Printed: 07/02/2026
Form Approved OMB
No. 0938-0391

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 04/02/2026
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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interviews, and policy review the facility failed to discard expired food and beverage items, maintain sanitary work stations, and ensure staff complete hand hygiene during meal preparation during 3 of 3 kitchen observations. The facility reported a census of 58 residents. Findings include:1. During the initial observation on 03/30/2026 from 10:12 AM through 10:52 AM the following items were noted to be expired:a. A box of black tea with a use by date of 11/13/2025 was located on a top shelf in view of the food preparation areab. Four boxes of shredded wheat cereal with use by dates of 01/17/2026 were located on the top shelf in the dry storage roomc. Six bottles of almond milk with use by dates of 01/04/2026 were located on a top shelf in view of the food preparation aread. A powdered cherry thirst quencher with a use by date of 03/06/2026 was located near the almond milk; and a powdered orange thirst quencher with a use by date of 03/14/2026 was located next to the cherry drinkOn 03/30/2026 at 10:55 AM Staff R, Dining Services Coordinator stated she audited for expired items and if an item was found to be expired or not covered, she expected the person who found it to remove it.During a follow up observation on 03/31/2026 at 11:03 AM observed all expired items were still present in the kitchen.2. During a continues observation on 03/31/2026 from 11:09 AM through 12:36 PM, Staff B, Cook, shirt or arm touched food, during food preparation, and meal service at:a. At 11:30 AM, Staff B elbows on top of the metal service counter next to divided plates and a ladle with holes;b. At 11:36 AM, Staff B leaned over the steam table's white preparation and cutting surface with her shirt covering about 3 inches, then walked to silver food preparation service counter and leaned back against it;c. At 11:43 AM, Staff B shirt touched full plate that contained fried chicken, green beans, mashed potatoes, and gravy;d. At 11:51 AM, Staff B shirt touched a plate and the white prep surface, Staff B then cut chicken on the white prep service and placed it on the plate.Throughout the meal service, Staff B put on gloves, removed then and piled them on the silver food preparation surface next to the box of clean gloves, and then put on clean gloves without completing hand hygiene. At 12:36 Staff B began her puree process. She moved the box of clean gloves to the side, threw away the pile of soiled gloves, and pureed both chicken and green beans without changing gloves or sanitizing the surface.During an interview with Staff B on 03/31/2026 at 12:41 PM she stated the counters required a 3-step sanitizing process when they were soiled. She reported staff were trained on kitchen expectations with a 2-hour video. Staff were expected to wash hands any time they went in and out of the kitchen, touched the trash, went from one project to another, before and after glove use, and before and after touching raw food.3. During an observation on 4/1/26 at 11:05 AM, Staff B took the temperature of all items on the steam table with the exception of the sweet potatoes. Staff B explained they didn't temp sweet potatoes, they went by softness because they usually came out of the oven at 186 degrees.During an interview on 04/01/2026 at 12:47 PM, Staff A, Dietary Services Director stated she expected staff to wash their hands every time they changed a task or changed gloves. She stated staff should not lean on serving or preparation surfaces at all and needed additional education. She stated she saw the chicken bones piled on the steam table's white preparation surface and did not understand why Staff B did not put them in the lidded trash can by the handwashing sink. She said gloves should immediately be put in (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

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 04/02/2026
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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	the garbage, not piled on the counter. Staff A stated it was not okay that Staff B did not temp the sweet potatoes, and said that was why there was a spot on the temperature sheet for vegetables and starches and all the other things they serve.An undated policy titled Storage documented older stock items would be rotated forward. It did not address expired food disposal.An undated policy titled Hand Washing indicated hand washing was the most important component for preventing the spread of infection. Hand washing should occur after contact with soiled or contaminated articles, before and after food was eaten or handled, and after removal of gloves.

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 04/02/2026
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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observation, clinical record review, facility policy review, resident and staff interview, the facility failed to assist a resident to use the bathroom in a timely manner causing them to have been incontinent for 3 of 4 resident (Resident #6, Resident #21and Resident #64) reviewed for dignity. The facility reported a census of 58 residents.Findings included:1. Review of Resident #21 Minimum Data Set (MDS) assessment, dated 3/17/26, revealed the resident had intact cognition based on a a Brief Interview for Mental Status (BIMS) score of 15 out of 15. The MDS indicated Resident #20 required substantial assistance with toileting and dependent for transfers. The MDS assessed Resident #21 frequently incontinent of urine and always incontinent of bowel. On 3/30/26 at 11:51 AM, during an interview, Resident #21 reported staff used a non-powered mechanical standing lift (a lift known as a Sara Steady) to transfer from her wheelchair to the toilet. The resident reported having to wait 30 minutes to get into the bathroom on a daily basis due to staff waiting on the Sara Steady to be available. Resident #21 reported she had been incontinent as a result of waiting on staff to get her into the bathroom. The resident reported she did wear an incontinent brief at night and a pad during the day. During an observation on 4/1/26 at 10:54 AM, Staff J, Certified Nurse's Assistant (CNA), pushed the Sara Steady lift into Resident #21's room doorway and said she needed to go get help. Resident #21 was sitting in her wheelchair in the middle of her room. Resident #21 reported she needed to go to the bathroom and she had already been waiting 20 minutes and she had been watching the clock in her room. The resident's call light not activated during the observation. Resident #21 explained a staff person came in and shut her light off. At 10:56 AM, Staff J, CNA, returned to the resident's room with Staff K, CNA. The staff then assisted the resident to transfer from her wheelchair to the toilet by using Sara Steady lift. The resident had a bowel movement and urinated in the toilet. During an interview on 4/1/26 at 11:01 AM, Staff J, CNA, reported there were two Sara Steady lifts in the building, one located on the memory care unit and one for Halls 1 and 2. Staff J reported she did turn Resident #21's call light off prior to assisting the resident and left to find the Sara Steady. Staff J stated the Sara Steady was being used so she had to wait. Staff J reported she went to the Memory Care Unit to get another Sara Steady lift. Staff J denied the resident had waited 20 minutes for assistance. Staff J reported there were times that more than one resident had to wait for at least 20 minutes to transfer, because they were waiting on the Sara Steady lift. Staff J explained there were several newer residents that came to the facility and starting using the Sara Steady lift. On 4/1/26 at 11:03 AM, during an interview, Staff K, CNA, reported that residents typically did not have to wait, but they had to wait more over the last month. Staff K explained at one point, there were only two residents using the Sara Steady lift, and both residents resided in the same area. Staff K reported now they used one Sara Steady on the memory unit and had only one Sara Steady for residents on Halls 1 and 2. Staff K stated they needed another lift for Hall 1 and 2, and she thought at least 5 residents were using the Sara Steady lift for transfers.On 4/2/26 at 8:43 AM, during an interview, Resident #21 reported she continued to have to wait for longer than 15 minutes for staff to bring the lift in order for her to use the bathroom. Resident #21 denied that she would be incontinent of bowel and bladder if staff were able to get her into the bathroom within 15 minutes. Resident #21 said that it made her feel like a baby, because she had to go to the bathroom in her pants. 2. The MDS assessment for Resident #6, dated 3/10/26, revealed a BIMS score of 15 out of 15, which indicated an intact cognition. The assessment identified the resident was frequently incontinent of bowel and bladder and depending for transfers and toileting. On 3/30/26 at 12:36 PM, during an interview, Resident #6 reported she had to wait a long time, sometimes 20 to 30 minutes to go to the bathroom. Resident #6 reported staff told her that the lift (Sara Steady) was not available.During an observation on 4/1/26 at 11:38 AM, Resident #6's sat in her wheelchair in her room, with the call light activated. Resident #6 stated she had turned her call light on 10 minutes ago, and she had to go to the bathroom. (continued on next page)

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 04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasantview Home	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The resident reported she had been incontinent in the past due to waiting on staff to help her to the bathroom. At 11:41 AM, Staff K, CNA, entered the resident's room. Resident #6 stated she needed to go to the bathroom. When Staff K attempted to get the residents walker to assist her, the resident requested the use of the Sara Steady. Staff K left the room and returned at 11:43 AM with the Sara Steady lift and Staff D, CNA. Staff K and Staff D assisted the resident with standing to the lift and transferring from the lift to the resident's toilet. On 4/2/26 at 9:29 AM, during an interview, Resident #6 reported watched the clock after she activated her call light. She reported not been incontinent in while, and it bothered her more that she had to wait when she needed to have a bowel movement. 3. Review of the Nursing admission Screening assessment for Resident #64, dated 3/25/26, revealed the resident had a right femur fracture with surgical repair, had intact cognition, urge incontinence of the bladder, and dependent for transfers and toilet use. Review of a progress note, titled Skilled Assessment, dated 3/28/26, revealed Resident #64 used three to four staff to assist with a mechanical lift and used the commode in her room. On 3/30/26 at 2:02 PM, during an interview, Resident #64 reported she was at the facility to recover from a right leg fracture. Resident #64 reported a problem with having to wait for staff to respond to the call light. She reported 3 times on this date she needed to use the bathroom, and she had to go in her incontinent brief due to staff slow response. She explained if staff answered the call light, they would tell her they had to wait for a second staff. The resident reported using the standing lift (Sara Steady) and three staff due to being non-weight bearing on the right leg. On 4/2/26 at 9:50 AM, during an interview, the Director of Nursing (DON) confirmed seven total residents utilized the Sara Steady lift, one resident on the memory care unit, and six residents on Halls 1 and 2. The DON stated she was not sure that staff or residents complained about wait times associated with the lift, but they did do an audit about two weeks ago. The audit was a study on who used the Sara Steady lift and the timeframes the lift was in use. The DON explained she also talked with the Therapy Department as part of the audit, as they occasionally used the Sara Steady. The DON reported, as a result of the audit, Therapy needed to leave the Sara Steady out on the floor, and not in the Therapy Department. She reported 6 residents were utilizing the lift at the time of the audit. The DON reported they had also considering purchasing another machine. Review of the facility's policy, titled Activities of Daily Living (ADL), dated 1/2026, revealed, in part, The purpose of this policy is to ensure that residents in (facility) receive appropriate assistance and support with their activities of daily living (ADLs) to maintain their independence and quality of life . Supportive Care: Assistance provided by nursing staff to residents with ADLs to meet their physical, emotional, and psychosocial needs.

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 04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasantview Home	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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. Based on clinical record review, facility policy review, resident and staff interviews, the facility failed to ensure nursing staff administered medications without a significant medication error for 1of 10 residents (Resident #47) reviewed for medication administration. The facility reported a census of 58 residents. Findings included:Review of the Minimum Data Set assessment, dated 1/20/26, revealed that Resident #47 had a Brief Interview for Mental Status score of 15 out of 15, which indicated intact cognition. The list of diagnoses included major depressive disorder (MDD) and anxiety disorder. The MDS indicated that Resident #47 received antipsychotic, antianxiety, and antidepressant medications. Review of the Care Plan, initiated 8/11/25, directed staff to administer psychotropic medications as ordered by physician, document and report as needed to the physician, and observe for any side effects. Review of the electronic health record (EHR) revealed a Health Status Note, dated 3/29/26 at 11:06 PM, entered by Staff S, Registered Nurse (RN): Nurse administered medications to the resident then after administering the medications, realized that the medications were for a different resident. Charge nurse notified and nurse on call for facility notified. Nurse instructed to observe resident for signs and symptoms of adverse reaction to medications given. No adverse reactions to medications noted remainder of shift. Message left for family member to contact facility. Review of the EHR revealed a lack documentation of assessment of Resident #47 following the identified medication error. Review of the facility incident report titled Medication Error Report, dated 3/29/26, revealed that on 3/29/26 at 8:30 PM, Resident #47 received another resident's medications, which included: a. Pravastatin 20 milligrams (mg) by mouth (medication used to help lower cholesterol). b. Quetiapine 25 mg by mouth (antipsychotic medication used to treat schizophrenia, bipolar disorder, and major depressive disorder). c. Lorazepam 0.25 mg by mouth (antianxiety medication used for short-term management of severe anxiety, insomnia, acute seizures, and pre-anesthesia sedation). The incident report revealed that the medication error occurred due to nurse preparing the medications having been called away for an emergency and upon returning to the medication cart, resumed passing medications, and took medications to the wrong resident. The incident report documented that the nurse administering medications realized the error right away and notified the on-call nurse of medications given in error, the on-call nurse determined it was not necessary to contact physician, and the provider would be informed on rounds the next morning. The incident report identified precautions to take to prevent a similar error were to follow the rights of medication administration and avoid distractions while administering medications. The physician signed the incident report on 3/30/26. Review of Resident #47's Medication Administration Record (MAR), dated March 2026, revealed that the following scheduled bedtime medications were also given on 3/29/26: a. Aripiprazole 5 mg, with directions to take 1 and 1/2 tablets (7.5 mg) by mouth at bedtime for (continued on next page)

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 04/02/2026
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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	diagnosis of major depressive disorder (antipsychotic used to treat schizophrenia, bipolar one disorder, depression, and irritability in autism). b. Atorvastatin 40 mg, take 1 tablet by mouth at bedtime for diagnosis of hyperlipidemia (medication used to lower cholesterol). c. Mirtazapine 30 mg, take 1 tablet by mouth at bedtime for diagnosis of depression (antidepressant used to treat major depressive disorder). d. Ropinirole 4 mg, take 1 tablet by mouth at bedtime for diagnosis of restless legs syndrome (medication used to treat Parkinson's disease and moderate-to-severe Restless Legs Syndrome (RLS) by stimulating dopamine receptors in the brain). e. Terazosin 2 mg, take 1 capsule by mouth at bedtime for diagnosis of essential hypertension (used to treat high blood pressure). f. Eliquis 5 mg, take 1 tablet by mouth twice per day (AM and bedtime) for diagnosis of atrial fibrillation (anticoagulant (blood thinner) that lowers the risk of stroke, blood clots, deep vein thrombosis (DVT), and pulmonary embolism (PE)). g. Gabapentin 100 mg, take 1 capsule by mouth every AM and bedtime for pain (medication used primarily to treat neuropathic pain (nerve pain from shingles) and manage partial seizures). h. Acetaminophen (Tylenol) 500 mg, take 2 tablets (1000 mg) by mouth three times a day for pain. Additionally, Resident #47 received scheduled Lorazepam 0.5 mg, with directions to give 1/2 tablet (0.25 mg) by mouth twice per day (AM and PM), administered on 3/29/26. During an interview on 3/31/26 at 2:25 PM, Resident #47 reported that on 3/29/26 at approximately 9:00 PM, she received bedtime medications, then the nurse returned with more medications and said she did not get all her meds. Resident #47 stated the staff was from an agency and Resident #47 had not seen her before. Resident #47 stated that during the same night, she had experienced visual hallucinations of a man in her room that stood about 6 feet tall and said she knew this was not real because there was no one she knew that looked like that. Resident #47 denied any staff checking her vital signs or asking her questions about medication side effects since the incident. During an interview on 4/02/26 at 8:30 AM, Staff S, RN confirmed working 3/29/26 evening with Resident #47. Staff S stated this was the first shift she had worked at the facility and mistakenly gave Resident #47 another resident's bedtime medications. Staff S confirmed that Quetiapine, Lorazepam, and Pravastatin were given in error to Resident #47. Staff S stated she notified the on-call nurse, Assistant Director of Nursing (ADON), of incident and was instructed to complete medication error report and monitor Resident #47. Staff S stated she completed the medication error report and gave to the on-coming nurse at the end of her shift. Staff S denied checking any vital signs on Resident #47, was instructed to just watch for any reactions. During an interview on 4/02/26 at 10:36 AM, ADON confirmed receiving a call from Staff S, RN on 3/29/26, regarding Resident #47 receiving another resident's bedtime medications, and instructed to assess, check vital signs, and monitor Resident #47 for any adverse reactions. The ADON reported that the physician should be called if there were any changes in Resident #47's condition and (continued on next page)

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 04/02/2026
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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	document in Health Status notes. The ADON stated that if Resident #47 had experienced hallucinations after receiving additional antipsychotic and antianxiety medications, this should have been documented and reported to the physician. During an interview on 4/02/26 at 1:15 PM, the Director of Nursing (DON) reported that Staff S, RN was instructed to monitor Resident #47 for adverse reactions and check vitals signs, but had not followed this instruction. The DON revealed expectation of nurses to monitor, assess, and document a resident's condition following an incident. Review of the facility policy titled, Medication Administration, revised 3/12/26, revealed the Purpose Statement of policy was to provide a medication regime safely and effectively. The Section, Procedures, instructed the following, in part: #5. Compare medication label to the MAR to verify the correct resident, medication, dosage, time, route, and indication of use. #14. Observe the resident for medication side effects and inform the licensed nursing personnel whom should inform the provider. Review of the facility policy titled, Medication Errors and Drug Diversions, dated December 2025, revealed the Policy Statement was to ensure timely reporting, documentation, investigation, and corrective action when a medication error or suspected drug diversion occurs in order to protect resident safety and maintain regulatory compliance. The Section titled, Procedure: Medication Errors, revealed the following: 1. Immediate Resident Assessment: a. Assess resident immediately for adverse effects or potential harm. b. Intervene as clinically indicated (vital signs, provider contact, monitoring). 2. Notification: a. Notify the Power of Attorney (POA), include this in your risk management documentation. b. Notify the provider immediately. c. If there is no imminent danger to the resident, notification may be placed in providers folder for review on routine rounds. Include this in your risk management documentation. 3. Documentation: a. Complete Medication Error Report form and start a risk management assessment. b. Document assessment and vital signs. c. Correct the MAR appropriately, do no delete entries. (continued on next page)

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 04/02/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pleasantview Home	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)
F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	4. Internal review: a. DON/ADON reviews medication error report form. b. Conduct root cause analysis. c. Assign corrective actions. d. Review in Quality Assurance and Performance Improvement (QAPI) monthly.

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 04/02/2026
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)
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 clinical record review, observation, facility policy review and staff interview, the facility failed to ensure staff performed hand hygiene with a change in gloves after completing catheter care for 1 of 1 sampled residents (Resident #10.) The facility reported a census of 58 residents. Findings included: Review of the Minimum Data Set (MDS) assessment for Resident #10, dated 3/10/26, revealed the resident had an indwelling urinary catheter and required partial to moderate assistance with toileting and personal hygiene, set up assistance with oral hygiene, substantial assistance with lower body dressing, and partial to moderate assistance for upper body dressing. On 4/1/26 at 7:21 AM, Staff D, Certified Nurses Aide (CNA), performed hand hygiene, put on a gown and gloves prior to entering Resident #10's room. Resident #10 was lying in bed. Staff D unhooked the urinary catheter bag from the side of the bed and hooked it to the resident's walker. Staff D helped the resident to sit up in bed, and then applied a gait belt around the resident's waist. Staff D cleaned off the resident's glasses, put them on the resident, removed the resident's gripper socks, put new socks and shoes on the resident and helped him to ambulate to the bathroom toilet with his walker. Staff D pulled the resident's pants and incontinent brief down, and helped the resident to sit on the toilet. Staff D hung the catheter bag on the safety grab bar by the toilet. Staff D then ripped open the unsoiled incontinent brief, took off the resident's shoes, pulled his pants off, pulled the catheter bag out of the resident's pajama pants leg, disconnected the catheter tubing from the leg strap and removed the leg strap. Staff D opened up the port of the resident's catheter bag and emptied the urine in the bag into a graduated cylinder. Staff D set the cylinder in the corner of the bathroom on the floor. Staff D cleaned the port of the catheter bag, tubing, and catheter port with a sanitizing wipe. Staff D then connected a catheter leg bag to the catheter port. Staff D used another sanitizing wipe to clean the tubing and connector site off. Staff D placed the used catheter bag in a small basin and set the basin off to the side. Staff D changed her gloves without performing hand hygiene. Staff D applied a leg strap to the resident and put the catheter tubing in the leg strap holder. Staff D started a new incontinent brief and pants on the resident, and then put shoes on the resident. Staff D picked up the graduated cylinder with the resident's urine and placed it back on the floor closer to the sink. Without changing gloves and performing hand hygiene with a glove change, Staff D removed the resident's pajama top, and then helped the resident to don a shirt. Staff D helped the resident to stand and used a wet washcloth and cleansing agent to clean the resident's urinary meatus and perineal area. Staff D dried the area, pulled the resident's incontinent brief and pants up the rest of the way. Without changing gloves and performing hand hygiene with a glove change, Staff D helped the resident to stand to the sink and put warm water in a container for the resident to do his own oral cares. On 4/2/26 at 7:08 AM, during an interview, Staff V, CNA reported she had changed Resident #10's catheter bag to a leg bag that morning (4/2/26). She reported she removed her gloves and washed her hands after changing the resident's catheter bag. Staff V reported the need to perform hand hygiene (hand wash or use an alcohol-based hand sanitizer) after cares and between glove changes. On 4/2/26 at 9:00 AM, during an interview, the Director of Nursing (DON) reported staff should perform hand hygiene after the removal of gloves and between glove changes. Review of the facility's policy, titled Handwashing, dated 1/2026, revealed, in part, Hands should be thoroughly washed before and after providing resident care. Including after removal of gloves and/or personal protective equipment .Hand sanitizer may be used as an alternative to handwashing when hands are not visibly soiled. Review of the facility's policy, titled Catheter Care and Empty Drainage Bag, dated 10/19/23, revealed, in part, staff needed to perform hand hygiene, put on gloves, place plastic barrier under the graduate, open drain and let urine run into the graduate, wipe drain with antiseptic and close, measure and calculate amount, empty, rinse and return equipment to storage, remove gloves and complete hand hygiene. For catheter cares, staff needed to perform hand hygiene, glove, cleanse area around the meatus and then wash the catheter tubing 4 inches down from meatus, clean and put away equipment, remove gloves and complete hand hygiene.