STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165354	A. Building B. Wing	11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rehabilitation Center of Hampton	700 Second Street SE Hampton, IA 50441

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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure there is a pest control program to prevent/deal with mice, insects, or other pests. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, facility policy review, resident and staff interviews, the facility failed to maintain an effective pest control program so that the facility was free of pest for 6 of 6 residents reviewed. (Resident #1, #2, #3, #4, #5, and #60. The facility identified a census of 44 residents.Finding include:1 The Minimum Data Set (MDS) dated [DATE] for Resident #1 documented a Brief Interview for Mental Status (BIMS) score of 12 indicating no cognitive impairment for decision making abilities and is able to make self-understood and understands others.Review of Resident #1's Electronic Health Record (EHR) documented resident resided in room [ROOM NUMBER].On 11/19/25 at 1:20 PM, Resident #1 stated that he was in room [ROOM NUMBER] and it was awful with flies, and then he was moved to room [ROOM NUMBER] and does not see the number of flies that were in room [ROOM NUMBER].2 The MDS dated [DATE] for Resident #2 documented a BIMS score 12 indicating no cognitive impairment for decision making abilities and is able to make self-understood and understands othersReview of Resident #2's EHR documented resident in room [ROOM NUMBER].On 11/19/25 at 1:00 PM, Resident #2 stated that he has a fly swatter in his room to kill the flies that come in. Resident #2 stated that he opens his window at night to let air in and there is no screen on the window.Observation on 11/19/25 at 1:00 PM, a fly landed on Resident #2 left leg and no screen on his window.3 The MDS dated [DATE] for Resident #3 documented a BIMS score of 15 indicating no cognitive impairment for decision making abilities and is able to be understood by others.Review of Resident #3 EHR documented resident in room [ROOM NUMBER].On 11/19/25 at 1:54 PM, Resident #3 stated that he takes his blanket and will wave it in the air to get the flies off of him, 4 The MDS dated [DATE] for Resident #4 documented a BIMS score of 13 indicating no cognitive impairment for decision making abilities and is able to be understood by others and is able to understand others.Review of Resident #4's EHR documented resident in room [ROOM NUMBER].On 11/19/25 at 3:54 PM, Resident #4 stated that there are a couple of times that flies come into her room, it has gotten a lot better, but for a while seemed like an endless number of flies. Resident #4 uses a magazine to swat them away or kill them. 5 The MDS dated [DATE] for Resident #5 documented a BIMS score 15 indicating no cognitive impairment for decision making abilities and is able to be understood by others and usually understands.Review of Resident #5's EHR documented resident in room [ROOM NUMBER].On 11/19/25 at 12:55 PM, Resident #5 stated that she has two fly swatters to kill the flies that come into her room. They are not as bad now as they were a month ago, but some do come into her room.6 The MDS dated [DATE] for Resident #6 documented a BIMS score of 6 indicated moderately impaired decision-making abilities and is able to be understood by others and usually understands.Review of Resident #6, EHR documented resident in room [ROOM NUMBER].On 11/19/25 at 1:09 PM, Resident #6 stated that he sleeps with a sheet over his head to keep the flies off of his face.Observation on 11/19/25 at 1:09 PM, a fly landed on Resident #6 right pant leg.On 11/19/25 at 12:45 PM, Staff A, Housekeeper, stated that the facility has been dealing with flies for the past month, and that residents are given fly swatters to use to kill the flies. On 11/19/25 at 2:00 PM, Staff B, Certified Nursing Assistant (CNA), verified that there are flies in the facility and residents are given fly swatters to kill the flies. On 11/19/25 at 2:00 PM, Staff C, CNA, verified that (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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	some of the resident rooms have flies and that the residents are given fly swatters to kill the flies.On 11/19/25 at 2:55 PM, the facility Administrator stated that the facility does their own pest control system, and no outside company is contracted or used.On 11/19/25 at 3:05 PM, Staff D, Director of Maintenance, stated that he was aware of the fly issue at the being of November and did interviews with staff and they said that the flies were not that bad and did not go any further with the concern. He also verified that the facility does their own pest control system and does not contract an outside company. Staff D confirmed that he did not do any interview with residents. The Pest Control Policy dated October 2023, documented the purpose is to ensure there is an effective pest control process in the building. If there is a suspicion or actual problem with pest, the facility will contact a pest control company to inspect presence of a potential pest concern. Pest control company will determine if follow-up treatment or further inspections is needed.