to bowel movement. CMA-M without changing the soiled gloves and completing HH retrieved a bag of wipes. CMA-M with out changing the soiled gloves and completing HH pulled wipes from the container and wiped each buttocks. CMA-M with the same soiled gloves took another wipe from the package and wiped Resident 88's coccyx/rectal area. CMA-M removed the soiled gloves and did not complete HH. CMA-M picked up garbage of dirty wipes and paper towel from the floor with bare hands. Then CMA-M did HH with soap and water for 20 seconds and applied clean gloves. CMA-M assisted Resident 88's roommate with getting a sweatshirt from the closet. CMA-M with out changing the gloves and completing HH returned to Resident 88 to complete cares. CMA-M obtained wipes from the package and wiped Resident 88's catheter tubing up and down the tubing repeatedly with the same wipe. CMA-M disconnected the catheter bag and cleaned the tubing with an alcohol wipe, spilled urine on the floor, then connected the leg bag. CMA-M placed a paper towel over the spilled urine on the floor, took catheter bag to the bathroom and emptied the urine from the bag. CMA-M put the catheter bag in a gray open container and reported (gender) would clean the catheter bag later as there was not time right now.</p> <p>(continued on next page)</p>		

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 04/04/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>4/20/24 8:10 AM an interview was conducted with CMA-M. CMA-M confirmed the bag of wipes became contaminated when getting wipes out with dirty gloves. CMA-M confirmed no HH was done when moving from doing peri-care/catheter care on the front then moving to the buttocks and rectal area. CMA-M confirmed after assisting the roommate, HH should have been done before returning to complete care for Resident 88. CMA-M confirmed the catheter tubing should be wiped going from the resident and down the tubing, using a new wipe each time and not in an up and down motion repeatedly.</p> <p>F. Record review of Resident 1's Order Summary Sheet printed on 4-02-2024 revealed Resident 1 had a Foley Catheter.</p> <p>Observation on 4-02-2024 at 11:00 AM of catheter care for Resident 1 revealed CMA-M completed HH and donned clean gloves. CMA-M using a wipe cleansed the catheter tubing using 3 swiping motions with the same wipe. CMA-M obtained another wiped and wiped down each side of the front peri-area. CMA-M removed the soiled gloves and did not complete HH. CMA-M applied gloves and assisted Resident 1 onto the left laying position. CMA-M obtained a wipe and cleansed the buttock and rectal area. CMA-M removed the soiled gloves, did not complete HH, applies gloves and applied a clean brief to Resident 1.</p> <p>A interview on 04/02/24 at 11:31 AM was conducted with CMA-M. CMA-M confirmed (gender) did not do HH with each glove change. CMA-M confirmed getting a clean wipe from the wipe package with soiled gloves contaminated the wipe package. CMA-M confirmed that wiping with the same wipe on catheter tubing is incorrect. CMA-M reported a clean wipe should have been obtained each time before (gender) wiped the catheter tubing.</p> <p>Record review: Policy Hand Hygiene policy effective 4.11.18; Updated 2.23.22 revealed the following:</p> <ul style="list-style-type: none"> -Policy: All members of the healthcare team will comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines. -Purpose: Effective hand hygiene reduces the incidence of healthcare-associated infections. -Hand Hygiene Guidance/Procedure: -1. Healthcare Personnel should use an alcohol-based hand rub or wash with soap and water for the following clinical indications: <ul style="list-style-type: none"> -a. Immediately before touching a patient. -b. Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices. -c. Before moving from work on a soiled body site to a clean body site on the same patient. -d. After touching a patient or the patient's immediate environment. -e. After contact with blood, body fluids, or contaminated surfaces. -f. Immediately after glove removal. <p>(continued on next page)</p>		

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 04/04/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-2. Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and, in the absence of a sink, are an effective method of cleaning hands.</p>