STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165174	A. Building B. Wing	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Casa DE Paz Health Care Center	2121 West 19th Street Sioux City, IA 51103

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 observation, staff interview, and policy review the facility failed to store food in accordance with professional standards by not labeling foods that were open with open dates. The facility reported a census of 71 residents.Findings include:During continuous observation on 4/6/26 from 10:20 AM to 10:40AM during the initial kitchen tour revealed:a. Four large plastic cereal containers with no open dates noted. b. A five gallon bucket of flour with no open date noted. c. Half eaten bowl of soup with spoon in bowl in the freezer of the fridge/freezer. Interview on 4/6/25 at 10:25 AM with Staff B dietary aide revealed that the half eaten bowl of soup with a spoon should not have been in the freezer. Interview on 4/7/26 at 10:20 AM with the Certified Dietary Manager (CDM) revealed that her expectations would be for items to be labeled and dated when they are opened. The CDM further revealed that half eaten bowls of soup should never be in the freezer. Interview on 4/7/26 at 10:37 AM with the Administrator revealed that she would like to see items in the kitchen labeled and dated when they are opened. Review of a facility provided policy titled, Food Safety Requirements with a copyright date of 2025 indicated staff will label, date, and monitor refrigerated food, including, but not limited to leftovers, so it is used by its use-by date.

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 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, infection control policy, and staff interview, the facility failed to perform proper hand hygiene and failed to adhere to infection control guidelines during wound care for 1 of 2 residents observed (Resident #2). The facility reported a total census of 71 residents.Findings include:Observation on 4/8/26 at 9:57 AM, showed Staff F, Registered Nurse (RN), donned a gown and gloves, then placed a barrier on the wound cart. With gloved hands, Staff F accessed her pocket to retrieve the wound cart key, unlocked the cart, and obtained necessary supplies (solution, ointment, kerlix, gauze, and q-tips), placing them on the barrier. While gloved, Staff F manually contacted the kerlix and gauze as she removed them from their packaging, placing the removed items back onto the potentially contaminated barrier surface. Staff F subsequently removed and discarded the gloves but failed to perform hand hygiene before donning a new pair of gloves. Staff F then removed and discarded Resident #2's right toe dressings, removed the soiled gloves, and again failed to perform hand hygiene before donning a third pair of gloves. Upon completion of the wound care and dressing change, Staff F removed gloves, failed to perform hand hygiene, and placed supplies back into the wound cart before finally performing hand hygiene.The Clean Dressing Change policy dated 2025 summarized the facility's policy aimed to provide wound care in a manner that decreased the potential for infection and cross-contamination. Compliance guidelines emphasize strict protocols for hand hygiene, glove use, maintaining a sterile field, and managing multiple wounds.During an interview conducted on 4/8/26 at 10:39 AM with the Director of Nursing (DON), the Infection Preventionist (IP), and Staff F, the DON indicated that she had already addressed the dressing change procedure with Staff F, emphasizing proper handling of dressings to prevent contamination, appropriate glove change intervals, and the necessity of performing hand hygiene immediately before and after changing gloves. The IP reported she planned to conduct the same education with the entire nursing staff.

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F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures to prevent abuse, neglect, and theft. Based on personnel file reviews, staff interviews, and facility policy review, the facility failed to ensure all employees had an Iowa Criminal History Record Check Request SING form check completed prior to working in the facility for 1 out of 5 employees reviewed (Staff A). The facility reported a census of 71 residents.Findings include: Review of facility provided document titled Employee New Hire by Time Period dated 4/6/24 at 11:15 a.m., revealed Staff A, Certified Nursing Assistant (CNA) documented a hire date of 2/2/26. The personnel file for Staff A revealed documentation of a criminal background check through the Iowa Criminal History Record Check Request SING form completed 4/7/26 at 11:43 a.m The file lacked a background check prior to Staff A working in the facility. Review of facility policy titled Nursing Facility Abuse Prevention, Identification, Investigation and Reporting Policy with an updated date of 7/8/24 revealed The facility will conduct a state specific criminal record check and dependent adult/child abuse registry check on all prospective employees and other individuals engaged to provide services to residents, prior to hire, in the manner prescribed under their state specific code (481 Iowa Administrative Code S 58.11(3). The facility will conduct a criminal record check and dependent adult/child abuse registry check on all current employees and other individuals engaged to provide services to residents who have criminal convictions or founded abuse determinations after hire, or where the facility received credible information that an employee has had a criminal conviction or a founded abuse determination after hire. See Iowa Code S 135C.33(7)). Interview on 04/07/26 at 2:37 p.m., with the Administrator revealed the background check should have been completed prior to Staff A starting.

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, interviews, and policy reviews, the facility failed to include the necessary healthcare information within the baseline care plan regarding the presence and utilization of a Bilevel Positive Airway Pressure (BiPAP) machine to prevent decline or injury related to diagnoses of sleep apnea, lung disease, and obesity for 1 of 19 residents reviewed (Resident #46). The facility reported a census of 71 residents.Findings include:The Minimum Data Set (MDS) assessment dated [DATE] for Resident #46 documented diagnoses of sleep apnea, lung disease and obesity. The MDS failed to indicate Resident #46 used a non-invasive mechanical ventilator. The MDS showed the Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment.Observation on 4/6/2026 at 1:37 PM showed a BiPAP on Resident #46's bedside table. Later observations showed Resident #46 also used the BiPAP for naps.The Baseline Care Plan for Resident #46 failed to show the need or usage of the BiPAP machine.In an interview on 4/8/26 at 1:48 PM, the Director of Nursing (DON) reported no knowledge of Resident #46 having or using a BiPAP machine at the facility.In an interview on 4/8/26 at 3:08 PM, the Administrator reported the receptionist performed resident inventory and did not question the resident having a BiPAP machine. The Administrator reported the DON would contact the physician. In an interview on 4/9/26 at 8:59 AM, Resident #46 reported bringing the BiPAP to the facility when recently admitted .The Baseline Care plan policy dated 2025 identified the facility will develop and implement a baseline care plan for each resident that includes the instructions needed to provide effective and person-centered care of the resident that meet professional standards of quality care.In an interview on 4/9/26 at 9:20 AM, the DON reported unawareness of the BiPAP. She confirmed the admission process required change to address BiPAP usage upon resident entry and affirmed that staff should have identified and addressed the machine.

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical document review, observation, staff interview, and policy review the facility failed to assist residents with activities of daily living by not assisting with fingernail trimming for 1 of 1 residents (Resident #8) reviewed. The facility reported a census of 71 residents. Findings include:Review of Resident #8's Minimum Data Set (MDS) dated [DATE] indicated Resident #8 required maximal assistance with personal hygiene. The MDS further indicated that Resident #8 had diagnoses of non-Alzheimer's dementia, and anxiety disorder.Review of Resident #8's Care Plan with a revision date of 2/19/26 indicated staff were to keep Resident #8's fingernails short. Observation on 4/6/26 at 2:32 PM revealed Resident #8's fingernails to be long at this time with debris under the nails. Interview on 4/7/26 at 12:10 PM with Staff C, Certified Nursing Assistant (CNA) revealed that the bath aid usually cuts residents fingernails, unless the resident is diabetic then the nurse is to trim the nails. Staff C then confirmed Resident #8's fingernails were long and had build up under them with old food at this time. Interview on 4/7/26 at 12:22 PM with Staff D, Registered Nurse (RN) confirmed that nurses trim fingernails of residents with diabetes, and the bath aid then trims the other residents fingernails. Staff D then confirmed Resident #8 is not a diabetic, and the bath aid would be responsible for nail trims. Interview on 4/7/26 at 12:51 PM with the Director of Nursing (DON) revealed that she would expect finger nails to be trimmed as this is a care issue. Review of a facility provided policy titled, Nail Care with a copyright date of 2025 indicated staff will complete routine nail care, to include trimming and filing, that will be provided on a regular schedule.

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F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, observation, staff interview, and policy review the facility failed to provide proper transfer techniques while transferring a resident to prevent accidents for 1 of 3 residents (Resident #8) reviewed. The facility reported a census of 71 residents. Findings include:Review of Resident #8's Minimum Data Set (MDS) dated [DATE] indicated Resident #8 required moderate assistance with chair/bed-to-chair transfers, toileting transfers, and walking. The MDS further indicated Resident #8 utilized a walker for a mobility device. Review of Resident #8's Care Plan with a revision date of 2/19/26 indicated Resident #8 had a self-care deficit as evidenced by requiring assistance with activities of daily living, impaired balance during transitions and requiring assistance with walking. The Care Plan further listed an intervention of Resident #8 being transferred with assistance from one staff member. Observation on 4/7/26 at 12:05 PM Staff E Certified Nursing Assistant (CNA) was observed walking Resident #8 from the dining room table to the edge of the dining room without a gait belt. Staff E then left Resident #8 standing at the doors of the dining area, and went back to the dining area. Staff C CNA was then observed walking to Resident #8, and placing a gait belt onto Resident #8. Staff C then assisted Resident #8 to his bedroom. Interview on 4/7/26 at 12:10 PM with Staff C revealed that she walks Resident #8 with a gait belt every time Resident #8 needs assistance with transferring. Interview on 4/7/26 at 12:16 PM with Staff E revealed that she was unaware if Resident #8 was an assist with one staff and a gait belt for transfers. Staff E then revealed Resident #8 has walked by himself as long as she has worked here. Staff E then confirmed Resident #8 puts his walker out in front of him, and leans really far forward. Interview on 4/7/26 at 12:22 PM with Staff D Registered Nurse (RN) revealed that she did observe Staff E assist Resident #8 from the dining room table with his walker and no gait belt. Staff D then confirmed that Resident #8 is an assist with one staff member, and should have a gait belt when assisting with transfers. Interview on 4/7/26 at 12:51 PM with the Director of Nursing (DON) revealed she would have liked to have seen staff place a gait belt on Resident #8 as he is an assist with one staff member when transferring. Review of facility provided policy titled, Use of Gait Belt with a copyright date of 2025 indicated facility staff are to use gait belts with residents that cannot independently ambulate or transfer for the purpose of safety.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, interviews and policy reviews, the facility failed to address the presence and usage of a Bilevel Positive Airway Pressure (BiPAP) machine. The facility failed to obtain a physician's order, failed to obtain proper machine settings, failed to establish or follow a routine cleaning schedule for 1 out of 19 residents reviewed (Resident # #46). The facility reported a census of 71 residents.Findings include: The Minimum Data Set (MDS) assessment dated [DATE] for Resident #46 documented diagnoses of sleep apnea, obesity, and lung disease. The MDS failed to indicate Resident #46 used a non-invasive mechanical ventilator. The MDS showed the Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment. Observation on 4/6/2026 at 1:37 PM showed a BiPAP on Resident #46's bedside table. Later observations showed Resident #46 also used the BiPAP for naps. Review of Resident #46's Clinical Physician Orders failed to show orders, settings or a cleaning schedule for the BiPAP machine. In an interview on 4/8/26 at 1:48 PM, the Director of Nursing (DON) reported no knowledge of Resident #46 having or using a BiPAP machine at the facility. In an interview on 4/8/26 at 3:08 PM, the Administrator reported the receptionist performed resident inventory and did not question the resident having a BiPAP machine. The Administrator reported the DON would contact the physician. In an interview on 4/9/26 at 8:59 AM, Resident #46 reported bringing the BiPAP to the facility when recently admitted . The CPAP/BiPAP policy dated 2025 required staff to clean CPAP/BiPAP equipment following current CDC guidelines and manufacturer recommendations to prevent infection. Key compliance steps include:Daily/Per Use: Staff perform hand hygiene and wear gloves. They wipe the machine, clean the mask frame (using soap/water or wipes), and use distilled/sterile water to fill the humidifier chamber, which they must empty and wipe dry after each use.Weekly: Staff wash and air dry the headgear/straps and tubing with warm, soapy water.Maintenance: Staff follow manufacturer instructions for cleaning and replacing filters; only the supplier services the machine. Staff immediately replace equipment if it breaks or remains visibly soiled. Routine replacement requires: face mask and tubing every three months; headgear, non-disposable filters, and humidifier chamber every six months; and disposable filters twice monthly. In an interview on 4/9/26 at 9:20 AM, the DON reported unawareness of the BiPAP. She confirmed the admission process required change to address BiPAP usage upon resident entry and affirmed that staff should have identified and addressed the machine. The DON also confirmed the facility obtained a physician's order for the BiPAP and was actively working to secure the proper settings. When inspectors inquired about a cleaning or supply ordering schedule, the DON stated they would add these steps to the process.