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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165401	A. BUILDING B. WING	07/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sibley Specialty Care	700 Ninth Avenue North , Sibley, Iowa, 51249

(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 X DC	INITIAL COMMENTS Correction date: 7/20/26 The following deficiencies resulted from the facility's annual recertification survey conducted on June 28, 2026 to July 1, 2026. See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F0000	This Plan of Correction is prepared and submitted as required by law. By submitting this plan of correction, Sibley Specialty Care does not admit that the deficiency listed exists, nor does the facility admit to any statements, findings, facts or conclusions that form the alleged basis for any deficiency. The center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiencies, statements, facts and conclusions that form the basis for the deficiency.	
F0812 SS = E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility gardens, subject to compliance with applicable safe growing and food-handling practices. (iii) This provision does not preclude residents from consuming foods not procured by the facility. §483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interviews, and policy review, the facility failed to maintain the kitchen in a sanitary condition. The facility reported a census of 39 residents.	F0812	1. On 6/28/26 Dietary Manager cleaned food debris around small appliances on the shelving unit under the prep table and beneath the food warmer. She also cleaned food debris present within the refrigerator units and freezer unit. Cleaned drip tray of the ice cream machine. Scrubbed lime buildup of dishwashing unit using recommended solution. RD verified no other food cross contaminated by tongs.	

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
X	Administrator	7/17/26

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F0812 SS = E	Continued from page 1 Findings include: During observation on 6/28/26 at 9:39 AM the initial kitchen tour revealed: a. Food debris scattered around small appliances on the shelving unit under the prep table and beneath the food warmer. b. Melted ice cream present on the drip tray of the ice cream machine. c. Food debris present within two refrigerator units and a freezer unit. d. Crumbling white lime buildup on the dishwashing unit. During the tour, the Certified Dietary Manager (CDM) acknowledged the refrigerator and shelving units should be free of food debris and that lime buildup should be sanitized prior to deterioration. Observation on 6/30/26 at 11:54 AM, revealed cooking tongs falling into chicken broth during food preparation. The CDM retrieved clean tongs, failed to discard the contaminated broth, subsequently adding cooked chicken to the both. The Sanitization policy revised October 2018 identified the food service area shall be maintained in a clean and sanitary manner. The policy also identified that all utensils, counters, shelves shall be kept clean. During an interview on 6/30/26 at 12:49 PM, the Registered Dietitian stated that kitchen staff are expected to maintain sanitary conditions throughout all food service operations. She further acknowledged that the chicken broth should have been disposed of immediately following the contamination event.	F0812	2. Dietary manager conducted comprehensive kitchen walk-thru on 7/6/26 verifying all equipment and dry storage are free of debris. Dietary manager verified no food cross contaminated with tongs. 3. On 7/6/26 DSM educated dietary staff in proper cleaning/sanitation process. Any food cross contaminated will be disposed of. 4. Audits by DSM or designee of cleaning logs, cleanliness of bottom shelf of refrigerators/freezers,steam tables and ice cream tray will be completed 5 days/week x 4 wks then 3 days/week x 4 wks then 1x / wk x 4 wks.	
F0804 SS = D	Nutritive Value/Appear, Palatable/Prefer Temp CFR(s): 483.60(d)(1)(2) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(1) Food prepared by methods that conserve nutritive value, flavor, and appearance;	F0804	1. On 6/30/26 DSM provided new tray to final room that met appropriate temps. 2. Room trays temped on 7/6/26 by DSM, verifying temp criteria of 135 degrees and above. 3. On 7/6/26 DSM educated dietary staff in appropriate room tray temperatures. any trays not meeting temp are to be destroyed and new tray provided.	

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F0804 SS = D	Continued from page 2 §483.60(d)(2) Food and drink that is palatable, attractive, and at a safe and appetizing temperature. This REQUIREMENT is NOT MET as evidenced by: Based on observation, resident and staff interviews, and a review of facility policy, the facility failed to ensure room trays were served at an appetizing temperature for 2 of 12 residents reviewed (Residents #1 and #6). The facility reported a census of 39 residents. Findings include: During an interview on 06/29/2026 at 10:50 AM, Resident #6 reported inconsistent meal temperatures, stating that food served in their room was frequently cold. During an interview on 6/30/26 at 8:51 AM, Resident #1 reported that meals served in their room were frequently cold. On 06/30/2026 at 12:13 PM, the Certified Dietary Manager (CDM) measured the temperature of the final room tray delivered. The readings were as follows: Chicken at 132 degrees Fahrenheit Broccoli at 123.3 degrees Fahrenheit The CDM acknowledged that these temperatures were unacceptable. When queried regarding expected food temperatures, the CDM stated the temperatures should be significantly higher. The Food Preparation and Service policy last revised April 2018 identified food temperatures should be held at a minimum of 135 degrees Fahrenheit. During an interview on 06/31/2026 at 9:03 AM, the Administrator acknowledged the facility was aware of issues regarding room tray temperatures. The Administrator noted that a previous attempt to mitigate the issue using supplementary heat packs was unsuccessful. The Administrator stated the facility is now considering pre-warming dining plates as a corrective measure.	F0804	4. Audits of room tray temps will be conducted by DSM or designee 5x/wk x 4 wks, then 3x/wk x 4 wks then 1x/wk x 4 wks.	