STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165217	A. Building B. Wing	02/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Caring Acres Nursing and Rehab Center	1000 Hillcrest Drive Anita, IA 50020

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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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 record review, family interview, resident interview, staff interview, and policy review the facility failed to assist residents with their activities of daily living (ADLs) for 4 of 8 residents reviewed (Residents #1, #3, #21, and #30). The facility reported a census of 24 residents. Findings include:1. Resident #1's Minimum Data Set (MDS) dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognitive functioning. The MDS listed Resident #1 as totally dependent on staff for assistance with oral hygiene, toileting, showering, personal hygiene, upper body dressing, and lower body dressing. The MDS included diagnoses of cerebral palsy (a condition that affects a person's ability to move or maintain balance and posture), anxiety disorder, mild intellectual disabilities, and muscle weakness. On 2/9/26 at 11:14 AM Resident #1 reported she didn't always get her teeth brushed twice a day. Resident #1 explained she need staff assistance to brush her teeth. During a follow-up interview on 2/10/26 at 9:48 AM Resident #1 explained she never gets her teeth brushed, and the staff didn't brush her teeth again that morning. Resident #1 added the staff never deliver ice water. Resident #1 explained if she wanted water, she has to use the call light to ask for it. On 2/10/26 at 9:48 AM observed Resident #1's Toothbrush in the bathroom. The toothbrush appeared new and not used. It sat in a spit basin with new unopened toothpaste. The Care Plan Focus revised 1/6/26 indicated Resident #1 had an ADL self-care performance deficit due to her disease process. The Interventions instructed she needed total assistance from 2 staff for personal hygiene and oral care. 2. Resident #3's MDS assessment dated [DATE] identified a BIMS score of 15 indicating intact cognitive functioning. The MDS included diagnoses of paraplegia (the impairment or loss of motor and sensory function in the lower extremities), traumatic brain injury, and muscle weakness. On 2/9/26 at 11:54 AM Resident #3 reported the staff rarely passed water and ice. Resident #3 added he had a water cup the staff stated they would take and fill a couple days ago, but no one ever brought it back. 3. Resident #21's MDS dated [DATE] identified a BIMS score of 14, indicating intact cognitive functioning. The MDS included diagnoses of heart failure, renal insufficiency, and muscle weakness. On 2/9/26 at 12:07 PM Resident #21 explained they didn't always have water delivered.On 2/9/26 at 12:07 PM observed Resident #21's water cup on the bed side table with little water left in the cup and no ice. Resident #21 explained the water cup sat there unfilled for a couple of days. 4. Resident #30's MDS assessment dated [DATE] listed an admission date of 7/23/25 and discharge date of 9/8/25 from the facility. The MDS included diagnoses of diabetes mellitus, chronic obstructive pulmonary disease, and paranoid personality disorder. On 2/9/26 at 10:42 AM Resident #30's family member reported when Resident #30 lived at the facility he didn't receive a shower. The family member added Resident #30 didn't get water passed to him either.Resident #30's July 2025 Documentation Survey Report reflected he didn't have a shower and/or a bath. Resident #30's August 2025 Documentation Survey Report listed documentation he received a shower/bath on the 4th, 14th, and the 28th. Resident #30's September 2025 Documentation Survey Report listed documentation for a shower/bath on the 4th.The facility provided Resident Council Meeting Minutes for the months of November 2025, December 2025, and January 2026 revealed the staff didn't pass the water daily. On 2/10/26 at 11:24 AM the Assistant Director of (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Nursing (ADON) reported the staff should pass water twice a day as this would be a standard of care. On 2/10/26 at 11:40 AM Staff B, Certified Nursing Assistant (CNA), explained she tried to pass ice water on her shift twice a day, but had not passed it yet that day as she thought someone else would. Staff B added teeth and dentures should be brushed twice a day as well. Staff B confirmed Resident #1's observed toothbrush hasn't been used, and appeared brand new. She verified staff should assist those needing their teeth brushed. On 2/10/26 at 11:45 AM Staff C, CNA, reported someone should pass water twice to three times a shift with new water cups being passed at night shift. Staff C added sometimes it didn't happen as staff are busy, and sometimes they forget. Staff C explained residents should get their teeth brushed two to three times daily, and toothbrushes should be replaced monthly. Staff C reported the residents didn't get their teeth brushed as often as they should. On 2/10/26 12:22 PM the Administrator reported water should be passed every shift with new cups being changed out nightly. The Administrator added the staff should help residents needing assistance with oral care in the morning and at night before bed. During a follow-up interview on 2/11/26 at 3:03 PM the Administrator reported the facility didn't have a policy for assisting with toothbrushing or passing water to residents, but they expect the staff to follow the standards of care. During a follow-up interview on 2/11/26 at 3:26 PM the Administrator explained she expected the staff to provide a bath and/or shower twice a week. The Administrator added the facility didn't have a policy on bathing, but they expected the staff to follow the standards of care.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident and staff interview, and policy review the facility failed to serve food at an appetizing temperature. The facility reported a census of 24 residents. Findings include: 1. On 2/11/26 starting at 12:31 PM, observed the lunch service completed in the dining room. The staff prepared and placed 3 residents' room trays and 1 test tray on a cart. Staff D, Cook, took the temperature of the lasagna remaining on the steam table with a temperature of 169.9 Fahrenheit (F). Staff D placed the cart with room trays in the dining room. At 12:42 PM, Staff E, Certified Nurse Aide, started the delivery of the 3 room trays with the last room tray delivered at 12:49 PM. At 12:49 PM, Staff E, confirmed the test tray of lasagna's temperature of 129.0 F. 2. Resident #1's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognitive functioning. On 2/9/26 at 12:17 PM Resident #1 reported they didn't always get warm food. 3. Resident #21's MDS assessment dated [DATE] identified a BIMS score of 14, indicating intact cognitive functioning. On 2/9/26 at 12:06 PM Resident #21 explained he liked to eat in his room, and when the staff deliver his meal trays to his room the food is not always warm. On 2/11/26 at 1:12 PM the Administrator reported she expected food to be delivered at the appropriate temps. The Food Temperatures policy dated 2021 directed all hot food items must be cooked to appropriate internal temperatures, held, and served at a temperature of at least 135 degrees.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on resident interviews, staff interview, and policy review the facility failed to protect 3 of 12 residents' (Resident #1, #3, #15) personal property from loss or theft. The facility reported a census of 24 residents.Findings include:1. Resident #1's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognitive functioning.On 2/9/26 at 11:10 AM Resident #1 reported she had several shirts go missing, and it has happened recently. Resident #1 added she told nurses and laundry staff, but they haven't found them. 2. Resident #3's MDS assessment dated [DATE] identified a BIMS score of 15, indicating intact cognitive functioning. On 2/9/26 at 11:51 AM Resident #3 reported he had a gray Carhartt shirt size 3 XL with a pocket missing. Resident #3 added he wore the shirt once and never got it back from laundry. Resident #3 explained he told the about it missing, and they haven't found the shirt.3. Resident #15's MDS assessment dated [DATE] identified a BIMS score of 15, indicating intact cognitive functioning. On 2/9/26 at 11:37 AM Resident #15 reported she had several tops missing, and it happened lately. Resident #15 added she told the nurses and other staff about the missing items, and they haven't found the tops. On 2/10/26 at 9:59 AM Staff A, Laundry. explained the lost and found items while on a brief tour of the laundry room. The lost and found area had several shirts and pants. Staff A added the staff would come down to look for items. Staff A reported she didn't know if residents have personal inventory sheets and/or if they get updated.On 2/10/26 at 3:31 PM the Administrator reported they couldn't find personal inventory sheets. The Administrator explained she expected the staff to complete the personal inventory sheet upon admission and updated quarterly.Review of a facility provided undated document titled, admission Agreement revealed:a. The Resident or Authorized Representative will be responsible to complete a personal items inventory sheet and update the inventory sheet as needed.

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interview, and policy review the facility failed to develop a Comprehensive Person-Centered Care Plan that included specialized services or specialized rehabilitative services the nursing facility would provide as a result of Preadmission Screening and Record Review (PASARR) recommendations for 2 of 4 residents reviewed (Resident #12 and Resident #3). The facility reported a census of 24 residents. Findings include: 1. Resident #12's Minimum Data Set (MDS) assessment dated [DATE] identified an admission date of 9/11/24. The MDS indicated Resident #12 didn't have a Preadmission Screening and Resident Review (PASRR) level II status. The Notice of PASRR level II Outcome dated 12/23/26, reflected Resident #12 received a PASRR approval of Level II with recommendations for specialized services of ongoing psychiatric medication management, individual therapy, and rehabilitative services. The Care Plan revised 12/19/25 lacked a focus, goals, or interventions for the PASRR level II status and/or recommendations. 2. Resident #3's MDS assessment dated [DATE] listed an admission date of 4/11/25. The MDS indicated Resident #3 didn't have a Preadmission Screening and Resident Review (PASRR) level II status. Resident #3's Notice of PASRR level II Outcome dated 12/14/25 reflected a PASRR approval of Level II. The Care Plan revised 1/6/26 lacked a focus, goals, or interventions for the PASRR level II status and/or recommendations. On 2/10/26 at 10:40 AM the Administrator explained Resident #3 had a PASRR completed, and with a level 2 status identified. The Administrator confirmed the Care Plan didn't identify the PASRR status and she would expect the staff to identify the status. The Comprehensive Care Plans policy dated 12/3/25 directed the Comprehensive Care Plan will describe, at a minimum, the services to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.

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F 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interview, and policy review the facility failed to revise and implement care plans for 2 of 3 residents reviewed (Residents #5 and #9). The facility reported a census of 24 residents. Findings include: 1. Resident #5's Minimum Data Set (MDS) assessment dated [DATE] reflected Resident #5 used an antipsychotic, antianxiety, and antidepressant medications during the 7-day lookback period. Resident #5's Clinical Physician Orders reviewed 2/10/26 included the following medication orders:a. Vraylar Oral Capsule 1.5 MG (antipsychotic medication). Give 1.5 capsules by mouth one time a day.b. Alprazolam Oral Tablet 1 MG (antianxiety medication). Give 1 mg by mouth three times a day.c. Fluoxetine HCl Oral Capsule 40 MG (antidepressant medication). Give 40 mg by mouth one time a day.Resident #5's Care Plan revised 1/26/26 lacked the side effects to monitor while taking high risk medications. 2. Resident #9's MDS assessment dated [DATE] reflected they used an antidepressant and diuretic medication during the 7-day lookback period. Resident #9's Clinical Physician Orders reviewed 2/10/26 identified the following medication orders: a. Trazodone HCl Oral Tablet (antidepressant medication). Give 12.5 mg by mouth one time a day.b. Trazodone HCl Oral Tablet (antidepressant medication). Give 25 mg by mouth at bedtime.c. Lasix Oral Tablet 80 MG (Furosemide). Give 1 tablet by mouth one time a day.Resident #9's Care Plan revised 1/13/26 didn't include what side effects to monitor while taking high risk medications.On 2/10/2026 at 11:24 AM the Assistant Director of Nursing (ADON) reported she expected the Care Plan to include medications like antipsychotics, diuretics, and high-risk medications and what side effects to monitor.The Comprehensive Care Plans policy updated 12/3/25 directed the Care Plan will be updated in a timely manner to ensure that services to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, staff interview, and policy review the facility failed to serve food under sanitary conditions to prevent foodborne illness during one of one meal observed. The facility reported a census of 24 residents. Findings include:On 2/11/26 starting at 12:00 PM, observed Staff D, Cook, wash their hands, apply gloves and start lunch service. With their gloved hands, Staff D touched spatulas, scoop handles, the counter, food containers. With the same gloved hands, Staff D touched a peanut butter and jelly sandwich to place it on a plate then sent the plate to a resident. Staff D removed the gloves, wash their hands, and applied new gloves. With the new gloves, Staff D touched the glove box, utensils, ladle, scoop handles, and countertop. Without completing hand hygiene or changing their gloves, Staff D touch another sandwich and placed it on a plate for a resident. On 2/11/26 at 2 PM, the Dietary Manager stated she expected the staff to use the gloves 1 time use when touching food and to not touch other items before touching food items. The facility's Bare Hand Contact with Food and Use of Plastic Gloves policy, dated 2021, instructed single use gloves shall be used for only one task (such as working with ready-to-eat food). Anytime a staff member touched a contaminated surface they must change their gloves.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review, staff interview, and policy review the facility failed to maintain infection control practices with catheter care and hand hygiene for 1 of 3 residents reviewed (Resident #2). The facility reported a census of 24 residents. Findings include:Resident #2's Minimum Data Set (MDS) assessment dated [DATE], identified they had an indwelling urinary catheter (tube into the bladder to drain urine from the bladder). The MDS included diagnoses of non-Alzheimer's Dementia and a stroke. On 2/10/26 at 1:39 PM, observed Staff C, Certified Nurse Aide, wearing gloves, emptied Resident #2's catheter bag, clean the drain port on the catheter bag, and empty the urine into the toilet. Without completing hand hygiene or changing their gloves, Staff C touched the uncovered roll of paper towels sitting on top of the cabinet and using both gloved hands tore off a paper towel and placed the towel in a graduate container. Staff C removed her gloves, washed her hands, and touched the same roll of paper towels to remove a paper towel to dry her hands. The facility's Hand Hygiene policy, updated 11/13/24, directed staff should always complete hand hygiene after handling contaminated items. On 2/11/2026 at 8:40 AM, the Administrator stated she expected the staff to remove gloves and wash hands after cares. They shouldn't touch the clean paper towels with dirty gloved hands.