

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

PRINTED: 09/04/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 166295	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/26/2021
NAME OF PROVIDER OR SUPPLIER MONTEZUMA SPECIALTY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 316 MEADOW LANE DRIVE PO BOX 780 MONTEZUMA, IA 50171	

(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 Correction Date: <u>9/10/2021</u> The following deficiency relates to the facility's annual health survey completed 8/23/21 to 8/26/21. See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F 000	"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Montezuma Specialty Care does not admit that the deficiency listed on this form exist, nor does the facility admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The facility reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."	
F 812 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 interview and facility policy review, the facility failed to ensure the spread of potential infections with stained cutting boards with deep grooves; food in refrigerator and freezer, uncovered, not labeled nor dated. The facility reported a census of 17 at the time of	F 812	The cutting boards were removed from service and replaced with new ones on 8/23/2021 The food listed in items 2 through 5 were removed from the freezer and discarded on 8/23/2021 A five minute meeting was held for all dietary staff covering the facility policy requiring all frozen foods to be sealed, labeled and dated at all times on 8/26/2021 Dietary manager or designee will monitor weekly. QA will monitor results monthly for three months then semi-annually.	09/10/2021

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

Phyllis Murphy

TITLE

Administrator

(X6) DATE

9/10/2021

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 60 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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NAME OF PROVIDER OR SUPPLIER MONTEZUMA SPECIALTY CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 316 MEADOW LANE DRIVE PO BOX 790 MONTEZUMA, IA 50171		
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F 812	<p>Continued From page 1 the survey.</p> <p>Findings include:</p> <p>During initial tour of the kitchen on 8/23/21 at 11:00 AM the following items were discovered:</p> <ol style="list-style-type: none"> 1. 6 cutting boards (green, blue, red, white, brown, yellow) approximately 18 x 12 inches, all had grooves; not sanitizable. 2. 2 pureed cake desserts in refrigerator, not covered nor dated. 3. approximately 1# diced chicken not labeled, not dated in refrigerator. 4. approximately 2# turkey not labeled nor dated in freezer. 5. 20 frozen biscuits not sealed, labeled nor dated. <p>During an interview on 8/23/21 at 11:10 AM Staff A (cook) acknowledged the items not labeled nor dated in the refrigerator and freezer, along with the 20 biscuits not sealed properly. Acknowledged the cutting boards with deep grooves.</p> <p>During interview on 8/24/21 at 3:08 PM the Dietary Manager acknowledged the items in refrigerator and freezer and stated their expectations are for staff to follow the facility policies and procedures; properly sealing, covering, labeling and date items in refrigerators and freezers.</p> <p>During interview on 8/25/21 at 12:52 PM the facility Administrator acknowledged the items and stated all staff are to be following facility policies and procedures.</p>	F 812			

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F 812	Continued From page 2 The facility policy dated February 2016, Sanitation directed staff : 2. All frozen products will be sealed, labeled, and dated. Including items removed from the original packaging. 5. Refrigerated foods will be covered, labeled and dated (month, day, year)	F 812			