STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165359	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Methodist Manor Retirement Community	1206 West Fourth Street Storm Lake, IA 50588

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 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. Based on observations, staff interviews and policy review the facility failed to properly store and label food items with open dates. The facility failed to identify items that were outside of original packaging and did not discard expired items. The facility did not complete appropriate hand hygiene when preparing food in accordance with professional standards. The facility reported a census of 85 residents. Findings include:On 4/13/26 at 11:20 AM during the initial kitchen observation freezer items observed opened without an open date include chicken wings, corn beef, chicken patties, white turkey patties, meat balls, bread dough (rolls), large box of multiple resealable plastic bags of different kinds of frozen meat that were not specified to the type of meat on any of the bags and coffee cake in original plastic container with best by date of 2/13/26.On 4/13/26 at 11:30 AM the walk in freezer revealed vegetable soup in a plastic container with green lid dated 2/4/26, cheese soup in plastic container with green lid dated 2/12/26, strawberry ice cream in an individual cups with a best by date of 5/14/25.On 4/13/26 at 11:30 AM the walk-in refrigerator contained items opened to air, expired and without open dates included: a bag of spinach, a bag of lettuce that appeared to be soggy, brown to black in color with wilting leaves, pork loin wrapped in plastic wrap with date of 3/10/26, roast beef in a large white container with plastic wrap with a date of 4/9/26, a resealable plastic bag on top of self that was not sealed and not labelled or dated with unknown substance. On 4/13/26 at 11:40 AM an observation of dry storage revealed items without an open date and expired items including: crackers in a bag resealable plastic bag without an open date, two bags of corn chips without an open date and pasta noodles with an open date of 1/21/25. On 4/15/26 at 9:58 AM during an observation of the preparation for mechanical soft portions Staff D Dietary Aide completed hand hygiene, applied gloves, removed the chicken from the bone on legs, thighs and wings onto a metal tray. Staff D removed gloves after being prompted by Staff C, Dietary Charge Cook. Staff D then rinsed her hands with water and did not use soap. Staff D applied gloves, grasped the handle of the food processor, grasped and removed the lid with the other hand. Staff D placed the processor lid upside down onto a piece of paper that was sitting on the counter. Staff D then removed chicken from the metal tray and began filling the processor while wearing the same gloves. She processed the chicken. Staff D stopped the processor, removed the lid and placed it back onto the table while grabbing the food processor on the outside, tilted the processor towards her, removed the chicken from the processor, began to sift through the meat pulling out pieces of bone and harder pieces onto the metal tray while wearing the same gloves. She then placed the chicken back into the processor and repeated this process three times with the same gloves. She removed the processor lid and placed the lid onto the metal tray and pulled out the chicken from the processor and placed the chicken on the same metal tray. She grabbed five small metal containers, placed the containers on the table top and proceeded to scoop meat into five different metal containers. She covered the containers with foil and initialized residents' names on top of the containers with a black marker. She moved the containers into the oven. Staff D removed gloves, performed hand hygiene, cleaned the table and grabbed a scoop from the plastic container that held all the metal scoops side with no gloves on. She then placed that scoop into a metal container for service.On 4/15/26 at 10:42 AM an (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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	observation revealed Staff D prepared the processed chicken for pureed diets. Staff D performed hand hygiene, applied gloves and placed the chicken from the same metal tray used in previous mechanical soft food preparation into the processor. Staff D used the scoop that was previously grasped with an ungloved hand to scoop the pureed chicken into the metal containers. She then covered the metal container with foil, labeled the container and placed them in an oven. Staff D performed hand hygiene. On 4/15/26 at 9:58 AM Staff D stated she had to pick apart the meat and check for bones. Staff D explained when the chicken was processed she was listening for the sound of bones or hard pieces.On 4/15/26 at 11:48 AM an observation revealed Staff D and Staff E, Dietary Aide delivered food to the unit dining room. Staff D performed hand hygiene, placed metal containers into the steam table, placed bowls and plates onto the steam table. Staff E started to remove scoops wrapped with plastic wrap and laid the scoops onto the counter without a barrier before placing them into the metal steam table containers with food. On 4/15/26 at 12:30 PM an observation revealed Staff D punctured a thermometer probe through a plastic covering on a pre-packaged corn pureed food item to obtain the temperature and again on a prepackaged pureed bread item. Both items were then opened and served to a resident.On 4/13/26 at 11:35AM Staff B Certified Dietary Manager (CDM) stated they donate the unidentified meat to a local church and that she would expect the bags to be labelled and dated appropriately. Staff B stated they expected expired items to be thrown away. Staff B explained open food items in the refrigerator were discarded after 3 days and frozen items were discarded after 14 days of the open date.On 4/16/26 11:45 AM Staff B acknowledged concerns reported with improper food handling, hand hygiene, expired food items and open food items without an open date.On review of an undated policy provided by the facility titled, Food Storage and Handling policy documented foods shall be received and stored in a manner that complies with safe food handling practices. Dry foods that are stored in bins will be removed from original packaging, labeled and dated when opened. Such foods will be rotated using a first in - first out system. All food and beverages stored in the refrigerator or freezer will be covered, labeled and dated. Other opened containers must be dated and sealed or covered during storage.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, Electronic Health Records (EHR) review, policy review and staff interview the facility failed to provide appropriate infection prevention practices when providing care to a resident with a Percutaneous Endoscopic Gastrostomy (PEG) tube, that was on Enhanced Barrier Precautions (EBP) for 1 of 1 reviewed (Resident #8) and with missed opportunities for hand hygiene when personal cares were completed on a resident with a catheter for 1 of 3 reviewed (Resident #3). The facility reported a census of 85 residents.Findings include:1. The Minimum Data Set (MDS) dated [DATE] revealed Resident #3 had a Brief Interview for Mental Status (BIMS) of 15 indicating no cognitive impairment. The MDS documented Resident #3 utilized an indwelling catheter. An observation on 4/15/26 at 9:12 AM of catheter cares completed on Resident #3 by Staff F, Certified Nurse Assistant (CNA) and Staff G, CNA. The observation revealed Staff F and Staff G applied gowns, complete hand hygiene, apply gloves, obtain warm wash cloths, placed a plastic bag on bed next to Resident #3, utilized a warm wash cloth with a one wipe one swipe technique with area of wash cloth opened and turned over with each swipe, wiped left groin, wiped right groin, wiped scrotum, cleansed penis meatus, pat dry all areas, Staff F and Staff G removed gloves, Staff F and Staff G did not completed hand hygiene, Staff F and Staff G applied new gloves, brief pulled up from feet by both staff, Resident #3 assisted in turning left then to right with Staff G on the right and Staff F on the left, gloves removed by Staff F, gloves applied by Staff F without hand hygiene, Staff F opened Resident #3's drawer to obtain alcohol wipes, Staff G pulled blanket and sheet up over Resident #3, Staff F placed a barrier on the floor, Staff F placed the graduated cylinder on the barrier, Staff F utilized an alcohol wipe to cleanse the catheter tip, Staff F emptied urine into graduated cylinder, 300 mL of urine emptied from the catheter bag, Staff G gloves removed gloves, Staff G applied gloves without hand hygiene, removed trash liner, Staff F emptied urine in toilet, turned on the sink facet, cleansed graduated cylinder, both Staff F and Staff G removed gloves, Staff F and Staff G removed gowns, Staff F and Staff G completed hand hygiene both and Staff F and Staff G exited room. On 4/15/26 at 2:22 PM The Director of Nursing (DON) stated hand hygiene should be between glove changes and when going from a dirty area to a clean area. Review of an undated procedure provided by the facility titled, Hand Hygiene Procedure documented the purpose of the procedure was to remove dirt, organic material and transient microorganisms. To reduce the spread of potential pathogens on the hands. To prevent nosocomial infections. Hands must be washed thoroughly with soap and water when visibly soiled. If hands are not visibly soiled, hand washing may be done w/ soap and water or by an alcohol-based hand rub. The CDC Guideline for Hand Hygiene in Healthcare Settings. On 4/16/26 at 10:30 AM the Administrator stated the facility followed professional standards for hand hygiene with resident personal cares. 2. Observation on 4/15/2026 at 12:50 p.m., of Staff A, Registered Nurse (RN) entering the room and performed hand hygiene and took a gown off the wall and applied. Staff entered room and gave medications. After completing medication administration the staff removed the gown and hung back up on the wall for the next usage. Staff performed hand hygiene and exited the room. Review of the facility provided policy titled Enhanced Barrier Precautions undated revealed gown and (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	gloves are used during high-contact activities with increased risk for MDRO transmission to staff clothing and hands. Interview on 4/15/2026 at 2:14 p.m., with the Director of Nursing revealed staff should be using a new gown when they are providing care.