

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165791		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 08/27/2026	
NAME OF PROVIDER OR SUPPLIER Walnut Ridge				STREET ADDRESS, CITY, STATE, ZIP CODE 1703 Campus Drive , Clive, Iowa, 50325			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	INITIAL COMMENTS Correction date: _____ The following deficiencies resulted from the facility's annual recertification survey and investigation of a complaint, conducted August 24, 2026 to August 27, 2026. Complaint # 2806266-C did NOT result in a deficiency. See Code of Federal Regulations (42CFR) Part 483, Subpart B-C.			F0000			
F0880 SS = D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.71 and following accepted national standards; §483.80(a)(2) Written standards, policies, and			F0880			

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 reverse for further 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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F0880 SS = D	Continued from page 1 procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi) The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is NOT MET as evidenced by: Based on observation, clinical record review, staff interviews and policy review, the facility failed to use	F0880					

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F0880 SS = D	Continued from page 2 Enhanced Barrier Precautions (EBP) and failed to perform appropriate glove usage for infection control during catheter care for 1 of 1 residents reviewed (Resident #37). The facility reported a census of 49 residents. Findings include: The Minimum Data Set (MDS) assessment, dated 7/2/26, documented Resident #37 had diagnoses to include medically complex conditions, heart failure, renal failure and obstructive uropathy (a blockage in the urinary tract that stops or slows the normal flow of urine). The MDS indicated the resident had an indwelling catheter (a flexible tube placed inside the bladder to drain urine continuously). The Care Plan, initiated 6/26/26, included a focus area which documented the resident required Enhanced Barrier Precautions (EHP) due to a catheter and instructed staff under interventions to follow EBP in addition to standard precautions: wear gown and gloves during high-contact resident care activities. The Care Plan included another focus area when documented the resident had an indwelling catheter and instructed staff under interventions to perform catheter care every shift and as needed. During a continuous observation 8/25/26 beginning at 11:50 AM, Staff A, Certified Nursing Aide (CNA), performed catheter care for Resident #37. Staff A entered the room, washed her hands in the bathroom and then placed gloves on both hands. Staff A then placed a barrier down on the floor next to the resident's bed and with the same gloved hands returned to the bathroom and retrieved the graduated plastic container off the back of the toilet and placed this on top of the barrier. With the same gloved hands, Staff A opened a cupboard door and retrieved two foiled alcohol swabs. While placing the swabs on the bedside table, one fell to the ground. Staff A picked up the alcohol swab and retrieved another one from the cupboard, touching the counter by the door. Without donning a gown, and with the same gloved hands, Staff A cleaned the catheter port with an alcohol swab and emptied the urine from the catheter bag into the canister. Using a clean alcohol swab, and with the same gloved hands, Staff A cleaned the port and placed the catheter bag back in place. Staff A did not wear a gown during the catheter care and did not sanitize and change gloves after touching several surfaces in the room prior to performing catheter care. Observed EBP signage on a cupboard door right inside the room with EBP supplies on the counter, including gowns. During an interview 8/25/26 at 12:00 PM, Staff A stated she has had training on EBP and will don a gown when she completes care for the resident such as changing his bedding, clothing and toileting hygiene. Staff A stated she does not complete catheter care			F0880			

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F0880 SS = D	Continued from page 3 very often and was not aware she should have worn a gown, but upon reading the EBP signage, she stated she should have worn a gown during the catheter care. During an interview 8/26/26 at 8:10 AM, the Administrator stated Staff A should have worn a gown during catheter care with Resident #37 per the guidelines of Enhanced Barrier Precautions. During an interview 8/26/26 at 11:59 AM, the Director of Nursing (DON) stated an expectation gloves are clean prior to starting the catheter care and if staff touched other surfaces prior to beginning catheter care, hands are sanitized and gloves are changed. The DON further stated an expectation EBP are followed and Staff A should have worn a gown while performing catheter care. Review of the facility policy Enhanced Barrier Precautions, undated, documented it is the policy of this facility that Enhanced Barrier Precautions will be implemented during high-contact residentcare activities when caring for residents with wounds, indwelling medical devices or a novel or targeted MDRO (multi-drug resistant bacteria). High-contact resident care activities include device care or use: urinary catheter. Enhanced Barrier Precautions require gown and glove use. Review of the facility policy Glove Technique (Non-Sterile), undated, documented to don clean gloves between tasks and procedures on the same resident.			F0880			