STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165428	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Careage Hills Rehabilitation and Healthcare	725 North Second Street Cherokee, IA 51012

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 facility policy reviews the facility failed to ensure food was prepared under sanitary conditions. The facility identified a census of 38 residents. Based on observations, staff interviews, and facility policy reviews the facility failed to ensure food was prepared under sanitary conditions. The facility identified a census of 38 residents. Findings include: Observation on 3/4/26 at 12:00 p.m. Staff B, Cook, applied gloves after performing hand hygiene. Staff B with gloved hands grabbed the bread sack and opened the bread sack and poured out about 6 pieces of bread on top of small bowls. Then proceeded to tear up the bread with her soiled gloves and grab the milk jug and pour milk over the bread, then took off the gloves and applied new gloves. Observation on 3/4/25 at 12:30 p.m. Staff B had gloves on and opened the hamburger bun bag and took out the bun with her gloved hand, placed it on the plate, then grabbed the potato chip bag and used her soiled glove hand and grabbed the chips and placed them on the plate. Per the facility Policy named Food Handling dated 6/2015 revealed It is the practice of this facility to ensure all food is handled safely and as allowable under stateRegulations. Upon Ready to eat foods will not be touched with bare hands. Proper utensils such as tissue, spatula, tongs or single use gloves will be used for food handling. There will be minimal bare hand contact with food during preparation.If gloves are used proper use needs to be followed:A) Wash hands before and after wearing or changing gloves;B) Use gloves that fit properly and that are designed for the task at hand;C) Change gloves whenever you change an activity, the type of food being worked with or whenever you leave your workstation;D) Change gloves after sneezing, coughing or touching hair or face with gloved hands;E) Avoid wearing gloves whenever their use presents a potential safety hazard (near hot equipment where melting may occur.F) Vinyl gloves are recommended - use of latex or powdered gloves should be minimalInterview on 03/4/26 1:02 p.m. with Administrator revealed the expectation would be to utilize tongs when trying to get the bread out of the bread sack and putting on new gloves when touching food and changing gloves after touching the outside of food packages.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165428	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Careage Hills Rehabilitation and Healthcare	725 North Second Street Cherokee, IA 51012

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interview, and facility policy review the facility failed to notify the Long-Term Care Ombudsman of a transfer to a hospital and a discharge to home for 2 of 3 residents (Resident #38 and Resident #43) reviewed. The facility reported a census of 38 residents.Findings include: Review of Resident #38's Minimum Data Set (MDS) dated [DATE] revealed Resident #38 was discharged with anticipation to return to the facility. The MDS further revealed a Brief Interview for Mental Status (BIMS) was not completed for this MDS. Review of Resident #38's Electronic Healthcare Record (EHR) revealed an entry dated 11/22/25 at 9:29 a.m. that Resident #38 was sent to the emergency room for evaluation. The hospital later notified the facility, Resident #38 was admitted to the hospital. Review of Resident #43's Minimum Data Set (MDS) dated [DATE] revealed Resident #43 was discharged , return not anticipated. The MDS further revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognitive functioning. Review of a facility provided document titled, Notice of Transfer Form to Long Term Care Ombudsman dated November 2025 revealed that Resident #38 was not on the form. Review of a facility provided document titled, Notice of Transfer Form to Long Term Care Ombudsman dated January 2026 revealed that Resident #43 was not on the form. Interview 3/5/26 at 9:00 a.m. with the Staff A, Activities stated she completed the notifications to the Ombudsman monthly. Staff A stated that she pulled a report from the facility's electronic health record and used this report to send notification to the Ombudsman. Staff A, acknowledged that Resident #38 was not on the notification for November 2025 and was unaware of why. Interview 3/5/26 at 9:15 a.m. with Staff A, stated that she spoke with the Administrator, and revealed that she was pulling the wrong report. The report she was pulling did not have the transfer to on the report. Staff A stated that she pulled the correct report and notified the Ombudsman of the residents who were missed. The facility provided a policy named Admission, Transfer and discharge date d 10/2022 revealed when the facility transfers or discharges a resident, the facility shall ensure that the transfer is reported to the ombudsman per monthly report.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165428	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Careage Hills Rehabilitation and Healthcare	725 North Second Street Cherokee, IA 51012

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, the facility failed to refer 1 resident with a negative Level I result for the Preadmission Screening and Resident Review (PASRR), who was later identified with newly evident or possible serious mental disorder, intellectual disability, or other related condition, to the appropriate state-designated authority for Level II PASRR evaluation and determination for 1 out of 1 residents (Resident #7) reviewed for PASRR requirements. The facility reported a census of 38 residents. Findings include: 1. The The Minimum Data Set (MDS) assessment dated [DATE] for Resident #7 documented diagnoses of psychotic disorder, neurocognitive disorder and depression. The MDS included a Brief Interview for Mental Status (BIMS) score of 14, which indicated no cognitive impairment. The Medical Diagnosis list for Resident #7 revealed the following diagnoses:Delusions, dated 6/6/25,Mild neurocognitive disorder, dated 6/6/25,Major depressive disorder, dated 7/7/25. The Clinical Orders for Resident #7 revealed the following medications:Duloxetine 20 mg daily for depression, dated 7/19/25The clinical record for Resident #7 lacked an updated PASRR to include the diagnosis of depression and the new medication, duloxetine.The Resident Assessment PASRR policy last revised May 2022 identified it is the policy of this facility to ensure that each resident is properly screened using the PASRR specified by the State. Purpose: Mental disorder as defined in paragraph (k)(3)(1), of the SOM unless the State mental health authority has determined , based on an independent physical and mental evaluation performed by a person or entity other than the State mental health authority prior to admission: That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility and; If the individual requires such level of services, whether the individual requires specialized services; or Intellectual disability, as defined in paragraph (k) (3) (2) of the SOM, unless the State intellectual disability or developmental disability authority has determined prior to admission - That, because of the physical and mental condition of the individual, the individual requires the level of services provided by a nursing facility; and If the individual requires such a level of services, whether the individual requires specialized services for the intellectual disability. In an interview on 3/5/26 at 8:58 PM with the Administrator and Director of Nursing (DON), the Administrator stated the facility failed to update Resident #7's PASRR after the resident received a diagnosis of depression and a new medication order for duloxetine. The Administrator reported that at the time the facility's social worker changed jobs and the facility entered the process of hiring a social worker. The Administrator further reported the facility later hired a new social worker; however, that individual no longer works at the facility, and the facility remains in the process of hiring.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165428	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Careage Hills Rehabilitation and Healthcare	725 North Second Street Cherokee, IA 51012

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility record review and staff interviews the facility failed to document blood sugars and insulin on the medication administration record (MAR) for 1 out of 1 residents reviewed (Resident #4). The facility reported a census of 38 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] for Resident #4 documented diagnoses of diabetes mellitus, renal insufficiency and hypertension. The MDS showed a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. Interview with Resident #4 stated that he checks his blood sugar through his glucose monitoring device and notifies the nurse. Resident #4 stated the nurses will dial up the insulin pen and then he self administers it. Review of the Physician Orders revealed Resident #4's orders are as followed:Humulin, inject 3 units subcutaneous (insertion of medications beneath the skin) (SQ) 3 times a day.Humulin, inject 3 units SQ per sliding scale 3 times a day: 151-200=2U; 201-250=4U; 251-300=6U; 301-350=8U; 351-400=10U; >400=12U Lantus Pen, Inject 10 units SQ at bedtime. Review of the Physician Fax form dated 10/2/25 revealed the physician gave orders for Resident #4 to check his own blood sugars and administer insulin independently. Review of January 2026 Medication Administration Sheet revealed the nursing facility failed to document the blood sugar and the amount of insulin given four times, on the 5th, 9th, 18th, 21st, 23rd, 28th, 29th and 30th. Review of February 2026 Medication Administration Sheet revealed the nursing facility failed to document the blood sugar and the amount of inulin given eight times, on the 1st, 4th, 6th, 13th, 16th, 21st, 25th, and 26th. The facility policy named Self Administration of Medications revised 2/2026 revealed Nursing will be responsible for recording self-administered doses in the resident'smedication administration record (MAR). Interview on 3/4/26 at 2:30 p.m. with Director of Nursing (DON) stated the expectation of the nurses are to get the blood sugar information from Resident #4, administer the insulin and document the blood sugar and insulin units on the medication administration records.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165428	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Careage Hills Rehabilitation and Healthcare	725 North Second Street Cherokee, IA 51012

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review, and staff interviews, the facility failed to ensure a safe transfer using a mechanical lift for 1 of 2 residents (Resident #11) according to facility policy and manufacturer guidelines. The facility reported a census of 38 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] for Resident #11 documented diagnoses of dementia, muscle weakness, and abnormalities of gait and mobility. The MDS showed a Brief Interview for Mental Status (BIMS) score of 00, which indicated the resident could not complete the BIMS interview. The Care Plan, initiated 7/28/22, for Resident #11 indicated transfers require total dependence with assistance from two staff members using a mechanical lift. Observation on 3/3/26 at 11:55 AM revealed Staff C, Certified Nurse Aide (CNA), and Staff D, CNA, transferred Resident #11 from the bed to the wheelchair using a mechanical lift. During the transfer, Staff C raised the resident from the bed with the mechanical lift while the wheels remained braked. Staff C then lowered the resident into the wheelchair with the mechanical lift while the wheels remained braked. The User Instruction Manual dated 2024 for the mechanical lift indicated the lift has two braked casters which can be applied for parking. When lifting, the casters should be left free and un-braked (the only exception is when lifting a patient from the floor). The lift will then be able to move to the center of gravity of the lift. If the brakes are applied it is the patient that will swing to the center of gravity and this may prove disconcerting and uncomfortable. The undated Mechanical Lift Use Policy identified resident care will be provided in a safe, appropriate and timely manner in accordance with each resident's individual care plan and to protect Caregivers from potential injury. Residents will be assessed regarding need for assistance with transfer activities, mobility and repositioning through interdisciplinary assessment to determine which type of mechanical lift is most appropriate and effective for each resident. PROCEDURE:A. General: 1. Complete assessment to determine resident's need for mechanical lift support for transfers, mobility and/or repositioning. 2. Determine type of lift, if appropriate. 3. Document lift and transfer plan on resident's care plan and corresponding care directives (eg, Care Guide, Kardex, etc). 4. Do not use it when a resident is confused, agitated or otherwise unable to follow visual or verbal instructions/cues. 5. Follow lift manufacturer's guidelines in the use of the lift (eg, do not use a lift for residents whose weight exceeds the manufacturer's stated weight limit). B. Lift Use 1. Verify the type of lift to use, per Care Plan/Directive.2. Place the sling under the resident making sure it is square at the shoulders. 3. The sling will be attached to support straps. 4. One Caregiver will stabilize the resident while a second Caregiver (when applicable) guides the resident to the transfer destination, gently lowering the resident into a resting position. 5. Make sure the wheelbase is spread to ensure lift stability through the entire transfer and follow manufacturing guidelines. In an interview on 3/4/26 at 1:31 PM, Staff F, Registered Nurse (RN), when asked if the mechanical lift brakes needed to be on or off during a transfer, stated, I think unlocked, but I would have to check to be sure. In an interview on 3/5/26 at 8:58 PM with the Administrator and Director of Nursing (DON), the Administrator stated the facility recently provided lift training to staff as part of a survey result. The Administrator reported mechanical lift brakes should remain unlocked when lifting and lowering a resident so the lift can self-correct if needed. The Administrator reported the facility plans to provide additional education to staff.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165428	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Careage Hills Rehabilitation and Healthcare	725 North Second Street Cherokee, IA 51012

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, clinical record review, staff interview, and per the current Centers for Disease Control and Prevention (CDC) guidelines the facility failed to use Enhanced Barrier Precautions (EBP) to prevent the spread of multidrug-resistant organisms (MDROs) and failed to provide proper hand hygiene after catheter care for 1 out 1 resident reviewed (Resident #2). The facility reported a census of 38 residents. Findings include: Observation on 1/21/26 at 10:19 AM revealed Staff E, Certified Nurse Aide (CNA), performed catheter care and emptied the catheter bag for Resident #2 without donning a gown as part of personal protective equipment (PPE) for EBP. After completing care with soiled gloves, Staff E wiped the urine bag spout with an alcohol wipe, pulled the resident's pants down, and collected the urine colander, barrier, and used alcohol wipe. Staff E opened the bathroom door, discarded the barrier and soiled wipe, turned on water, rinsed the colander, and flushed the toilet. Staff E then wrapped the colander in a clean garbage bag, removed the bag from the receptacle, tied it, and placed a new bag in the receptacle. Staff E doffed gloves, failed to perform hand hygiene, exited the bathroom, moved the bedside table, touched the call light box, exited the room, entered the keypad to the dirty utility, discarded the garbage bag, and entered another resident's room to answer a call light. The resident's room did not display signage or PPE required for EBP. In an interview on 3/4/26 at 1:31 PM, Staff F, Registered Nurse (RN), hesitated and failed to answer when asked if staff used EBP. When asked if a gown should be used when emptying a catheter, the nurse replied yes. When asked which residents required EBP, the nurse stated that an EBP sign and PPE outside a resident's room would indicate the need for EBP. Upon observing each hall, the nurse indicated that none of the residents' rooms had EBP signage or PPE and subsequently reported the findings to the Administrator. The Center for Clinical Standards and Quality/Quality, Safety & Oversight Group Ref: QSO-24-08-NH GUIDANCE Enhanced Barrier Precautions (EBP) refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities. EBP are used in conjunction with standard precautions and expand the use of PPE to donning of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. EBP are indicated for residents with any of the following: Infection or colonization with a CDC-targeted MDRO when Contact Precautions do nototherwise apply; or Wounds and/or indwelling medical devices even if the resident is not known to beinfected or colonized with a MDRO.Wounds generally include chronic wounds, not shorter-lasting wounds, such as skin breaks orskin tears covered with an adhesive bandage (e.g., Band-Aid(R)) or similar dressing. Examples of chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, unhealedsurgical wounds, and venous stasis ulcers. The Centers for Disease Control and Prevention website titled, Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs), visited 4/9/25, updated 7/12/22, and dated 4/2/24 revealed Enhanced barrier precautions expand the use of PPE and refer to the use of gown and gloves during high contact resident care activities that provide opportunities for transfer of MDROs to staff and clothing. MDROs may be indirectly transferred from resident to resident during these high contact care activities. Nursing home residents with wound and indwelling medical devices are at especially high risk for both acquisition of and colonization with MDROs. The use of gown and gloves for high contact resident care activities is indicated, when contact precautions do not otherwise apply, for nursing home residents with wounds and or indwelling medical devices regardless of MDRO colonization as well as for residents with MDRO infection or colonization. The Centers for Disease Control and Prevention website titled, Frequently Asked Questions (FAQs) about Enhanced Barrier Precautions in Nursing Homes dated June 28, 2024 identified question: May nursing homes stop using Enhanced Barrier Precautions if we screen the infected or colonized resident and they test negative for the novel or targeted MDRO? Residents colonized with a novel or targeted MDRO are intended to (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165428	A. Building B. Wing	03/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Careage Hills Rehabilitation and Healthcare	725 North Second Street Cherokee, IA 51012

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	remain on Enhanced Barrier Precautions for the duration of their stay in a facility. Because MDRO colonization is typically prolonged and follow-up testing to determine clearance may yield false negatives, CDC does not recommend routine retesting of residents with a history of colonization or infection with a MDRO or discontinuation of Enhanced Barrier Precautions after a subsequent negative test. The Standard and Transmission-Based Precautions last revised March 2024 included the following:Standard Precautions are infection prevention practices that apply to the care of all residents, regardless of suspected or confirmed infection or colonization status. They are based on the principle that all blood, body fluids, secretions, and excretions (except sweat) may contain transmissible infectious agents. Standard Precautions include: a. Proper selection and use of PPE, such as gowns, gloves, facemasks, respirators, and eye protection i. Use and type of PPE is based on the predicted staff interaction with residents and the potential for exposure to blood, body fluids, or pathogens (e.g., gloves are worn when contact with blood, body fluids, mucous membranes, non-intact skin, or potentially contaminated surfaces or equipment are anticipated). b. Hand hygiene; c. Safe injection practices; d. Respiratory hygiene and cough etiquette; e. Environmental cleaning and disinfection; and f. Reprocessing of reusable medical equipment. Enhanced Barrier Protection (EBP): used in conjunction with standard precautions and expand the use of PPE through the use of gown and gloves during high-contact resident care activities that provide opportunities for indirect transfer of MDROs to staff hands and clothing then indirectly transferred to residents or from resident-to-resident. (e.g., residents with wounds and indwelling medical devices are at especially high risk of both acquisition of and colonization with MDROs). In an interview on 3/4/26 at 1:37 PM with the Administrator and Director of Nursing (DON), the Administrator reported instructing staff to initiate EBP, hang signage, and place PPE where needed. When asked if the facility was following EBP requirements, the Administrator stated they had been; however, the Infection Preventionist recently parted ways with the facility, and the facility needed to readdress EBP with staff. The DON verified she instructed staff to initiate PPE at that time. The Administrator reported she would follow up with staff regarding hand hygiene practices.