STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165543	A. Building B. Wing	01/28/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Wesley Park Centre	500 First Street North Newton, IA 50208

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 0802 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. Based on observation, staff interview, and policy review, the facility failed to ensure kitchen staff were competent with dishwashing temperature checking procedures. The facility reported a census of 61 residents. Findings include:On 1/25/26 at 10:45 AM, an observation of three (3) dishwashing cycles revealed the rinse-water temperature gauge reached 171 degrees Fahrenheit (deg F) during all three observations. At 10:51 AM, Staff B, dishwasher, was asked to perform a dishwasher temperature check (procedure which uses a color-changing, temperature sensitive strip to confirm the dishwasher rinse-cycle water temperature reaches the required 180 deg F). Staff B stated he did not know how to perform the test because he never learned how to do it.At 11:03 AM, Staff B informed Staff E, dishwasher, that a dishwasher temperature check was requested. Staff E asked Staff B where the test strips were located. Staff B stated he did not know and both Staff B and Staff E searched for the strips. Staff E located the strips hanging in front of the dishwasher temperature check binder stored on the wall to the left of the dishwasher. Staff E performed a dishwasher temperature check and the strip indicated the rinse-cycle water temperature reached the required 180 deg F temperature. At 3:30 PM, Staff C, dishwasher, stated the dishwasher water temperature should reach at least 170 deg F in order to get bacteria off of the dishes but stated he never learned how to check the water temperature. When asked what staff does if the water temperature gauge registered 160 degrees, he stated he would do nothing because the water temperature would increase over time.At 3:55 PM, Staff E stated the dishwasher water temperature should be between 170-180 deg F to kill foodborne bacteria. She also stated if the water temp did not reach at least 170 deg F, she would contact maintenance to repair the dishwasher.On 1/27/26 at 2:30 PM, the Sous Chef stated staff should have sought coworker assistance to help with questions they felt they could not answer. She also stated the staff should have been trained on the process.On 1/28/26 at 10:30 AM, the facility indicated they did not have a policy directly related to dishwashing requirements.

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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(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 observation, staff interview, and policy review, the facility failed to properly store food in the kitchen, failed to discard a can of damaged applesauce, failed to wear hairnets while in the kitchen, and failed to prevent food contamination by placing a non-food soup bowl in direct contact with a resident's food. The facility reported a census of 61 residents. Findings include:On 1/25/26 at 10:03 AM, Staff A, Cook, was observed in the main kitchen without a hair net.At 10:18 AM, Staff A was observed wearing a hair net.The following items were observed in the refrigerators during the initial kitchen tour: An unlabeled, undated, bowl of green, leafy itemsAn unlabeled, undated, bowl of mixed fruit-like itemsA partially uncovered pan of bacon dated 1/24/26A partially uncovered braised pork dated 1/23/26A partially uncovered, unlabeled, and undated pan of tube-shaped meat.An undated, opened box of lettuceAn unlabeled, clear sealable bag of shredded, orange substanceAn undated, unlabeled pan of brown crust with a yellow topping The following items were observed in the freezer during the initial kitchen tour:An undated, previously accessed bag of cranberriesAn opened, clear sealable bag with 1 kielbasaAn opened, clear sealable bag of tenders The following items were observed in the dry goods storage room:An unlabeled bag of pasta-like itemsAn unlabeled bag of previously accessed, tan flakesA dented can of applesauce At 10:29 AM, Staff B, dishwasher, had a hair net cover pulled down below and behind the hairline of his beard while washing dishes. He picked up a gray bin from a black cart, placed it directly on a rack of newly washed cups, loaded it with clean dishes, and stored it on a wire storage rack.On 1/25/2026 at 3:30 PM, Staff C, dishwasher was observed washing dishes without wearing a hairnet. During continuous meal service observation, Staff D, food server, placed a piece of meatloaf on a resident's plate. She grabbed a dessert bowl with her bare hands, scooped green beans into it, and placed it on the plate directly touching the meatloaf. It was served to a resident.On 1/27/26 at 9:09 AM, the following items were observed in the refrigerators during a follow-up kitchen tour:An undated, opened box of lettuceAn unlabeled, clear, plastic tub dated 1/27 lunch which contained red, meat-like itemsAn unlabeled, clear, sealable bag with flat, brown, round, meat-like itemsA clear tub of white substance labeled mashed dated 1/26/26An opened bag of grapesAn unlabeled, clear sealable bag of shredded, orange substanceThe freezer contained an undated, previously accessed bag of cranberriesThe following items were observed in the dry goods storage room:An unlabeled bag of pasta-like itemsAn unlabeled bag of previously accessed, tan flakesAn unlabeled, undated, clear, plastic bin with semi-flat, multicolored items On 1/27/26 at 10:51 AM, Staff F, Sous Chef stated staff should have followed the facility policies.A policy titled Hair Restraint & [NAME] Guard Policy last approved 01/2026 indicated all food handlers who have direct contact with food, such as chefs, cooks, dietary aides, servers and homemakers, as well as others not mentioned here must wear hair nets, caps, or beards nets, or other reasonable forms of hair containment. They must be designed and worn effectively to keep hair from contacting exposed food, clean equipment, utensils, and unwrapped single service items. A policy titled Label & Dating Policy last approved 01/2026 indicated label and dating for prepared foods stored in refrigerators and freezers out of their original packaging will include the following on the label:Food item nameDate made/prepared or openedUse by date - reference the facility's Food Storage and Handling policyFood handler's initialsA policy titled Hand Washing & Hand Hygiene Policy last approved 08/2024 indicated hand hygiene must be performed after touching a contaminated item and when otherwise indicated to avoid transfer of microorganisms to other residents, personnel, equipment and/or the environment.

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F 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. Based on observation, clinical record review, resident and staff interviews, and policy review, the facility failed to provide appropriate treatment and services to prevent a urinary tract infection for 1 of 1 resident (#56). The facility reported a census of 61 residents. Findings include:The Minimum Data Set (MDS) Assessment for Resident #56 dated 11/20/25 revealed the resident had a Brief Interview for Mental Status (BIMS) score of 11 out of 15 which indicated moderately impaired cognition. It included diagnoses of coronary artery disease (disease of the heart arteries), high blood pressure, a stroke, and a urinary tract infection (UTI). It indicated he was independent with rolling from left-to-right in bed, required setup assistance with eating and oral and personal hygiene, required moderate assistance with upper body dressing and sit-to-lying and lying-to-sitting, and was dependent with all other Activities of Daily Living (ADLs) and mobility. It also indicated he had a UTI within the previous 30 days.A laboratory report dated 11/01/25 confirmed the resident's urine specimen contained bacteria.The Progress Notes dated 11/01/25 at 1:13PM revealed the physician reviewed the laboratory results and prescribed an antibiotic for the resident's UTI.The Electronic Health Record (EHR) included a Clinical Physician's order dated 11/02/25 that directed staff to administer an antibiotic (Levofloxacin) for his UTI.The November 2025 Medication Administration Record (MAR) indicated the resident received the prescribed antibiotic for five (5) days between 11/02/25 and 11/06/25.The Care Plan with revised date 1/19/26 revealed the resident would like good peri-cares with each incontinence episode.On 1/25/26 at 2:09 PM, the resident's family member stated the resident was treated for a UTI after he was admitted to the facility.On 1/27/26 at 11:23 AM, Staff G, Certified Nurse Aide (CNA) and Staff H, CNA performed Resident #56's toileting hygiene care. During continuous observation, Staff G and Staff H performed hand hygiene with soap and water and put on gloves. Staff G assisted Resident #56 to a standing position while Staff H grabbed a hygiene wipe and wiped his right groin, grabbed another hygiene wipe and wiped his left groin, then grabbed a third hygiene wipe, wiped the resident's testicles, and used the same hygiene wipe to clean the tip of the resident's penis. She grabbed another hygiene wipe and cleaned the resident's anus. She pulled the resident's brief and pants and transferred him to his recliner.At 11:30 AM, Staff H stated she received Infection Prevention education upon hire. She confirmed the education included pericare which directed staff to clean a male resident's penis starting at the tip. She admitted that she forgot to perform the care in the correct order because she was in a hurry based on the resident's desire to sit down quickly after toileting hygiene.At 11:35 AM, Staff G stated pericare on a male resident included cleaning the penis beginning at the tip and working down the shaft.At 2:35 PM, the Director of Health Services (DHS) stated staff should have followed proper pericare procedure or should have redone it correctly.An undated document titled Provide Perineal Care/Incontinence Care directed staff to follow the following procedure for male residents;if the resident is uncircumcised, gently push back foreskin. Gently wash penis and scrotum, using a circular motion from the tip of the penis to the base. Rinse in the same manner if using washcloths. Pat dry if using washcloths, allow to air dry if using disposable wipes. If uncircumcised, gently return foreskin to its natural position. Wash the scrotum and groin area (area around penis and scrotum to the upper thighs). Rinse if using washcloths, allow to air dry if using disposable wipes.