

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, staff interviews, and facility policy review the facility failed to ensure proper sanitary conditions in the kitchen area, where staff prepared food. The facility identified a census of 37 residents. Findings included: During the initial kitchen walkthrough on 12/16/26 at 10:35 AM, the following observations were made: Refrigerator units contained various scattered food debris Freezer units with ice build up The following foods not labeled: ranch dressing frozen meat frozen pizza During the initial tour, the Dietary Manager (DM) reported the facility had recently lost two kitchen staff, which resulted in some duties not being consistently completed. The DM reported the bottoms of the refrigerator units required cleaning, freezers needed defrosting, and all food required proper labeling. On 12/18/26 at 12:42 PM tour of the ice machine room showed: ice machine with lime build up on outside of the machine Snack cart with loose debris build up on top of the cart and within the drawers Water cart with debris and dry liquid build up The DM reported that dietary staff were not responsible for cleaning the ice machine, snack cart, or water cart. The DM stated that all of these items required cleaning, including the tray on top of the ice machine. The Sanitation Inspection policy dated 2025 identified it is the policy of this facility, as part of the department's sanitation program, to conduct inspections to ensure food service areas are clean, sanitary and in compliance with applicable state and federal regulations. Policy Explanation and Compliance Guidelines: All food service areas shall be kept clean, sanitary, free from litter, rubbish and protected from rodents, roaches, flies and other insects. The department shall establish a sanitation program for food services based on applicable state and federal requirements. The sanitation program will provide for inspections to be conducted of the food service areas. Sanitation inspections will be conducted in the following manner: Daily: Food service staff shall inspect refrigerators/coolers, freezers, storage area temperatures, and dishwasher temperatures daily. Weekly: The dietary manager shall inspect all food service areas weekly to ensure the areas are clean and comply with sanitation and food service regulations. Inspections will be conducted but not limited to the following areas: Dry storage Freezer Refrigerator Dish room Pot wash Main production area Food preparation area General dietary observations The dietary manager shall develop and provide food service personnel with standard operating procedures for sanitation and daily inspections. Managers may familiarize staff with these procedures through various means such as monthly meetings, posted memorandums, training sessions and orientation of new personnel. Inspection Score (from Sanitation Inspection Report): The dietary manager, as part of the department's QAPI program, will perform an in-depth analysis of the data obtained during the inspection utilizing the following: Numerator (The number of positives) divided by Denominator (the number of total opportunities) - Inspection Score Inspection score will be formulated on [NAME] area being evaluated. Scores will then be compared to department. Goals. Feedback will be reported to the food service staff and the QAPI Committee.</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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<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>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. (continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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>		

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<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>Based on observation, medical record review, facility policy review and staff interview the facility failed to ensure resident self administering medications was safe to do and failed to watch resident not assessed to self administer medications took their medications for 1 of 1 resident observed (Resident #26). The facility reported a census of 37. Findings include: Observation on 02/18/2026 at 8:31 a.m. of Resident #26 sitting at the table in the activity room with 2 medication cups in front of her. One was noted to be full of applesauce and have a spoon in and the other was noted to have a variety of tablets in the cup. Resident #26 dumped the tablets onto the table and lined them up and took them with the applesauce. Observation revealed there was no facility staff in or around the area while resident took the tablets. Review of Resident #26's medical chart lacked documentation of assessment to self administer medications and lacked orders for self administration of medications. Review of facility provided policy titled Medication Administration dated 2025 revealed under policy explanation and compliance guidelines to observe resident consumption of medications. Interview on 02/18/2026 at 10:17 a.m., with the Director of Nursing revealed resident should have had someone watching her take her medications as she cannot take her pills without supervision.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident?s preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interviews and facility policy review the facility failed to complete neurological checks after a resident fell for 1 of 1 residents reviewed (Resident #11). The facility reported a census of 37 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] for Resident #11 documented disorientation, delirium due to known psychosocial condition, muscle weakness and history of falling. The MDS showed the Brief Interview for Mental Status (BIMS) score was not assessed. Review of report titled Incidents by Incident Type dated 2/18/26 revealed falls on the following dates:1/21/261/25/261/27/262/13/26 Review of the clinical record revealed the following:1/21/26- neurological checks 6:35 p.m., refused sleeping in wheelchair6:50 p.m., refused sleeping in wheelchair7:30 p.m., sleeping7:50 p.m., refused sleeping in wheelchair9:50 p.m., sleeping in wheelchair, refused11:50 p.m., refused sleeping in wheelchair 1/22/26 at 3:50 a.m., refused sleeping in wheelchair7:50 a.m., refused, sleeping in wheelchair1/25/26- the clinical record lacked documentation of neurological checks1/27/26- the clinical record lacked documentation of neurological checks2/13/26- neurological checks10:30 p.m., refused, sleeping 11:00 p.m., refused, sleeping 11:30 p.m., line drawn through 2/14/26 at 12:00 a.m., refused, awake behaviors1:00 a.m., refused, behaviors2:00 a.m., refused, behaviors Review of facility provided policy titled Head Injury dated 2025 revealed the following:Assess resident following a known, suspected, or verbalized head injury. The assessment shall include, at a minimum:Neurological evaluation for changes in:Physical functioningBehaviorCognitionLevel of consciousnessDizzinessNauseaIrritability Slurred speech or slow to answer question Perform neurological checks as indicated or as specified by the physician Interview on 02/18/2026 at 10:19 a.m., with the Director of Nursing revealed the neurological assessment should be completed when the resident is sleeping.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>Based on observations, staff interviews, and facility policy review, the facility failed to provide safe transfers of residents with transfers 1 of 3 residents reviewed (Resident #11). The facility reported a total census of 37 residents. Findings include: Staff D, Certified Nursing Assistant (CNA) applied gait belt around Resident #11. Staff B, Registered Nurse (RN) and Staff E, CNA with their arms under Resident #11's armpits assisted Resident #11 to a standing position. Staff B and Staff E did not use the gait belt when assisting resident to standing position. After Resident #11 was finished with the toilet, Staff B and Staff E and with their arms under Resident #11's armpits assisted Resident #11 to a standing position. Staff D performed perineal care while Staff B and Staff E continued to assisted Resident #11 with standing position. Staff B and Staff E did not use the gait belt and assisted the resident back into his wheelchair. Once Resident #11 was back in the wheelchair. Staff D removed the gait belt. Review of the facility provided policy titled Use of Gait Belt dated 2025 revealed it is the policy of this facility to use gait belts with residents that cannot independently ambulate or transfer for the purpose of safety. Interview on 02/18/2026 at 2:42 p.m., with the Director of Nursing revealed the staff should not have been lifting under the residents arms and should have used the gait belt the resident had on.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, record review, interviews, and policy review, the facility failed to implement and practice appropriate infection control measures for use of a Bilevel Positive Airway Pressure (BiPAP) machine by not establishing or following a routine cleaning schedule for 1 of 12 residents reviewed (Resident #7). The facility reported a census of 37 residents. Findings include: The Minimum Data Set assessment dated [DATE] for Resident #7 documented diagnoses of obstructive sleep apnea, respiratory failure and obesity. The MDS indicated Resident #7 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 2/17/26 at 9:25 AM revealed a BiPAP machine on Resident #7's bedside table. When asked whether staff regularly cleaned the BiPAP oxygen tubing or facemask, Resident #7 stated, They have never cleaned it. When asked how long he had the BiPAP, the resident reported, For about a year and a half. The Clinical Physician Orders dated 10/23/24 for Resident #7 showed an order for BiPAP to be used at night. The Care Plan for Resident #7 indicated BiPAP therapy initiated on 10/28/24 and contained no instructions regarding cleaning or maintenance of the BiPAP equipment. The February 2026 Treatment Administration Treatment Record for Resident #7 contained no instructions regarding cleaning or maintenance of the BiPAP equipment. The CPAP/BiPAP Cleaning policy dated 2025 identified it is the policy of this facility to clean CAP/BiPAP equipment in accordance with current CDC guidelines and manufacturer recommendations in order to prevent the occurrence or spread of infection. Definitions: CAP, or continuous positive airway pressure, is a respiratory therapy intervention used to provide a patent airway during periods of sleep apnea. It uses air pressure generated by a machine, delivered through a tube into a mask that fits over the nose or mouth. BiPAP, or bi-level positive airway pressure, is a similar respiratory therapy intervention that delivers an inhale pressure and an exhale pressure to provide a patent airway. It requires a machine that generates the separate pressures through a tube into a mask that fits over the nose or mouth. Policy Explanation and Compliance Guidelines: CAP/BiPAP equipment may vary by manufacturer. Common equipment includes the machine, tubing, mask, headgear/straps, disposable/non-disposable filters, and humidifier chamber. Respiratory therapy equipment can become colonized with infectious organisms and serve as a source of respiratory infections. Staff shall perform hand hygiene and wear gloves whenever touching the CAP/BiPAP equipment. Dust the machine when needed, and wipe clean with a damp cloth and detergent. If humidification is required, distilled or sterile water will be used to fill the humidifier chamber. Empty the chamber completely after each use and wipe dry. Clean mask frame daily after use with CAP cleaning wipe or soap and water. Dry well. Cover with plastic bag or completely enclosed in machine storage when not in use. Weekly cleaning activities (specify day of week): a. Wash headgear/straps in warm, soapy water and air dry. b. Wash tubing with warm, soapy water and air dry. 8. Follow manufacturer instructions for the frequency of cleaning/replacing filters and servicing the machine. Only the supplier may service the machine. 9. Replace equipment immediately when it is broken or malfunctions, or if visible soiling remains after cleaning. 10. Replace equipment routinely in accordance with manufacturer recommendations. General guidelines: Face mask and tubing - once every three months Headgear, non-disposable filters, and humidifier chamber - once every six months Disposable filters - twice monthly 11. For facility rental equipment, follow supplier's instructions related to cleaning before returning to the supplier. Consider which supplies are for single person use only (discard after use), and which supplies/equipment parts are reusable. In an interview on 2/18/26 at 1:06 PM, the Director of Nursing (DON) stated the facility failed to initiate a cleaning schedule for Resident #7's BiPAP equipment. When asked whether CPAP and BiPAP equipment should have a regular cleaning schedule, the DON confirmed that it should and indicated she would follow up on the matter. In a follow-up interview on 2/19/26 at 10:57 PM, the Director of Nursing (DON) stated the facility had not initiated a (continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>cleaning schedule for Resident #7's BiPAP equipment. The DON explained, It got missed. We will have to look at how it happened.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, policy review, and staff interviews, the facility failed to perform blood sugar testing and administer insulin in a manner that protected the resident from bloodborne pathogens for 1 of 1 residents reviewed (Resident #7). The facility reported a census of 37 residents. Findings included: Observation on 2/19/26 at 7:29 AM showed Staff C, Registered Nurse (RN), opened the medication cart, removed the storage container for Resident #7's glucometer and testing supplies, locked the cart, and entered the resident's room. The nurse placed a barrier on the bedside table, set the glucometer and supplies on the barrier, and donned gloves without performing hand hygiene. Staff C completed the glucose check and discarded the used disposable supplies. Staff C exited the room wearing soiled gloves while holding the glucometer, returned to the medication cart, removed one glove, failed to perform hand hygiene, reached into her scrub pocket to retrieve the medication cart keys, and unlocked the cart. Staff A then opened the cart drawer, retrieved the storage container, returned the glucometer without proper cleansing, closed the container and drawer, removed the remaining glove, and performed hand hygiene. After reviewing the computer, Staff A opened the medication cart, retrieved insulin pens, needles, and supplies, donned gloves and entered the resident's room. Following insulin administration, Staff C exited the room wearing soiled gloves, removed one glove, failed to perform hand hygiene, reached into her scrub pocket to retrieve the medication cart keys, unlocked the cart, and opened a drawer. Staff C placed insulin pens in the drawer without properly disinfecting the pens, closed the drawer, removed the remaining glove, and performed hand hygiene. The Glucometer Disinfection policy dated 2025 indicated the purpose of this procedure is to provide guidelines for the disinfection of capillary-blood glucose sampling devices to prevent transmission of blood borne diseases to residents and employees. Definitions: Cleaning is the removal of visible soil from objects and surfaces normally accomplished manually or mechanically using water with detergents or enzymatic products. Disinfection is a process that eliminates many or all pathogenic microorganisms, except bacterial spores, on inanimate objects. Policy Explanation and Compliance Guidelines:Glucometers will be cleaned and disinfected after each use and according to manufacturer's instructions regardless of whether they are intended for single resident or multiple resident use.Procedure:Obtain needed equipment and supplies: Gloves, glucometer, alcohol pads, gauze pads, single-use lancet, blood glucose testing strips, disinfecting wipes.Wash hands.Explain the procedure to the resident.Provide privacy.Put on gloves.Obtain capillary blood glucose sampling according to facility policy. Remove and discard gloves, perform hand hygiene prior to exiting room.Reapply gloves if there is visible contamination of the device or if the resident is HIV or Hepatitis B or C positive.Retrieve (2) disinfectant wipes from container.Using first wipe, clean first to remove heavy soil, blood and/or other contaminants left on the surface of the glucometer.After cleaning, use second wipe to disinfect the glucometer thoroughly with the disinfectant wipe, following the manufacturer's instructions. Allow the glucometer to air dry.Discard disinfectant wipes in waste receptacle.Perform hand hygiene.The Hand Hygiene policy dated 2025 identified All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility. Definitions: Hand hygiene is a general term for cleaning your hands by handwashing with soap and water or the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHR). Policy Explanation and Compliance Guidelines:Staff will perform hand hygiene when indicated, using proper technique consistent with accepted standards of practice.Hand hygiene is indicated and will be performed under the conditions listed in, but not limited to, the attached hand hygiene table.Alcohol-based hand rub with 60 to 95% alcohol is the preferred method for cleaning hands in most clinical situations. Wash hands with soap and water whenever they are visibly dirty, before eating, and after using the restroom.6. Additional considerations:The use of gloves does not replace hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, and immediately after removing gloves. (continued on next page)</p>		

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