

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165248	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2026
NAME OF PROVIDER OR SUPPLIER Pleasant Acres Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 309 Railroad Street Hull, IA 51239	

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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review, and interviews with residents and staff, the facility failed to maintain resident dignity and privacy during incontinence care and to communicate about residents in a respectful manner for 2 of 12 residents reviewed (Residents #8 and #30). The facility reported a census of 37 residents. The findings include:</p> <p>1. The Minimum Data Set (MDS) for Resident #30 dated 1/24/26 documented diagnoses of muscle weakness, anxiety disorder and respiratory failure. The MDS showed short-term memory and long-term memory coded as OK.</p> <p>Observation on 2/18/26 at 10:25 AM during incontinence care showed Staff B, Certified Nursing Assistant (CNA), used a walkie-talkie to request additional wet wipes for Resident #30. Upon arrival of the requested supplies, Staff A, Registered Nurse (RN), placed a brief over the resident's perineal area. When staff opened the door to deliver the wipes, Resident #30 lay on the bed with pants at her ankles and a brief covering her perineal area. Staff failed to place a blanket over the resident or pull the privacy curtain to ensure visual privacy. Staff left the room with the door open under the same conditions after placing the wipes on the bedside table. When staff resumed incontinence care, Resident #30 stated, I need to pee. Staff B responded, Go ahead and go, you still have your brief on. The resident paused and then stated, Never mind, I don't have to go.</p> <p>The Promoting/Maintaining Resident Dignity policy dated 2025 identified it is the practice of this facility to protect and promote resident rights and treat each resident with respect and dignity as well as care for each resident in a manner and in an environment, that maintains or enhances resident's quality of life by recognizing each resident's individuality.</p> <p>Compliance Guidelines:</p> <p>All staff members are involved in providing care to residents to promote and maintain resident dignity and respect resident rights.</p> <p>The resident's former lifestyle and personal choices will be considered when providing care and services to meet the resident's needs and preferences.</p> <p>When interacting with a resident, pay attention to the resident as an individual.</p> <p>Respond to requests for assistance in a timely manner.</p> <p>(continued on next page)</p>

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Speak respectfully to residents; avoid discussions about residents that may be overheard.</p> <p>Maintain resident privacy.</p> <p>In an interview on 2/19/26 at 9:41 AM, the Director of Nursing (DON) stated staff must cover residents with a blanket or pull the privacy curtain when opening the door to ensure privacy. The DON further stated staff should have offered Resident #30 a bedpan to maintain dignity after the resident expressed the need to urinate.</p> <p>2. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #8 documented diagnoses of quadriplegia, anemia (low red blood cells) and hyperlipidemia (high cholesterol). The MDS showed the Brief Interview for Mental Status (BIMS) was a 15 indicating no memory impairment.</p> <p>Interview on 02/18/2026 at 8:57 a.m., with Resident #8 revealed he had concerns on how the staff were talking to him. Resident #8 stated the staff was in the hallway outside of his room and he could hear the staff talking about him. The resident was upset and stated the nurse talks badly about other residents in the facility. The resident stated he opened his door and confronted her about it and when he did she became upset and short with him for the rest of her shift that night. He further stated this is not the first time this has happened he overhears the staff talking about him and other residents in the facility. Resident #8 stated it was frustrating to him that he gets labeled crabby or causing issues when this is his home and he is only sticking up for himself and other residents.</p> <p>During interview on 02/19/2026 at 8:46 a.m. the Administrator stated the staff should not be discussing residents in the hallways.</p>		