

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/14/2025
NAME OF PROVIDER OR SUPPLIER  Aspire of Pleasant Valley		STREET ADDRESS, CITY, STATE, ZIP CODE  17990 Spencer Road Pleasant Valley, IA 52767	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>26529</p> <p>Based on observation, clinical record review, and staff and resident interviews, the facility failed to maintain an effective pest control program that kept the facility free of ants and vermin. The facility reported a census of 34 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) Assessment tool dated 4/18/25 revealed Resident #2 scored 15 out of 15 on the Brief Interview for Mental Status (BIMS), which indicated intact cognition. The assessment indicated Resident #2 did not have symptoms of delirium or hallucinations.</p> <p>During an interview on 5/14/25 at 10:33 a.m., Resident #2 stated there had been ants in her room that were observed over the last month. She stated the ants were under the night stand and along that wall, and she learned from staff that there was an ant problem in the room next to hers. Resident #2 identified Resident #5 as the occupant of the room. Observations in the resident's room at that time revealed 4 insulated types of cups and handled mugs with lids and straws located on top of the night stand, food not observed on the night stand, and a package of approximately 20 containers of bottled water on the floor near the night stand and next to the wall. Ants were not observed in the area, however, there was an approximate 5 millimeter (mm) long by 1 mm wide black colored piece of debris that looked similar to mouse droppings, located on the floor between the wall and the night stand. The resident had a 2nd night stand in her room located in the center of her room and positioned next to where she sat in a Broda chair (wheelchair that reclines). There was a clear plastic bag of red grapes that also contained a banana, located on top of that night stand. The resident stated around a month ago there was a mouse in her bed that had 5 baby mice, and she had notified staff of that.</p> <p>2. The MDS Assessment tool dated 4/30/25 revealed Resident #5 scored 13 out of 15 on the BIMS cognitive assessment, which indicated intact cognition. The assessment indicated Resident #5 did not have symptoms of delirium or hallucinations.</p> <p>During an interview on 5/14/25 at 3:17 p.m., Resident #5 stated he had not seen any ants in his room, but their had been a mouse, and pointed to a mouse-trap located along the exterior wall beneath the wall heating system in his room.</p> <p>(continued on next page)</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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 5/14/25 at 8:56 a.m., Staff A, Certified Nursing Assistant (CNA) stated she heard that some residents said they saw ants in their rooms, but she had not seen any, and there had been times when their were mice in the facility, usually in rooms of residents that kept food in their rooms. Staff A stated she had not seen any mice.</p> <p>During an interview on 5/14/25 at 1:28 p.m., Staff B, CNA, stated they had some mice in the building in the past, had not seen any mice recently, and was not aware of any ant problems.</p> <p>During an interview on 5/14/25 at 3:03 p.m., Staff C, CNA, stated she was not aware of any ants or mice in the facility, she had not seen any.</p> <p>During an interview on 5/14/25 at 2:20 p.m., the facility Administrator stated the facility had a contract for pest control that provided monthly services until 12/24/24. She'd received invoices for monthly services and forwarded them to the management. The Administrator stated she had thought the Pest Control provider continued services. The Administrator stated she was unaware the last serve was on 12/24/24 until she contacted the provider on 5/14/25 and learned the bill had not been paid. The Administrator stated she had already contacted a different pest control company known to her that said they would come to the facility later on 5/14/25 or on 5/15/25 and initiate pest control services.</p> <p>During an interview on 5/14/25 at 4:05 p.m., the Administrator stated Resident #2 had history of delusions, she received a call from the nurse on duty when Resident #2 said there was a mouse with babies in her bed, the nurse said there were no mice in her bed, the resident was having delusions at the time. The Administrator stated there was a resident in the room next door to Resident #2, that hoarded food in his room and was an ongoing problem (Resident #9 who passed away on 4/13/25) and there was an associated history of ants and mice in his room in the past associated with that, treated by their pest control service provider.</p> <p>The facility's Pest Control F 925 policy dated 10/2024 directed staff:</p> <ol style="list-style-type: none"> <li>1. This community maintains an ongoing pest control program to ensure that the building is kept free of insects and rodents.</li> <li>2. Maintenance Services assists, when appropriate and necessary, in providing pest control services.</li> </ol>		