STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165547	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 07/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parkview Home	**102 N. Jackson Street , Wayland, Iowa, 52654**

(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 6, 2026 to July 9, 2026. See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F0000		
F0761 SS = E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. §483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected. This REQUIREMENT is NOT MET as evidenced by:	F0761		

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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F0761 SS = E	Continued from page 1 Based on observation, clinical record review, facility policy review, pharmacist and staff interviews, the facility failed to ensure proper packaging and labeling of controlled medications for 6 of 6 residents (Resident #1, Resident #8, Resident #11, Resident #12, Resident #19, and Resident #21) reviewed for medication storage and labeling. The facility reported a census of 25 residents. Findings include: 1. During an observation on 7/8/26 at 8:13 AM, Staff D, Certified Medication Aide (CMA) prepared Resident #12 medications for administration. After popping medications from single-dose bubble pack cards, Staff D pulled a locked box out of the medication cart, unlocked it, and removed an unlocked pencil box which contained multiple envelopes. Each envelope had the residents name, name of medication with the dosage and time handwritten on the outside of the envelope, and was sealed. Staff D found the envelope handwritten with tramadol 50 mg (milligrams). Staff D opened the envelope and placed the pill in medication cup, crushed the pill, mixed the pill into pudding before administering it to Resident #12. During an interview on 7/8/26 at 8:13 AM, Staff D, CMA explained the envelopes were set up by the nurses for the CMA's to administer. Review of the electronic health record (EHR) revealed Resident #12 had a physician order for tramadol HCL (hydrochloride) oral tablet 50 mg- give 50 mg by mouth two times a day for pain management. 2. During an observation on 7/9/26 that started at 8:20 AM, Staff E, CMA and the State Agency reviewed the packaging and labeling of controlled medications prescribed for the following residents: Resident #21, Resident #8, Resident #1, Resident #19 and Resident #11. Each envelope had handwritten information which consisted of the resident's name, medication, dosage and time of administration. a. Resident #21: 1. One envelope identified to have contained lorazepam 1 mg tablet and tramadol 50 mg tablet for the AM dose. 2. One envelope identified to have contained lorazepam 1 mg dose for noon. 3. Review of the EHR confirmed Resident #21 had a	F0761		

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F0761 SS = E	Continued from page 2 physician order for each medication. b. Resident #8: 1. One envelope identified to have contained alprazolam 0.5 mg - 2 tablets and pregabalin 50 mg tablet for AM dose. 2. One envelope identified to have contained pregabalin 50 mg for 1 PM dose. 3. One envelope identified to have contained alprazolam 0.5 mg - 2 tabs at 2 pm. 4. Review of the EHR confirmed Resident #8 had a physician for each medication. c. Resident #1: 1. One envelope with lorazepam 0.5 mg - 1 tab and oral suspension morphine 100 mg/5 ml (milligrams) - 0.5 ml in a pre-drawn syringe for AM dose. 2. lorazepam 0.5 mg- 1 tablet and oral suspension morphine 100 mg/5 ml- 0.25 ml in a pre-drawn syringe for noon dose. 3. Review of the EHR confirmed Resident #1 had a physician for each medication. d. Resident #19: 1. One envelope with oxycodone 5 mg at noon 2. Review of the EHR confirmed Resident #19 had a physician for the medication. e. Resident #11 1. One envelope with hydrocodone/acetaminophen 5/325 mg- 2 tabs (tablets)- sign out PRN (as needed)- give after 8:00 AM. 2. Review of the EHR confirmed Resident #11 had a physician for the medication. During an interview on 7/9/26 at 10:00 AM, Staff F, Pharmacist Consultant queried on the controlled medications being placed in envelopes for the CMAs and Staff F stated he had no idea the facility was doing it. Staff F stated the facility needed to get locked boxes for the medication cart and the medications needed to be in their packages right before administering. Staff F stated technically the facility was relabeling the medications and the facility can't do that. Staff F asked about the	F0761		

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F0761 SS = E	Continued from page 3 pre-drawn morphine suspension syringe and Staff F stated the facility shouldn't be doing that and the facility should only draw up the morphine right before administering. During an interview on 7/9/26 at 12:36 PM, Staff C, Registered Nurse (RN) queried on the controlled medications Staff C stated the narcotic packaging were placed in the nurse's medication cart and when Staff C came in, she signed out the controlled substances for the CMA cart and placed them in envelopes with the resident's name, date, and the medication with the dose. Staff C stated she didn't pop out the PRN narcotics unless it was for Resident #11 because Resident #11 always asked for pain medications every 4 hours. Staff C asked about the pre-drawn morphine suspension and Staff C stated the syringes had caps on it and they didn't reuse the syringes. Staff C stated they set up the controlled medications so the CMA didn't have to ask the nurse every time a resident needed a narcotic. During an interview on 7/9/26 at 12:52 PM, Staff D, CMA queried how she knew the pills in the envelopes were the correct and Staff D stated she had to trust the nurse because the CMAs did not do the narcotic count with the nurse and the nurses didn't show the CMAs what was going in the envelopes. Staff D stated if she had concerns about the pills, Staff D could look up the pills on pill verification. During an interview on 7/9/26 at 2:16 PM, the Director of Nursing (DON) queried about the controlled medications in the envelopes and the DON stated she took full responsibility for the process. The DON stated she thought it was safer to set up the controlled meds in the envelopes rather than the nurse handing the CMA a pill in a medication cup. The DON stated Staff F explained to the DON why the facility can't do it and the DON would put a new process in place. Review of the facility undated policy titled Medication Storage Policy directed, in part: a. Controlled substances: Schedule II-V controlled drugs must be stored in a locked compartment, unless using a single-unit package system with minimal storage and detectable doses. a. Labeling: Medications must be labeled with generic/brand name, prescribed dose, strength, expiration date, resident's name, route of administration, and any required instructions or	F0761		

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F0761 SS = E	Continued from page 4 precautions. Review of the facility Medication Administration dated 4/12/19 revealed a Procedure section which directed, in part: a. Remove the cards labeled for that resident at the administration time. b. Compare the medications listed on the cards to the MAR (Medication Administration Record)… c. Take the card to the resident, or prepare the medication in a medication cup. When placing medications from the card into a cup, be careful not to touch medications. Take the cup with the card to the resident. Keep the medications in sight at all times. Lock the medication cart when walking away. d. Verify this is the correct resident and the correct time of administration by comparing the name on the card to the resident and double check the date and time. If uncertain as to the identity of the resident, ask the resident to state her name and time. Ask if they prefer to take the medications in their hand, have them placed on a napkin or placemat, or placed in a spoon for administration.	F0761		
F0552 SS = D	Right to be Informed/Make Treatment Decisions CFR(s): 483.10(c)(1)(4)(5) §483.10(c) Planning and Implementing Care. The resident has the right to be informed of, and participate in, his or her treatment, including: §483.10(c)(1) The right to be fully informed in language that he or she can understand of his or her total health status, including but not limited to, his or her medical condition. §483.10(c)(4) The right to be informed, in advance, of the care to be furnished and the type of care giver or professional that will furnish care. §483.10(c)(5) The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers. This REQUIREMENT is NOT MET as evidenced by:	F0552		

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F0552 SS = D	Continued from page 5 Based on clinical record, policy review, and staff interviews, the facility failed to provide education on the risks and benefits of psychotropic medications and obtain a signed consent prior to starting the medications for 1 of 5 (Resident #16) residents reviewed for unnecessary medications. The facility reported a census of 25 residents. Findings include: Review of the Minimum Data Set (MDS) assessment, dated 5/19/2026, revealed Resident #16 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15 which indicated intact cognition.The MDS identified Resident #16 required antipsychotic and antidepressant medications during the look back period. Review of Resident #16's Care Plan revealed a diagnosis of Unspecified Mood (Affective) disorder. A Focus area initiated on 9/24/25 addressed I use psychotropic medications (antipsychotic aripiprazole and antidepressant duloxetine) r/t (related to) depression. Interventions included, in part:a. Administer psychotropic medications as ordered by physician. Reports concerns to my provider. Date Initiated: 9/24/25. b. I have been educated about risks, benefits and the side effects of anti-depressant and antipsychotic medications being given. Date Initiated: 09/24/25. c. I see [Name redacted] ARNP (Advanced Registered Nurse Practitioner) for mental health care via telehealth routinely. Date initiated: 11/20/25. d. Monitor, document, report as needed (PRN) adverse reactions to antidepressant therapy: change in behavior/mood/cognition; hallucinations/delusions; social isolation, suicidal thoughts, withdrawal; decline in ADL ability, continence, no voiding; constipation, fecal impaction, diarrhea; gait changes, rigid muscles, balance probs, movement problems, tremors, muscle cramps, falls; dizziness/vertigo; fatigue, insomnia; appetite loss, weight loss, nausea/vomiting, dry mouth, dry eyes. Date initiated: 09/24/2025. Review of Resident #16's Medication Administration Record, dated July 2026, revealed orders for the following medications: a. Aripiprazole (Abilify) (antipsychotic medication primarily prescribed to treat mental health conditions like schizophrenia, bipolar disorder, and major depressive disorder) 2 milligrams (mg) with instructions to give one tablet by mouth every day shift for depression. Start date: 3/28/26. b. Duloxetine hydrochloride (HCl) (antidepressant medication used to treat major depression, generalized anxiety, fibromyalgia, diabetic neuropathy, and chronic musculoskeletal pain) 30 mg, with instructions to give one capsule by mouth	F0552		

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F0552 SS = D	Continued from page 6 every day shift for depression. Start date: 9/25/25 Review of Resident #16's clinical record found no documentation that the facility informed the resident of the risks and benefits of the medication, the treatment alternatives, or other options so the resident could make an informed choice. During an interview on 7/09/26 at 2:45 PM, the Director of Nursing (DON) denied having documentation of Resident #16's informed consent to receive antipsychotic and antidepressant medications after risks and benefits were explained. Review of the facility policy titled, Psychotropic Drug Consent, dated 7/26/2012, revealed: Policy Statement: Residents should be fully informed of the benefits and side effects of the medications they receive. Physicians and staff of facility will educate residents and/or their family or decision maker regarding the benefits and side effects of psychotropic drugs prior to initiating their use. Procedure: The charge nurse, Assistant Director of Nursing (ADON), or DON, or physician will review the benefits of the psychotropic medication and the risks with the resident or family member or decision maker. A consent for use will be signed prior to use. Copy of consent to follow this policy.	F0552		
F0687 SS = D	Foot Care CFR(s): 483.25(b)(2)(i)(ii) §483.25(b)(2) Foot care. To ensure that residents receive proper treatment and care to maintain mobility and good foot health, the facility must: (i) Provide foot care and treatment, in accordance with professional standards of practice, including to prevent complications from the resident's medical condition(s) and (ii) If necessary, assist the resident in making appointments with a qualified person, and arranging for transportation to and from such appointments. This REQUIREMENT is NOT MET as evidenced by: Based on observation, clinical record review, Facility Assessment review, resident and staff interview, the facility failed to provide routine podiatry services for 1 of 5 residents (Resident #16) reviewed for foot care. The facility reported a census of 25 residents.	F0687		

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F0687 SS = D	Continued from page 7 Findings include: Review of Resident #16's Minimum Data Set (MDS) assessment dated 5/19/26, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated intact cognition. The list of diagnoses included diabetes mellitus, congestive heart failure, respiratory failure, and morbid obesity. During an interview on 7/06/26 at 12:42 PM, Resident #16 stated she does not see podiatry often enough and said because she is diabetic not just anyone can take care of her toenails. Resident #16 stated it had been a long time since podiatry visited to trim her toenails. Review of Resident #16's Care Plan initiated on 9/24/25, revealed the following Focus area's: a. I have venous statis related to diabetes and heart disease. Interventions include with the goal that Resident #16 would remain free of major complications related to peripheral vascular disease. 1. Educate the resident on the importance of proper foot care including: proper fitting shoes, wash and dry feet thoroughly, Keep toenails cut, inspect feet daily, daily change of hosiery and socks. Date Initiated: 09/24/2025 b. I have Diabetes Mellitus II and am dependent on insulin. 1. Inspect feet daily for open areas, sores, pressure areas, blisters, edema or redness. Date initiated: 9/24/25. Review of the electronic health record (EHR) revealed an Order Note dated 4/03/26 at 1:41 PM: [Name redacted] in to see resident today. [Name redacted] would like resident to see podiatry when they round. During an interview on 7/08/26 at 9:41 AM, the Social Services Worker explained the facility notified the Podiatrist office of new residents wanting podiatry services and then the provider sends a list of residents they plan to see at the next scheduled visit. The Social Services Worker explained it had been very hard to schedule for the podiatry visits to occur in the facility, and was unsure of when the last visit occurred. Review of a facility provided facsimile (fax), dated 7/08/26 from the podiatrist whom the facility generally uses for in house services: Here is the list of patients from our last visit 11/15/25 [names	F0687		

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F0687 SS = D	Continued from page 8 redacted]. The list consisted of 28 residents, with the reason 12 residents not seen. The list identified 16 residents seen by podiatry on 11/15/25. one of which was Resident #16. During an observation on 7/08/26 at 9:58 AM, Resident #16 stated that her toenails on the left foot were worse than the right, especially the left big toenail. Resident #16 left great toe had a long, jagged toenail, and the other nails on the left foot appeared long and in need of a trim. Resident #16 stated the left great toenail caused pain if she crossed her legs and the jagged nail edge scratched her other foot or when the toenail gets caught on the bed sheets. Resident #16 explained she would go to an outside Podiatrist instead of waiting for in-house podiatry services but had not been notified when the next visit would be. During an interview on 7/08/26 at 10:04 AM, Social Services worker reported that she just called the Podiatrist office in attempt to get an in-house visit scheduled and was informed that the Podiatrist office was unable to schedule a date/time. The Social Services Worker stated that the Director of Nursing (DON) was currently working on scheduling appointments and transportation with a different outside Podiatrist clinic for residents and said, especially those who are diabetic. At 10:12 AM, the Social Services worker informed the State Agency that five residents, including Resident #16 had been scheduled for an offsite podiatry visit on 7/29/26. During an interview on 7/09/26 at 2:19 PM, the DON stated it is her expectation that residents receive podiatry services every 2 to 3 months and stated that the primary care provider would see residents if something came up between visits. The DON stated that she started scheduling the diabetic residents with a different offsite provider while working to get in-house podiatry services scheduled. Review of the Facility Assessment dated 5/04/26, revealed, in part: Part 3: Facility resources needed to provide competent support and care for our resident population every day and during emergencies. Section 1. Staff type: Bullet point number 5: Medical/Physician Services (in example, Medical Director, Attending Physician, Nurse Practitioner, Dentist, Podiatrist). Section 6. Working with Medical Practitioners: We maintain a constant relationship with our local	F0687		

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F0687 SS = D	Continued from page 9 hospital. We are in contact with providers and administration to ensure our relationships are maintained and valued. Calls, texts, messenger messages, and email are all utilized for this constant reference to our care providers.	F0687		
F0730 SS = D	Nurse Aide Perform Review – 12Hr/Year In- service CFR(s): §483.35(d)(7) §483.35(d)(7) Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of §483.95(g). This REQUIREMENT is NOT MET as evidenced by: Review of employee personnel file, staff interview, and facility policy review, the facility failed to complete a performance review of nurse aides every 12 months for 2 of 3 Certified Nursing Assistant (CNA) staff reviewed. The facility reported a census of 25 residents. Findings include: Review of Staff G, CNA, personnel file revealed a hire date of 7/07/2023. The personnel file lacked documentation of performance evaluation completed during the last 12 months. Review of Staff A, CNA, personnel file revealed a hire date of 8/10/2020. The personnel file lacked documentation of performance evaluation completed during the last 12 months. During an interview on 7/09/26 at 10:13 AM, the Director of Nursing (DON) stated that performance evaluations had not been done within the past year and reported that the facility would not be able to produce any documentation of nurse aide performance evaluations. During an interview on 7/09/26 at 2:19 PM the DON stated the facility does typically complete nurse aide performance evaluations, but had not completed any over the past 12 months. The facility denied having policies or procedures specific to nurse aide training, evaluation, or performance review.	F0730		
F0740 SS = D	Behavioral Health Services CFR(s): 483.40 §483.40 Behavioral health services. Each resident must receive and the facility must provide the necessary behavioral health care and	F0740		

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F0740 SS = D	Continued from page 10 services to attain or maintain the highest practicable physical, mental, and psychosocial well-being, in accordance with the comprehensive assessment and plan of care. Behavioral health encompasses a resident's whole emotional and mental well-being, which includes, but is not limited to, the prevention and treatment of mental and substance use disorders. This REQUIREMENT is NOT MET as evidenced by: Based on resident and staff interview, clinical record review, and facility policy review, the facility failed to initiate a timely psychiatric referral for 1 of 1 resident (Resident #8) reviewed for behavioral health services. The facility reported a census of 25 residents. Findings include: Review of Resident #8's Minimum Data Set (MDS) assessment dated 6/6/26, revealed a diagnoses list which included post-traumatic stress disorder, anxiety disorder and Parkinson's disease. The MDS identified Resident #8 prescribed antipsychotic, antianxiety, and antidepressant medications. Resident #8 admitted to the facility on 2/5/26. Review of the Care Plan, initiated 2/5/26, revealed a Focus area to address I use psychotropic medications (Abilify (antipsychotic), escitalopram (antidepressant), mirtazapine (antidepressant), and venlafaxine (antidepressant) r/t (related to) Depression. Interventions included, in part: a. I have been referred for psychiatric services, initial evaluation pending. Evaluation has been completed. I will continue to see [name redacted] ARNP (Advanced Registered Nurse Practitioner) for routine psychiatric care vis telehealth. Date initiated: 4/16/26. Revision on: 7/07/26. During an interview on 7/09/26 at 1:36 PM, Resident #8 reported meeting a psychiatric provider via video chat as an introductory visit recently. Resident #8 stated she thinks that was within the last 2 weeks. Resident #8 stated it's been hard to have a new diagnosis of Parkinson's Disease but claimed she is doing fine. Review of the electronic health record revealed: a. Nursing Note dated 2/28/26 at 1:25 PM: Resident called this nurse to her room. When nurse arrived at room, resident states she is having a panic attack. She states she feels hot on the inside and her hands are cold and she feels anxious and nervous. This nurse placed a call to on call Primary Care Provider	F0740		

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Parkview Home	**102 N. Jackson Street , Wayland, Iowa, 52654**

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F0740 SS = D	Continued from page 11 (PCP) and was unable to reach anyone, a message was left, no return call has been received. b. Nursing Note dated 2/28/26 at 9:02 PM: Resident upset that medication frequency and dosage and times have been changed, otherwise pleasant and cooperative with no noted behavioral issues; no noted complaints of prior shift's panic attack; physician never returned call; will continue to monitor. c. Nursing Note on 3/01/26 at 1:03 PM: Resident is having increased pain causing an increase in anxiety following medication changes. Resident also states she is coming to grips with being in a facility for the rest of her life. Resident is concerned and has asked this nurse to reach out to the PCP and ask about changing her medication regimen. This nurse states she will look into it on 3/02/2026. d. Nursing Note, dated 3/09/26 at 12:19 PM: Resident seen by [Name redacted] last week. She says she will put in a referral for resident to see psychiatry for a follow up appointment. 1. Response from [Hospital] referral team: Thank you for the referral of your patient. Unfortunately, the patient is currently under the care of her PCP [Name redacted], for her Psychiatric issues at this time. [Name redacted] aware, awaiting response from [Name redacted]. If [Name redacted] would like a 2nd opinion of the patient, or wishes to transfer her psychiatric care to the department of Psychiatry, [Name redacted] will need to enter a referral for the patient. e. Nursing Note, dated 4/06/26 at 10:17 PM: Resident asked to speak with this nurse. This nurse went in to visit with resident and resident reports feeling increased agitation and anxiety and feels like she wants to lash out at staff and especially her husband. Resident reports feeling exhausted all of the time and having a decreased appetite. Resident states having an increase in jerking movements. Resident is concerned, this nurse states she will reach out to provider regarding concerns f. Nursing Note, dated 4/07/26 at 1:14 PM: Followed up with resident at this time, verifies all these feelings and states she is also feeling more depressed lately, suggested to her that seeing psych might help and explained how we do this. She agrees with this and states she would like to try. 1. Referral sent to [Name redacted] to initiate psychiatric services as requested.	F0740		

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F0740 SS = D	Continued from page 12 g. Nursing Note dated, 7/08/26 at 10:45 PM: This nurse was in with resident administering medications when resident began to cry. Resident states feeling lonely and like she has no who cares about her… Resident then states she wishes she was dead. This nurse asks resident about that statement and resident denies having a plan and states she isn't going to harm herself. Resident states she is more scared of being alone than of her disease. This nurse stays with resident and offers support. This nurse to update facility social worker. During an interview on 7/09/26 at 2:19 PM, the Director of Nursing (DON) stated she sent a referral for Resident #8's psychiatric services right away and due to Resident #8 going out for a lot of different appointments was unable to get psychiatric services scheduled. The DON reported that Resident #8 had initial evaluation with psychiatric provider on 6/30/26. The DON was unable to provide documentation of Resident #8's psychiatric provider visit or provider notes related to initial evaluation visit on 6/30/26. The facility denied having policy or procedures specific to resident behavioral health services.	F0740		
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;	F0880		

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F0880 SS = D	Continued from page 13 §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 resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (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 (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by:	F0880		

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F0880 SS = D	Continued from page 14 Based on observation, record review, staff interviews, and facility policy, the facility failed to use Enhanced Barrier Precautions (EBP) for 1 of 2 residents (Resident #3) reviewed for infection control, and failed to utilize standard hand hygiene practices for 1 of 5 residents (Resident #2) observed during medication administration. The facility reported a census of 25 residents. Findings include: 1. The Minimum Data Set (MDS) assessment dated 6/23/26, revealed Resident #3 scored a 14 out of 15 on the Brief Interview for Mental Status (BIMS) exam, which indicated cognition intact. The MDS revealed the resident had a diagnosis of obstructive uropathy (obstruction that does not allow adequate passage of urine) and utilized an indwelling catheter. The Care Plan dated 7/7/26 revealed a Focus area for indwelling catheter due to obstructive uropathy. Interventions dated 7/7/26 included, in part: Maintain enhanced barrier precautions, and a blue dot has been added to the door to identify EBP. During an observation on 7/8/26 at 7:47 AM, Staff A, Certified Nurse Aide (CNA) and Staff B, CNA went into Resident #3 room to change Resident #3 catheter bag to a leg bag. Staff A and Staff B did not gown up while they changed the catheter bags. During an interview on 7/8/26 at 1:45 PM, Staff B, CNA queried on EBP and Staff B stated she should wash her hands and put a gown and gloves on and have everything ready before going into the room to do catheter cares. Staff B confirmed she did not wear a gown while performing catheter cares on Resident #3. Staff B asked when staff used EBP and Staff B stated when doing catheter cares. During an interview on 7/8/26 at 2:15 PM, Staff A, CNA confirmed she use EBP when doing Resident #3 catheter cares. Staff A stated she should have worn a gown. During an interview on 7/9/26 at 10:20 AM, the Infection Preventionist queried on EBP and the Infection Preventionist stated she heard about it and the CNAs should have used EBP because EBP should be used for catheters. During an interview on 7/9/26 at 1:58 PM, the Director of Nursing (DON) stated she preached about EBP and the blue dot on the outside of the door to staff all the time. The DON confirmed the staff should of used EBP while performing catheter cares	F0880		

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F0880 SS = D	Continued from page 15 with Resident #3. Review of the facility policy titled Enhanced Barrier Precautions revised 7/2024 directed, in part: a. EBP are used in conjunction with standard precautions and expand the use of Personal Protective Equipment (PPE) to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. b. Indwelling medical devices include but are not limited to central lines, urinary catheters…. 2. The MDS assessment dated 6/16/26 revealed Resident #2 scored a 15 out of 15 on the BIMS exam, which indicated cognition intact. The list of diagnoses included encounter for orthopedic aftercare following surgical amputation. The MDS indicated Resident #2 prescribed opioid medication. Review of the electronic health record (EHR) revealed Resident #2 had a Physician Order for Pregabalin Oral Capsule 50 milligrams: Give 1 capsule by mouth three times a day for nerve pain During an observation on 7/8/26 at 8:33 AM, Staff C, Registered Nurse (RN) prepared Resident #2 medications. During the prep a Pregablin capsule fell on the keyboard of the nurses laptop. Staff C picked up the pill with her bare hands and placed the pill into the medication cup. Staff C resumed prepping the remaining medications and administered all medications to Resident #2. During an interview on 7/9/26 at 2:00 PM, the Director of Nursing (DON) stated that staff should have disposed of the Pregablin capsule that had been touched, obtained a replacement from the remaining supply, and ordered a new capsule for the one disposed of. Review of the facilty policy titled Medication Administration revised 4/12/29 directed, in part: If a pill or capsule falls on the floor, it must be discarded, and a new one administered. To replace the capsule or pill, take the appropriate medication from the last tab available in the card. Notify pharmacy to replace the medication. Give them the date used for replacement.	F0880		
F0883 SS = D	Influenza and Pneumococcal Immunizations CFR(s): 483.80(d)(1)(2) §483.80(d) Influenza and pneumococcal immunizations	F0883		

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F0883 SS = D	Continued from page 16 §483.80(d)(1) Influenza. The facility must develop policies and procedures to ensure that- (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	F0883		

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F0883 SS = D	Continued from page 17 immunization; and (B) That the resident either received the 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 record review, staff interviews, and the facility policy, the facility failed to administer updated pneumococcal vaccines to 2 of 5 (Resident #8, Resident #21) residents who consented to receiving the vaccine. The facility reported a census of 25 residents. Findings include: 1. The Review of the Clinical Census revealed Resident #8 admitted on 2/5/26. Resident #8 discharged to the hospital on 4/11/26 and returned to the facility on 4/21/26; discharged a second time to the hospital on 4/29/26 and returned on 5/1/26; and discharged a third time to the hospital on 6/6/26 and returned on 6/9/26. The Review of the Immunization Registry Information System (IRIS) revealed Resident #8 received Prevnar 13 (PCV13) on 11/10/2015 and pneumococcal 23 on 1/23/20. Resident #8 signed the Influenza/Pneumococcal consent form on 7/7/26 for a pneumococcal vaccine and the provider gave a verbal order on 7/7/26 at 6:42 PM for the pneumococcal 20 vaccine. 2. The Review of the Clinical Census revealed Resident #21 admitted to the facility on 8/1/25. The Review of IRIS revealed Resident #21 had the PCV13 on 12/18/15 and the pneumococcal 23 vaccine on 12/19/16. The Influenza/Pneumococcal consent form signed with verbal consent from the Power of Attorney (POA) on 7/8/26 for the Prevnar 20. During an interview on 7/9/26 at 1:08 PM, the Infection Preventionist (IP) queried on the process with the vaccines and the IP stated the Director of Nursing (DON) was trying to get through them. The IP stated Resident #8 had been out to the hospital and the IP didn't have an answer for Resident #21. The IP stated the facility screened the residents on admission and pulled up IRIS to see what the residents needed. During an interview on 7/9/26 at 2:10 PM, the (DON)	F0883		

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F0883 SS = D	Continued from page 18 stated she was reviewing the immunizations and had been working on it for the last month. The DON stated it wasn't like the residents didn't have their pneumococcal vaccines, this was just the next recommended dose. The DON asked about the process and the DON stated the facility did an admission checklist and the DON had an excel sheet she used to keep up to date. The DON stated Resident #8 came to the facility sick and had been in and out of the hospital. The DON stated consent/declinations not completed until the vaccine would be given. Review of the undated facility policy titled Pneumococcal Vaccine revealed: a. Prior to or upon admission, residents will be assessed for eligibility to receive the pneumococcal vaccine series, and when indicated, will be offered the vaccine series within 30 days of admission to the facility unless medically contraindicated or the resident has already been vaccinated. b. Administration of the pneumococcal vaccines or revaccinations will be made in accordance with current Centers for Disease Control and Prevention (CDC) recommendation at the time of the vaccination.	F0883		