STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165591	A. Building B. Wing	09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Spurgeon Manor	1204 Linden Street Dallas Center, IA 50063

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 recommendations from the Food Code United States Public Health and Safety 2017, the facility failed to properly thaw/defrost meat and serve food under appropriate sanitary conditions to prevent, reduce or eliminate potential hazards. The facility reported a census of 49 residents.Findings Include:1. On 09/22/2025 at 10:03 AM during the initial kitchen tour, observed roast thawing in water in the sink without continuous running water. At 12:55 PM the roast remained submerged in the water in the sink. When questioning the Certified Dietary Manager (CDM) about the roast that was in the water in the sink, he said that he had forgotten about the roast in the sink. When asked what his expectations were from his staff when thawing meat he said that typically they would let the water just run over the meat. He stated that the roast was being thawed for lunch the next day. On 09/23/2025 at 2:00 PM, the CDM stated he needed to update the current policy to include continuous running water while thawing meat. The 2017 Food Code, published by the Food and Drug Administration stated thawing food should be completely submerged under running water, as stated in section 3-501.13 Thawing. 2. Observation on 9/24/2025 at 8:30 AM, Staff C, Dietary Aide, with a bare hand observed holding a piece of toast while buttering the toast, still holding the toast with her bare hand, she cut the toast, placed the toast on a plate and served the plate to a resident. 3. Observation on 9/24/2025 starting at 12:20PM, Staff did not wash hands, applied gloves, and touched the dietary paper slips, cabinet handles, scoops, and proceeded with the same gloves on to remove 3 hot dog buns from the package. Staff C proceeded and removed her gloves, touched her glasses, served 3 plates, touched scoops, ladles and the refrigerator door. Staff C then removed her gloves and continued to serve and touch objects, then applied new gloves, opened a bun with her gloved hands, touched a dressing bottle with the gloved hand and then touched the bun again. Interview on 9/25/2025 at 11:15 AM, the CDM stated expectation to not use bare hands to touch any food, to wash hands before applying and after removing gloves, and gloves for 1 time use only. Facility Dietary Employee Personal .Hygiene policy , revised 9/25/25, revealed employees should never use bare hand contact with any foods and gloves are to be worn and changed appropriately to reduce the spread of infection.

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
	165591	A. Building B. Wing	09/25/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Spurgeon Manor	1204 Linden Street Dallas Center, IA 50063

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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 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 interviews, and policy review the facility failed to maintain infection control practices for 1 of 3 residents reviewed (Resident #6). The facility failed to ensure use of enhanced barrier precautions (EBP) when required. The facility reported a census of 49 residents. Findings include:The Minimum Data Set (MDS) for Resident #6, dated 7/10/25, included diagnoses of Alzheimer's and obstructive uropathy (blockage in the urinary tract). The MDS identified the resident was dependent on staff for toilet hygiene. The MDS indicated the resident had a suprapubic catheter (tube into the lower abdomen to drain urine from the bladder). The MDS indicated the resident had a BIMS score of 7, indicating moderate cognitive impairment. Resident #6's Care Plan with revision date 4/3/25 documented the resident was on enhance barrier precautions related to a catheter and directed staff to follow precautions wearing gown and gloves while providing close contact cares.Observation on 9/23/25 at 1:30 PM, Staff B, Certified Nurse Aide, wore a gown and gloves and emptied Resident #6's catheter bag. Staff A, without a gown and gloves, proceeded to assist the resident to lay down in bed, moved the resident's tray table next to the bed, placed a wedge under the resident's legs, and covered the resident with the blanket on the bed. Facility's Enhanced Barrier Precautions, implemented 10/19/23, revealed enhanced barrier precautions refer to the use of gown and gloves for use during high-contact resident care activities for residents with wounds or indwelling medical devices and high-contact resident care activities include transferring, changing linens, and providing hygiene. Interview on 9/25/25 at 1:00 PM, the Director of Nursing stated expectation of staff to wear gown and gloves when completing contact care with any resident on EBP.