

**Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall So, P O Box 94986
Lincoln, NE 68509-4986**

1-20-16 dy

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
CERTIFIES THAT

Hilltop Estates
MEETS STATUTORY REQUIREMENTS AS
SNF/NF DUAL CERT
Lic # 224002

Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
ALZHEIMERS/SPECIAL CAR

EXPIRES
03/31/2017


Candace R. Nystrom, MBA
Chief Executive Officer
Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Hilltop Estates

ADDRESS: P O BOX 429, 2520 AVENUE M, GOTHENBURG, NE 69138

This is to verify that your SNF/NF DUAL CERT is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.

10/19/15



NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit

Make Payment to DHHS LU
Renewal Fees:
1 - 50 beds: \$1550
51 - 100 beds: \$1750
101 or more: \$1950

Expiration Date
03/31/2016

Nursing Home Licensure Renewal Application

Nursing Home Type: Please Check
[checked] Skilled Nursing Facility
[] Nursing Facility
[] Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Hilltop Estates
P O BOX 429, 2520 AVENUE M
GOTHENBURG, NE 69138

2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

[Blank lines for mailing address]

LICENSE NO: 224002

TELEPHONE NUMBER: (308) 537-7138

FAX NUMBER: (308) 537-7130

ADMINISTRATOR: SCOTT BAHE

DIRECTOR OF NURSING: SERINA SLADKY, R.N.

E-Mail Address, if available: hilltopadm@qwestoffice.net

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 64

5. ACCREDITATION/CERTIFICATION:
Are you requesting deemed status? [] yes [checked] no
[checked] JCAHO [checked] Medicare [checked] Medicaid [] Other

6. SPECIAL CARE AND TREATMENT SPECIFICALLY FOR THE FOLLOWING GROUPS:
If different from Current Services listed, please check changes.

[checked] Physical Therapy [checked] Alzheimers/Special Care Unit [checked] Speech Therapy
[] Pediatric [] Respiratory [checked] Occupational Therapy
[] Behavioral Needs

Current Services
PHYSICAL THERAPY
OCCUPATIONAL THERAPY
SPEECH THERAPY
ALZHEIMERS/SPECIAL CARE

LICENSURE UNIT
JAN 13 2016
RECEIVED

2016 JAN 19
10:40
RECEIVED

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: K. C. HEALTH CARE ENTERPRISES, INC.
(Legal Name of individual or business organization)

MAILING ADDRESS: P O BOX 429
GOTHENBURG, NE 69138

8. BUSINESS ORGANIZATION: (Check one):

[] Sole Proprietorship
[] Partnership
[] Limited Partnership
[checked] Corporation
[] Limited Liability Company
[] Governmental (State, District, County, City or Municipal)
[] Other (Please Specify)

(check one)
[checked] Profit [] Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application are true and correct and I/we hereby apply for a renewal license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by

- (1) the owner, if the applicant is an individual or partnership,
(2) two of its members, if the applicant is a limited liability company,
(3) two of its officers, if the applicant is a corporation, or
(4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

Craig A. Barto, President
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

Scott A. Bahe, NHA, C.O.O.
AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

[Redacted Signature]

SIGNATURE

1/6/16
DATE

1/6/16
DATE

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403233

Name of Facility: **Hilltop Estates**
Type of Facility: **Nursing Home**
Location: **2520 M Street Gothenburg**
Maximum Occupancy: **64 Beds**
Date Issued: **10/19/2015**

Approved By:



Inspected By: **8733 Mike Hoeff**
Deputy State Fire Marshal

State Fire Marshal



POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes shall invalidate this occupancy permit.

HILLTOP



ESTATES

Caring for All Generations!

PO Box 429

2520 Ave. M-Gothenburg, NE 69138

(308)537-7138

www.hilltopestatesgothenburg.com

STATEMENT OF OWNERSHIP

K.C. HEALTH CARE ENT. INC.

dba HILLTOP ESTATES

Craig D. Bartruff
PO Box 389
619 10th Street
Gothenburg, NE 69138

100% Ownership & Control


Scott A. Bahe, NHA

1/6/2016



NURSE STATION ZONE

400 WING ZONE

Only Single occupancy rooms

200 WING/MEMORY UNIT ZONE

100 WING ZONE

**HILLTOP ESTATES
GOTHENBURG, NE**

ATTIC ROUTES - RED ARROWS

ATTIC FIREWALLS - BLUE LINES

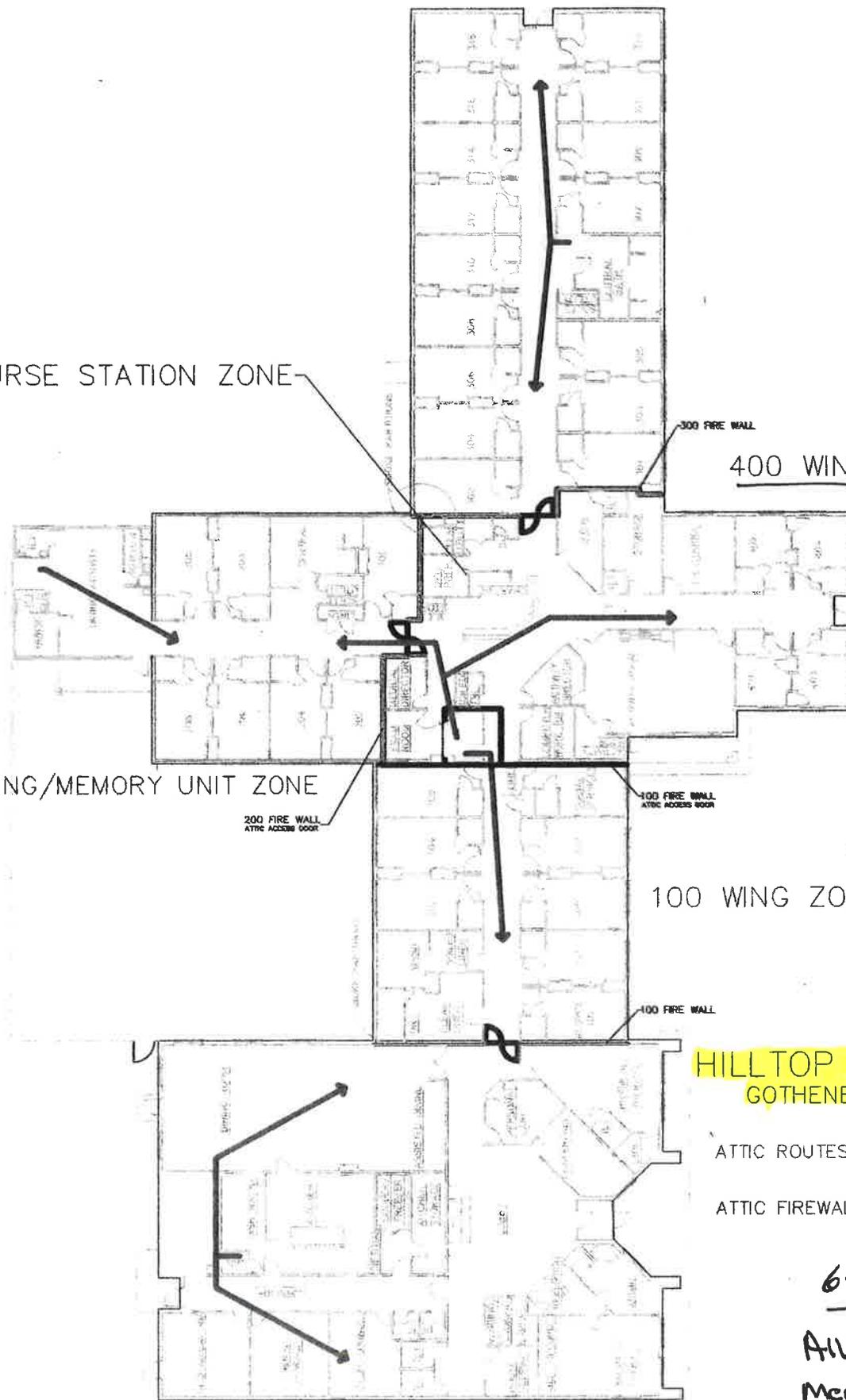
64 beds

All rooms
Medicare + Medicaid
Certified

KITCHEN ZONE

LOBBY ZONE

SHA Bk



"Reflections of Home" Philosophy

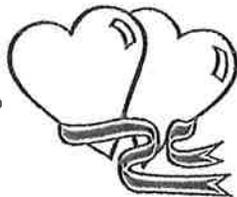
"Reflections of Home" is an extension of the Hilltop Estates philosophy of Caring for All Generations. The mission shall be to provide family oriented care with quality, dignity, kindness, and respect for those we serve.

Environmentally, the goal shall be to provide an air of serenity thru decorations that reflect the previous generation and reduced noise impact. Individuals will be empowered to be who they are in the time and place of their reality.


Scott A. Bahe, NHA

5-1-08.
Date

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"Reflections of Home"
Alzheimer's/Dementia Area

Admission & Discharge

POLICY: Admission and discharge to the "Reflections of Home" area is based on but not limited to the following criteria. The resident's condition will be evaluated on a quarterly basis and PRN. As the resident's condition deteriorates and the "Reflections of Home" placement is no longer appropriate, the interdisciplinary team will assist residents and their families in transfer from the area.

PROCEDURE AND CRITERIA:

Admission

1. Interview with prospective resident in home or at Hilltop Estates prior to admission.
2. The resident has been diagnosed with dementia and/or Alzheimer's disease.
3. The resident must be able to perform some of all ADLs such as bathing, grooming, transfer, mobility, toileting, eating, etc. Resident must have the tendency to wander.
4. The resident has the desire to be free of chemical and/or physical restraints.
5. The resident's family is willing to be involved in the plan of care for their loved one.
6. A trial period may be given to assess if our calm environment and continuity of care decreases episodes of undesirable reactions.
7. Residents that may not be applicable for admission or continued care are those with the following indications:
 - a. The level of care required exceeds staff capabilities.
 - b. Substance abuse.
 - c. Consistent history of violent behavior proving to be injurious to residents of prior facilities or Hilltop Estates.
 - d. Residents with a diagnosis of chronic mental illness or mental retardation.

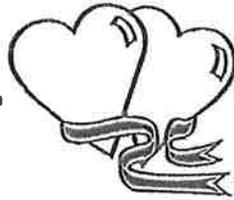
Discharge

1. If a resident is combative, abusive, violent, unmanageable or a danger to themselves or other residents.
2. If a resident can no longer benefit from the special environment provided by the unit i.e., special activities, quiet milieu, etc.
3. When facility deems the resident inappropriate for the area.

Administrator: _____

Date: 5-1-08

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Caring for All Generations!

"Reflections of Home"
Alzheimer's/Dementia Area

CARE PLANNING

POLICY: It is the policy of this facility that each resident has a care plan to address individual needs and direct resident care.

PROCEDURE:

1. Upon admit, a Cardex will be implemented to provide staff with a source that provides basic care information that is quickly accessible so continuity of care can be provided across all shifts and all days of the week. Cardexes will have basic information such as:
 - a. Diet
 - b. Communication abilities
 - c. Mental status
 - d. Physical/functional abilities
 - e. Special equipment needed
 - f. Fall risk interventions
 - g. Special skin care interventions
 - h. Dismissal planning
2. A comprehensive care plan will be completed by day 21 of the resident's stay.
3. Care plans and cardexes will be reviewed quarterly and prn with changes being made as the resident's condition warrants.
4. Families will be given the opportunity to meet with the care plan team at quarterly reviews and as needed if the resident's condition warrants.

[Redacted Signature]

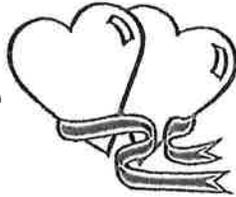
Scott A. Bahe, NHA

5-1-08
Date

Date: _____ Reviewed by: _____

Date: _____ Reviewed by: _____

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Caring for All Generations!

"Reflections of Home"
Alzheimer's/Dementia Area

STAFF EDUCATION AND TRAINING

POLICY: It is the policy of this facility that all personnel participate in regularly scheduled in-service training classes as well as on-the-job training when necessary to assist staff in performing their assigned tasks.

PROCEDURE:

1. Upon hire, staff will be educated on facility policies. New employees will also be provided with on-the-job training specific to their department duties.
2. All personnel are required to attend regularly scheduled in-service training classes. Each nursing assistant must attend, at a minimum, 12 hours of continuing education annually.
3. In-service training classes are conducted to provide employees with information concerning their position, methods and procedures to follow in implementing assigned duties, and to provide up-to-date information that may assist the employee, as well as the facility, in providing quality health care.
4. Insofar as practical, notice of in-service training classes, their time, place, date, etc., will be posted on the employee bulletin board at least seven (7) days prior to the scheduled classes.
5. Attendance at in-service training classes is considered working time for pay purposes.
6. Only the personnel director may excuse an employee from an in-service training class.
7. Education regarding care for residents with Alzheimer's disease or dementia will be provided upon hire, annually and as needed based on resident population needs in the "Reflections of Home" area.
8. Staff working primarily in the "Reflections of Home" area will be provided with additional training in caring for residents with dementia.

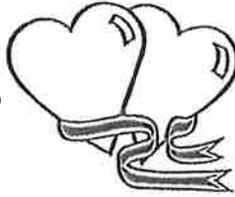
Scott A. Bahe, NHA

5-1-08
Date

Date: _____ Reviewed by: _____

Date: _____ Reviewed by: _____

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"Reflections of Home"
Alzheimer's/Dementia Area

Physical Environment & Design

Policy: Insure that the physical environment & design of the Alzheimer's/Dementia area will accommodate the special needs of resident population.

Procedure:

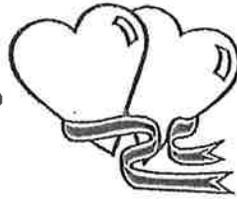
- Area is designed to accommodate 14 residents, with no more than 2 residents to a room.
- Residents in the area will have a separate dining and activity program to meet their individual needs.
- The area will be a "reduced sensory environment":
 - A. Individual telephones will not be placed in the resident rooms
 - B. Over head paging will be turned down so that it can only be heard at the nursing station in a quiet tone, if needed at all.
 - C. Call light tones will not be utilized. Visual call light usage will be maximized dependent on the abilities of the residents.
 - D. Controlled television programming will be done in the central activity area. Individual Televisions will not be placed in resident rooms.
- Rooms shall be decorated and furnished to promote maximum independence for each resident. Family is encouraged to assist in decorating resident rooms appropriately, and will be asked to review decorations/furniture with Social Service's prior to placement in the resident's room.
 - A. Families will be required to remove the glass or replace glass in picture frames with plexi-glass for resident safety.
 - B. Facility will discourage families from placing breakable items and valuables in resident's room.

Scott A. Bahe, NHA

5-1-08

Date

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"Reflections of Home"
Alzheimer's/Dementia Area

Activities Policy & Procedure

Activities are a vital part of the resident's physical and mental well being. Their interests and perceptions of reality will be at the core of the program.

Spontaneous Activities

- Our belief of allowing the resident to exist within the comfort of their own reality, will provide opportunities for spontaneous, individualized, activities to take place. The activities will capitalize on the individual's interests and perceptions of reality. Our intention is to "go with the flow" and allow the individual to direct the spontaneous activities. Materials will be provided based on the interests that individuals show.
- Additional materials will be provided that will allow the resident to discover new areas of interest.

Planned Activities

- Planned activities are recognized as providing structure to the resident's day.
- Two planned activities will be done on a daily basis; 1 in the am and 1 in the pm.
- While providing structure, planned activities will give way to opportunities to perform individualized spontaneous activities

Visitors

- A maximum of three (3) visitors at a time or per meal will be encouraged, with resident & guest diners being set up separate from the resident group whenever this arrangement is possible.

Excursions

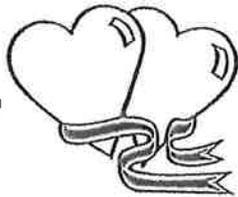
- In order to reduce the potential for increased agitation and confusion, families are encouraged not to remove residents from the Reflections Memory Area. *Out-of-memory area "excursions/day trips/activities" must be taken thru the Director of Nursing and/or Social Services Director. The Care Plan process, which includes the input from caregivers & family, will be used to determine on an individual basis whether excursions benefit the individual resident.*

Scott A. Bahe, NHA

12/1/2009
Date

Reflections Activities.pub

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2520 Ave. M-Gothenburg, NE 69138
(308)537-7138
www.hilltopestatesgothenburg.com

"Reflections of Home"
Alzheimer's/Dementia Area

Family Involvement and Support Programs

Policy: Insure that family members or interested parties have opportunities to participate in their loved ones plan of care and have the support they need to do so.

Procedure:

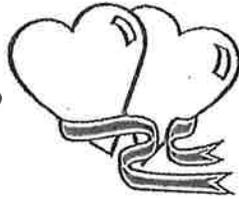
- Social worker or Hilltop Estates representative will invite responsible party to their loved one's care review upon admission, quarterly and as needed.
- If interested party is unable to attend the care review, special arrangements will be made upon request.
- Family members and interested parties are encouraged to visit their love one upon their convenience.
- Social worker will invite family members and interested parties to the community dementia support group meeting, which is held the 2nd Tuesday of every month at the Wellness Center in Gothenburg.
 1. A Hilltop Estates representative will be present during these support group Meetings.
- Further support will be provided to family members upon request or observation.
 1. This support may include materials from the Alzheimer's Association or the NE Health Care Association.
 2. This support may also come from experienced staff members and/or current or past family members.

Scott A. Bahe, NHA

5-1-08.

Date

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"Reflections of Home"
Alzheimer's/Dementia Area

Fire Drill Logistics

Due to the nature of a secure Alzheimer's/Dementia area, the following procedure shall be used for training, and in the event of an actual fire or emergency.

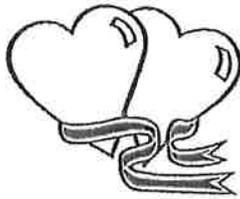
Procedure:

- Courtyard gate will normally be locked with a combination lock, and a chain that will allow the lock to be rotated to the outside of the gate should entrance from the outside of the fence be required.
- All staff are to be familiar with entry/exit combinations in addition to being posted.
- Facility 100 charge nurse remains the individual in charge in the event of a fire until the Administrator or Director of Nursing takes over.
- In the event of a fire, memory area staff will send one individual immediately to the courtyard gate in order to open it for use.
- Should situations not allow the splitting of memory staff to open the courtyard gate, the 100 charge nurse shall send different facility staff to immediately unlock the courtyard gate for use.

[REDACTED]
Scott A. Bahe, NHA

10/7/08.
Date

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"Reflections of Home"
Alzheimer's/Dementia Area

Memory Area-Animal Visits

Family is encouraged to bring in a resident's pet for a visit:

- If the animal interacts well with the residents and any memory area animals that may be present.
- If there is no food on the table; i.e. not meal times or snack times. Visitors will be required to check with facility charge nurse to get the ok to enter with animals.


Scott A. Bahe, NHA

11/24/08
Date

Animalsmemoryarea.pub