STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285257	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Memorial Health Center	1015 F Street Burwell, NE 68823

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.05 (D&E)Based on interview and record review, the facility failed to ensure resident and resident POA (Power of attorney who can make decisions for Resident if Resident is unable)/or their personal representative was informed of the risks and alternate treatment available before initiating antipsychotic/psychotropic medications (medications used to treat psychotic/behavior disorders). This affected 4 of 5 sampled residents (Residents 41, 4, 7, and 24), and the facility failed to notify the resident POA when a change in skin condition occurred for 1 resident (Resident 24). The facility census was 59. Findings are:A. Record Review of Resident 41's admission Record dated 2/23/2026 revealed that the resident was admitted on [DATE] with listed diagnoses: -Delusional Disorders (Mental illness characterized by one or more persistent, false beliefs) -Restlessness and Agitation -Dementia -Anxiety Disorder Record review of Resident 41's admission record revealed a Power of Attorney (POA) for healthcare. Record review of Resident 41's order summary report dated 2/24/2026 revealed orders for: -Risperidone (an antipsychotic medication used primarily to treat schizophrenia or bipolar disorder) Oral tablet 0.25 milligrams (mg) 3 tablets by mouth three times a day related to Delusional Disorder: Order date 10/28/2025 -Depakote (a psychotic medication used to stabilize mood and bipolar disorders) Oral Tablet Delayed Release 125 mg give 250 mg by mouth three times a day related to Unspecified Dementia, Unspecified severity, with other behavioral disturbance: Order date 11/11/2025 Record review of facility policy 'Use of Psychotropic Medication' revised 10/12/2025 states Residents and/or representatives shall be educated via care plans on the risks and benefits of psychotropic drug use, as well as alterative treatments/non-pharmacological interventions. Record review of Resident 41's care plan meeting notes dated 1/8/2026, 10/2/2025, 7/3/2025, 4/3/2025, and 1/2/2025 revealed Resident 41 was prescribed psychoactive medications and yes for (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285257	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Memorial Health Center	1015 F Street Burwell, NE 68823

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Family/Resident Educated. The meeting notes contained no details of any risks and benefits or alternative treatment options) Record review of Resident 41's progress notes from 10/16/2025 through 2/22/2026 revealed no documentation of education provided to Resident POA for risks, benefits, side effects, or alternative treatment options given for prescribed Risperidone and Depakote. An interview on 2/25/2026 at 1:49 PM with Resident 41's POA confirmed the facility did not provide education on risks, benefits, side effects, or alternative treatment options for prescribed psychoactive medications. An interview on 2/25/2026 at 12:40 PM with the facility's Director of Nursing (DON) confirmed that the facility discusses psychoactive medications at care plans (care plan meetings) but DON has a specific form regarding education of the resident or representative on the risk and benefits of the medications. The DON confirmed that the facility has no documentation of risks, benefits, side effects, or alternative treatment options for use of antipsychotic/psychotropic medications being provided to the resident or representative. B. Record review of a facility policy titled Use of Psychotropic (a medication used to treat psychotic/behavior disorders) Medication and dated 10/12/2025 revealed the resident and or their representative shall be educated on the risks and benefits of psychotropic drug use as well as alternative treatments/non-pharmacological interventions. Record review of an admission Record revealed the facility admitted Resident 4 on 09/30/2020 and had diagnosis of anxiety disorder (a mental health condition characterized by persistent, excessive, and uncontrollable fear or worry that interferes with daily life) and bipolar disorder (a chronic mental illness characterized by extreme mood swings, alternating between intense highs and deep lows). Record review of Resident 4's Order Summary revealed the resident had provider orders for Risperdal (an antipsychotic medication used to treat schizophrenia or bipolar disorder) 0.5 milligrams(mg) twice daily and Xanax (an antianxiety medication) 0.25 mg twice daily. A record review of Resident 4's medical health record revealed no documentation that Resident 4 or their responsible party were educated on the risks or benefits or the alternative treatment/non-pharmacological interventions for the Risperdal or the Xanax medications. In an interview conducted on 02/25/2026 at 12:40 PM with the facility Director of Nursing (DON) the DON stated that the residents' medications are reviewed with the resident or responsible party during the care plan meeting. The DON stated that there is no documentation of the resident or their responsible party being provided risk and benefits or the alternative treatments/non-pharmacological interventions for the use of the Risperdal and Xanax medications. C. Record review of an admission Record revealed the facility admitted Resident 7 on 06/14/2023 with diagnosis of Major Depressive Disorder (a serious common mood disorder characterized by persistent sadness, loss of interest, and fatigue that impairs daily life). (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285257	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Memorial Health Center	1015 F Street Burwell, NE 68823

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record Review of Resident 7's Order Summary revealed the resident had provider orders for Mirtazapine (an antidepressant medication) 7.5 mg at bed time. A record review of Resident 7's medical health record revealed no documentation that Resident 7 or their responsible party were educated on the risks or benefits or the alternative treatment/non-pharmacological interventions for the Mirtazapine medication. In an interview conducted on 02/25/2026 at 12:40 PM with the facility Director of Nursing (DON), the DON stated that the residents' medications are reviewed with the resident or responsible party during the care plan meeting. The DON stated that there is no documentation of the resident or their responsible party being provided risk and benefits or the alternative treatments/non-pharmacological interventions for the use of the Mirtazapine medication. D. Record review of Resident 17's admission Record dated 2/24/26 revealed that the resident was admitted to the facility on [DATE] with listed diagnoses - unspecified dementia, unspecified severity, with other behavioral disturbance (cognitive decline where the specific type/severity is not determined, but accompanied by symptoms like sleep issues, disorientation, and confusion, or other behavioral changes) - unspecified dementia, moderate, with psychotic disturbance (cognitive decline where daily tasks are difficult, including memory loss, disorientation, and confusion, necessitating management of behavior and safety) - major depressive disorder, recurrent, in remission, unspecified (a history of, or a pattern of, depressive episodes with no current significant symptoms) - unspecified dementia, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (cognitive impairment who remain calm and stable) - bipolar disorder, unspecified (a mental health diagnosis used when a person exhibits clear, distressing, and disruptive manic or depressive symptoms that do not meet the clinical criteria for bipolar disorder) Record review of Resident 17's admission Record dated 2/24/26 revealed that Resident 17 had a POA for healthcare. Record Review of Resident 17's Order Summary Report dated 2/25/26 revealed daily prescribed medications: - Olanzapine (antipsychotic medication primarily used to treat schizophrenia and bipolar disorder) oral tablet 2.5 milligram (MG) give 1tablet by mouth in the evening, order date 4/19/23 and Olanzapine oral tablet 5 MG give 5 mg by mouth one time a day, order date 4/15/25. Record review of Resident 17's Nursing Notes from 4/01/25 through 4/30/25 revealed no documentation the POA of Resident 17 was informed of the new antipsychotic medication prescription dated 4/15/25, side effects or risks, and was not given alternative options for treatment. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285257	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Memorial Health Center	1015 F Street Burwell, NE 68823

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview with the facility DON (Director of Nursing) on 2/24/26 at 3:00 PM revealed that the POA was not notified of Resident 17's new prescribed treatment dated 4/15/25 for Olanzapine's side effects, risks, benefits and was not given alternative options for treatment. The DON revealed notification to the POA was provided during care plan meetings after the medication was prescribed and dispensed. Care plan meeting notes for Resident 17 dated: 3/13/25, 8/14/25, and 11/13/25. All care plan meeting notes reveal Resident 17's POA attended all care plan meetings. The meeting notes reveal the POA did not participate in the development of the plan of care however, the family was notified of psychoactive medications and educated at the time of the care plan meeting. E. Record review of Resident 24's admission Record dated 2/26/26 revealed that the resident was admitted to the facility on [DATE] with listed diagnoses: - personal history of other mental and behavioral disorders (a diagnosis of past mental health condition that has resolved or is in remission) - dementia in other diseases classified elsewhere, unspecified severity, without behavioral disturbance, psychotic disturbance, mood disturbance, and anxiety (cognitive decline caused by an underlying medical condition where no additional psychiatric or behavioral symptoms are present) - major depressive disorder, recurrent, in remission, unspecified (a history of, or a pattern of, depressive episodes with no current significant symptoms) Record review of Resident 24's admission Record dated 2/26/26 revealed that Resident 24 had a POA for healthcare. Record Review of Resident 24's Order Summary Report dated 2/26/26 revealed daily prescribed medications: - Ativan (an antianxiety, used to treat anxiety disorders), 1.5 milligram (mg), Benadryl (antihistamine used to temporarily relieve symptoms of allergies), 25mg/Haldol (antipsychotic medication used to treat schizophrenia, acute psychosis, Tourette's syndrome, and severe behavioral issues or agitation) 3mg, apply to wrist/back of neck topically three times a day and Ativan 1.5mg/Benadryl 25mg/Haldol 3mg, apply to Neck/Wrist topically every day shift every Wed, Sat, order date 10/2/24. Interview with the facility DON (Director of Nursing) on 2/24/26 at 3:00 PM revealed that the POA was not notified of Resident 24's prescribed treatment for Ativan 1.5mg/Benadryl 25mg/Haldol 3mg's side effects, risks, benefits and was not given alternative options for treatment prior to being prescribed and dispensed. The DON revealed notification to the POA being provided during care plan meetings. Care plan meeting notes for Resident 24 dated: 12/5/24, 3/6/25, 6/5/25, 8/28/25, and 12/4/25. All care plan meeting notes reveal Resident 24's POA attended all care plan meetings. The meeting notes reveal the POA did participate in the development of the plan of care, the POA was notified of psychoactive medications and educated at the time of the care plan meeting. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285257	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Memorial Health Center	1015 F Street Burwell, NE 68823

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 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	F. An interview with the POA for Resident 24 revealed not being aware of any current skin issues with Resident 24. A record review of Resident 24's Progress Notes dated 2/4/2026, revealed new skin issue #1, location right dorsum 1st digit, new skin issues #2 location left dorsum 1st digit. A record review of Wound History dated 2/26/26 revealed several skin issues noted for Resident 24 beginning on 2/4/26 on several areas of both feet, and right heel. An interview with Licensed Practical Nurse (LPN)-F on 2/26/26 at 10:00 AM confirmed finding no communication with the POA for Resident 24 's foot wounds and any interventions listed or communicated on the wounds.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285257	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Memorial Health Center	1015 F Street Burwell, NE 68823

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 0585 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances. Licensure Reference Number 175 NAC 12-006.05(E)Based on record review and interviews, the facility failed to ensure residents and or family members had a method to file grievances anonymously and were provided on information on how to file grievances anonymously. This had the potential to affect all the residents residing in the facility. The facility census was 59.Findings are:Record review of an undated facility policy titled Resident and Family Grievances revealed information on how to file a grievance or complaint will be available and a grievance may be filed anonymously.Record review of an undated admission Agreement revealed in section 6 letter M the resident is encouraged to voice their grievances and suggestions to the administrator, director of nursing, social service director, or to the resident council. There is no information provided on how to file grievance anonymously.In an interview completed on 02/26/2026 at 10:45 AM with the facility Social Services Director (SSD), the SSD confirmed that they are the facility's grievance officer. The SSD stated that if a resident or family wished to file a grievance, they would notify a staff member, and the staff member would assist them with the process. The SSD stated they were not sure how a resident would file a grievance anonymously unless they slid it under their office door. The SSD confirmed the policy of the facility that contained the statement guideline that a grievance may be filed anonymously. The SSD stated that residents and families are educated on the grievance process while completing their admission paperwork and sign off on this in the admission paperwork. The SSD confirmed there was not education or instruction provided on how to file a grievance anonymously.In an interview completed on 02/26/2026 at 3:30 PM the Facility Administrator (FA) stated the facility had an open-door policy in regards to grievances. The FA confirmed that residents and families are encouraged to notify facility staff with grievances.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285257	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Memorial Health Center	1015 F Street Burwell, NE 68823

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 0605 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function. Licensure Reference Number 175 NAC 12-006.05(G) Based on record review and interview, the facility failed to ensure that a PRN (when needed) order for antipsychotics (psychiatric medications primarily used to treat psychosis, schizophrenia, bipolar disorder, and severe agitation by regulating brain neurotransmitters) were limited to 14 days and the practitioner evaluated the resident for renewal of the PRN medication. This affected 1 resident (Resident 34) of 5 residents sampled. The facility census was 59. Findings are:Record review of a facility policy titled, Use of Psychotropic Medication, dated 10/12/2025 revealed, residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition, as diagnosed and documented in the clinical record, and the medication is beneficial to the resident, as demonstrated by monitoring and documentation of the resident's response to the medication(s).-9. PRN orders for psychotropic drugs shall be used only when the medication is necessary to treat a diagnosed specific condition that is documented in the clinical record, and for a limited duration (i.e., 14 days).- a. If the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she shall indicate the duration for the PRN order. A record review of Resident 34's admission Record dated 2/24/26 revealed and admission date on 1/29/26. Further review revealed the following diagnosis for Resident 34:- dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance (cognitive decline caused by an underlying medical condition including symptoms like verbal/physical aggression, combativeness, shouting, and potential wandering)- non-st-elevation myocardial infarction (serious heart attack)- Parkinson's disease with dyskinesia, with fluctuations (a progressive neurodegenerative movement disorder involving involuntary movements (dyskinesia))-depression, unspecified (diagnosis for those experiencing significant depressive symptoms that cause distress or impairment) A record review of Resident 34's Order Summary Report dated 2/24/26 revealed an order for Zyprexa (an antipsychotic medication primarily used to treat schizophrenia, bipolar disorder, and treatment-resistant depression) oral tablet 5 milligram (mg) give 1 tablet by mouth every 6 hours as needed for agitation/outbursts related to dementia in other diseases classified elsewhere, unspecified severity, with other behavioral disturbance order date 2/6/26. An interview with the Director of Nursing (DON) and Interim Director of Nursing (IDON) on 2/26/26 at 11:00 AM confirmed no end date listed on the orders for Resident 34's PRN antipsychotic medication Zyprexa order dated 2/6/26 and confirmed there were no physician notes revealing a review of the PRN antipsychotic medication prescribed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285257	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Memorial Health Center	1015 F Street Burwell, NE 68823

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(F)(i)Based on record review and interview the facility failed to ensure that a written summary of the baseline care plan (a written plan required to be developed within 24 hours of admission detailing the instructions needed to provide initial effective and person-centered quality care for a resident) was reviewed and provided to the resident/resident representative as required for 2 of 2 residents (Residents 37 and 60); and the facility failed to ensure that a baseline care plan was developed within 24 hours for 1 of 2 residents (Resident 60). This prevented the resident/resident representative from identifying additional resident needs and goals for the resident care plan. The facility census was 59.Findings are: A.Record review of the facility policy titled Interim/Baseline Care Plan dated 9/17/25 revealed that the facility will develop and implement an interim baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care. The baseline care plan will be available within 24 hours of a resident's admission. The admitting nurse shall gather information from the admission physical assessment, hospital transfer information, physician orders, and discussion with the resident and resident representative if applicable. Initial goals shall be established that reflect the resident's stated goals and objectives. Record review of the facility policy titled Comprehensive Care Plans dated 9/17/25 revealed that within 24 hours of admission to the facility an Interim Care Plan for the resident will be completed. The comprehensive care plan (a written interdisciplinary comprehensive plan to meet the resident's needs that are identified in the resident's comprehensive Minimum Data Set assessment) will be developed within 7 days after the completion of the comprehensive MDS assessment (Minimum Data Set (MDS) a mandatory comprehensive assessment tool used for care planning). The comprehensive care plan will be prepared by an interdisciplinary team including the resident and/or the resident's representative to the extent practicable. Record review of the admission Record for Resident 37 dated 2/24/26 revealed that Resident 37 admitted into the facility from the hospital on [DATE]. Diagnoses included stroke, difficulty swallowing after stroke, and surgery on the circulatory system.Record review of the Interim (baseline) Care Plan dated 10/7/25 for Resident 37 revealed that it contained no documentation of resident/resident representative participation or review of the baseline care plan. Record review of the resident medical record for Resident 37 revealed the comprehensive admission MDS assessment dated [DATE]. (Comprehensive care plan required to be developed by 10/21/25).Record review of the comprehensive care plan dated 2/23/26 for Resident 37 revealed that it was developed on 10/21/25 with a focus area of Resident requires long term care due to decreased mobility and weakness due to medical diagnoses that requires assistance with transfers, toileting, and activities of daily living (ADLs) (basic everyday tasks including bathing, eating, dressing, getting in and out of bed, and toileting). Record review of the Care Plan Minutes for Resident 37 dated 10/23/25 revealed that it was for the first care plan meeting after admission into the facility. (This meeting occurred 2 days after the completion of the comprehensive care plan for Resident 37. This did not allow the resident/resident representative to participate in the development of the baseline care plan and comprehensive care plan).Record review of the medical record for Resident 37 revealed that it contained no documentation of a written summary of the baseline care plan being provided to the resident/resident representative as required.Interview on 2/25/26 at 3:22 PM with the facility Director of Nursing (DON) confirmed that the facility did not complete a written summary of the baseline care plan for Resident 37 as required. The DON revealed that the facility discusses the baseline care plan on admission with the resident (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285257	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Memorial Health Center	1015 F Street Burwell, NE 68823

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	and/or family but does not have them sign anything. The DON confirmed that a written summary of the baseline care plan was not offered to the resident or representative since the facility does not complete a written summary. B.Record review of the admission Record for Resident 60 dated 2/24/26 revealed that Resident 60 admitted into the facility on [DATE]. Diagnoses included Parkinson's Disease, visual hallucinations, and urinary tract infection.Record review of the progress note for Resident 60 dated 10/30/25 at 10:15 AM revealed that Resident 60 arrived at the facility and was able to walk with a walker. Resident 60 walks with neck bent over and is shaky due to Parkinson's. Record review of the Interim (baseline) Care Plan for Resident 60 revealed it was dated 11/1/25 at 8:37 AM (over 48 hours after admission into the facility on [DATE]). (The baseline care plan was not developed within 24 hours as required). The Interim Care Plan for Resident 60 revealed that it contained no documentation of resident/resident representative participation or review of the baseline care plan. Record review of the resident medical record for Resident 60 revealed the comprehensive admission MDS assessment dated [DATE]. (Comprehensive care plan required to be developed by 11/13/25).Record review of the Care Plan Minutes for Resident 60 dated 11/14/25 revealed that it was for the first care plan meeting after admission into the facility. (This meeting occurred after the completion of the comprehensive care plan for Resident 60. This did not allow the resident/resident representative to participate in the development of the baseline care plan and comprehensive care plan).Record review of the medical record for Resident 60 revealed that it contained no documentation of a written summary of the baseline care plan being provided to the resident/resident representative as required.Interview on 2/25/26 at 3:22 PM with the facility Director of Nursing (DON) confirmed that the facility is required to develop a baseline care plan within 24 hours of admission for each resident. The DON confirmed that the facility did not complete a written summary of the baseline care plan for Resident 60 as required. The DON revealed that the facility discusses the baseline care plan on admission with the resident and/or family but does not have them sign anything. The DON confirmed that a written summary of the baseline care plan was not offered to the resident or representative since the facility does not complete a written summary.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285257	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Memorial Health Center	1015 F Street Burwell, NE 68823

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident’s preferences and goals. Licensure Reference Number 175 NAC 12-006.09Based on record review, interview, and observation, the facility failed to ensure dosing information is included in prescribed medications for 1 (Resident 17) out of 5 sampled residents. Facility census was 59. Record review of Resident 17s admission Summary Revealed an admission date of 1/12/2021 with the following diagnoses-Cervicalgia (medical term for pain localized in the neck)-Unspecified osteoarthritis, unspecified siteRecord Review of Resident 17's order summary dated 2/25/2026 revealed Diclofenac Sodium External Gel 1% apply to neck, back topically every day and night shift related to primary osteoarthritis (Diclofenac Sodium Gel (or Voltaren) is a non-steroidal anti-inflammatory drug used to help relieve arthritic pain).Record review of manufacturers instructions for Diclofenac sodium topical gel revealed The proper amount of Diclofenac gel should be measured using the dosing cards supplied in the drug product carton. One dosing card should be used for each application of drug product. The gel should be applied within the oblong area of the dosing card up to the2-gram or 4-gram line. total dose should not exceed 32 grams per dayObservation on 2/25/2026 at 7:29 AM of medication application of Diclofenac gel revealed LPN-E used an unmeasured amount of topical gel to apply to Resident 17's neck. Interview on 2/26/2026 at 9:20 AM with Facility Interim Director of Nursing (IDON) confirmed that medication orders should include resident name, medication dose, time of administration, route of administration and prescriber name. IDON also confirmed that medication orders from a physician are placed in PCC by a nurse and double checked with a second nurse. IDON confirmed medication orders noted to be missing any information require notification to nursing and then to pharmacy and are to be changed to include all required information. Review of prescription label for Diclofenac sodium topical gel for Resident 17 with IDON confirmed the label was missing dose information. IDON also confirmed that manufacturer's instructions are included in the medication box as well as the dosing card necessary for administering ordered dose.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285257	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Memorial Health Center	1015 F Street Burwell, NE 68823

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 - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. Licensure Reference Number 175 NAC 12-006.09(I)Based on observation, interview and record review, the facility failed to provide an environment free of accidents and hazards for 2 residents (Resident 17 and Resident 24) of 2 residents sampled. The facility census was 59. Findings are:An observation on 2/23/26 at 9:50 AM revealed Resident 17 and Resident 24 are roommates residing in a secure unit within the facility for concerns related to dementia (a condition characterized by progressive or persistent loss of intellectual functioning, especially with impairment of memory and abstract thinking, and often with personality change, resulting from organic disease of the brain) and or wandering tendencies. During the observation of the environment, the bathroom designated to be used by Resident 17 and Resident 24 was found to contain the following prescribed medications:- Diclofenac Sodium External Gel 1 % (percent) (Topical) prescriber order date 11/26/25- Eucerin External Cream (Skin Protectant) Apply to feet topically prescriber order date 11/26/25- Miconazole Nitrate Powder (Topical) Apply to abdominal folds topically prescriber order date 2/5/24- Triamcinolone Cream to red/patchy areas to right and left hands twice a day (BID) prescriber order date 2/4/25 A record review for Resident 17 revealed no Self Administration of Medication (SAM; self-administration is the process where a patient independently prepares and takes their own medication, including oral, topical, or injections without direct staff assistance) on file for the previously listed medications. A record review for Resident 24 revealed no SAM on file for the previously listed medications. An interview with the facility DON (Director of Nursing) and the IDON (Interim Director of Nursing) on 2/26/26 at 11:00 AM confirmed medications should be locked in the medication cart and/or locked in the nurse office in the secure unit. Further interviews confirmed that all medications, creams, powders and topicals prescribed from a practitioner are not to be left out under any circumstance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285257	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Memorial Health Center	1015 F Street Burwell, NE 68823

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. Licensure Reference Number 175 NAC 12-00609(H)Based on record review, interview, and observation the facility failed to replace respiratory equipment for 1 resident (Resident 7) of 1 sampled resident. The facility census was 59.Record review of a facility policy titled CPAP/BiPAP (which is a non-invasive ventilator used to treat breathing difficulties by delivering pressurized air through a mask) Cleaning dated 02/25/2026 revealed it was the policy of the facility to replace equipment routinely to prevent the occurrence or spread of infection. The face mask and tubing should be replaced once every three months and the head gear, non-disposable filters, and humidifier once every six months.Record review of an admission Record revealed the facility admitted Resident 7 on 06/14/2023 with diagnosis of obstructive sleep apnea (a sleep disorder where breathing repeatedly stops and starts because throat muscles relax, causing the airway to collapse during sleep).Record review of Resident 7's Order Summary on 02/25/2026 revealed Resident 7 had a provider order for a BiPAP to be applied every night.In an interview completed on 02/23/2026 at 10:50 AM with Resident 7, Resident 7 stated that they utilize a BiPAP every night when they sleep. The resident stated that staff provide care and maintenance of the equipment due to the resident not being able to self-manage the tasks. The resident stated they are not sure when their equipment (Mask, Tubbing, and Filters) get changed or replaced. The resident stated the mask that they were using was the same mask they received at the appointment when they received the equipment and had not been changed to their knowledge.Record review of a document titled Diagnostics & Consultants and dated 10/02/2025 revealed for supplies (needed to be replaced): Water chamber every 6 months, Tubing every 3 months, and face mask every 3 months.In an observation completed on 02/23/2026 at 10:50 AM Resident 7's mask and tubbing connected to their BiPAP machine to be lying on there bed with the mask lodged between the mattress of the bed and the 1/4 side rail attached to the bed.In an observation completed on 02/24/2026 at 9:50 AM Resident 7's mask and tubbing connected to their BiPAP machine to be lying on their bed. The mask was observed to be cloudy with dried white spots visible on the mask.In an observation completed on 02/25/2026 at 8:15 AM Resident 7's mask and tubbing connected to their BiPAP machine to be lying on their bed with the mask lodged between the mattress of the bed and the 1/4 side rail attached to the bed.In an interview completed on 02/25/2026 at 8:20 AM with Licensed Practical Nurse E (LPN-E), LPN-E stated that the central supply staff member manages the changing of the resident's respiratory equipment and how frequently it is changed. In an interview completed on 02/25/2026 at 8:21 AM with the Central Supply (CS) staff, the CS stated that they were unaware that Resident 7 utilized a BiPAP at bedtime. The CS stated that they had not ordered or changed the resident's respiratory equipment as they were unaware of the resident using this equipment and device.In an interview completed on 02/25/2026 at 3:45 PM with the facility Director of Nursing (DON), the DON confirmed that Resident 7's respiratory equipment had not been changed as outlined in the facility policy or as recommended by the residents provider as outlined in the Diagnostics and Consultants form.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285257	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Memorial Health Center	1015 F Street Burwell, NE 68823

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Licensure Reference Number 175 NAC 12-006.11(D)Based on record review, observation, and interview, the facility failed to obtain temperatures for all food items prepared by the dietary department and ensure that temperatures of food or drink items were at a palatable safe level. This had the potential to affect all of the residents' receiving food or drink items from the dietary department. The facility census was 59.Findings are:Record review of the Federal Food Code dated 2022 revealed Microwave cooked items should be heated to a temperature of at least 165 degrees Fahrenheit.Record review of a facility policy titled Record of Food Temperatures dated 10/2025 revealed Food temperatures will be checked on all items prepared in the dietary department. Ready to eat foods that require heating before consumption should be heated to at least 135 degrees Fahrenheit.A.In an observation completed on 02/24/2026 at 12:30 PM Dietary Aide I (DA-I) removed a cellophane covered plate with a grilled cheese sandwich on it from the mobile hot cart and placed it in the serving area. The DA removed the cellophane from the item and placed it on the serving tray. Another staff member then took the tray with the grilled cheese sandwich on it to the dining room and served it to a resident. The temperature of the grilled cheese sandwich was not checked prior to serving it to the resident for consumption.In an observation completed on 02/24/2026 at 12:41 PM the Dietary Manager (DM) placed a single serving clear plastic wrapped item containing macaroni and cheese into the microwave in the meal service area and started the microwave. When the microwave sounded the [NAME] removed the clear plastic container with the macaroni and cheese from the microwave and emptied it onto a plate on a serving tray and handed the tray to a nursing staff member. The nursing staff member then took the tray with the food item on it to the dining area and served it to a resident. The temperature for the microwaved food items (the macaroni and cheese) were not checked prior to it being served to the resident for consumption.In an observation completed on 02/24/2026 at 12:50 PM DA-I placed a plate with hot dogs on it and covered in clear cellophane into the microwave and started the microwave. After the microwave sounded the DA removed the plate and placed it on a serving tray and handed the tray to a nursing staff member. The nursing staff member then took the tray and placed the food items on the table in front of a resident. The temperature for the microwaved food items (the hot dogs) were not checked prior to it being served to the resident for consumption.In an interview completed on 02/24/2026 at 12:55 PM with the Cook, the [NAME] confirmed that they did not check the temperature on the grilled cheese, macaroni and cheese, and hot dogs. In an interview completed on 02/24/2026 at 1:05 PM with the DM, The DM confirmed that the facility policy stated that all items served by the dietary department temperatures should be checked. The DM confirmed that the food items served temperatures were not checked.B.In an observation completed on 02/24/2026 at 12:06 Dietary Aide H(DA-H) was observed to be serving drinks to residents from a plastic black wheeled cart in the dining area.In an observation completed on 02/24/2026 at 12:43 PM DA-H returned to the meal service area with the wheeled cart containing clear plastic pitchers of drinks. The DA removed the lid from clear plastic pitcher that contained apple juice and placed it under the juice dispenser. The container was observed to have approximately 1/4 of apple juice remaining in it. The DA depressed the button on the juice dispenser and began to dispense more apple juice back into the container.In an interview completed on 02/24/2026 at 12:44 PM with DA-H, DA-H stated that after serving drinks to the residents sitting in the dining area they refilled the pitchers with more juice and placed them into the refrigerator to be used at the next meal. The DA stated that the actual pitchers are cleansed and changed every 3 days (72 hours) but after serving the drinks in the dining area the pitchers are just refilled with more drinks. The DA stated that they do not check the temperature of the drinks prior to refilling the pitchers (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285257	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Memorial Health Center	1015 F Street Burwell, NE 68823

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	with more of the fluids they just add to what is left in the pitcher.In an observation completed on 02/24/2026 at 12:44 PM DA-H checked the temperatures of the fluids in the pitchers, and the following results were obtained:-Apple Juice had a temperature of 45 degrees Fahrenheit-Grape Juice had a temperature of 46 degrees Fahrenheit-Orange Juice had a temperature of 46 degrees Fahrenheit-Milk had a temperature of 43 degrees Fahrenheit-Tomato Juice had a temperature of 45 degrees FahrenheitIn an observation completed on 02/24/2026 at 12:45 AM with DA-H, DA-H stated that cold items including liquids (the juice and milk) should be served/kept at 41 degrees Fahrenheit. The DA confirmed that the fluids were not maintained at 41 degrees Fahrenheit and should have been.In an interview completed on 02/24/2026 at 12:46 AM with the Dietary Manager (DM), the DM confirmed that the fluids (juices and milk) were not maintained at the recommended temperature or lower and should have been.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285257	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Memorial Health Center	1015 F Street Burwell, NE 68823

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Licensure Reference Number 175 NAC 12-006.11Based on observation, record review, and interview, the facility failed to ensure hair restraints were worn to keep hair from possibly contacting food and food service items and failed to utilize the approved technique when completing hand hygiene during meal preparation. This had the potential to affect all of the resident's receiving food from the kitchen. The facility census was 59.Findings are:A.Record review of a facility policy titled Dietary Employee Personal Hygiene dated 10/2025 revealed all dietary staff must wear hair restraints (eg., hair net, hat and or beard restraint) to prevent hair from contacting food.In an observation completed on 02/23/2026 at 9:00 AM, Dietary Aide J (DA-J) was observed to be rinsing dishes and placing them in the automatic dish machine. DA-J was observed to have blue hair cap covering their head. The DA had a full beard and did not have a beard covering on- preventing the beard hair from possibly contacting food or food surfaces.In an observation completed on 02/24/2026 at 9:03 AM DA-J was observed to be putting away clean dish items in the main kitchen area. The DA was walking around the main kitchen area with exposed food items holding clean food service items. The DA had blue hair cap covering on their head. The DA had a full beard and did not have a beard covering on.In an observation completed on 02/24/2026 at 10:10 AM Dietary Aide H (DA-H) was observed to be putting away dish items in the main kitchen area. DA-H had a blue hair cap covering on their head. The covering only covered the top 1/4th of their head leaving exposed loose hair while walking around the main kitchen area were exposed food items were present.In an observation completed on 02/24/2026 at 12:06 Dietary Aide H(DA-H) was observed to be serving drinks to residents in the main dining area. DA-H had a blue hair cap covering their head. The covering only covered the top 1/4th of their head leaving exposed loose hair while walking around the main dining area serving drinks to residents from a black wheeled cart.In an interview completed on 02/24/2026 at 1:05 PM with the Dietary Manager (DM), the DM confirmed that DA-J should have a beard covering on while doing dishes and putting away dishes in the main kitchen area and did not. The DM confirmed that DA-H blue hair cap or covering was not worn correctly in the main kitchen area and while serving drinks to the residents in the main dining area and should have been.B.Record review of a facility policy titled Hand Hygiene dated 12/15/2025 revealed hand hygiene technique when using soap and water with instructions to rub hands together vigorously for approximately 20 seconds.In an observation completed on 02/24/2026 at 9:06 AM the [NAME] completed hand hygiene using soap and water. The cook applied soap to their hands and rubbed their hands for only 10 seconds prior to rinsing the soap off.In an observation completed on 02/24/2026 at 9:10 AM the [NAME] completed hand hygiene using soap and water. The cook applied soap to their hands and rubbed their hands for only 10 seconds prior to rinsing the soap off.In an observation completed on 02/24/2026 at 9:19 AM the [NAME] completed hand hygiene using soap and water. The cook applied soap to their hands and rubbed their hands for only 8 seconds prior to rinsing the soap off.In an observation completed on 02/24/2026 at 9:22 AM the [NAME] completed hand hygiene using soap and water. The cook applied soap to their hands and rubbed their hands for only 4 seconds prior to rinsing the soap off.In an observation completed on 02/24/2026 at 9:36 AM the [NAME] completed hand hygiene using soap and water. The cook applied soap to their hands and rubbed their hands for only 7 seconds prior to rinsing the soap off.In an observation completed on 02/24/2026 at 9:45 AM the [NAME] completed hand hygiene using soap and water. The cook applied soap to their hands and rubbed their hands for only 10 seconds prior to rinsing the soap off.In an observation completed on 02/24/2026 at 10:15 AM the [NAME] completed hand hygiene using soap and water. The cook applied soap to their hands and rubbed their hands for only 10 seconds prior to rinsing the (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285257	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Memorial Health Center	1015 F Street Burwell, NE 68823

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	soap off.In an observation completed on 02/24/2026 at 10:20 AM the [NAME] completed hand hygiene using soap and water. The cook applied soap to their hands and rubbed their hands for only 10 seconds prior to rinsing the soap off.In an interview completed on 02/24/2026 at 1:10 PM with the Cook, the [NAME] confirmed that they did not rub their hands vigorously with soap for 20 seconds when completing hand hygiene and should have.In an interview completed on 02/24/2026 at 1:05 PM with the Dietary Manager (DM), the DM confirmed that hand hygiene should be completed by vigorously rubbing the hands with soap for 20 seconds and the [NAME] did not complete hand hygiene using the approved method.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285257	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Memorial Health Center	1015 F Street Burwell, NE 68823

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Licensure Reference Number 175 NAC 12-006.09(F)(i)Licensure Reference Number 175 NAC 1-005.026(D)Based on observation, record review, and interview the facility failed to ensure that staff performed hand sanitization (hand hygiene- washing the hands using soap and water or an alcohol-based hand rub (ABHR) to remove germs for reducing the risk of transmitting infection among residents and health care personnel) between resident rooms during laundry delivery for 4 residents (Residents 54, 41,13, and 66); failed to ensure that laundry was carried in a sanitary manner to prevent the potential for cross-contamination (this had the potential to affect 15 of 15 residents); and failed to ensure that gloves were changed between contaminated surfaces and hand hygiene between glove changes for 1 resident. (Resident 17). The facility census was 59.Findings are: A. Record review of the facility policy titled Hand Hygiene dated 12/15/25 revealed that all staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. Staff will perform hand hygiene when indicated using proper technique consistent with accepted standards of practice. Hand hygiene is indicated and will be performed between resident contacts, after handling contaminated objects, before and after handling clean or soiled linens, and after handling items potentially contaminated. Observation on 2/23/26 at 9:04 AM on the facility 100 hall revealed that Laundry Aide-G (LA-G) removed clothing on hangers from inside the laundry cart. LA-G carried the clothing into the room of Resident 2. A sign on the wall inside the room of Resident 2's room revealed that Resident 2 was on Enhanced Barrier Precautions (EBP) (gown and glove use for residents known to be colonized or infected with a multi-drug resistant organism and for residents at increased risk). LA-G exited the room of Resident 2 (a resident on enhanced barrier precautions) with used empty hangers and placed them into the laundry cart. LA-G did not perform hand sanitization. LA-G removed clothing on hangers from inside the laundry cart and carried the clothes into the room of Resident 54. LA-G exited the room of Resident 54 with used empty hangers and placed them into the laundry cart. LA-G did not perform hand sanitization. LA-G removed clothing on hangers from inside the laundry cart and carried the clothes into the room of Resident 41. LA-G exited the room of Resident 41 with used empty hangers and placed them into the laundry cart. LA-G did not perform hand sanitization. LA-G removed a stack of clothing from inside the laundry cart and carried the clothing into the room of Resident 13. LA-G exited the room of Resident 13 and returned to the laundry cart. LA-G did not perform hand sanitization. LA-G removed clothing on hangers from inside the laundry cart and carried the clothes into the room of Resident 66. LA-G exited the room of Resident 66 with used empty hangers and placed them into the laundry cart. LA-G did not perform hand sanitization. Interview on 2/23/26 at 9:13 AM with LA-G revealed that a bottle of hand sanitizer is in the tub on the bottom of the laundry cart. LA-G confirmed that hand sanitization should be performed after exiting resident rooms prior to getting clothing out of the cart for the next resident. LA-G confirmed that hand sanitization had not been completed as required. LA-G performed hand sanitization after pushing the laundry cart further down the 100 hall. Interview on 2/25/26 at 2:25 PM with the facility Director of Nursing (DON) confirmed that all staff are required to perform hand sanitization after exiting resident rooms. The DON confirmed that hand sanitization is required between resident rooms during laundry pass. B. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285257	A. Building B. Wing	02/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Community Memorial Health Center	1015 F Street Burwell, NE 68823

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Record review of the facility policy titled Infection Prevention and Control Program dated 12/12/25 revealed that all staff are responsible for following all policies and procedures related to the program. The section titled Linens revealed that laundry and direct care staff shall handle, store, process, and transport linens to prevent the spread of infection. Observation on 2/25/26 at 8:28 AM in the facility dining room revealed that LA-G entered the dining room from the facility laundry area. LA-G carried a stack of clothing protectors cradled against their shirt as they walked through the dining room and into the 300 hallway. Interview on 2/25/26 at 2:25 PM with the facility Director of Nursing (DON) confirmed that clothing and linens are to be carried away from the uniform to prevent the potential for cross-contamination. C. Record review of Resident 17's profile revealed an admission date of 1/12/2021 and the following diagnoses: -Hypothyroidism (underactive thyroid) -Diabetes Mellitus (metabolic disorder resulting from inadequate insulin production) -Basal Cell Carcinoma of skin (common form of skin cancer) -Candidiasis, unspecified (fungal infection) -Urinary Tract Infections -Excoriation (Skin-picking) Disorder Observation on 2/25/2026 at 7:29 AM of medication pass with Resident 17 revealed the Licensed Practical Nurse-(E) (LPN-E) did not perform hand hygiene between glove changes. Observation also revealed LPN-E applied topical medications to Resident 17 without changing gloves or performing hand hygiene after touching wheelchair, medication cart, and tablet used for charting. Record Review of facility policy for hand hygiene revealed The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves. Record review of facility policy for hand hygiene revealed hand hygiene is to be performed after handling contaminated objects, before performing resident care procedures, before preparing or handling medications, when, during resident care, moving from a contaminated body site to a clean body site . Interview on 2/26/2026 at 9:02 AM with the Infection Preventionist (IP) confirmed staff are expected to perform hand hygiene after removing dirty gloves and before donning clean gloves.