STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165356	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMS Memorial-Greene	**108 South High Street PO Box 617, Greene, Iowa, 50636**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0000	INITIAL COMMENTS Correction date:_____ The following deficiencies resulted from the facility's annual recertification survey conducted on July 13, 2026 to July 16, 2026. See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F0000		
F0887 SS = F	COVID-19 Immunization CFR(s): 483.80(d)(3)(i)-(vii) §483.80 Infection control §483.80(d)(3) COVID-19 immunizations. The LTC facility must develop and implement policies and procedures to ensure all the following: (i) When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized; (ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine; (iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine; (iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects, associated with the COVID-19 vaccine, before requesting consent for administration of any additional doses. (v) The resident or resident representative, has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision; and (vi) The resident's medical record includes	F0887		

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 reverse for further 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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F0887 SS = F	Continued from page 1 documentation that indicates, at a minimum, the following: (A) That the resident or resident representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and (B) Each dose of COVID-19 vaccine administered to the resident, or (C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal. (vii) The facility maintains documentation related to staff COVID-19 vaccination that includes at a minimum, the following: (A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine; (B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and (C) The COVID-19 vaccine status of staff and related information as indicated by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN). This REQUIREMENT is NOT MET as evidenced by: Based on clinical record review, staff interview, policy review, and CDC guidelines review the facility failed to provide COVID-19 education and vaccinations for 5 of 5 residents (residents #1, #2, #3, #4 and #5) reviewed for immunizations. Additionally, the facility failed to track the immunization status of their staff. The facility reported a census of 5 residents. Findings include: Resident #1's immunization (vaccination) record lacked documentation of the 2025-2026 COVID-19 vaccination. Resident #2's immunization record lacked documentation of the 2025-2026 COVID-19 vaccination. Resident #3's immunization record lacked documentation of the 2025-2026 COVID-19 vaccination.	F0887		

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F0887 SS = F	Continued from page 2 Resident #4's immunization record lacked documentation of the 2025-2026 COVID-19 vaccination. Resident #5's immunization record lacked documentation of the 2025-2026 COVID-19 vaccination. The current Centers for Disease Control and Prevention (CDC) guidelines recommended everyone age 6 months and older receive the 2025-2026 COVID-19 vaccination. The CDC documented this as especially important for individuals 65 years of age or older. On 7/16/26 at 9:05 AM Staff F, Director of Nursing (DON), confirmed the facility didn't provide informed consent, declination, or education to residents regarding the 2025-2026 COVID-19 vaccination. A review of personnel files for Staff A, Registered Nurse (RN), Staff B, Licensed Practical Nurse (LPN), Staff C, Certified Nursing Assistant (CNA), Staff D, CNA, and Staff E, Cook, showed all files lacked vaccination information. In an email written on 7/15/26 at 6:01 PM, Staff G, Administrator, confirmed the facility didn't have a system in place to track staff vaccination status.	F0887		
F0655 SS = D	Baseline Care Plan CFR(s): 483.21(a)(1)-(3) §483.21 Comprehensive Person-Centered Care Planning §483.21(a) Baseline Care Plans §483.21(a)(1) The facility must develop and implement a 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 must- (i) Be developed within 48 hours of a resident's admission.	F0655		

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F0655 SS = D	Continued from page 3 (ii) Include the minimum healthcare information necessary to properly care for a resident including, but not limited to- (A) Initial goals based on admission orders. (B) Physician orders. (C) Dietary orders. (D) Therapy services. (E) Social services. (F) PASARR recommendation, if applicable. §483.21(a)(2) The facility may develop a comprehensive care plan in place of the baseline care plan if the comprehensive care plan- (i) Is developed within 48 hours of the resident's admission. (ii) Meets the requirements set forth in paragraph (b) of this section (excepting paragraph (b)(2)(i) of this section). §483.21(a)(3) The facility must provide the resident and their representative with a summary of the baseline care plan that includes but is not limited to: (i) The initial goals of the resident. (ii) A summary of the resident's medications and dietary instructions. (iii) Any services and treatments to be administered by the facility and personnel acting on behalf of the facility. (iv) Any updated information based on the details of the comprehensive care plan, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on clinical clinical record review, staff interviews, and facility policy review the facility failed to complete a baseline care plan for 1 out of 5 (Resident #5) residents reviewed for baseline cares. The facility reported a census of 5. Findings include:	F0655		

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F0655 SS = D	Continued from page 4 The facility census documented Resident #5 entered the facility on 7/10/26. Resident #5's medical diagnoses documented dementia (memory loss) and depression (mood disorder). Resident #5's History and Physical (H&P) documented Resident #5 took citalopram (antidepressant medication) and trazodone (sleep aid medication). Resident #5's Brief Interview for Mental Status (BIMS) evaluation listed a score of 10, indicating moderately impaired cognition. A record review on 7/13/26 at 2:21 PM showed no care plan, and tasks contained no triggered items (instructions for providing care). A record review on 7/13/26 at 2:33 PM showed Resident #5 didn't have a completed Baseline Care Plan. Resident #5's Baseline Care Plan dated 7/14/26 at 10:11 AM showed completion and signatures on 7/14/26. On 7/16/26 at 9:54 AM Staff A, Director of Nursing (DON), acknowledged staff hadn't completed the Baseline Care Plan. Staff A reported she called the nurse to complete it. The undated Planning and Implementing Care Policy instructed to develop and implement a baseline care plan for each resident, including instructions needed to provide effective, person-centered care meeting professional standards of quality care. The facility would develop the baseline care plan within 48 hours of a resident's admission.	F0655		
F0807 SS = D	Drinks Avail to Meet Needs/Prefs/Hydration CFR(s): 483.60(d)(6) §483.60(d) Food and drink Each resident receives and the facility provides-	F0807		

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F0807 SS = D	Continued from page 5 §483.60(d)(6) Drinks, including water and other liquids consistent with resident needs and preferences and sufficient to maintain resident hydration. This REQUIREMENT is NOT MET as evidenced by: Based on observation and interview, the facility failed to ensure staff offered or served water to residents with or during meals for 2 of 3 meals observed. The facility reported a census of 5 residents. Findings include: On 7/13/26 at 12:10 PM 3 residents sat at the dining room table. Staff didn't offer or serve water to any of the 3 residents with or during the meal. On 7/14/26 at 11:45 AM 5 residents sat at the dining room table. Staff didn't offer or serve water to any of the 5 residents with or during the meal. On 7/15/26 at 9:17 AM Resident #2 stated during an interview Resident #2 didn't have water at meals. On 7/15/26 at 9:30 AM Staff A, Dietary Manager (DM), acknowledged staff didn't serve residents water with meals. Staff A further explained not knowing staff needed to serve water at every meal.	F0807		
F0812 SS = D	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices.	F0812		

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F0812 SS = D	Continued from page 6 (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interview, and policy review the facility failed to change gloves between touching surfaces and food. Additionally, the staff failed to adequately wash their hands during the meal service. The facility reported a census of 5 residents. Findings include: On 7/13/26 at 11:24 AM witnessed Staff E, Cook, wearing gloves at the start of the observation when entering the kitchen. Staff E opened the oven, removed a foil packet, and opened the foil containing mechanical soft (altered texture) bread. Staff E placed the bread on a plate and held the bread in place with a gloved hand while checking the temperature of the bread. Staff E checked the temperature of the spaghetti noodles and sauce, cleaning the thermometer between items with an alcohol wipe. Staff E then opened the refrigerator, took out a prepared glass of apple juice, checked the temperature of the juice, and rinsed the thermometer under a running faucet, turning the water on and off with gloved hands. Staff E checked the temperature of the coffee and rinsed the thermometer off under running water, turning the faucet on and off with gloved hands. Staff E checked the temperature of the lettuce salad in an individual serving bowl, touching the lettuce to insert the thermometer to obtain an accurate temperature. Staff E moved the cups of apple juice and coffee from the counter near the coffee pot to the counter near the stove and placed them on a tray. Staff E carried the cups of apple juice and coffee by gripping the rims, placing her palm over the open top of the glasses. Staff E delivered the tray to a resident and served the meal. Staff E removed her gloves for the first time during the observation upon returning to the kitchen after serving the resident. After removing her gloves, Staff E washed her hands at the handwashing sink. Staff E turned off the water with wet hands before dispensing and using a paper towel. Staff E applied a new set of gloves, took a tray off the serving cart, and placed the tray on the counter. Staff E took a small plate with a peanut butter sandwich off the tray, placed the plate on the counter, removed the wrapper, picked up the sandwich to separate the precut halves, and returned	F0812		

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F0812 SS = D	Continued from page 7 the sandwich to the plate. Staff E touched a plate on the stove, decided the plate felt too hot, went to the plate rack to get another plate, placed the plate on the tray, picked up the sandwich with gloved hands, and placed the sandwich on a larger plate on the tray. Staff E opened the refrigerator, took out orange juice while holding the cup by the drinking rim, and placed the cup on the tray with the peanut butter sandwich. Staff E delivered and served the tray to a resident. Staff E removed her gloves upon entering the kitchen. Staff E washed her hands at the handwashing sink. Staff E turned off the water with wet hands before dispensing and using a paper towel. After the meal, Staff E loaded the dishwasher and attempted to run it. Staff E washed her hands at the handwashing sink. Staff E turned off the water with wet hands before dispensing and using a paper towel. While Staff A, Dietary Manager (DM), troubleshot the dishwasher, Staff E again washed her hands at the handwashing sink. Staff E turned off the water with wet hands before dispensing and using a paper towel. The undated facility policy titled Food and Nutrition instructed the appropriate use of utensils, such as gloves, tongs, deli paper, and spatulas, as essential to prevent foodborne (food-caused) illness. The policy instructed gloved hands count as a food contact surface capable of contamination or soiling. The policy instructed disposable gloves represent single-use items requiring disposal after each use, and glove use doesn't substitute for proper handwashing with soap and water. The facility policy titled Infection Prevention and Control Manual under Standard Precautions dated 2020 instructed staff to thoroughly dry hands with a disposable towel and turn off the faucet using a disposable paper towel. On 7/15/26 at 9:30 AM Staff A acknowledged staff shouldn't touch food with the same gloves used to touch nonfood surfaces.	F0812		
F0883 SS = D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that-	F0883		

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F0883 SS = D	Continued from page 8 (i) Before offering the influenza immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered an influenza immunization October 1 through March 31 annually, unless the immunization is medically contraindicated or the resident has already been immunized during this time period; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of influenza immunization; and (B) That the resident either received the influenza immunization or did not receive the influenza immunization due to medical contraindications or refusal. §483.80(d)(2) Pneumococcal disease. The facility must develop policies and procedures to ensure that- (i) Before offering the pneumococcal immunization, each resident or the resident's representative receives education regarding the benefits and potential side effects of the immunization; (ii) Each resident is offered a pneumococcal immunization, unless the immunization is medically contraindicated or the resident has already been immunized; (iii) The resident or the resident's representative has the opportunity to refuse immunization; and (iv)The resident's medical record includes documentation that indicates, at a minimum, the following: (A) That the resident or resident's representative was provided education regarding the benefits and potential side effects of pneumococcal immunization; and (B) That the resident either received the	F0883		

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F0883 SS = D	Continued from page 9 pneumococcal immunization or did not receive the pneumococcal immunization due to medical contraindication or refusal. This REQUIREMENT is NOT MET as evidenced by: Based on clinical record review, staff interview and policy review, the facility failed to screen, educate, and offer the pneumonia vaccine to 1 of 5 residents (Resident #4) sampled for vaccines. The facility reported a census of 5 residents. Findings include: Resident #4's Minimum Data Set (MDS) dated 7/8/26 documented an admission date of 7/1/26. The MDS documented Resident #4's pneumococcal vaccination didn't meet up-to-date status and staff didn't offer the immunization (vaccine). Resident #4's immunization record in the electronic health record lacked documentation of staff giving the pneumococcal vaccination. On 7/16/26 at 9:05 AM Staff A, Director of Nursing (DON), confirmed the facility didn't have informed consent (written permission), declination (refusal) of vaccine, or education provided to Resident #4. The policy titled Pneumococcal Vaccine Program dated 2020 instructed staff to screen every admission, educate the resident regarding the vaccine, and give the vaccine.	F0883		