STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165146	A. Building B. Wing	03/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kahl Home for the Aged & Infirmed	6701 Jersey Ridge Road Davenport, IA 52807

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(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 - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, facility policy review, cleaning schedules, and staff interviews, the facility failed to label and date opened food items, clean equipment in the kitchen, and clean flooring in kitchen and dining areas to help prevent contamination and foodborne illness. The facility reported a census of 105 residents. Findings include:1. The following revealed during a continuous observation on 03/9/2026 from 9:45 AM to 10:30 AM: a. Walk-in refrigerator: 1. Open 5 oz (ounce) container of blue cheese crumbles2. Open bag of parmesan cheese.3. Open, undated green 5-gallon bucket of pickles. b. Stand-alone Freezer1. Open, undated bag of chicken tenders2. Open, undated bag of tater tots.c. The inside of a Victory stand-alone freezer had area of residue build up, and spilled items on the bottom shelf. Spilled items included a chicken tender, French fries and tater tots. d. Three large trays of breadsticks sat uncovered on a kitchen table.e. The outside of the fryer noted to have a buildup of a sticky grease-like substance. f. The outside of the microwave had a build up of dirt/food particles. g. The large mixer with a heavy buildup of residue. h. The bottom shelf of the prep table had buildup of residue and dried lettuce shreds. i. The inside of a Victory stand alone freezer had heavy buildup of residue, and on the bottom of the freezer there were a unpacked chicken tender, French fries and tater tots. j. The inside of the Cambro (a brand name of a heated transport cart) had a buildup of a sticky residue. 2. An observation conduced on 3/9/26 started at 10:10 AM of the 2nd floor dining room and the kitchenette between the 2 South Hall and 2 North Hall revealed:a. A spilled substance under steam table and on the shelf under the table top.b. A dried brown substance on the outside of the steam table.c. The floors in serving area had noticeable debris and a sticky red substance on the floor area in front of the steam table. d. The lower shelf of the refrigerator had spills of a sticky substance. 3. During observations of the 3rd floor kitchen the floor noted to cause shoes to stick to the floor on 3/10/26 @ 7:25 AM and on 3/12/26 at 7:36 AM. During an interview on 3/11/26 at 11:00 AM, the Dietary Manager (DM) asked about the unmarked food items and the overall cleanliness of the kitchen, stated the facility has had a lot of turn over and they are working on making changes. The DM stated it is the expectation that all opened food items are labeled and dated. The DM stated typically there are cleaning charts posted but the charts are in the process of being updated so they are not currently posted. During an interview on 03/12/2026 at 10:11 AM, Staff A, Dietary Aide stated there is a cleaning schedule for the kitchen, however they were taken about two weeks and had yet to be replaced. Staff A stated she worked day shift and cleaned the countertops, table, steam tables, toaster, coffee pots, tables, and wiped down refrigerators. She explained the kitchen staff are responsible for cleaning the floors in the kitchen, and Housekeeping staff clean the floors in the dining rooms. During an interview on 3/12/26 7:38 AM, Staff B, Dietary Aide stated first and second shits are responsible for keeping the kitchen clean. Staff B explained the floors are cleaned daily. Staff B confirmed the floors felt sticky when walked upon and she noticed the sound of sticking shoes made. Review of the policy titled Food Receiving and Storage, revised July 2014 revealed a Policy statement which declared Foods shall be received and stored in a manner that complies with safe food handling practices. The Policy Interpretation and Implementation section directed, in part:a. Food Services, or other designated staff, will maintain clean food storage areas at all times.b. All food (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 - Many	stored in the refrigerator or freezer will be covered, labeled and dated (use by date).Review of the Dietary [NAME] job description, dated 2023 included, in part the following Assigned Task:a. Assists/directs daily cleaning duties in accordance to established policies and procedures. Review of the Dietary Aide job description, dated 2023 included, in part the following Assigned Task:a. Assists in daily cleaning duties as assigned to include work tables, meat blocks, and refrigerators/freezers in accordance to established policies and procedures. Review of a Dietary Cleaning Schedule indicated the following task assigned to Dietary Aides:Daily: Food Carts - thoroughly clean; Dishwasher - wipe clean after each use; Steamer - clean; Storage shelves - wipe clean; Sink & Drain - three times/day; Utility Carts - wipe clean after each use; Floors - Sweep & Mop; Refrigerator - wipe cleanWeekly: Range Hood - Thorough cleaning; Dining Room Tables & Chairs - clean with soap & water; Stock - put it awayReview of the Daily Cleaning Schedule checklist included, in part, the following tasks to be completed: Wash & Sanitize Mixer; Wash & Sanitize Prep Tables/Countertops; Sweep & Mop Kitchen Floor; Sweep & Mop Dining Room; Clean Microwave Oven; and Clean Food Carts.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, policy review, and staff interview, the facility failed to offer updated pneumococcal vaccinations (given to protect against infections which can cause pneumonia, a serious lung infection) for 4 of 5 residents reviewed for immunizations (Residents #3, #10, #12, and #32). The facility reported a census of 105 residents.Findings:1. Resident #3's admission Record listed an admission date of 5/22/22. The record listed her age as 94.The resident's Immunization Report documented she received the Pneumovax 23 (a type of pneumococcal vaccine) on 11/3/14 and the Prevnar 13 (a type of pneumococcal vaccine) on 11/10/15. A 5/2/22 Information/Permission form asked if the resident wished to receive the Pneumovax vaccine if there was no record of previous immunizations of Prevnar 13 and Pneumovax 23. The form indicated the resident previously received Prevnar 13 and Pneumovax 23. The form did not include information regarding updating the resident's pneumococcal vaccinations per current Centers for Disease Control and Prevention (CDC) guidelines. The form lacked information/education regarding additional pneumococcal vaccines available such as PCV20 and PCV21.2. Resident #10's admission Record listed an admission date of 8/14/24. The record listed her age as 88. Resident #10's Immunizations report documented she received the Prevnar 13 vaccination on 2/3/16.A 2/28/24 Information/Permission form asked if the resident wished to receive the Pneumovax vaccine if there was no record of previous immunizations of Prevnar 13 and Pneumovax 23. The form indicated the resident previously received Prevnar 13 and Pneumovax 23. The form did not include information regarding updating the resident's pneumococcal vaccinations per current CDC guidelines. The form lacked information/education regarding additional pneumococcal vaccines available such as PCV20 and PCV21.3. Resident #12's admission Record listed an admission date of 11/20/24. The record listed his age as 72. The resident's Immunization Summary documented he received the Prevnar 13 vaccine on 10/25/18 and the Pneumovax 23 on 11/12/19.A 8/14/24 Information/Permission form asked if the resident wished to receive the Pneumovax vaccine if there was no record of previous immunizations of Prevnar 13 and Pneumovax 23. The form indicated the resident previously received Prevnar 13 and Pneumovax 23. The form did not include information regarding updating the resident's pneumococcal vaccinations per current CDC guidelines. The form lacked information/education regarding additional pneumococcal vaccines available such as PCV20 and PCV21.4. Resident #32's admission Record listed an admission date of 12/30/25. The record listed her age as 79. The resident's Immunization report documented she received the Prevnar 13 vaccine on 2/5/15 and the Pneumovax 23 on 12/10/13.A 12/30/25 Information/Permission form asked if the resident wished to receive the Pneumovax vaccine if there was no record of previous immunizations of Prevnar 13 and Pneumovax 23. The form indicated the resident previously received Prevnar 13 and Pneumovax 23. The form did not include information regarding updating the resident's pneumococcal vaccinations per current CDC guidelines. The form lacked information/education regarding additional pneumococcal vaccines available such as PCV20 and PCV21.The facility policy Infection Control: Influenza and Pneumococcal Immunizations, dated 8/25/21, stated the facility followed the recommendations from the CDC as individualized by the resident's health care provider's professional judgement to determine appropriate vaccinations for residents. The CDC's Pneumococcal Vaccine Timing for Adults, retrieved from https://www.cdc.gov/pneumococcal/downloads/Vaccine-Timing-Adults-JobAid.pdf included the following directives:A. For adults over age [AGE] who had Prevnar 13 at any age and Pneumovax 23 at age [AGE] or older, vaccine providers may choose to administer PCV20 or PCV21.B. For adults over age [AGE] who had Prevnar 13 only, PCV20 or PCV21 was recommended.On 3/12/26 at 4:22 p.m., the Director of Nursing (DON) stated that they worked with the pharmacy to set up vaccination clinics. She stated she expected residents to be up to date on their vaccinations. She stated they could not locate any additional records of vaccines for the residents. She stated they would offer the vaccines in the near future.

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review, facility policy review and staff interviews, the facility failed to follow dietician recommendations and weigh a resident at least monthly for 1 of 11 reviewed for nutrition (Resident #112). The facility reported a census of 106 residents.Findings include: The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #112 did not have a Brief Interview for Mental Status (BIMS) exam completed due to resident rarely or never understood. The MDS indicated resident required set up or clean up assistance with eating. The list of diagnoses included non-Alzheimer's dementia and depression. The MDS indicated no known weight loss of more than 5% in a month and the need for a mechanically altered diet. The Care Plan revealed a Focus area, revised on 10/20/25, to address at risk for malnutrition due to weight loss related to energy needs greater than energy intake related to difficulty chewing, holding food in mouth, possibly being a vegetarian diet for 5 months, dementia, depression as evidenced by 9 pounds weight loss in 4 months. Interventions included, in part:a. 8 ounces of Ensure (brand name of a nutritional supplement) 250 to 350 kcal (calories) and 9-13 gm (grams) of protein and 30 ml (milliliters) Active Protein Liquid (15 gm protein and 60 kcal) for at risk of malnutrition. Start date: 10/20/25.b. Weigh per policy. Start date: 10/10/25. Review of the electronic health record (EHR) revealed the following Physician Orders:a. Ensure daily 8 ounces. Ordered 10/12/25b. Active (protein liquid) 30 ml daily. Ordered 10/12/25c. Regular diet, Mechanical Soft with Ground Meat texture, thin consistency for diet requested per daughter. Ordered 1/22/26Review of a Progress Note dated 12/23/25 at 8:47 AM revealed the Nutrition Comprehensive Assessment Completed Nutrition diagnosis: underweight related to inadequate energy intake as evidenced by body mass index (BMI) of 19 with poor oral intakes. RD (Registered Dietician) recommendations: Increase supplements due to poor oral intakes. Offer Ensure three times a day (TID) and active 30 ml daily. Encourage oral intakes greater than 50%, assist as needed. RD will monitor oral intakes/weight trends. Notify of significant changes/concerns .The Progress Notes signed by the Nurse Practitioner (no date identified). The EHR Weight Summary Report revealed a weight of 107.5 Lbs (pounds) on 12/5/25, and on 2/1/26 a weight of 99.6 Lbs. This represents a weight loss of 7.35%. No weights recorded for the month of January 2026. During an observation on 3/10/26 at 12:35 PM, Resident #112 independently ate broccoli, ground meat, white rice, and a piece of bread. During an interview on 3/11/26 at 2:54 PM, Staff D, former Registered Dietician (RD) explained she has returned to the facility to assist with training Staff E, RD. Staff D stated dietician recommendations go to the provider to be signed, and then the Director of Nursing (DON) put the orders in the electronic system. During an interview 3/11/26 at 2:57 PM, Staff E, RD stated Staff D, former RD had recommended Resident #112 receive three times a day and Active liquid protein daily and to encourage resident to eat more. During an interview on 3/11/26 at 3:00 PM- Staff D, former RD confirmed the order for Resident Ensure is daily. Staff D explained she did not work at the facility in December 2025 and another RD covered during that time. Staff D explained that no weights were documented in January 2026 for Resident #112 thus there was not a weight loss triggered on the EHR dashboard for the dietician. During an interview on 3/12/26 at 12:08 PM, Staff F, RD stated Dietician asked about Resident #112 weight and Staff F stated another dietician who worked remotely put in the recommendations in December. Staff F stated sometimes working remotely things can fall through the cracks and in this case that could have been what happened. Staff F stated if she would have noticed Resident #112 not being weighed in January, she would have told the facility to get the weight, but she did not notice the missed January weights. During an interview on 3/12/26 at 2:49 PM, Staff G, Registered Nurse (RN) Unit Manager queried on who completed the weights and Staff G stated everyone was responsible for weights. Staff G stated the system flagged for weights to be completed every 30 days and the Certified Nurse Assistants (CNA) usually did them, but the nurses could obtain the weights too. Staff G stated she was just looking at (continued on next page)

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F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Resident #112 file and the facility had safety precautions in place to prevent weights from getting missed but the new system rollout allowed staff to complete an assessment without all the documentation completed. Staff G stated the facility's system failed. Staff G stated Resident #112 went to the hospital during that time and the facility didn't know if Resident #112 lost weight during the hospital admission or at the facility. Staff G confirmed a readmission weight did not get obtained. During an interview on 3/12/26 at 3:17 PM, the DON queried on Resident #112 weights and dietician recommendations to increase supplements and the DON confirmed the TID Ensure order was missed. The DON stated all the recommendations went through her and the DON would have signed the recommendation. The DON stated all the residents were ordered monthly weights and the DON didn't know if the weight loss happened at the hospital or the facility. Review of the undated facility policy titled Weight Monitoring Policy revealed, in part: a. A weight monitoring schedule will be developed upon admission for all residents:1. Weights should be recorded at the time obtained.2. Residents with weight loss- monitor weight weekly.Review of the undated facility policy titled, Nutritional Management revealed, in part:a. Monitoring/revision:1. Nutritional recommendations may be made by the dietician based on the resident's preferences, goals, clinical condition or other factors and followed up with the physician/practitioner for orders as per facility policy, if indicated. 2. Dietary orders may be written or modified by the qualified dietician or other clinically qualified nutrition professional if the resident's attending physician/practitioner delegates the task, dependent upon state law or facility policy.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, clinical record review, and staff interviews, the facility failed to cover clean laundry during transport to resident rooms during 2 out of 2 observations, failed to keep a urinary drainage bag off the floor and failed to keep the graduated cylinder used to empty urine form a catheter collection bag off the floor for 1 out of 1 resident reviewed (Resident#35). The facility reported a census of 105 residents.Finding include:1. During an observation on 03/09/2026 at 1:09 PM, Staff I, Laundry Aide pushed an uncovered laundry cart, which contained hung clean laundry, from North 210 to North 203. 2. During an observation on 03/11/2026 at 11:42 AM, Staff J, Laundry Aide pushed an open hanging cart, half full of clean clothes on hangers, past three residents in the lounge on the South 3rd floor. Staff J left the cart open while she delivered clothing to five resident rooms. 3. Review of the Minimum Data Set (MDS) assessment for Resident #35, dated 2/11/26, list of diagnoses included of stoke, obstructive uropathy (blockage in the urinary system that prevents urine from flowing freely), and dementia. The MDS identified Resident#35 with severe cognitive impairment base on a Brief Interview for Mental Status (BIMS) score of 2 out of 15. The MDS reflected Resident#35 dependent for toileting hygiene. The Care Plan for Resident #35 dated 8/8/25, identified an indwelling suprapubic catheter (flexible tube inserted through the lower abdominal wall directly into the bladder to drain urine). The Care Plan revised on 2/24/26 directed Resident#35 will not develop a urinary infection through review date. Review of a Progress Notes dated 3/1/26 at 3:10 PM, reflected Resident#35 took antibiotic for a urinary tract infection (UTI).During an continuous observation on 03/11/2026 which started at 1:11 PM , Resident #35 sat at a table in the dining room. At 1:14 PM, Staff H, Certified Nurse Assistant (CNA) pushed Resident#35 out of the dining room. At 1:16 PM, Staff H stood in the room while Resident #35 lay on the bed. Staff H reported she needed to empty Resident #35's drainage bag. Staff H put on the required personal protective equipment (PPE) for Enhanced Barrier Precautions (EBP). Staff H gathered her supplies and placed them on the bed, the catheter drainage bag sat on the floor in the left side of the bed. Staff H explained what she was doing to Resident #35. Staff H set graduated cylinder directly on the floor on the left side of the bed. Staff H obtained a paper towel and placed it under the graduated cylinder. Staff H sat Resident#35 up on side of the bed. At 1:20 PM, Staff H opened the catheter drainage spout, drained the urine into the graduated cylinder, closed the drainage spout and cleaned it with an alcohols swab. Staff H unhooked the leg bag, used an alcohol swab to clean the connections, swabbed to the drainage bag connection and hooked it to the catheter. At 1:22 PM, with Resident #35 urinary catheter drainage bag on the floor, Staff H removed her gloves and washed her hands. Staff H placed new gloves on and dumped the urine into the toilet. Staff H rinsed out the graduate with water and stored the graduate in a plastic bag. Staff H removed her gloves and washed her hands. At 1:24 PM Staff H picked catheter bag up off the floor and hung on the side of the bed. Staff H covered Resident#35 and the movement of the bed shifted the catheter bag the bottom 1 inch of the catheter bag sat on the floor. During an interview on 3/12/2026 at 4:05 PM, Staff K, CNA stated staff needed to place the graduated cylinder on a paper towel on the floor when the catheter is emptied. Staff K said the catheter bag should not be placed on the floor. During an interview on 03/12/2026 at 4:15 PM, Staff M, Registered Nurse (RN) stated staff needed to place the graduated cylinder on a paper towel on the floor when the catheter is emptied. Staff K said the catheter bag should not to be placed of the floor.During an interview on 3/16/26 at 11:46 AM the Infection Preventionist (IP) reported the laundry should be covered while being transported throughout the facility and when distributed onto a units. The IP reported catheter bags are to be covered, and need be hung below the bladder, not resting on the floor. The IP said if a graduate cylinder is used, it should be placed on a floor barrier. Review of the facility policy, titled Binder Basics Infection Control dated 2025, identified the presence of invasive medical devices such as urinary catheters or central lines provide a site for pathogen to enter the body. These devices and medical conditions are associated with a greater risk of infection. The Binder directed clean linen (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	must be transported by a methods that ensure cleanliness and protect from dust and soil during transport.