

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

PRINTED: 05/18/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165616	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2021
NAME OF PROVIDER OR SUPPLIER THE BRIDGES AT ANKENY			STREET ADDRESS, CITY, STATE, ZIP CODE 3510 NORTHWEST ABILENE ROAD ANKENY, IA 50023	
(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
F 000	INITIAL COMMENTS d/w Correction Date: 5/31/21 TADo The following deficiency relates to health recertification survey conducted 5/3/2021 to 5/6/2021. (See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C.) Total residents: 53 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 interview, and Food and Drug Administration (FDA) guidelines, the facility failed to label and date multiple food items, and refrain from storing thawing meat over ready to eat food items or produce. The facility reported	F 000	Correction date 5/31/21	
F 812 SS-D		F 812		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Administrator

5/24/21

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.

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F 812	<p>Continued From page 1</p> <p>to eat food items or produce. The facility reported a census of 53 residents.</p> <p>Findings include:</p> <p>During a walk through of the Unit Kitchenette in the 400 Skilled Hall on 5/3/21 at 10:45 AM, observed a Thick and Easy orange juice container opened and not dated; a clear Thick and Easy container, opened and not dated; and a cranberry cocktail thickened container opened and not dated. Also noted a Thick and Easy container dated 4/21 contained a scoop inside with the handle in the powder.</p> <p>During a walk through of the Kitchenette 600 Hall on 5/4/21 at 5:56 AM, noted a container of clear Thick and Easy not dated. The second shelf of the refrigerator covered with debris of a sticky substance and appeared to be a spilled liquid. The red spilled liquid also noted on the bottom of the refrigerator.</p> <p>During a walk through of the Main Kitchen on 5/4/21 at 11:30 AM, noted two packages of sliced meat placed directly on the top shelf, no pan under the meat, and over ready-to-serve peaches.</p> <p>During a walk through of the Serving Kitchen for the 500 and 600 Hall revealed an unlabeled and undated iced coffee on the bottom shelf. In the refrigerator, an opened sour cream container and opened cottage cheese container, both undated.</p> <p>On 5/4/21 at 1:48 PM, the Dietary Manager (DM) reported he just started two weeks ago and is in the process of organizing the kitchen. He reported he is going to label the shelves in the</p>	F 812		

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F 812	<p>Continued From page 2</p> <p>walk in cooler so that staff know where things go. The DM stated the far left shelf designated to be just for meats and there shouldn't have been any produce under the meat, it was likely moved over from the shelf next to it.</p> <p>The 2017 Food Code from the FDA, included the following regulation;</p> <p>3.5012(b) 5(i) - Physical barrier or methods of separation of raw foods and ready to eat foods to minimize cross contamination.</p>	F 812		

The preparation of the following plan of correction does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction prepared was executed solely because the provision of State and Federal law requires it.

F812 Food Procurement, Store/Prepare/Serve- Sanitary

No residents had food procured, stored, prepared and served in an unsafe or unsanitary and all food was procured, stored, prepared and served in safe manor in accordance with local, state and federal guidelines.

All residents will continue to have food procured, stored, prepared and served in a sanitary and safe manor in accordance with local, state and federal guidelines.

All dietary staff have been re-educated on food procurement, storage, preparation and service requirements.

- The items found opened and not dated were thrown away.
- The item found with a scope inside was thrown away.
- The 600 Kitchenette refrigerator was cleaned and cleaning tasks list updated for all Kitchenettes to audit shelves for sticky residue.
- Raw food has been separated in the walk-in refrigerator away from ready to eat food.

Facility administrator and/or designee will audit staff with understanding of food procurement, storage, preparation and service requirements then report at QAPI monthly for 3 months and then per QAPI standard team will determine length of reporting requirements due to system change.

This Plan of correction represents facility compliance as of May 31st, 2021.