STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165296	A. Building B. Wing	08/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasant View Care Center	200 Shannon Drive Whiting, IA 51063

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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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47079 Based on resident observations, record review, staff interview, and policy review, the facility failed to refer to a resident by name and failed to dress a resident appropriately for meal service 2 of 16 residents (#3 & #46) reviewed for dignity. The facility reported a census of 47. Findings include: 1. On 8/13/24 at 7:57 AM, Staff K, Licensed Practical Nurse (LPN) was standing in the dining room and stated the long table in the dining room was the feeder table for residents who required help feeding. Resident #46 was seated at the long table. The Minimum Data Set (MDS) dated [DATE] revealed Resident #46's Brief Interview for Mental Status (BIMS) score could not be determined due to the resident was rarely or never understood. It included diagnoses of Cerebral Palsy (CP), epilepsy, autistic disorder, and wheelchair dependence. It indicated the resident was dependent in all Activities of Daily Living (ADLs) and mobility. It also indicated the resident's ability to hear was adequate. 2. On 8/13/24 at 8:23 AM, Resident #3 was transported to the dining table with her briefs and upper left thigh exposed. Her pants were visible at her upper left thigh. On 8/13/24 at 8:30 AM, Staff J, Certified Nurse Aide (CNA) stated CNAs were responsible to dress and assist residents for dining. She stated Staff I, CNA and Staff L, CNA were assigned to Resident #3. The MDS dated [DATE] revealed Resident #3 had a BIMS score or 12 out of 15 which indicated moderately impaired cognition. It included diagnoses of Adult Failure to Thrive (FTT), macular degeneration (blurred or lost central vision), and depression. It indicated the resident was dependent in all Activities of Daily Living (ADLs) and mobility. It also indicated the resident required corrective lenses. The Care Plan edited 6/21/24 indicated the resident required assistance with ADL's and would remain clean, dry, and appropriately dressed throughout the quarter. It directed staff to assist the resident with ADL's. (continued on next page)

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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/13/24 at 2:50 PM, Staff I stated the resident's family member cut the back part of resident's pants for the resident's comfort. He stated that staff sometimes used a pad or sheet to cover a resident in like situations. He confirmed he had access to pads and sheets and should have used one for Resident #3. An undated document titled Long Term Care Community Coalition directed staff to avoid the use of labels for residents such as feeders and to assist the resident to dress in their own clothes appropriate to the time of day. On 8/15/24 at 1:12 PM, the Director of Nursing (DON) stated staff should verbally watch what they say and resident should be covered for dignity.

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 47079 Based on observation, menu review, clinical record review, staff interviews, and policy review, the facility failed to serve the appropriate portions for one (1) residents (#16) who received pureed scalloped potatoes and failed to serve the therapeutic diet for two (2) residents (#6 & #51) who were ordered renal diets. The facility reported a census of 47 residents. Findings include: On 8/14/24 at 11:25 AM, Staff E, Cook, pureed scalloped potatoes for lunch service. She added three (3) 4-ounce disher servings of scalloped potatoes and milk to the blender and pureed them. She poured the contents into a pitcher and stated it was 3 1/2 cups total volume. She referenced the pureed disher conversion chart and stated it directed staff to use a #6 (5 1/3 oz) disher and a #8 (4 oz) disher. She wrote the disher numbers on the top of the steam pan aluminum foil cover. On 8/14/24 at 12:15 PM, continuous lunch service observation revealed Staff G, Dietary Aide (DA) used only the #6 (5 1/3 oz) disher to plate pureed scalloped potatoes for resident #16. On 8/14/24 at 12:40 PM, Staff G stated she forgot to use the #8 (4-oz) disher to serve the pureed scalloped potatoes. On 8/14/24 at 1:00 PM, a menu review directed staff to provide one (1) serving of scalloped potatoes for pureed diets and 4-oz of parsley noodles for residents who were ordered renal diets. An Electronic Health Record review revealed: a) Resident #16 was ordered a pureed diet without portion restrictions. b) Resident #6 was ordered a renal diet. c) Resident #51 was ordered a renal diet. On 8/14/24 at 2:02 PM, Staff E stated she did not make parsley noodles for lunch service. She indicated it was an oversight. A document titled (Therapeutic Diets) dated 2021 indicated diets will be offered as ordered by the physician or designee. On 8/14/24 at 12:50 PM, the Administrator stated staff should follow the scoop diagram (pureed disher conversion chart) and menu items.

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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. 47079 Based on observation, staff interview, and policy review, the facility failed to provide food served by a method to maintain a safe and appetizing temperature. The facility reported a census of 47. Findings include: On 8/13/24 at 8:42 AM, Staff F, Dietary Aide (DA) grabbed a milk gallon jug off the kitchenette counter and poured a cup. She stated it was for a resident. A temperature check of the milk revealed the temperature was 44.4 degrees Fahrenheit (F). On 8/14/24 at 12:40 PM, a temperature check of each lunch menu item after lunch service revealed the following results. a) Salisbury steak was 128 F. b) Pureed Salisbury steak was 115 F. c) Pureed green beans were 134.5 F. A policy titled Taking Accurate Temperatures dated 2021 indicated temperatures should be taken periodically to assure hot foods stay above 135 F and cold foods stay below 41 F during the serving process. On 8/15/24 at 12:50 PM, the Administrator stated staff should follow the temperature guidelines.

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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. 47079 Based on observation, staff interview, and policy review, the facility failed to maintain sanitary practices by failing to keep the kitchen food preparation area clean and by improperly handling food during meal service. The facility reported a census of 47 residents. Findings include: 1. On 8/12/24 at 5:28 PM, Staff C, Dietary Aide (DA) brought the steam table into the dementia unit and set it up for service. She used the tongs to poke through and remove the steam pan aluminum foil cover, picked up a sandwich with the same tongs, then laid the tongs on the cookie tray. She poured the stew into a bowl, moved the tongs, and placed the prepped plate where the tongs were. Another staff member took the plate to a resident. She used the tongs to plate another sandwich, laid the tongs on the cookie tray where the previous prepped plate was, and poured stew into a bowl on the plate and placed the plate on top of the tongs. She repeated this process for five (5) more plates. On 8/12/24 at 5:43 PM, Staff D, Activities Assistant, dropped a cup on the floor while serving dinner, picked it up with her bare hands and placed it on the bottom of the beverage cart. She opened a cabinet door, rummaged through a clear, plastic bag of plastic utensils, closed the bag and the cabinet door, grabbed a paper napkin with her right hand and a silverware spoon with her left hand and rolled the utensils in the napkin and gave it to a resident to use for dinner. She did not perform hand hygiene throughout the process. On 8/13/24 at 8:40 AM, Staff F donned gloves, placed a bowl on a plate, grabbed a disher, and placed a scoop of eggs with bacon on a resident's plate beside the bowl. She grabbed a piece of toast from the toaster, buttered it, then placed it on the same plate and took it to the resident. No hand hygiene or glove change was performed. On 8/14/24 at 11:50 AM, Staff E, cook, sprayed two (2) steam pans with non-stick spray and placed the can and steam pans on the food preparation counter. She picked up a steam pan and a disher (scoop), scooped pureed food from one steam pan into another one and placed the disher on the prep table where the steam pan had been. She picked up the other steam pan, grabbed the disher and scooped pureed food into the steam pan and placed the disher on the prep table where the steam pan had been. The disher was not cleaned throughout the process. A document titled General Food Preparation and Handling dated 2021 indicated food should be prepared and served with clean tongs, scoops, forks, spoons, spatulas, or other suitable implements to avoid manual contact of prepared foods. On 8/15/24 at 12:50 PM, the Administrator stated staff should not reuse a serving spoon after placing it on a dirty counter. She also stated they should not use tongs to touch non-food items. 44420 2. The initial kitchen walkthrough on 8/12/24 at 8:48 AM revealed the following: (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	a. The shelf above the stove top showed a thick layer of grease with food splatter and a variety of food debris. b. A wheeled cart with clean dishes contained scattered food debris on all three shelves. c. The floor in the kitchen, walk-in fridge and freezer contained an accumulation of food debris and a variety of dried liquid. d. Food splatter and dried liquid splatter found in and on the cupboards in the kitchen area. e. All refrigerator and freezer units with food debris on the bottom of the unit. f. Toaster covered in grime and bread crumbs. g. Boxes of food found on the floor of the walk-in freezer. h. Mold found around the caulk and wall in front of the dishwashing sink. During the kitchen walkthrough Staff A, Head [NAME] reported she didn't have a chance to mop and sweep yesterday. When asked about the last time the floors were swept and mopped, Staff A reported she didn't know because kitchen staff had been short of help. When asked for the cleaning logs, Staff A stated, The logs are in the managers office and she's on leave. When asked about the location of today's cleaning logs, Staff A stated, I don't know. The General Food Preparation and Handling policy, dated 2021 indicated the kitchen will be kept neat and orderly. The kitchen surfaces and equipment will be cleaned and sanitized as appropriate. In an interview on 8/15/24 at 3:46 PM, the Administrator, and Assistant Director of Nursing (ADON) reported they expected the kitchen to be in clean and sanitary condition at all times. The ADON stated, We scrubbed and cleaned the kitchen yesterday.

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F 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. 47079 Based on observations, staff interviews, and policy review, the facility failed to properly protect resident information from unauthorized access. The facility reported a census of 47 residents. Findings include: On 8/13/24 at 8:59 AM, Staff H, Certified Medication Aide (CMA) escorted a resident to her room to apply a patch on her. She left her laptop open with 10 residents' Electronic Health Record (EHR) information visible and a sheet of paper with an identified resident's documented narcotic medication administration time. At 9:10 AM, she indicated she was normally assigned a different duty. A policy titled HIPAA / Privacy Complaints effective 11/28/16 indicated It is the policy of this facility to ensure the privacy of Protected Health Information (PHI) as well as to ensure that such information is used and disclosed in accordance with all applicable laws and regulations. On 8/15/24 at 1:12 PM, the Director of Nursing (DON) stated staff should secure the EHR medical record when they leave the cart.

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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. 44420 Based on observation, record review, staff interviews and policy review the facility failed to complete hand hygiene during medication administration for 2 out of 3 residents reviewed (Resident #25 and #33). The facility also failed to transport linen in a manner that prevented cross contamination. The facility reported a census of 51 residents. Findings include: 1. Observation on 8/14/24 at 8:48 AM showed Staff B, Registered Nurse (RN) assisted Resident #33 to sip water during medication administration. Staff B then picked up the cup of fluid by the rim, disposed of the cup, returned to the medication cart and touched the cart, mouse, and medications as Staff B prepared Resident #25 medications. Observation on 8/14/24 at 9:19 AM showed Staff B, RN entered Resident #25's room with a cup of water and a medication cup that contained pills. Resident #25 lifted the medication cup to her lips, placed the medications in her mouth, sipped water, and swallowed the medication. Staff B picked up both cups by the rim, discarded, exited the room then returned to the medication cart without performing hand hygiene. Staff B proceeded to touch the medication cart and mouse. In an interview on 8/14/24 at 9:26 AM Staff B, RN stated, the surveyor caught her not washing her hands after that last med pass. When asked if Staff B also recognized other times she failed to complete hand hygiene during the medication pass, Staff B replied, she did hand hygiene at her cart and she keeps the sanitizer in the drawer. When asked at what point should hand hygiene be completed, Staff B stated, after a certain number of times. When asked for clarification, Staff B replied, after a certain amount of residents, or is it after so many medications, she didn't know. She stated she would have to get that clarified for herself. The undated Medication Pass Policy identified safe procedures and correct techniques are followed and to promote efficiency on medication administration and to assist in optimizing treatment outcomes. The facility will follow the medication pass quality assurance audit form for proper technique and safe administration of medications. The Quality Assurance Audit For Medication Pass identified proper sanitation should used and appropriate hand hygiene. In an interview on 8/15/24 at 3:46 PM the Administrator and Assistant Director of Nursing (ADON) reported they expected hand hygiene to be completed between medication passes if the nurse touched something a resident touched, and staff should avoid carrying cups by the rim. 47079 2. On 8/13/24 at 8:32 AM, Staff I, Certified Nurse Aide (CNA) carried uncontained, soiled linen from a resident's room to the soiled utility room with gloves. The linen touched his uniform top and the gait belt hanging across his chest. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/14/24 at 4:45 PM, Staff J, CNA stated linen should be placed in a bag before it's carried to the soiled utility room. An undated document titled Linen Handling indicated linens need to be placed in plastic bag and taken to laundry bin. It also directed staff to never carry soiled linen against the body. On 8/15/24 at 1:12 PM, the Director of Nursing (DON) stated staff should discard linen per policy of linen removal.