

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165356	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/16/2026
NAME OF PROVIDER OR SUPPLIER Ams Memorial-Greene		STREET ADDRESS, CITY, STATE, ZIP CODE 108 South High Street Greene, IA 50636	
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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interview, policy review, and CDC guidelines review the facility failed to provide COVID-19 education and vaccinations for 5 of 5 residents (residents #1, #2, #3, #4 and #5) reviewed for immunizations. Additionally, the facility failed to track the immunization status of their staff. The facility reported a census of 5 residents. Findings include: Resident #1's immunization (vaccination) record lacked documentation of the 2025-2026 COVID-19 vaccination. Resident #2's immunization record lacked documentation of the 2025-2026 COVID-19 vaccination. Resident #3's immunization record lacked documentation of the 2025-2026 COVID-19 vaccination. Resident #4's immunization record lacked documentation of the 2025-2026 COVID-19 vaccination. Resident #5's immunization record lacked documentation of the 2025-2026 COVID-19 vaccination. The current Centers for Disease Control and Prevention (CDC) guidelines recommended everyone age 6 months and older receive the 2025-2026 COVID-19 vaccination. The CDC documented this as especially important for individuals [AGE] years of age or older. On 7/16/26 at 9:05 AM Staff F, Director of Nursing (DON), confirmed the facility didn't provide informed consent, declination, or education to residents regarding the 2025-2026 COVID-19 vaccination. A review of personnel files for Staff A, Registered Nurse (RN), Staff B, Licensed Practical Nurse (LPN), Staff C, Certified Nursing Assistant (CNA), Staff D, CNA, and Staff E, Cook, showed all files lacked vaccination information. In an email written on 7/15/26 at 6:01 PM, Staff G, Administrator, confirmed the facility didn't have a system in place to track staff vaccination status.		

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted Based on clinical clinical record review, staff interviews, and facility policy review the facility failed to complete a baseline care plan for 1 out of 5 (Resident #5) residents reviewed for baseline cares. The facility reported a census of 5. Findings include: The facility census documented Resident #5 entered the facility on 7/10/26. Resident #5's medical diagnoses documented dementia (memory loss) and depression (mood disorder). Resident #5's History and Physical (H&P) documented Resident #5 took citalopram (antidepressant medication) and trazodone (sleep aid medication). Resident #5's Brief Interview for Mental Status (BIMS) evaluation listed a score of 10, indicating moderately impaired cognition. A record review on 7/13/26 at 2:21 PM showed no care plan, and tasks contained no triggered items (instructions for providing care). A record review on 7/13/26 at 2:33 PM showed Resident #5 didn't have a completed Baseline Care Plan. Resident #5's Baseline Care Plan dated 7/14/26 at 10:11 AM showed completion and signatures on 7/14/26. On 7/16/26 at 9:54 AM Staff A, Director of Nursing (DON), acknowledged staff hadn't completed the Baseline Care Plan. Staff A reported she called the nurse to complete it. The undated Planning and Implementing Care Policy instructed to develop and implement a baseline care plan for each resident, including instructions needed to provide effective, person-centered care meeting professional standards of quality care. The facility would develop the baseline care plan within 48 hours of a resident's admission.		

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F 0807 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides drinks consistent with resident needs and preferences and sufficient to maintain resident hydration. Based on observation and interview, the facility failed to ensure staff offered or served water to residents with or during meals for 2 of 3 meals observed. The facility reported a census of 5 residents. Findings include: On 7/13/26 at 12:10 PM 3 residents sat at the dining room table. Staff didn't offer or serve water to any of the 3 residents with or during the meal. On 7/14/26 at 11:45 AM 5 residents sat at the dining room table. Staff didn't offer or serve water to any of the 5 residents with or during the meal. On 7/15/26 at 9:17 AM Resident #2 stated during an interview Resident #2 didn't have water at meals. On 7/15/26 at 9:30 AM Staff A, Dietary Manager (DM), acknowledged staff didn't serve residents water with meals. Staff A further explained not knowing staff needed to serve water at every meal.		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interview, and policy review the facility failed to change gloves between touching surfaces and food. Additionally, the staff failed to adequately wash their hands during the meal service. The facility reported a census of 5 residents. Findings include: On 7/13/26 at 11:24 AM witnessed Staff E, Cook, wearing gloves at the start of the observation when entering the kitchen. Staff E opened the oven, removed a foil packet, and opened the foil containing mechanical soft (altered texture) bread. Staff E placed the bread on a plate and held the bread in place with a gloved hand while checking the temperature of the bread. Staff E checked the temperature of the spaghetti noodles and sauce, cleaning the thermometer between items with an alcohol wipe. Staff E then opened the refrigerator, took out a prepared glass of apple juice, checked the temperature of the juice, and rinsed the thermometer under a running faucet, turning the water on and off with gloved hands. Staff E checked the temperature of the coffee and rinsed the thermometer off under running water, turning the faucet on and off with gloved hands. Staff E checked the temperature of the lettuce salad in an individual serving bowl, touching the lettuce to insert the thermometer to obtain an accurate temperature. Staff E moved the cups of apple juice and coffee from the counter near the coffee pot to the counter near the stove and placed them on a tray. Staff E carried the cups of apple juice and coffee by gripping the rims, placing her palm over the open top of the glasses. Staff E delivered the tray to a resident and served the meal. Staff E removed her gloves for the first time during the observation upon returning to the kitchen after serving the resident. After removing her gloves, Staff E washed her hands at the handwashing sink. Staff E turned off the water with wet hands before dispensing and using a paper towel. Staff E applied a new set of gloves, took a tray off the serving cart, and placed the tray on the counter. Staff E took a small plate with a peanut butter sandwich off the tray, placed the plate on the counter, removed the wrapper, picked up the sandwich to separate the precut halves, and returned the sandwich to the plate. Staff E touched a plate on the stove, decided the plate felt too hot, went to the plate rack to get another plate, placed the plate on the tray, picked up the sandwich with gloved hands, and placed the sandwich on a larger plate on the tray. Staff E opened the refrigerator, took out orange juice while holding the cup by the drinking rim, and placed the cup on the tray with the peanut butter sandwich. Staff E delivered and served the tray to a resident. Staff E removed her gloves upon entering the kitchen. Staff E washed her hands at the handwashing sink. Staff E turned off the water with wet hands before dispensing and using a paper towel. After the meal, Staff E loaded the dishwasher and attempted to run it. Staff E washed her hands at the handwashing sink. Staff E turned off the water with wet hands before dispensing and using a paper towel. While Staff A, Dietary Manager (DM), troubleshooted the dishwasher, Staff E again washed her hands at the handwashing sink. Staff E turned off the water with wet hands before dispensing and using a paper towel. The undated facility policy titled Food and Nutrition instructed the appropriate use of utensils, such as gloves, tongs, deli paper, and spatulas, as essential to prevent foodborne (food-caused) illness. The policy instructed gloved hands count as a food contact surface capable of contamination or soiling. The policy instructed disposable gloves represent single-use items requiring disposal after each use, and glove use doesn't substitute for proper handwashing with soap and water. The facility policy titled Infection Prevention and Control Manual under Standard Precautions dated 2020 instructed staff to thoroughly dry hands with a disposable towel and turn off the faucet using a disposable paper towel. On 7/15/26 at 9:30 AM Staff A acknowledged staff shouldn't touch food with the same gloves used to touch nonfood surfaces.		

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interview and policy review, the facility failed to screen, educate, and offer the pneumonia vaccine to 1 of 5 residents (Resident #4) sampled for vaccines. The facility reported a census of 5 residents. Findings include: Resident #4's Minimum Data Set (MDS) dated [DATE] documented an admission date of 7/1/26. The MDS documented Resident #4's pneumococcal vaccination didn't meet up-to-date status and staff didn't offer the immunization (vaccine). Resident #4's immunization record in the electronic health record lacked documentation of staff giving the pneumococcal vaccination. On 7/16/26 at 9:05 AM Staff A, Director of Nursing (DON), confirmed the facility didn't have informed consent (written permission), declination (refusal) of vaccine, or education provided to Resident #4. The policy titled Pneumococcal Vaccine Program dated 2020 instructed staff to screen every admission, educate the resident regarding the vaccine, and give the vaccine.		