

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165591	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 09/25/2025
NAME OF PROVIDER OR SUPPLIER Spurgeon Manor			STREET ADDRESS, CITY, STATE, ZIP CODE 1204 LINDEN STREET , DALLAS CENTER, Iowa, 50063	
(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 and investigation of complaint #2569412-C, conducted September 22, 2025 to September 25, 2025. See Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F0000		
F0812 SS = E	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. (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 observations, staff interviews and	F0812		

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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F0812 SS = E	<p>Continued from page 1 recommendations from the Food Code United States Public Health and Safety 2017, the facility failed to properly thaw/defrost meat and serve food under appropriate sanitary conditions to prevent, reduce or eliminate potential hazards. The facility reported a census of 49 residents.</p> <p>Findings Include:</p> <p>1. On 09/22/2025 at 10:03 AM during the initial kitchen tour, observed roast thawing in water in the sink without continuous running water. At 12:55 PM the roast remained submerged in the water in the sink. When questioning the Certified Dietary Manager (CDM) about the roast that was in the water in the sink, he said that he had forgotten about the roast in the sink. When asked what his expectations were from his staff when thawing meat he said that typically they would let the water just run over the meat. He stated that the roast was being thawed for lunch the next day.</p> <p>On 09/23/2025 at 2:00 PM, the CDM stated he needed to update the current policy to include continuous running water while thawing meat.</p> <p>The 2017 Food Code, published by the Food and Drug Administration stated thawing food should be completely submerged under running water, as stated in section 3-501.13 Thawing.</p> <p>2. Observation on 9/24/2025 at 8:30 AM, Staff C, Dietary Aide, with a bare hand observed holding a piece of toast while buttering the toast, still holding the toast with her bare hand, she cut the toast, placed the toast on a plate and served the plate to a resident.</p> <p>3. Observation on 9/24/2025 starting at 12:20PM, Staff did not wash hands, applied gloves, and touched the dietary paper slips, cabinet handles, scoops, and proceeded with the same gloves on to remove 3 hot dog buns from the package. Staff C proceeded and removed her gloves, touched her glasses, served 3 plates, touched scoops, ladles and the refrigerator door. Staff C then removed her gloves and continued to serve and touch objects, then applied new gloves, opened a bun with her gloved hands, touched a dressing bottle with the gloved hand and then touched the bun again.</p> <p>Interview on 9/25/2025 at 11:15 AM, the CDM stated expectation to not use bare hands to touch any food, to wash hands before applying and after removing gloves, and gloves for 1 time use only.</p>	F0812		

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F0812 SS = E	Continued from page 2 Facility Dietary Employee Personal .Hygiene policy , revised 9/25/25, revealed employees should never use bare hand contact with any foods and gloves are to be worn and changed appropriately to reduce the spread of infection.	F0812		
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a	F0880		

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F0880 SS = D	<p>Continued from page 3 resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, clinical record review, staff interviews, and policy review the facility failed to maintain infection control practices for 1 of 3 residents reviewed (Resident #6). The facility failed to ensure use of enhanced barrier precautions (EBP) when required. The facility reported a census of 49 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) for Resident #6, dated 7/10/25, included diagnoses of Alzheimer's and obstructive uropathy (blockage in the urinary tract). The MDS identified the resident was dependent on staff for toilet hygiene. The MDS indicated the resident had a suprapubic catheter (tube into the lower abdomen to</p>	F0880		

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F0880 SS = D	<p>Continued from page 4 drain urine from the bladder). The MDS indicated the resident had a BIMS score of 7, indicating moderate cognitive impairment.</p> <p>Resident #6's Care Plan with revision date 4/3/25 documented the resident was on enhance barrier precautions related to a catheter and directed staff to follow precautions wearing gown and gloves while providing close contact cares.</p> <p>Observation on 9/23/25 at 1:30 PM, Staff B, Certified Nurse Aide, wore a gown and gloves and emptied Resident #6's catheter bag. Staff A, without a gown and gloves, proceeded to assist the resident to lay down in bed, moved the resident's tray table next to the bed, placed a wedge under the resident's legs, and covered the resident with the blanket on the bed.</p> <p>Facility's Enhanced Barrier Precautions, implemented 10/19/23, revealed enhanced barrier precautions refer to the use of gown and gloves for use during high-contact resident care activities for residents with wounds or indwelling medical devices and high-contact resident care activities include transferring, changing linens, and providing hygiene.</p> <p>Interview on 9/25/25 at 1:00 PM, the Director of Nursing stated expectation of staff to wear gown and gloves when completing contact care with any resident on EBP.</p>	F0880		