STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165443	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Village of Ackley	502 Butler Street Ackley, IA 50601

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 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews the facility failed to accurately code 1 of 1 Minimum Data Set (MDS) assessments for residents with a Pre-admission Screening and Resident Review (PASRR) Level II outcome (a formal determination that confirms if an individual with suspected serious mental illness or intellectual disability requires Medicaid-certified nursing facility care and defines their need for specialized services) (Resident #2). The facility reported a census of 27 residents.Findings Include:Resident #2's MDS assessment dated 12/11//25 identified she didn't have a state level II PASRR serious mental illness and/or intellectual disability or related condition. The MDS documented a Brief Interview for Mental Status (BIMS) of 15, indicating no cognitive impairment. The MDS included diagnoses of depression, schizophrenia and cognitive communication deficit.Resident #2's PASRR notice of nursing facility approval dated 6/16/25 reflected she experienced a significant change in status and met criteria for Level II with approved specialized services.In an interview on 2/19/26 at 1:52 PM the Administrator revealed when they completed the MDS back in March 2025 they had concerns with the MDS' accuracy by the MDS Coordinator at the time. The Administrator added she no longer worked at the facility, and they haven't had a problem since.On 3/11/26 at 12:00 PM, Staff A, Registered Nurse Assessment Coordinator, reported she is responsible for completing the MDS Assessment. Staff A reported she followed the Resident Assessment Instrument (RAI) manual when completing the MDS. Staff A verbalized the facility normally communicated with her if there is a change from a Level I PASRR to a Level II. Staff A acknowledged the MDS dated [DATE] lacked documentation of the Level II. Staff A confirmed Resident #2's Level II was approved on 6/16/25. Staff A acknowledged the MDS dated [DATE] wasn't accurately coded.On 3/11/26, the Director of Nursing (DON) verbalized Resident #2 met criteria for a Level II. The DON lacked evidence of communication to Staff A for the change in status. The DON expected the staff to code the MDS assessment accurately.

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
	165443	A. Building B. Wing	03/12/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Village of Ackley	502 Butler Street Ackley, IA 50601

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 - 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 interviews, and policy review the facility failed to clean the kitchen convection oven, griddle on the stove, sink, cabinet under sink, and electric griddle. The facility reported a census of 27 residents. Findings include: During an initial kitchen walkthrough on 3/9/26 at 11:44 AM observed the cabinet under the sink next to the ice machine, had a brown-like sticky discoloration alongside the surface of the cabinet doors, the height of the cabinet, and along the top of the cabinet doors. The sink next to the ice machine had mineral deposit build-up all over the faucet, handles, and down the back of the sink. The Bakerspride oven had a brown-like sticky discoloration on the doors. Also observed thick black discoloration on the Vulcan stove top, Vulcan stove top griddle, and Presto flat electrical pan. On 3/10/26 at 10:44 AM observations of the sink, cabinet, Vulcan stove, Vulcan stove top griddle, Bakerspride oven, and Presto electric griddle remained the same as the observation from the previous day.On 3/11/26 at 11:53 AM observations of the sink, cabinet, Vulcan stove, Vulcan stove top griddle, Bakerspride oven, and Presto electric griddle remained the same.On 3/11/26 at 11:53 AM observed a thick black discoloration on the griddle, stove top, and flat electrical pan. Staff B, Dietary Aide (DA), indicated they didn't use the griddle on the stove. They used the flat electric pan and try to clean it weekly, but it is getting bad. Staff B reported he cleaned the Presto electric flat griddle on Fridays. On 3/11/26 at 1:01 PM the Dietary and Housekeeping Manager reported she tried to get everything clean. They used scratch pads to clean the Vulcan stove on Sundays. She indicated the Presto, electric flat griddle was getting bad and didn't know how to scrub it. On 3/12/26 at 11:31 AM the Administrator informed he expected to have a clean kitchen with properly trained staff. He removed two griddles and had two new griddles ordered.Review of the facility's Performance Improvement Plan for Kitchen Cleanliness initiated 2/18/26 revealed a weekly check list that is to be checked daily to assure tasks are done with weekly audits for floors, walls, and equipment. Review of the Dietician Monthly Report dated 2/26/26 revealed they did a kitchen sanitation and meal service audit and reviewed the results with the Dietary Manager.Review of the Weekly Cleaning list for Week of 3/8/26-3/12/26 lacked documentation to indicate the stove top burners got cleaned. The cleaning list did not include the sink next to the ice machine, the cabinets, the oven, or the griddles. Review of the facility's Cleaning Duties Policy reviewed December 2023, instructed the following procedure:1. The Director of Dining Services or lead hospitality coordinator in consultation with the Registered Dietitian Nutritionist /Licensed Dietitian will determine all cleaning and sanitation tasks needed.2. Daily, weekly, and monthly cleaning check-off lists will be available and posted.3. Employees will be trained on when and how each assignment is to be done. This will include cleaning compounds to be used4. Cleaning duties will be assigned to specific positions.5. A cleaning list/schedule will be posted for all cleaning duties and employees completing assigned tasks will date and initial duties completed.6. Employees will be held accountable for cleaning assignments and may face disciplinary action if duties are not completed.