STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	285260	A. Building B. Wing	07/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chimney Rock Villa	106 East 13th Street Bayard, NE 69334

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-006.09(D)Based on record review and interview, the facility failed to ensure the Minimum Data Sets (MDS, a federally mandated comprehensive assessment tool used to determine a resident's functional capabilities and helps nursing home staff identify health problems) were coded correctly related to hypoglycemic (medication used to lower blood glucose levels in people with type 2 Diabetes Mellitus) medication usage for 1 (Resident 5) of 5 sampled residents. The facility census was 35. Findings Are:A record review of the Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual (RAI Manual, a document published by the Centers for Medicare & Medicaid Services (CMS) to facilitate accurate and effective resident assessment practices in long-term care facilities) dated October 2023 revealed in the High-Risk Drug Classes: Use and Indication section that the hypoglycemic box should be checked if a hypoglycemic medication was taken by the resident at any time during the 7-day observation period.A record review of Resident 5's admission Record revealed the resident was admitted to the facility on [DATE].A record review of Resident 5's MDS dated [DATE] revealed documentation in section N that the resident was taking a hypoglycemic medication.A record review of Resident 5's Medication Administration Record for February 2025 revealed no evidence that Resident 5 had taken a hypoglycemic medication.A record review of Resident 5's Medication Administration Record for March 2025 revealed no evidence that Resident 5 had taken a hypoglycemic medication.A record review of Resident 5's MDS dated [DATE] revealed documentation in section N that the resident was taking a hypoglycemic medication.A record review of Resident 5's Medication Administration Record for May 2025 revealed no evidence that Resident 5 had taken a hypoglycemic medication.A record review of Resident 5's Medication Administration Record for June 2025 revealed no evidence that Resident 5 had taken a hypoglycemic medication. An interview on 7/28/25 at 2:50 PM with Registered Nurse (RN)-A confirmed that Resident 5's MDSs dated 3/3/25 and 6/3/25 both indicated the resident was taking a hypoglycemic medication. RN-A also confirmed that Resident 5 had not been taking a hypoglycemic medication during the lookback period for either MDS and that both MDSs had been coded incorrectly.

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

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Licensure Reference Number 175 NAC 12-006.09(H)(iv)Based on record review and interview, the facility failed to follow their bowel protocol to prevent constipation for 3 (Residents 3, 5, and 7) of 5 sampled residents. The facility census was 35.Findings Are: A record review of the facility's undated Bowel Elimination guidelines revealed a goal stating, To promote resident health and comfort through proper functioning. The policy statement was, Bowel elimination patterns will be monitored every shift and timely intervention will be provided as needed to ensure resident health and comfort. The procedure section stated the facility staff was to monitor bowel elimination every shift, taking into consideration the resident's individual elimination pattern. If after 3 days there is no bowel movement administer prune juice, if after 4 days give milk of mag, if no results contact MD. A.A record review of Resident 7's Task: B&B- Bowel Elimination documentation from 5/1/2025 through 7/28/2025 revealed documentation that the resident had No Bowel Movement for the following dates: -From 5/10/25 through 5/12/25, which was 3 days.-From 5/14/25 through 5/17/25, which was 4 days.-From 5/31/25 through 6/3/25, which was 4 days.-From 6/7/25 through 6/9/25, which was 3 days.-From 6/18/25 through 6/26/25, which was 9 days.-From 7/2/25 through 7/9/25, which was 8 days.-From 7/14/25 through 7/16/25, which was 3 days.-From 7/18/25 through 7/20/25, which was 3 days. A record review conducted on 7/28/2025 of Resident 7's active physician's orders revealed the following orders:-Bisacodyl (a laxative medication) Suppository 10 milligrams (MG), insert 1 suppository rectally every 24 hours as needed for constipation. The order had a start date of 1/16/2023. -Milk of Magnesia (a laxative medication) Oral Suspension 7.75 %, give 30 milliliters (ml) by mouth every 24 hours as needed for constipation. The order had a start date of 1/16/2023. A record review of Resident 7's Medication Administration Records (MAR) for the months of May 2025, June 2025, and July 1-24, 2025, revealed no evidence of the resident's as needed Bisacodyl Suppository or Milk of Magnesia being administered. A record review of Resident 7's Progress Notes from 5/1/2025 through 7/24/2025 revealed no evidence that the resident had been assessed related to their lack of bowel movements during this timeframe. There was also no evidence of the resident being provided with prune juice for constipation. B.A record review of Resident 5's Task: B&B- Bowel Elimination documentation from 5/1/2025 through 7/28/2025 revealed documentation that the resident had No Bowel Movement for the following dates: -From 5/6/25 through 5/8/25, which was 3 days.-From 5/20/25 through 5/22/25, which was 3 days.-From 5/26/25 through 5/28/25, which was 3 days.-From 6/27/25 through 6/29/25, which was 3 days.-From 7/8/25 through 7/10/25, which was 3 days. A record review conducted on 7/28/2025 of Resident 5's active physician's orders revealed the following orders:-Bisacodyl Suppository 10 MG, insert 1 suppository rectally every 24 hours as needed for constipation. The order had a start date of 1/25/2023. -Milk of Magnesia Oral Suspension 7.75 %, give 30 ml by mouth every 24 hours as needed for constipation. The order had a start date of 1/25/2023. A record review of Resident 5's MAR for the months of May 2025, June 2025, and July 1-24, 2025, revealed no evidence of the resident's as needed Bisacodyl Suppository or Milk of Magnesia being administered. A record review of Resident 5's Progress Notes from 5/1/2025 through 7/24/2025 revealed no evidence that the resident had been assessed related to their lack of bowel movements during this timeframe. There was also no evidence of the resident being provided with prune juice for constipation. C. A record review of Resident 3's undated Care Plan revealed a focus area stating that the resident had dehydration or potential fluid deficit related to poor intake and dementia. An intervention listed for this focus area stated to monitor/document bowel sounds and frequency of BM (bowel movements), and to provide medication per orders with an initiated date of 11/25/2024. A record review of Resident 3's Task: B&B- Bowel Elimination documentation from 5/1/2025 through 7/28/2025 revealed documentation that the resident had No Bowel Movement for the following dates: -From 5/7/25 through 5/9/25, which was 3 days.-From 5/17/25 through 5/20/25, which was 4 days.-From 5/25/25 through 5/30/25, which was 6 days.-From 6/5/25 through 6/8/25, which was 4 days.-From 6/14/25 through 6/17/25, which was 4 days.-From 6/25/25 through 6/28/25, which was 4 days.-From 7/3/25 through 7/11/25, which was 9 days.-From 7/14/25 through 7/18/25, which was 5 days.-From 7/23/25 through 7/26/25, which was 4 days. A record review conducted on 7/28/2025 of Resident 3's active physician's orders revealed the following orders:-MiraLax Oral Powder 17 Grams/Scoop, give 17 grams by mouth one time a day for constipation. The start date was 5/1/2025.-Dulcolax (a laxative medication) Rectal Suppository 10 MG, insert 10 mg rectally every 24 hours as needed for constipation on the 3rd day with no bowel movement. Notify the physician if there are no results. The order had a start date

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. Licensure Reference Number 175 12.006.09(H)(v)Based on observations, record review, and interviews. The facility failed to identify a contracture and implement treatment to prevent potential worsening of the contracture for Resident 12. The facility identified a census of 35. Findings are:A record review of Resident 12's Minimum Data Set (MDS- an assessment tool required for long term care facilities) dated 7-7-25 revealed in Section C that Resident 12 had a Brief Interview for Mental Status (BIMS- an assessment used to determine any cognitive impairment) score of 13/15- indicating that Resident 12 had mild cognitive impairment.Section GG revealed Resident 12 had functional limitation in range of motion on both sides of the body in addition to upper and lower body limitations. Resident 12 uses a wheelchair for ambulation and requires substantial to maximum assistance with dressing, undressing, hygiene, bathing, toileting, and eating. Section I identified a diagnosis of Corticobasal Degeneration (a brain disorder that causes nerve cell damage in specific areas of the brain, leading to a range of movement, cognitive, and language difficulties), Cervicalgia (neck pain), and Essential tremor (a neurological disorder that causes involuntary, rhythmic shaking). An observation of Resident 12 on 7-23-25 at 8:30 AM revealed Resident 12 was seated in wheelchair with left arm strapped to a positioning cushion. Resident 12 stated the strap assisted with keeping the arm in place. Resident 12 revealed the entire left arm had tremors and spasms and did weird things due to neuropathy. The left hand was observed to be contracted with fingers in a rigid straight position. The thumb was firmly pressed against the fingers. Resident 12 stated the thumb could be pried away from the fingers sometimes but that it did cause pain. Resident 12 denied that staff were working with the hand.A record review of Resident 12's admission diagnoses revealed no documented evidence of a left-hand contracture. A record review of Resident 12's care plan revealed no documented evidence of a left-hand contracture.An interview on 7/23/25 at 10:30 AM with Registered Nurse (RN)-A confirmed that they were made aware of the contracture upon admission, as noted in admission report phone call from the discharging facility. RN-A revealed that there were no active treatments for Resident 12's contracture and that Resident 12 was not working with therapy for any limited range of motion concerns. An interview on 7/23/25 at 1:15 PM with Director of Nursing (DON) confirmed that the facility had not identified Resident 12's left hand contracture on the care plan and was not performing any active treatment to prevent worsening. The DON confirmed that it should have been identified upon admission and included in Resident 12's plan of care.

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F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. Licensure Reference Number 175 NAC 12-006.04(D)(i)Nebraska Revised Statute 71-6018.02 Based on record review and interview, the facility failed to designate a full-time Director of Nursing (DON) from 12/24/2024 through 2/10/2024 as required. This had the potential to affect all residents who reside within the facility. The facility identified a census of 35.Findings are: A record review of the facility's Facility Assessment Tool (dated 4/22/2025) identified sufficient staffing to meet the needs of the residents included one full-time DON. A record review of the facility's staffing documentation revealed no evidence of a designated DON from 12/24/2024 - 2/10/2024. An interview on 7/23/2025 at 8:30 AM with the Nursing Home Administrator (NHA) revealed Registered Nurse (RN) - A was interim DON during 12/10/2024-2/10/2025, but there was no official title change as RN-A did not want to be stuck in the DON position. An interview on 7/23/2025 at 3:15 PM with RN-A revealed they were assisting the NHA with DON duties but could not confirm who the designated DON from 12/24/2024-2/10/2025 and stated this surveyor would need to ask the NHA. A follow-up interview on 7/23/2025 at 3:33 PM with the NHA confirmed RN-A had assisted with duties of the DON position but the facility had not designated a DON from 12/24/2024-2/10/2025.

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	285260	A. Building B. Wing	07/30/2025

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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. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	LICENSURE REFERENCE NUMBER NAC 175 12-006.11(E) Based on observations, interviews, and record review, the facility failed to store, prepare, and serve food in a manner that prevented the potential for foodborne illness. The facility failed to label items for consumption with date and contents and prevent the potential for cross-contamination by storing uncooked meat above ready-to-eat food items. The facility also failed to ensure that dishes were being sanitized in a manner to prevent the potential for foodborne illness. This had the potential to affect all 35 residents that resided in the facility. Findings are:A.Observations on the initial tour of the kitchen on 7/23/25 at 8:02 AM revealed the following: -In the upright freezer, two half-gallon sized pitchers, both with unfrozen yellow liquid - In the kitchen refrigerator, 1 gallon-sized pitcher partially filled with yellow liquid, without label to indicate date prepared or contents, and 1 gallon-sized pitcher partially filled with brown liquid, without label to indicate date prepared or contents - In the walk-in cooler on the top shelf, an open cardboard box containing uncooked bacon, in between layers of wax paper, unsealed - In the walk-in cooler on the shelves below the bacon, the observations revealed multiple bags of shredded cheddar cheese, clear bags containing hot dog buns, hamburger buns, and tortillas. - In the walk-in freezer on the middle shelf, at least 5 ten-pound tubes of raw ground beef stored directly above a box labeled, Baker's Source, containing ready to eat baked goods.An observation on 7/28/25 at 10:20 AM of the upright freezer revealed the two pitchers with yellow liquid observed on 7/23/25 were still in the same location, with the same levels of liquid as observed on 7/23/25. The pitcher that had been covered with clear plastic wrap was open to air. Neither pitcher was labeled with date or contents.An observation on 7/28/25 at 11:25 AM of the kitchen refrigerator revealed nine opened 46-ounce boxes of juice in different flavors revealed the boxes were not labeled with open dates. An interview on 7/28/25 at 11:25 AM with Cook-B confirmed there were no open dates written on the nine boxes of juice in the refrigerator. A record review of the 2017 Nebraska Food Code Section 3-602.11 revealed that food items shall be labeled with the name of the food. A record review of a facility policy dated October 2021 titled, Food Storage, revealed food not subject to further washing shall be stored in a way that protects against cross-contamination.An interview on 7/23/25 at 8:29 AM with the Dietary Manager (DM) revealed and confirmed the following: - The DM stated that one unlabeled pitcher in the upright freezer contained a shake, and the other contained a smoothie for one of the residents and should have been labeled with the contents and date of preparation or discarded. - The DM confirmed the unlabeled pitchers in the kitchen refrigerator should have been labeled with the contents and date of preparation or discarded. - The DM confirmed the box of uncooked bacon in the walk-in cooler should have been closed and stored on the lowest shelf below the ready-to-eat items. - The DM confirmed the uncooked hamburger in the walk-in freezer should have been stored on the lowest shelf below the ready-to-eat items. An interview with the DM on 7/28/25 at 11:41 AM with the DM confirmed the nine opened boxes of juice did not have open dates written on them and there was not a process to determine when to discard them. B. An observation on 7/28/25 at 9:40 AM revealed that an electric roaster was on the countertop in the kitchen, plugged in and set to Warm, with a cylindrical piece of meat inside. An interview on 7/28/25 at 9:40AM with Cook-G revealed that the roaster contained rosemary pork loin that had been started in the electric roaster on the previous day at 6:45 PM. The interview also revealed there were no written directions or documentation for steps taken by other staff.An interview on 7/28/25 at 9:55 AM with Cook-G revealed the roaster was set to 200 degrees F during the night and Cook-G had turned the dial to Warm when they arrived at 6:00 AM. The interview revealed the temperature of the pork loin had not been measured or documented between 6:00 AM and 9:55 AM to determine if internal temperature of 145 degrees F had been reached. A record review of a facility document titled, [NAME] Pork, revealed Step 3 of the recipe stated the pork loin should be roasted in the oven at 425 degrees Fahrenheit (F) for 50 to 60 minutes uncovered or until tender and the internal temperature has been 145 degrees F for 4 minutes. An observation on 7/28/25 at 9:55 AM revealed Cook-G checking the internal temperature of the pork with a digital thermometer at three different places. The thermometer read 127-, 128-, and 129.5-degrees F at each location respectively.An observation on 7/28/25 at 10:01 AM revealed Cook-G filling a measuring cup with 4 cups of hot tap water and adding it to the roaster that contained the pork loin, and they turned the roaster control dial to 200 degrees F.An observation on 7/28/25 at 11:02 AM revealed Cook-G checked the internal temperature of the pork with the digital thermometer, which was 160.5 degrees F. The meat was in the electric roaster at this time, then transferred to a stainless-steel pan and put into the steam table An observation on 7/28/25 at

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F 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. LICENSURE REFERENCE NUMBER 175-12 005.06(H0)Based on interview and record review the facility failed to designate the role and duties of the Infection Preventionist to a qualified staff member that did not function as the facility Director of Nursing (DON).Findings:A review of a DON job description revealed under Safety and Sanitation that the DON will develop, implement and maintain a program for monitoring communicable and/or infectious diseases among residents and personnel. The facility identified a census of 35.On 07/28/2025 at 10:00 AM an interview with the DON confirmed the DON is also working in the role of the Infection Preventionist, while working forty hours a week as the DON. The DON confirmed there was no documented evidence of the number of hours spent in the infection control preventionist role.