STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165218	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Eagle Point Nursing and Rehabilitation	801 28th Avenue North Clinton, IA 52732

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 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. Based on observation, interview, record review, and facility policy review, the facility failed to ensure food served at a palatable temperature and texture. The facility reported a census of 58 residents.Findings Include:During an interview on 04/20/2026 at 10:30 AM Resident #40 stated the facility only had one choice for some meals. The resident stated he cannot stand the pork chops as they are tough. Resident #40 stated the food could use improvement, and explained food had been service cold, overcooked and chewy making it difficult to eat. Resident #40 stated he had brought up his concerns to multiple staff but it continued to be a problem. During an interview on 04/20/2026 at 11:05 AM, Resident #18 stated the food can be cold at times. She stated she did not ask them to reheat and having food rewarmed in a microwave is not the same as getting food freshly cooked. Resident #18 added sometimes with dentures the food can be kind of hard to chew, and the meat can be dry and tough. During an interview on 04/20/2026 at 1:43 PM, Resident #4 stated the food is often dry or chewy like it was overcooked. She pointed at the food left on her tray and said I can't eat that, just look at it. Approximately 50% of the resident's meal left on her tray. During on observation 04/21/2026 at 12:04 PM, Resident #9, Resident #28 and Resident #55 at a table in the main dining room. The residents attempted to cut chicken breast with a knife. They reported the chicken is difficult to cut and is very dry and tough. During an observation on 04/21/2026 at 12:20PM, Resident #3 heard to say to other residents that the chicken is dry. During an observation on 04/22/2026 at 11:56 AM. Staff A, Dietary Manager took the temperatures of a test tray that had been delivered on a food cart. Temperature of Patty melt: 135 F (degrees Fahrenheit), sweet potato puffs: 127 F, and buttered peas 133 F. During an interview on 04/22/2026 at 11:58 Staff A, Dietary Manager stated if a resident complained of cold food, they would warm it back up or offer an alternative. She stated every once in a blue moon they would have a complaint of temperatures being too cold. When asked what temperature she would like the test tray food at she stated temperatures should be around 135 F to140 F. Staff A acknowledged the sweet potato puffs did not meet the standard. During an interview on 04/22/2026 at 1:35 PM, Resident #3 stated steaks are tough and hard to chew. Resident #3 stated that the chicken from the day before [4/21/26] was very dry and that meal quality was inconsistent. Resident #3 reported residents had voiced concerns during resident council meetings. (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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A review of Resident Council minutes revealed: a. From the 1/30/26 minutes.complaints potatoes were not cooked enough, soups were scorched, and they were missing silverware. b. From the 2/3/26 minutes.residents would like more variety of foods, and they want their eggs warmer. c. Form the 3/3/26 minutes. meat tough lately. The soup was still scorched and sandwich bread was tough. Also, the minutes documented complaints of overcooked pasta, and residents wanting a variety of eggs in the morning. Alternate request sheets? A review of Grievance forms revealed: a. On 3/3/26, Resident #61 reported food is often served cold. b. On 4/1/26, a report several employees were concerned about cold food on room trays that had been delivered to residents. During an interview on 04/22/2026 at 2:48 PM, Resident #4 reported the chicken served on Tuesday [4/21/26] was dry, hard, and didn't have any taste to it. Resident #4 stated she could not eat the carrots as they were chewy. Resident #4 stated the facility too often served eggs for breakfast and the only alternative they gave were two pieces of toast and oatmeal, which she didn't like. She thought meals had been a little better lately but felt there was still work to do, especially with serving dry and overcooked food. Review of an undated facility policy, titled Food Temp Policy revealed a Policy statement which declared: Foods will be maintained at proper temperatures to ensure food safety. The Procedure section directed, in part: Hot foods much be serviced at a minimum of 1356 F, preferably at 160 F or higher. Reheated items and pureed items must be heated to 165 F or above. Test trays will be made up periodically and the Food Service Supervisor will record the food items temperature as the items are served to the resident.

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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. Based on observation, clinical record review, facility policy review and staff interviews,he facility failed to repair peeling paint in a resident's room in an effort to provide a comfortable environment for 1 of 2 residents (Resident #11) reviewed for homelike environment. The facility reported a census of 58 residents. Findings include: Review of Resident #11's Minimum Data Set (MDS) assessment, dated 4/09/26, revealed a Brief Interview for Mental Status (BIMS) score of 12 out of 15, which indicated moderate cognitive impairment. During an interview on 4/21/26 at 12:37 PM, Resident #11 stated there were areas of the paint on the walls peeling off in her room. Resident #11 stated that a friend brought in a framed picture to hang on the wall in an attempt to cover an area of paint peeling. Resident #11 reported that in the bathroom of her room was a plastic strainer kept on the floor for months. The resident explained the strainer had been used when she passed kidney stones in November of 2025. During an observation in Resident #11's room on 4/21/26 at 12:37 PM, the East had 10 to 12 half dollar size areas of bubbled paint on the wall. The paint had peeled off the wall in some areas and attached but hanging off the wall in the other areas. Resident #11 placed her bed along the north wall. The framed picture Resident #11 stated a friend gave her was placed on the north wall to cover an area of peeled paint. Also on the north wall, approximately 6 inches up from the floor the wall noted to be discolored, damaged and the paint peeled from the wall. A plastic strainer labeled with the date 11/23/25, observed to be on the floor of Resident #11's bathroom. The strainer appeared soiled with a red/brown colored substance. During an interview on 4/22/26 at 4:15 PM, Staff D, Maintenance Director, stated that at the beginning of the year he and the Administrator went throughout the resident rooms and made a list of areas that required repair and continued to work on completing these repairs.During an interview on 4/23/26 at 1:54 PM, the Administrator stated that Resident #11's room was on the list to be fixed and she would move the room higher on the list so it could be repaired sooner. Review of the undated facility policy titled, Homelike Environment, revealed a Policy Statement which declared residents are provided with a safe, clean, comfortable and homelike environment and encouraged to use their personal belongings to the extent possible.The Policy Interpretation and Implementation section, directed, in part:2. The facility staff and management shall maximize, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting. These characteristics include: a. Clean, sanitary and orderly environment; b. Comfortable (minimum glare) yet adequate (suitable to the task) lighting; c. Inviting colors and decor; d. Personalized furniture and room arrangements; e. Clean bed and bath linens that are in good condition; f. Pleasant, neutral scents; g. Plants and flowers, where appropriate; h. Comfortable and safe temperatures (71 degrees Fahrenheit to 81 degrees Fahrenheit); and i. Comfortable noise levels.

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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 observation, clinical record review, facility policy review, and staff interviews, the facility failed to ensure staff used infection control techniques during wound care (Resident #10) and preparation of a dose of insulin when drawn up from a multiuse vial (Resident #57) for 2 of 5 residents reviewed for infection control. The facility reported a census of 58 residents.Findings include: 1. Review of the Minimum Data Set (MDS) assessment, dated 2/20/26, revealed that Resident #10 had one unhealed Stage 3 pressure ulcer. The list of diagnoses included cutaneous abscess of buttocks, diabetes mellitus, and renal insufficiency.Review of the Care Plan, revised on 3/20/26, revealed a Focus area for Resident #10's potential/actual impairment to skin integrity started as an abscess, now pressure ulcer with the goal that Resident #10 will have complications related to area on buttocks through the review date. Interventions instructed the following, in part:a. Enhanced Barrier Precautions per Centers for Disease Control (CDC) recommendations. Date initiated: 9/09/25.b. Follow facility protocols for treatment of injury. Date initiated: 12/05/22.c. Provide dressing change per physician's order. Date initiated 3/18/26.d. Report any signs and symptoms of skin breakdown to physician. Date initiated: 12/05/22.Review of the Care Plan, initiated 4/21/26, revealed a Focus are for Resident #10 having Methicillin Resistance Staphylococcus Aureus (MRSA) in wound with the goal that Resident #10's infection will resolve with minimal complications as evidenced by negative culture, vital signs within normal limits, and no signs or symptoms of acute infection by the review date. Interventions instructed the following, in part:a. Contact isolation: Wear gowns and masks when changing contaminated linens. Place soiled linens in bags marked biohazard. Bag linens and close bag tightly before taking to laundry. Date initiated: 4/21/26.b. Use antibacterial soap and disposable towels. Wash hands immediately after Activities of Daily Living (ADLs), care tasks, and activities. Date initiated: 4/21/26.c. Instruct family/visitors/caregivers to wear disposable gown and gloves during physical contact with resident. Discard in appropriate receptacle and wash hands before leaving room. Date initiated: 4/21/26.d. Resident areas to be thoroughly cleaned using disinfectants. Date initiated: 4/21/26.e. Resident care equipment to be appropriately cleaned, disinfected, or sterilized according to facility protocol. Date initiated: 4/21/26.Review of the April 2026 Treatment Administration Record (TAR) revealed an order for: Coccyx wound, clean with wound cleanser, Vashe (solution used to clean, irrigate, moisten, and debride acute and chronic wounds) dampened gauze to wound bed, cover with rolled 4x4 gauze, secure with tape two times a day. On 4/22/26, the TAR documented the treatment completed by Staff C, Licensed Practical Nurse (LPN).During an observation on 4/22/26 at 8:58 AM, Staff C, LPN donned gown, gloves, a mask and googles prior to entering Resident 10's room. Staff C prepared the supplies needed for wound care. She placed a barrier on the over the bed table, and then set gauze, a padded dressing and tape on the barrier. Staff C removed the old dressing from Resident #10's coccyx, reported a scant amount of drainage on to the old dressing and put the dressing in the waste can. Staff C next sprayed wound cleanser onto the pressure wound and dabbed it dry with gauze. Without changing gloves or performing hand hygiene, Staff C then opened the bottle of Vashe and poured the solution over clean gauze. Staff C then placed the soaked gauze into the wound bed, and covered the area with clean, dry gauze. Staff C then placed the padded dressing over the area, and secured the dressing with tape. Without a change of gloves, or completion of hand hygiene, Staff C, LPN moved her gown away from her clothing, reached into her pocket for a pen, and used to the pen to date the new dressing. Staff C, then returned the pen to her pocket. Without a change of gloves, or completion of hand hygiene, Staff C removed the goggles from her face, then removed gloves, gown, goggles and mask. Staff C then completed hand hygiene prior to exiting Resident #10's room. During an interview on 4/23/26 at 8:49 AM, Staff C, LPN stated that hand hygiene should be completed before and after going into a resident's room and gloves to be changed when soiled and between patients. Staff C reported that Resident #10 had a MRSA infection in the wound and took an antibiotic related to the infection.2. Review of the MDS assessment, dated (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2/20/26, revealed Resident #57 received daily insulin injections and had a diagnosis of diabetes mellitus.Review of the Care Plan, revised on 11/23/23, revealed a Focus area for Resident #57's diagnosis of diabetes mellitus with neuropathy, receiving insulin and oral anti-diabetic therapy with a goal that Resident #10 would experience no medical complications related to diabetes through the next review date. Interventions instructed the following, in part:a. Administer medications as ordered by physician. Date initiated: 5/15/17.b. Observe for open areas, signs and symptoms of infections and report to MD if noted Date Initiated: 05/15/17.Review of the April 2026 Medication Administration Record (MAR), revealed an order for Humalog Injection Solution (Insulin Lispro), with instructions to inject 12 units subcutaneously before meals related to type 2 diabetes mellitus with diabetic neuropathy, hold for blood sugar reading less than 100. On 4/22/26, the TAR documented the 11:30 AM dose administered by Staff C, LPN.During an observation of insulin administration on 4/22/26 at 11:36 AM, Staff C applied a pair of gloves, removed an insulin syringe from the sterile packaging, then without cleaning the stopper on the top of the bottle, inserted the needle into the multiuse vial of Humalog (Insulin Lispro). Staff C drew up 12 units of insulin into the syringe, cleaned Resident #57's right upper arm with an alcohol wipe, and injected the medication subcutaneously into Resident #57's right upper arm.During an interview on 4/22/26 at 11:40 AM, Staff C, LPN stated she did not clean the stopper of Resident #57's multiple use insulin vial because Resident #57 is the only resident who uses it.During an interview on 4/23/26 at 1:05 PM, the Director of Nursing (DON) stated she expected nurses to change gloves and perform hand hygiene when moving between soiled and clean items or tasks during wound care. The DON added she also expected the top (stopper) of an insulin vial would be cleaned prior to the insertion of the syringe to draw up the medication to prevent infections. Review of the facility policy titled, Dressing Change, revised 2/2026, Procedure section instructed staff to, in part: f8. Perform hand hygiene and apply gloves.9. Remove soiled dressing and discard in waste receptable.10. Inspect wound and peri-wound for appearance, color, size, drainage, edema, approximation (wound edges are together), presence/existence of drains if applicable, tissue, and odor.11. Remove soiled gloves, discard. Perform hand hygiene.12. Prepare clean field: Arrange supplies on table and open supplies.13. If dressings need to be cut to size, use clean scissors (disinfect scissors before and after using).14. Perform hand hygiene and apply gloves.15. Cleanse wound per physician's orders. Follow manufacturer's guidelines for product use. Clean from least to most contaminated area.16. Clean around any drain if present (starting near the drain and moving outward).17. Remove soiled gloves, discard. Perform hand hygiene and apply gloves.18. Apply dressing per physician's orders. If orders require topical application of ointment or cream, apply with applicator if available or clean glove.19. Label with initials and date of dressing change.20. Remove procedure towel (wound drape) or clean towel from under patient and discard.21. Dispose of soiled and used disposable equipment and supplies in waste receptacles (blood discarded in biohazard trash/red bag)22. Remove soiled gloves, discard. Perform hand hygiene.23. Disinfect over bed table.