

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 285260	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/24/2025
NAME OF PROVIDER OR SUPPLIER Chimney Rock Villa		STREET ADDRESS, CITY, STATE, ZIP CODE 106 East 13th Street Bayard, NE 69334	
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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, interviews, and record review, the facility failed to maintain a safe, sanitary, homelike bathing environment. This affected 6 (Resident 2,3,4,5,6, and 7) of 6 sampled residents. The facility identified a census of 32. LICENSURE REFERENCE NUMBER 175 NAC 12-006.19(A) A record review of Resident 2's facesheet revealed they were admitted to the facility on [DATE] and had diagnoses of type 1 diabetes mellitus, substance abuse, and respiratory failure. A record review of Resident 3's facesheet revealed they were admitted to the facility on [DATE] and had diagnoses of dementia, urinary tract infection, depression, and anxiety. A record review of Resident 4's facesheet revealed they were admitted to the facility on [DATE] and had diagnoses of dementia, back pain, and hypertension. A record review of Resident 5's facesheet revealed they were admitted to the facility on [DATE] and had diagnoses of dementia, osteoporosis, chronic kidney disease, and anxiety. A record review of Resident 6's facesheet revealed they were admitted to the facility on [DATE] and had diagnoses of dementia, hypertension, and type 2 diabetes mellitus. A record review of Resident 7's facesheet revealed they were admitted to the facility on [DATE] and had diagnoses of heart failure, failure to thrive (a condition with physical and/or mental decline which includes weight loss, decreased appetite, poor nutrition, and social isolation), broken ribs, and prostate cancer. A record review of an undated facility document revealed a bathing schedule for all residents in the facility. The document also revealed that on that day, eleven residents were scheduled to receive either a bath or a shower. An interview on 11/24/25 at 1:50 PM with Registered Nurse-A revealed the following residents had already received showers in the 200 hall shower room on that day: Resident 3, Resident 4, Resident 5, Resident 6, and Resident 7. An observation on 11/24/25 at 3:45 PM at the 200 hall shower room revealed that Resident 2 was in the 200 hall shower room being assisted by a member of the nursing staff. An observation on 11/24/25 at 10:35 AM of the shower room on the 200 hall revealed the following:--Inside the shower room to the right, at floor height, the wall was missing tiles in an area 8 inches () tall and 20 wide. Drywall was broken in an irregular pattern with numerous scattered grey and black spots present; wood studs were exposed, cracked, and grey in color, with unidentified debris and powders present. --Adjacent to the floor-height damage, to the left of the broken drywall, an open area in the wall 24 wide and 36 tall, with white paper attached at the top with clear tape. The paper had large tears throughout, exposing wood studs, pipes, and 2 lever-style water valves. Debris was visible, as well as white and greyish black markings on the discolored wood. --On the floor directly in front of the damaged wall, floor tile was broken and missing in an irregular area greater than 8 by 20 revealing cement underneath. The area included rough edges on the tiles. An interview with the Administrator on 11/25/25 at 4:45 PM revealed that the facility was aware of the damage in the shower room on the 200 hall. The interview revealed there was a whirlpool tub at that site which stopped working and was removed (where the damage was), and</p> <p>(continued on next page)</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: 285260	If continuation sheet Page 1 of 2

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