

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285224	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/18/2026
NAME OF PROVIDER OR SUPPLIER Skyview Care and Rehab at Bridgeport		STREET ADDRESS, CITY, STATE, ZIP CODE 505 O Street Bridgeport, NE 69336	

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 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>Licensure Reference Number 175 NAC 12-006.12(D)(vii) Based on observation and record review, the facility failed to ensure a secure disposal of medication for 1 (Resident 4) of 3 sampled residents. The facility identified a census of 23. Findings are: Record Review of Resident 4's care plan, revised on 11/11/2024 revealed an admission date of 5/27/2022. Record review of Resident 4's order summary dated 2/18/2026 revealed an order for Potassium Chloride with an indication of nutritional supplement and a start date of 4/16/2025. Record Review of the facility's Discarding and Destroying Medication policy revised November 2022 revealed Non-controlled and Schedule V (non-hazardous) controlled substances are disposed of in accordance with state regulations and federal guidelines regarding disposition of non-hazardous medications. Observation made on 2/18/2026 at 9:42 AM revealed that MA-A prepared Resident 4's AM (morning) medications, which included their Potassium Chloride, and carried the medications into Resident 4's room in a medication cup. MA-A then mixed the medications into the resident's pudding. Resident 4 stated they did not want to take the Potassium Chloride tablet. MA-A was then observed scooping the Potassium Chloride tablet out of the pudding and placed it into the trash can in Resident 4's room, showing this surveyor that the medication cup was then empty. MA-A then left Resident 4's room without taking the trash bag containing the Potassium Chloride tablet with them. Interview at 1:15 Pm on 2/18/2026 with Regional Nurse Consultant confirmed this was not the correct way to dispose of medications.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 285224	If continuation sheet Page 1 of 2

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<p>F 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>Licensure Reference Number 175 NAC 12-006.10(D) Based on observation, record review, and interview, the facility failed to ensure their medication error rate was less than 5%. Out of 31 medication administration opportunities, there were 6 medication errors affecting 2 (Residents 6 and Resident 4) of 3 sampled residents, resulting in a 19.35% medication error rate. The facility identified a census of 23. Findings are: A. Record review of Resident 6's order summary dated 2/1/2026 revealed an order for Calmoseptine External Ointment 0.44-20.6% with an indication of Apply to bilateral buttocks topically four times a day for barrier protection with a start date of 1/7/2025. Record review of Resident 6's order summary also revealed and order for Multivitamin Oral tablet with an indication of Give 1 tablet by mouth one time a day related to pressure ulcer of sacral region with a start date of 5/22/2025. Record Review of Resident 6's care plan, revised 5/23/2025, revealed an admission date of 6/11/2025. Observation at 8:30 AM on 2/18/2026 of medication administration revealed Medication Aide-A (MA-A) charted 'given' on Resident 6's scheduled Calmoseptine ointment, and multivitamin oral tablet. During observation the Calmoseptine cream and the multivitamin were not removed from the medication cart to give to the resident. Interview with MA-A during medication administration (2/18/2026 at 8:30 AM) confirmed charting Calmoseptine cream as given, but not giving medication until resident was out of dining room. B. Record review of Resident 4's order summary dated 2/18/2026 revealed an order for Flonase Allergy Relieve Nasal Suspension for an indication of Nasal Congestion and drainage with a start date of 7/29/2025; Ipratropium Bromide Nasal Solution 0.06% with an indication for Sinusitis with a start date of 1/28/2026 ; Nystatin Powder for an indication for apply under breasts topically every 8 hours as needed for itching with a start date of 9/9/2024; Nystatin Powder for an indication for apply under breast topically 3 times a day for itching with a start date of 9/9/2024; Potassium Chloride Oral Tablet for an indication of Nutritional Supplement with a start date of 4/16/2025. Record review of facility policy Guidelines for Charting and Documentation revised April 2012 revealed Chart all changes in the residents medication Document treatments .If an error is made while recording data in the medical record, line through the error with a single line and then record the correct data Documentation pertaining to a resident's refusal of treatment should include Residents response and reason(s) for refusal, Documentation that the resident was informed of the purpose of the treatment and the consequences of not receiving the care, Date and time the physician was notified of the residents refusal of treatment in addition to the physicians response . Record review of Resident 4's electronic medication administration record revealed MA-A charted 'given' on Resident 4's Nystatin Powder, Flonase Nasal Spray, Ipratropium Bromide Nasal Solution, and Potassium Chloride oral tablet at 9:42 AM on 2/18/2026. Observation on 2/18/2026 at 9:42 AM revealed MA-A removed only oral tablet medications and placed them into a medication cup. MA-A then brought medication into Resident 4's room. MA-A mixed all oral tablet medications into Resident 4's pudding cup. Resident 4 confirmed she did not want the Potassium Chloride Pill. MA-A scooped the Potassium Chloride pill out of pudding container and placed in trash bin inside resident room, showing this surveyor the empty pudding container to confirm disposition of Potassium Chloride tablet. MA-A then left the residents room, leaving the trash bag open with the Potassium Chloride in the residents room. Observed MA-A make no attempts to discuss the need for the Potassium Chloride with Resident 4. No observations made of MA-A notifying nursing or providers of Resident 4 medication refusal. Interview at 11:00 AM on 2/18/2024 Resident 4 confirmed the Nystatin Powder, Flonase Nasal Spray, and Ipratropium Bromide Nasal Solution were not offered. Interview with Resident 4 confirmed they do not use the nasal spray until they have blown their nose, and they use the nystatin powder after showering or when excessively sweating.</p>		