STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165145	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Embassy Rehab and Care Center	206 Port Neal Road Sergeant Bluff, IA 51054

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, staff interviews, and policies reviewed the facility failed to store, prepare, serve, and distribute food in accordance with professional standards. The facility failed to provide hygiene practices during food preparation, prevent cross contamination during meal service, complete temperature logs for resident snack refrigerator, and serve food at the appropriate temperatures.The facility reported a census of 42 residents. Findings include: Observed on 5/18/26 at 11:40 AM Staff A, cook, modify turkey with a roll, green bean casserole, pumpkin pie, and sweet potatoes to a pureed consistency. Staff A completed hand hygiene and donned gloves prior to the initiation of the processing. With the completion of each portion of the meal, the staff removed the components of the Robo Coup (food processor) and took them with the spatula to the dish area, placed them in the dish machine, and started it. The staff demonstrated inconsistency when removing the gloves, whether it was before placement of the dirty items in the dish machine or after placement in the dish machine. The staff donned new gloves before starting the next food modification. Staff A did not complete hand hygiene with any glove changes. Upon completion of the modification of the turkey, sweet potatoes, and green bean casserole the staff covered the divided plate and placed it on the counter near the microwave. The staff placed the covered modified pumpkin pie on the counter with the other desserts. On 5/18/26 at 12:08 PM continuous observation of the meal service revealed the following:The main meal consisted of turkey, green bean casserole, sweet potatoes, gravy, a roll, and pumpkin pie. Optional items available included grilled cheese sandwich, peanut butter sandwich, hot dogs, and hamburgers. Staff A utilized a single pair of gloves throughout the entire meal service. Staff A used the tongs from the turkey to obtain 2 pre-made sandwiches and placed them on serving plates.Staff A obtained a second set of tongs and placed them on the serving line, opposite of the turkey. Staff A utilized the second set of tongs for serving a deli meat sandwich, peanut butter sandwich, grilled cheese, hot dogs and a hamburger. The staff utilized a gloved hand to obtain a slice of cheese, placed it with the hamburger and proceeded to modify it to a ground consistency. Staff A removed the plastic wrap from the pureed meal and placed it in the microwave and warmed the food. The staff obtained temperatures of the food with the turkey at 128 degrees Fahrenheit (ˆ) , green bean casserole at 125ˆ and the sweet potatoes at 135ˆ. Staff A served the food. Staff B, Cook, wore gloves and made peanut butter sandwiches. The staff touched the bread, knife, peanut butter container, sliced the sandwich, the plate and covered the sandwich with plastic wrap.Staff B changed gloves without washing hands.Staff B, used a single pair of gloves, prepared deli meat sandwiches with the following steps: obtained the bread from a package, placed it on the preparation surface, obtained a package of deli meal, unsealed it, obtained the meat, placed it on the bread, placed sliced cheese on the bread, took deli meat to the Robo Coup and processed it, returned the meat to the bread, removed a piece of meat that did not process to the necessary size, placed the cheese/bread slice on top of the meat/bread, sliced the sandwich while holding it in place, and covered the sandwich with plastic wrap. On 5/18/26 at 12:50 PM Staff A confirmed the temperatures of the pureed meal and that it was served.Observed on 5/18/26 at 1:35 PM with the Administrator the resident snack/supplement refrigerator in the nurses medication room. The refrigerator displayed an incomplete temperature log. The May log (continued on next page)

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

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	revealed opportunities for temperatures 2 times/daily at 6:00 AM and 10:00 PM with instructions that the refrigerator needed to be checked twice a day. The document revealed missing data for 11 of 35 (31%) opportunities The Administrator stated she wanted to confirm that the correct log was present with the Director of Nursing (DON). On 5/18/26 at 1:45 PM the DON confirmed the log for the snack/supplement refrigerator was correct and not completed as required. The DON acknowledged she had not been monitoring the refrigerator log this month. The DON expected the logs to be completed daily as required. On 5/18/26 at 3:25 PM the Certified Dietary Manager (CDM) stated she expected staff to only use 1 set of tongs/serving utensil per food item, not to use 1 set of tongs for multiple food items as that would cause cross contamination. The CDM expected staff to use utensils to touch food, not to use gloved hands that had previously touched utensils, packaging and other items prior to touching the food. The CDM stated staff need to wash their hands prior to glove use and when changing gloves. The CDM stated the pureed food should be served at the serving temperature of above 135ˆ. When clarified that the pureed plate of food had been sitting on the counter, covered and then placed in the microwave to be warmed, the CDM stated the food should be re-warmed to 160ˆ. On 5/18/26 at 4:15 PM the Administrator concurred that staff should not utilize the same serving utensils for multiple types of food to avoid contamination. The Administrator stated staff should wash their hands when changing gloves. The Administrator stated there had been work in the kitchen for overall improvements, but was disappointed there were still concerns but stated it was much better than previously. The Administrator stated the kitchen needed to continue to work to improve and decrease the risk for food borne illness and contamination in the kitchen. The facility's Maintaining a Sanitary Tray Line Policy, undated, revealed the use of tongs/serving utensils to handle food, and to wash hands before and after wearing or changing gloves. The document disclosed that monitoring of food temperatures throughout the meal service to ensure proper hot (at or above 135ˆ) was maintained.The facility's Handwashing Guidelines for Dietary Employees Policy, undated, revealed dietary employees should wash their hands after touching anything unsanitary (garbage, soiled utensils/equipment), while preparing food to prevent cross contamination, and before donning gloves, The facility's Food Safety Requirements policy, undated, disclosed that refrigerated storage should have monitoring of food temperatures and functioning of the refrigeration equipment daily and at routine intervals during all hours of operation. The documented included food that was cooked and cooled must be reheated so that all parts of the food reach an internal temperature of 165ˆ.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. Based on observation, interviews, and policy review, the facility failed to maintain an effective infection prevention and control program and provide specific policies related to all employees' hand hygiene during meal service (Resident #5, #24 and #25). The facility reported a census of 42 residents.indings include:1. Observations on 5/19/26 at 12:24 PM showed that Staff F, Dietary Aide, wore the same pair of gloves during the entire dining room service. Staff F picked up food plates and cups from resident tables and placed the dishware into the dirty dish room. Staff F then immediately returned to the dining room and failed to remove the soiled gloves or perform hand hygiene. During the observation, Staff F touched the residents' cups before asking if they were finished. Staff F also retrieved condiments for the residents while still wearing the same gloves.2. Observation on 5/20/26 at 7:43 AM showed the following:Staff C, a Certified Nursing Assistant (CNA), played with Resident #25's hair, failed to perform hand hygiene, then obtained two coffee cups. Staff C then pulled the spout on the coffee dispenser to fill the cups and delivered the coffee to Resident #5 and Resident #24. Staff C exited the dining room without performing hand hygiene.The Dietary Manager (DM) failed to perform hand hygiene or wear gloves in the dining room during meal service. While passing out breakfast plates and refilling cups from the coffee dispenser, milk jugs, and juice jugs, she handled residents' private drinking cups. Additionally, she touched residents and wheelchair handles, picked up trash from the floor, served condiments directly from her scrub pants pockets, and drank from her personal coffee cup.The facility failed to provide a policy related to hand hygiene instructions and expectations during meal service for all employees. The submitted Handwashing Guidelines for Dietary Employees related directly to handwashing for dietary employees, which identified that dietary employees shall keep their hands and exposed portions of their arms clean. Dietary staff shall clean their hands after hands have touched anything unsanitary (e.g., garbage, soiled utensils/equipment, dirty dishes, etc.). Staff are required to clean hands after hands have touched garbage, soiled utensils/equipment, dirty dishes, bare human body parts other than clean hands (e.g., face, nose, hair, etc.). During an interview on 5/20/26 at 3:49 PM, the Administrator reported that she expects all staff to perform appropriate hand hygiene during meal service. She voiced concern regarding the DM's performance of job duties and reported a history of other concerns.During an interview on 5/21/26 at 9:17 AM, the Infection Preventionist (IP) stated that the CNA should have performed hand hygiene after touching the resident's hair or person before continuing with other duties. The IP asserted that staff must perform hand hygiene after collecting dirty dishes before continuing with their duties. The IP further emphasized that staff should not keep condiments in their pants or scrubs and acknowledged that staff must closely monitor the need for consistent hand hygiene.

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observations, facility policy review and staff interview the facility failed to provide dignity with speaking to residents in the dining room and provide privacy during resident treatments. The facility reported a census of 42 residents. Findings include: 1. Observation on 5/18/2026 at 1:11 p.m., of Staff D, Certified Nursing Assistant (CNA) sitting at table with a resident while she was eating. Staff D said residents name to Resident #25 sitting 2 tables away from her. Resident #25 did not acknowledge Staff D. Staff D then repeated Resident #25's name. The resident again did not acknowledge her. Staff D then whistled at Resident #25 to get her attention. Resident #25 looked at Staff D and she proceeded to ask her in the dining room loudly if she was going to need to go to the bathroom. Staff D proceeded to say if she did she should go back to her room and turn on the light for us to help you. Resident #25 just looked at Staff D and never responded or moved her wheelchair. Interview on 5/21/2026 at 9:02 a.m., with the Administrator revealed the staff should not have been saying that in the dining room or whistling at them to get their attention. 2. Observation on 5/20/26 at 1:12 PM showed Staff C (Registered Nurse) positioned a medication cart in the doorway of Resident #29's room. Staff C then prepared the necessary supplies and medications, donned personal protective equipment (PPE) in accordance with Enhanced Barrier Precautions (EBP), and administered medications via the resident's PEG tube following facility protocol. Staff C failed to close the resident's door during the procedure to ensure privacy and dignity during care. The Resident Right Policy revised April 2019 outlined the following: Respect and Dignity: Staff must treat all residents with respect and dignity at all times. This includes using polite, clear, and supportive language, and never speaking in a demeaning, coercive, or discriminatory manner. Communication: Staff are required to communicate information about care, rights, and responsibilities both orally and in writing, in a language and format the resident understands. This ensures residents are fully informed and can participate in their care. Personal Privacy: Residents have the right to personal privacy during accommodations, medical treatment, personal care, written and telephone communications, and visits. Staff must ensure privacy during all aspects of care, such as bathing, dressing, or medical procedures. During an interview on 5/20/26 at 1:55 PM, Staff C stated that she failed to close the resident's door while administering medication. Staff C acknowledged that she typically closes the door but neglected the action in this specific instance. During an interview on 5/20/26 at 2:47 PM, the Director of Nursing (DON) reported that she expects staff to shut residents' doors or, at minimum, pull the privacy curtain during care. When asked if a medication cart in front of the door ensures privacy, the DON stated that the staff member should have closed the door.

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F 0744 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview the facility failed to address dementia care for 1 out of 4 residents reviewed (Resident #5). The facility reported a census of 43 residents.Findings include:The The Minimum Data Set (MDS) assessment dated [DATE] for Resident #5 documented diagnoses of non-Alzheimer's Dementia. The MDS included a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive impairment. Review of the MDS dated [DATE] revealed active diagnosis of Non-Alzheimer's Dementia.Review of Resident #5's active diagnosis list revealed alcohol dependence with alcohol- induced persisting dementia. Review of Resident #5's care plan with a revision date of 5/8/26 lacked information regarding dementia care. Interview on 5/20/26 at 1:52 p.m., with the Director of Nursing (DON) revealed dementia should be addressed on the care plan if they have a diagnosis.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews and facility provided policy the facility failed to maintain accurate and verified documentation of task completion. Specifically, staff signed off on assigned duties as complete without actually performing the work or communicating with assigned personnel to confirm completion. The facility reported a census of 42 residents. Findings include: 1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #2 documented diagnoses of non- Alzheimer's Dementia, arthritis and heart failure. The MDS showed the Brief Interview for Mental Status (BIMS) score of 10 indicating moderate cognitive impairment. Review of facility provided documentation titled Follow Up Question Report on Toilet Transfer dated 5/1/26-5/20/26 revealed Staff G, Assistant Director of Nursing (ADON) completed documentation not assigned to her on 15 separate occasions. Staff G was not the employee assigned to these tasks. Review of facility provided documentation titled follow up question report on Toileting Hygiene dated 5/1/26-5/20/26 revealed Staff G completed documentation not assigned to her on 16 separate occasions. Staff G was not the employee assigned to these tasks. 2. The MDS assessment dated [DATE] for Resident #6 documented diagnoses of arthritis, hip fracture and legal blindness. The MDS showed the BIMS score of 6 indicating severe cognitive impairment. Review of facility provided documentation titled Follow Up Question Report on Toilet Transfer dated 5/1/26-5/20/26 revealed Staff G, Assistant Director of Nursing (ADON) completed documentation not assigned to her on 8 separate occasions. Staff G was not the employee assigned to these tasks. Review of facility provided documentation titled follow up question report on Upper Body Dressing dated 5/1/26-5/20/26 revealed Staff G completed documentation not assigned to her on 24 separate occasions. Staff G was not the employee assigned to these tasks. 3. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #39 documented diagnoses of non- Alzheimer's Dementia, urinary incontinence and intellectual disabilities. The MDS showed the Brief Interview for Mental Status (BIMS) score of 01 which indicated severe cognitive impairment. Review of facility provided documentation titled Follow Up Question Report on Toilet Transfer dated 5/1/26-5/20/26 revealed Staff G, Assistant Director of Nursing (ADON) completed documentation not assigned to her on 8 separate occasions. Staff G was not the employee assigned to these tasks. Review of facility provided documentation titled follow up question report on Toileting Hygiene dated 5/1/26-5/20/26 revealed Staff G completed documentation not assigned to her on 11 separate occasions. Staff G was not the employee assigned to these tasks. In an interview on 5/21/26 at 9:26 AM, when asked if the CNAs are responsible for their charting, Staff G, ADON responded, The CNAs are responsible for their charting. When asked if she has documented for the CNAs, Staff E responded, I have helped them with their charting. She clarified, If they are behind, I ask them to tell me if they are charting a change like a bowel movement or change (continued on next page)

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	in Activities of Daily Living (ADL). Regarding how she started charting for other staff, Staff E stated, I asked the Administrator and the DON if it was okay to chart for the CNAs. They said I could because when we do skilled charting we depend on the CNA to tell us how they transfer because we don't always go into the room to see how they are moving. When asked how often she documents for staff that completed their tasks, Staff G stated, I chart quite often for the CNAs, day and night shifts, but more for the evenings. When asked about the expectation for staff to complete their own documentation, Staff G responded, They are supposed to be doing it. I do an audit every morning, so if they don't get the charting done, the CNAs are supposed to call me or slide a note under the door with changes. When asked if a lack of documentation, calls, or notes is supposed to indicate that the CNAs finished all their tasks, Staff G responded, Yes. When asked how much time she spent charting tasks for the CNAs, Staff G replied, A lot. It's frustrating. I talked to the DON many times that staff need to be held accountable to do their own charting. When asked if she thought it was okay to chart for other staff, Staff G responded, As long as you know if there are changes. When asked if she knew for a fact that each task she documented has been completed, Staff G stated, I don't know for a fact they got done, so no. Interview on 05/20/2026 at 4:11 p.m., with Staff E, Certified Nursing Assistant (CNA) revealed they are expected to do their documentation before the end of the shift but if they do not have time the ADON has documented for Staff E. Staff E has never asked anyone to do the charting and it was finished when Staff E went in to document the next day. Review of the facility provided policy titled Documentation System with a revision date of March 2019 revealed it is the policy of the facility to document in the resident's medical record all services provided to the resident and any changes in the resident's medical or mental condition. A medical record (chart), either electronic or paper, will be maintained on each resident to provide a permanent record of the care given to the resident. The resident's medical record is a legal document. All observations, medications administered, services performed, etc., must be documented in the resident's medical record. Interview on 05/21/2026 at 9:42 a.m., with the Administrator revealed she expects Staff G would have talked to the staff providing the care about all the care they provided to ensure documentation is correct and she should not have documented it without talking to the staff.