STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165569	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 05/07/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
West Point Care Center Inc	**607 6th Street PO Box 398, West Point, Iowa, 52656**

(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 ✓ KG	INITIAL COMMENTS Correction date: 5/20/2026 The following deficiency resulted from the facility's annual recertification survey and investigation of complaints #2726954-C, #2968257-C, and facility reported incidents #2727005-I, conducted May 4, 2026 to May 7, 2026. Complaints #2726954-C and #2968257-C did not result in a deficiency. Facility Reported Incident #2727005-I did not result in a deficiency. See Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F0000		
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		

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
Heather Bowen	Administrator	5/20/2026

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F0880 SS = D	Continued from page 1 §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: Based on observation, clinical record review, facility	F0880		

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F0880 SS = D	Continued from page 2 policy review, resident and staff interviews, the facility failed to ensure Enhanced Barrier Precautions (EBP) used during wound care and urinary catheter care as a measure to reduce the transition of multidrug resistant organisms for 1 of 1 residents (Resident #5) reviewed for infection control. The facility reported a census of 29. Findings included: Review of the Minimum Data Set (MDS) assessment for Resident #5, dated 4/19/26, revealed a Brief Interview for Mental Status (BIMS) score of 13 out of 15, which indicated a mild cognitive impairment. The assessment list of diagnoses included diabetes, arthritis and cancer. The MDS indicated Resident #5 used a urinary catheter and had a stage 3 pressure ulcer (full-thickness of skin loss exposing subcutaneous fat). The resident identified as dependent on staff for toileting, lower body dressing and transfers. Review of Clinical Physician Orders for Resident #5 revealed the following: a. Clean wound, apply skin prep to surrounding skin, cover with border gauze, change twice weekly and PRN (as needed) until healed; one time a day every Tue (Tuesday), Fri (Friday) for ulcer on coccyx and as needed if soiled. Start Date: 4/24/26. b. 16 Fr (French, indicates size of catheter) 10mL (milliliter, amount of sterile water to put in the catheter balloon to secure the device) indwelling foley catheter. c. Resident #5 did not have an order to use Enhanced Barrier Precautions during wound care or catheter care. During an observation on 5/4/26 at 9:50 AM, Resident #5 door/room noted to not have a sign to indicate the need to use EBP. Resident #5 in the room, sitting in his wheelchair with a urinary catheter attached to the chair. During an interview, Resident #5 reported staff wore gloves to empty his catheter. Resident #5 also stated he had a sore on his bottom, and the staff were putting an ointment and patch on the area. During an observation on 5/5/26 at 9:51 AM, Resident #5 laid supine (face up) in his bed. Staff A, Licensed Practical Nurse (LPN) and Staff B, Registered Nurse (RN) in the room to complete wound care. Without completing hand hygiene, donning (putting on) a gown or gloves, Staff B, RN	F0880		

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F0880 SS = D	Continued from page 3 leaned over Resident #5 to help reposition him. Staff B, then washed her hands and donned gloves. Staff A, Licensed Practical Nurse (LPN), completed hand hygiene with an alcohol-based rub, gloved and without donning a gown, and obtained a red plastic bag for soiled items. Without donning a gown, Staff B, RN, pulled down Resident #5's pants, unfasted the tabs on the incontinence brief, and assisted the resident to roll onto his right side. Staff B, RN, used a disposable measuring tape to measure an open wound located on upper middle coccyx area. Staff B, RN cleaned the wound with wound cleanser and 4 x 4 gauze, removed her gloves, washed her hands, gloved, applied Skin Prep around the wound edges and covered the wound with the foam dressing. Staff A, LPN helped to hold the resident's left hip in place while Staff B measured, cleaned and treated the wound. Staff B helped to reposition the resident, secure the incontinent brief and pull the resident's pants back into place. During an observation on 5/5/26 at 12:58 PM, during an observation, Staff C, Certified Nurse's Assistant (CNA) and Staff E, CNA, entered Resident #5's room. Resident #5 positioned in his wheelchair with a mechanical lift vest underneath him. Without donning gloves or a gown, Staff C and Staff E connected the resident's lift vest to the mechanical lift and transferred him from the wheelchair to his bed. Staff C moved the resident's catheter bag from the wheelchair frame to the bed frame. While Staff C and Staff E leaned over the resident to disconnect the lift vest from the lift their uniforms touched the resident. Staff E left the room with the mechanical lift. Staff C rolled the resident side to side while removing the mechanical lift vest. During this repositioning, Staff C's uniform rubbed up against Resident #5's arms and clothing. Staff C removed the resident's shoes and gave the resident his call light. Staff C then washed her hands, gloved, obtained a plastic bag, paper towel, graduated cylinder and alcohol swab. Without donning a gown, Staff C, CNA placed the paper towel on floor inside the plastic bag, and the graduated cylinder on the paper towel. Staff C emptied urine from the resident's catheter bag into the cylinder, cleaned the port of the catheter bag and emptied the graduated cylinder into the toilet. During an interview on 5/5/26 at 1:11 PM, Staff C, CNA, stated nursing staff placed resident's on EBP when residents had a wound or were sick. She reported doing monthly education related to infection control and had practiced donning and doffing gowns. Staff C reported when a resident was on EBP, there was a sign on the door along with	F0880		

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F0880 SS = D	Continued from page 4 personal protective equipment (PPE) supplies including gowns, gloves and masks. Staff C explained the PPE was on the outside of the resident room doors, because staff gowned up before they entered the room. During an interview on 5/5/26 at 1:12 PM, Staff A, LPN, reported the facility placed resident's on EBP along with extra precautions depending on what the resident had if they had anything infectious including MRSA (Methicillin Resistant Staphylococcus Aureus), Covid or C-Diff (Clostridioides difficile, a type of bacteria). Staff A thought staff should wear a gown and gloves when providing personal or catheter cares if the resident had a urinary catheter. During an interview on 5/5/26 at 4:03 PM, Staff B, RN, stated resident are placed on EBP when they had a catheter or wound. Staff B explained staff needed to wear gloves if they were only doing wound or catheter care. During an interview on 5/5/26 at 4:05 PM, the Director of Nursing (DON) reported it was an oversight that they missed placing Resident #5 on EBP, and staff should be wearing a gown when doing cares with the resident. Review of the facility policy, titled Enhanced Barrier Precautions, dated 9/21/25, revealed, in part, "...signs will be posted on the doorway of any resident under Enhanced Barrier Precautions...All employees entering the room for the purpose of hands on resident care activities must perform the following...put on appropriately fitting gloves; don an isolation gown...additionally, if the care to be provided involves anticipated contact with bodily fluids (such as urine or blood), or is a procedure that is likely to result in contact with bodily fluid (such as tracheostomy or catheter cares), the following additional PPE must be worn: surgical face mask (or N95 as appropriate), face shield or appropriate eye protection, nitrile gloves should be considered due to elevated risk of breakage with vinyl gloves." Review of the facility policy, titled Implementation of Personal Protective Equipment in Nursing Homes to Prevent MDROs (multiple drug-resistant organisms), dated 7/26/2019, revealed, in part, residents with any of the following: wounds and/or indwelling medical devices (e.g. central line, urinary catheter, tracheostomy/ventilator) regardless of MRDO colonization status. PPE used for these situations: during high contact care activities...transferring...device care or use (urinary	F0880		

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F0880 SS = D	Continued from page 5 catheter) ...wound care: any skin opening requiring a dressing.	F0880		

West Point Care Center Provider # 165569

Survey Dates: 5/4/2026 through 5/7/2026

F000 Preparation and/or execution of the plan of correction does not constitute admission or agreement by the provider or the truth of the fact alleged or conclusion set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provision of federal and/or state law.

F880

Infection Prevention and Control

Elements detailing how we corrected the deficiency as it relates to the individual

1. Signage was posted on Resident #5 door/room that Enhanced Barrier Precautions are to be followed on May 5, 2026.
2. Holders for masks, gowns, gloves, and other necessary Personal Protective Equipment was hung on Resident #5 door/room on May 5, 2026.
3. Staff notified of Enhanced Barrier Precautions for Resident #5 via Signal App on May 5, 2026.

Measures taken to protect all resident in similar situation

1. All new admissions or room changes will be screened by Director of Nursing and Infection Preventionist to verify if Enhanced Barrier Precautions are to be utilized.
2. Communication to all staff will be sent via Signal App to ensure everyone has been notified.
3. All rooms will then be visualized to ensure the precautions are in place and that it is being followed by audits as described below.

Measures being taken to ensure that the problem does not recur include

1. All staff meeting on May 28, 2026 will cover Enhanced Barrier Precautions.
2. Enhanced Barrier Precautions quizzes will be given to all nursing staff weekly x 2 weeks.
3. Enhanced Barrier Precautions quiz will be given to all staff on May 28, 2026.
4. All quizzes will be checked by Infection Preventionist or Director of Nursing. Further education will be provided to individuals whom had educational needs determined during grading.

Plan to monitor performance to assure solutions are permanent

1. Interdisciplinary Team will review 24-hour Summary in Point Click Care for changes of condition warrantying Enhanced Barrier Precautions.

2. Weekly educational quizzes on Enhanced Barrier Precautions for Nursing staff will begin May 11, 2026 for 2 weeks.
3. All staff education on Enhanced Barrier Precautions will be conducted on May 28, 2026 at the all-staff meeting. Quiz pertinent to all staff will be given at this time.
4. All new staff will be educated on Enhanced Barrier Precautions during orientation process by Infection Preventionist.
5. Weekly audits to ensure staff are following Enhanced Barrier Precautions for all necessary residents will begin on May 15, 2026 for 4 weeks, then monthly for 4 months. Random audits will continue for 6 more months thereafter.
6. QAPI committee will meet to review audits and ensure compliance weekly x 4 weeks, then monthly x 10 months.