

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165470	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Pleasantview Home		STREET ADDRESS, CITY, STATE, ZIP CODE 811 Third Street Kalona, IA 52247	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47336</p> <p>Based on observation, clinical record review, staff interviews, and facility policy review, the facility failed to administer oral medications following standard infection control practices for 2 of 6 residents observed for medication administration (Resident #6 and Resident #9). The facility reported a census of 59 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #9 scored a 15 out of 15 on the Brief Interview for Mental Status (BIMS) exam, which indicated intact cognition. <p>Review of the March 2025 Medication Administration Record (MAR) revealed Resident #9 scheduled the following medication in the morning:</p> <ol style="list-style-type: none"> a. Omeprazole 40 mg (milligram) 1 cap (capsule) PO (by mouth) early every morning. b. Cetirizine 10 mg 1 tab (tablet) PO early every morning. c. Tamsulosin 0.4 mg 1 cap PO early every morning. d. Vitamin B-12 500 mcg (microgram) 1 tab PO every morning. e. Vitamin C 500 mg 1 cap every morning. f. Acetaminophen 325 mg 2 tabs PO TID (three times a day). <p>During an observation on 3/25/25 at 7:56 AM, Staff A, RN (Registered Nurse) popped out the morning tablets/capsules out of the bubble pack into his bare hands. Between each pill he picked up another card. Staff A stuck his fingers into the stock acetaminophen bottle and took 2 pills out of the bottle. Staff A popped the Vitamin B-12 tablet into his hand and as he went to put it into the medication cup, it fell on to the clipboard on the medication cart. Staff A picked it up and placed it in the cup.</p> <p>Staff A then proceeded to administer the medications to Resident #9.</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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. The MDS assessment dated [DATE] revealed Resident #6 scored a 15 out of 15 on the BIMS exam, which indicated cognition intact.</p> <p>Review of the March 2025 MAR revealed Resident #6 scheduled the following medications in the morning:</p> <ul style="list-style-type: none"> a. Levothyroxine 75 mcg 1 tab early every morning. b. Acetaminophen 500 mg 2 tabs PO TID c. Celecoxib 200 mg 1 tab PO every morning. d. Clopidogrel 75 mg 1 tab PO every morning. e. Cranberry con cap- 500 mg 1 cap PO every morning. f. Finasteride 5 mg 1 tab PO every morning. g Digoxin 0.125 mg 1 tab PO every morning h. I-Vite tab 1 tab PO every morning. i. Metoprolol Suc 50 mg ER (extended release) 1 tab PO every morning. j. Docusate 100 mg 1 cap PO BID (twice daily). k. Senna 8.6 mg 1 tab PO every morning. <p>During an observation on 3/25/25 at 8:05 AM, Staff A, RN popped Resident #6's medication out of a bubble pack into his bare hands. Between each tablet/capsule Staff A picked up another medication card. Staff A stuck his fingers in the stock acetaminophen bottle and pulled out 2 tablets, then popped the cranberry concentrated capsule out of the bubble cap into his hand, tipped his hand towards the medication cup, and the capsule rolled onto the clipboard, Staff A proceeded to pick up the capsule and put it in the medication cup. Staff A also stuck his fingers into the stock docusate bottle and pulled out a capsule and stuck his fingers in the senna stock bottle and took out a tablet.</p> <p>During an interview on 3/25/25 at 1:41 PM, Staff A stated he did touch the tablets/capsules when he administered the medications for Resident #9 and Resident #6. Staff A stated he should not have touched the medications with his bare hands, and he usually tried to pop the medications in a cup. Staff A stated he washed his hands between residents and that was why he felt more confident in doing it that way.</p> <p>During an interview on 3/27/25 at 9:59 AM, Staff B, LPN (Licensed Practical Nurse) stated tablets and/or capsules should not be touched when they are taken out of the bubble pack or stock bottle during medication administration.</p> <p>During an interview on 3/27/25 at 10:45 AM, the DON (Director of Nursing) stated she expected staff to not touch tablets/capsules with their bare hands during medication administration.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of the policy titled, Medication Administration , dated 4/28/23 directed staff, if hands are contaminated or soiled at any time during the medication pass wash your hands.</p>