

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

PRINTED: 04/27/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165049	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022	
NAME OF PROVIDER OR SUPPLIER RIDGECREST VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 4130 NORTHWEST BOULEVARD DAVENPORT, IA 52806		
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F 000	INITIAL COMMENTS	F 000	<p>The following plan of correction for these deficiencies does not constitute and should not be interpreted as an admission or an agreement of the truth of the facts alleged nor conclusion set forth in the statement of deficiencies. The plan of correction was completed solely because it is required by state and federal law.</p> <p>F000 As our credible allegation of compliance that F550, F561, F625, F640, F657, 807, F812 were corrected on or before May 14, 2022.</p> <p>F 550</p> <p>It is the intent of this facility to uphold the rights of each resident. To be treated with respect and dignity, to provide equal access to quality care, to exercise their rights, to be free from interference, coercion or discrimination as outlined in 483.10a and b.</p>	
OK/TAG	Correction Date: <u>May 14, 2022</u>			
✓	<p>The following deficiencies resulted from the facility's Annual Recertification Survey and investigation of Complaint #98114-C, and Facility Self-Reported Incidents #100443-I, #101007-I, and #102076-I, conducted April 11, 2022 to April 14, 2022.</p> <p>Complaint #98114-C was substantiated. Facility Self-Reported Incidents #101007-I and #102076-I were substantiated.</p> <p>See Code of Federal Regulations (42CFR) Part 483, Subpart B-C.</p>			
F 550 SS=D	<p>Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2)</p> <p>§483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section.</p> <p>§483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident.</p> <p>§483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and</p>			

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

Brent R. Zimmerman

TITLE

(X6) DATE

Administrator

May 6, 2022

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 550	<p>Continued From page 1</p> <p>practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.</p> <p>§483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States.</p> <p>§483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility.</p> <p>§483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.</p> <p>This REQUIREMENT is not met as evidenced by: Based on clinical record review, personnel record review, resident and staff interviews, the facility failed to treat a resident with dignity by telling her she would be charged \$10 each time she used the call light for 1 of 14 residents reviewed (Resident #3). The facility reported a census of 43.</p> <p>Findings Include:</p> <p>Review of Resident #3's Minimum Data Set (MDS) Assessment Tool dated 10/20/21, showed the resident had diagnosis including anxiety, chronic obstructive pulmonary disease (COPD) and hypertension. The Assessment documented a Brief Interview for Mental Status (BIMS) score of 14 out of 15, indicating the resident cognitively</p>	F 550	<p>Resident #3 is treated with dignity and respect. Resident currently resides in the facility. Staff L's employment was terminated on 12/15/2021. All other staff were re-educated on the abuse policy on 05/06/2021.</p> <p>Audits will be completed by the DON/or Designee periodically to ensure compliance.</p> <p>Audit findings will be brought to the monthly QAPI meetings.</p>	

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F 550	<p>Continued From page 2</p> <p>intact. The MDS documented the resident needed extensive assistance from staff for bed mobility, transfers, walking, locomotion in wheelchair, dressing, toilet use, personal hygiene and had moderately impaired vision.</p> <p>During an interview on 4/12/22 at 12:28 PM, the resident stated back around December 13, 2021, Staff L, Certified Nurse Aide (CNA) came into her room and told her she used the call light more than anyone else in the building. The resident stated she agreed that she does use the call light more than others because of her impaired vision. She stated Staff L raised her voice and told her she was going to have to pay to use the call light. Resident #3 stated she was shocked that she would have to pay to be cared for, she thought she would be taken care of in this facility. She stated she felt like her rights were being taken away. Resident #3 stated she had just singed her finances over to her daughter so she called her daughter to tell her of the extra costs. She stated her daughter reported the incident to Administration.</p> <p>During an interview on 4/13/22 at 9:50 AM, Staff M, CNA reported on December 13, 2021, Staff L told her "I told her (Resident #3) she was going to have to pay \$10 to use her call light". Staff M stated Staff L appeared to laugh about what she said jokingly.</p> <p>During an interview on 4/13/22 at 4:50 PM, the Administrator stated he would expect all residents to be treated with dignity and respect and reported Staff L no longer worked at the facility.</p>	F 550		
F 561	Self-Determination SS=D CFR(s): 483.10(f)(1)-(3)(8)	F 561		

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F 561	<p>Continued From page 3</p> <p>§483.10(f) Self-determination. The resident has the right to and the facility must promote and facilitate resident self-determination through support of resident choice, including but not limited to the rights specified in paragraphs (f) (1) through (11) of this section.</p> <p>§483.10(f)(1) The resident has a right to choose activities, schedules (including sleeping and waking times), health care and providers of health care services consistent with his or her interests, assessments, and plan of care and other applicable provisions of this part.</p> <p>§483.10(f)(2) The resident has a right to make choices about aspects of his or her life in the facility that are significant to the resident.</p> <p>§483.10(f)(3) The resident has a right to interact with members of the community and participate in community activities both inside and outside the facility.</p> <p>§483.10(f)(8) The resident has a right to participate in other activities, including social, religious, and community activities that do not interfere with the rights of other residents in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on clinical record review, observation, document review, resident and staff interviews, the facility failed to provide choice of meal options on the Menu Slips for 3 of 3 residents reviewed (Residents #14, #15, and #50). The facility identified a census of 43 residents.</p> <p>Findings Include:</p>	F 561	<p>F561</p> <p>It is the intent of this facility to uphold the rights of each resident. To be treated with respect and dignity, to provide equal access to quality care, to exercise their rights, to be free from interference, coercion or discrimination as outlined in 483.10a and b.</p> <p>Residents #14, #15, and #50 are provided meal options for every meal. 05/06/2022.</p> <p>Mrs. Dash is available for all meals on 05/03/2022.</p> <p>The dietary department was re-educated regarding resident meal choices and resident menu options to be filled out daily for every meal served on 05/06/2022.</p> <p>Audits will be completed by Dietary Manager/or Designee periodically to ensure compliance.</p>	May 14, 2022

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F 561	Continued From page 4 1. The Minimum Data Set (MDS) Assessment dated 3/04/22 showed a Brief Interview for Mental Status (BIMS) score of 12 indicating mild cognitive loss. The resident required no assistance with eating and the MDS listed a diagnosis of end stage renal disease, coronary artery disease and hypertension. During an interview on 4/11/21 at 1:08 p.m., Resident #14 reported she received a Menu Slip for breakfast but had not received a Menu Slip for lunch to fill out. She reported this happens frequently and then food just gets shoved onto a plate and that is what you get whether you can eat it or not. She stated she had not filled out a Menu Slip. Someone else must have filled it out for her. She reported she prefers to eat in her room. Observation on 4/11/22 at 1:30 p.m., revealed a plate with one serving of broccoli casserole. Resident #14 reported she had not received a menu slip to fill out and she doesn't like broccoli. No other items from the menu were observed on the plate. She stated she hasn't said anything to the Certified Nursing Assistants (CNA's) because they can't do anything about it. Resident #14 stated it is already 1:30 p.m.. They will serve food again at 4:30 p.m. so why bother. "So much for lunch." The Menu Slip laying on the resident's lunch tray had the 8 ounce (oz) broccoli and cheese casserole, 4 oz. chilled apple slices, 6 fluid oz. hot tea and water circled on the menu slip. The Resident stated she doesn't know who filled out her Menu Slip, but she had not received a Menu Slip. She reported she would have taken the chilled apple slices, but those had not come on her lunch tray. The Menu Slip documented	F 561	Audit findings will be brought to the monthly QAPI meetings.	

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F 561	<p>Continued From page 5</p> <p>Mrs. Dash on all trays. No Mrs. Dash observed on Resident #14's meal tray at this time.</p> <p>During an observation on 4/11/22 at 1:46 p.m. noted staff leaving the residents room. Staff had offered her a alternate item off of the everyday menu for special order. The Resident stated they are now bringing her a grilled cheese sandwich.</p> <p>During an observation on 4/11/22 at 2:13 p.m. Resident #14 sat in her room eating a grilled cheese sandwich. She reported the grilled cheese sandwich tasted good.</p> <p>2. The MDS dated 3/02/22 for Resident #15 showed a BIMS of 15 indicating no cognitive impairment. The resident required no assistance for eating. The MDS listed a diagnosis of diabetes mellitus, anxiety and hypertension. The MDS showed having snacks available between meals was very important to the Resident.</p> <p>The Nutritional Assessment dated 3/2/22 completed by the Consulting Dietician documented to honor the resident's food preferences.</p> <p>During an interview on 4/11/22 at 12:56 a.m. Resident #15 reported the food is cold. Sometimes they bring a meal ticket other times they just bring food and that is what you get. She would just like to get what she ordered as this has been going on a long time. She reported she has bowel and bladder issues and prefers to eat in her room.</p> <p>Observation on 4/11/22 at 1:32 p.m. revealed the resident sitting in her room. Her lunch plate had</p>	F 561		

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F 561	<p>Continued From page 6</p> <p>an approximate 1.5 oz. serving of salmon and 4 oz. of mash potatoes and gravy.</p> <p>During an interview on 4/11/22 at 1:33 p.m. Resident #15 reported she doesn't like salmon. She stated she never got a Menu Slip before lunch. She doesn't know who filled out her Menu Slip, but she didn't. They did offer her other food items of grilled cheese with tomato soup. They were making her a new lunch tray. She stated she would like to get the food that she actually orders. Observation of the Menu Slip laying on the Resident's lunch tray showed the 3 oz. of herb crusted salmon fillet, 1 fluid oz. of gravy, 4 oz. mash potatoes and 8 fluid oz. of coffee circled on the menu slip. The resident reviewed the Menu Slip and stated she had not filled out the Menu Slip.</p> <p>3. The MDS assessment dated 3/21/22 showed a BIMS score of 14 indicating intact cognitive functioning. The resident required no assistance for eating. The MDS listed a diagnosis of heart failure, diabetes mellitus, anxiety disorder, frequency of micturition, history of falling and chronic obstructive pulmonary disease.</p> <p>The Nutritional Assessment completed 3/21/22 by the Consulting Dietician documented to honor the resident's food preferences.</p> <p>During an interview on 4/11/22 at 12:05 p.m., the Consulting Dietician stated they just started a new dining process last Monday with residents coming out of rooms to the dining room. She stated prior to that residents were given the Menu Slips a week in advance to fill out. She stated getting the Menu Slips back had been a problem. Now the</p>	F 561		

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F 561	<p>Continued From page 7</p> <p>residents are assisted with filling out Menu Slips right before the meal when they get to the table so it is much better.</p> <p>During an interview on 4/11/22 at 12:59 p.m., Resident #50 reported they get the tail end of the food on their trays. She doesn't know why they make out a Menu Slip when they run out of the food or the portions. Sometimes you only get a tablespoon of food. They don't make them a priority if you are independent and choose to eat in your room. You can ask for things but you don't get that. The food is cold. The food is covered and the drinks have plastic wrap, but is cold. Coffee comes and is only half a cup when you finally get served last. She tries to be kind about it but it just keeps happening. Resident #50 reported she is still waiting for lunch. She reported she had bowel issues and prefers to eat meals in her room.</p> <p>Observation on 4/11/22 at 1:32 p.m. revealed a plate with approximately 3 oz. of salmon. She reported she had not received a Lunch Menu. She did not fill out a Lunch Menu Slip. Someone else must have filled out her Menu Slip for her. A review of the Menu Slip on the lunch tray showed 8 oz. broccoli and cheese casserole, 4 oz. of chilled apple slices and 6 fluid oz. of coffee circled on the menu slip. Resident #50 had written in pen on the Menu Slip, "This was not given for me to make out," and signed her name. She reported she would like to get the food she orders to be the food that comes on her meal tray.</p> <p>Observation on 4/11/22 at 1:31 p.m., revealed a CNA offered the resident other food items to substitute for the lunch tray she did not want.</p>	F 561		

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F 561	<p>Continued From page 8</p> <p>Further observation at 1:47 p.m. revealed the resident eating a sandwich from a new lunch tray that had been served.</p> <p>During an interview on 4/13/22 at 9:39 a.m., Staff D, Dietary Server, reported she had been working in the dining area (Station 3) since she had been hired in February 2022 serving out drinks. She reported the Meal Tickets are always missing. She doesn't know what happens to the Meal Tickets, but it has been a long standing problem. She reported she is not sure how residents that eat in their room get their tickets filled out.</p> <p>A review of the Resident Council Minutes completed on 4/13/22 noted the 1/28/22 notes documented one resident would like the food service staff to provide what is circled on their menu.</p> <p>During an interview on 4/14/22 at 6:59 a.m., Staff J, CNA, reported she has worked at the facility for some time covering multiple Nursing Stations. She stated prior to the recent change, a packet of Menus for breakfast, lunch and dinner would go out one week at a time for the resident to fill out. She reported the aides would help some of the resident fill out the Menu Slips because they were not able to do. She reported there were issues with Menu Slips getting lost and not making it back to the kitchen. When that happened, most times the Dietary Staff would just serve out a plate to the resident versus going back and having the resident fill out a new Menu Slip.</p> <p>During an interview on 4/14/22 at 7:06 a.m., Staff K, Licensed Practical Nurse, (LPN), stated it has been the responsibility of the nurses and CNA's to take Menus to the resident rooms and have</p>	F 561		

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F 561	<p>Continued From page 9</p> <p>them filled. There had been a change in the system right before survey due to the remodeling. Prior a weeks worth of Menus for breakfast, lunch and dinner were taken to the resident's room and filled out on Fridays. Family or the CNA's would help the residents fill out the Menus and then return to the kitchen. She stated there were issues with Nursing or the Kitchen Staff losing the Menu Slips. If the Menu Slips were lost, they might go check with the resident again before the meal, but most of the time Dietary would just serve them a tray of food or the Nurse/CNA staff would just fill the Menu Slip out or tell dietary what they wanted because they usually knew what the resident liked. She voiced it the system had problems. Many residents could not remember what they had ordered from a week ago or didn't want what they had from a week ago. Not all residents or staff are aware there is an Everyday Menu available. She reported sometimes the Menu Slips only had one entree listed and not the full menu items listed so resident's didn't have much of a choice. She stated they have changed to helping resident fill out the Menu right before the meal which is better but there are still a lot of problems with resident getting a choice of menu items.</p> <p>During an interview on 4/14/22 at 9:39 a.m., the Assistant Director of Nursing (ADON) reported prior to last week they were taking Menus in once a week for the resident's to fill out. The Nurses and CNA's had the primary responsibility to assist the resident with filling out the Menus. She reported if the Menu Slip is lost, staff should go back to the resident and have them fill out a new Menu Slip. She expects that if a resident is able to make their own menu choices, they be allowed to make their own menu choices. Staff should not</p>	F 561		

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F 561	Continued From page 10 fill out the Menu Slip if the resident's can make their own choices. She reported the facility did not have a policy on the Menu Slips.	F 561		
F 625 SS=B	Notice of Bed Hold Policy Before/Upon Trnsfr CFR(s): 483.15(d)(1)(2) §483.15(d) Notice of bed-hold policy and return- §483.15(d)(1) Notice before transfer. Before a nursing facility transfers a resident to a hospital or the resident goes on therapeutic leave, the nursing facility must provide written information to the resident or resident representative that specifies- (i) The duration of the state bed-hold policy, if any, during which the resident is permitted to return and resume residence in the nursing facility; (ii) The reserve bed payment policy in the state plan, under § 447.40 of this chapter, if any; (iii) The nursing facility's policies regarding bed-hold periods, which must be consistent with paragraph (e)(1) of this section, permitting a resident to return; and (iv) The information specified in paragraph (e)(1) of this section. §483.15(d)(2) Bed-hold notice upon transfer. At the time of transfer of a resident for hospitalization or therapeutic leave, a nursing facility must provide to the resident and the resident representative written notice which specifies the duration of the bed-hold policy described in paragraph (d)(1) of this section. This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interview and policy review, the facility failed to address a	F 625	F625 It is the intent of this facility to provide appropriate notice of our bed hold policy at the time of transfer for hospitalization or therapeutic leave. Bed Policy will be provided to resident on admission, on discharge to hospital, and therapeutic leave. 5/6/2022 Resident #50 did receive a copy of the bed hold policy on 05/03/2022. DON re-educated Social Services regarding bed hold policy 05/03/2022. DON and MDS nurse re-educated all Nurses on bed hold policy and location of bed hold policy form 05/06/2022.	May 14, 2022

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

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FORM APPROVED
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165049	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
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F 625	<p>Continued From page 11</p> <p>Bed Hold for 1 of 1 residents reviewed for hospitalization (Resident #50). The facility identified a census of 43 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) Assessment dated 3/22/22 showed a Brief Interview for Mental Status (BIMS) score of 14 indicating intact cognitive functioning. The MDS listed a diagnosis of diabetes mellitus, anxiety disorder chronic obstructive pulmonary disease.</p> <p>A Nurses Note dated 3/08/22 documented Resident #50 exhibited wheezes with her lower lung lobes diminished and edema of bilateral lower extremities. The Nurses Note documented the physician had been called and responded with an order to send the Resident to the emergency room.</p> <p>A Telephone Order dated 3/08/22 documented a physician order to send the Resident to the Emergency Room (ER).</p> <p>A Nurses Note dated 3/9/22 at 12:15 a.m. documented the Resident had been admitted to the hospital.</p> <p>A Nurses Notes dated 3/11/22 documented the resident readmitted to the facility on 3/11/22.</p> <p>The Nurses Notes dated 3/9/22 - 3/11/22 lacked documentation that a Bed Hold Notice had been given to the resident or the resident representative.</p> <p>During an interview on 4/13/22 at 12:03 p.m., Staff C, Licensed Practical Nurse,</p>	F 625	<p>DON/designee will complete periodic audits to ensure bed hold form has been completed and provided on discharge/leave.</p> <p>Audit findings will be brought to the monthly QAPI meetings.</p>	

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F 625	Continued From page 12 (LPN)/Administration Nurse, reported she could not find a Bed Hold for Resident #50. During an interview on 4/13/22 at 1:35 p.m., the Assistant Director of Nursing, (ADON), reported she could not find a Bed Hold on Resident #50 but there should have been one. She states it is the responsibility of the nurse to address the Bed Hold with the family at the time of the resident's transfer. The nurse should have addressed the Bed Hold form with the family. The ADON provided a copy of the Bed Hold Policy. The undated Bed Hold Information Policy provided by the facility, documented the Nursing staff will be required to document in the Nursing Notes information and forms provided at the time of transfer/discharge to resident/resident representative.	F 625		
F 640 SS=B	Encoding/Transmitting Resident Assessments CFR(s): 483.20(f)(1)-(4) §483.20(f) Automated data processing requirement- §483.20(f)(1) Encoding data. Within 7 days after a facility completes a resident's assessment, a facility must encode the following information for each resident in the facility: (i) Admission assessment. (ii) Annual assessment updates. (iii) Significant change in status assessments. (iv) Quarterly review assessments. (v) A subset of items upon a resident's transfer, reentry, discharge, and death. (vi) Background (face-sheet) information, if there is no admission assessment. §483.20(f)(2) Transmitting data. Within 7 days	F 640	F640 It is the intent of this facility to encode the required data within 7 days and transmit it to CMS and the State within 14 days after the facility completes the assessment. Residents #11, #12, #14, #16 and #17 will have a timely MDS submitted according to next ARD date.	May 14, 2022

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

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F 640	<p>Continued From page 13</p> <p>after a facility completes a resident's assessment, a facility must be capable of transmitting to the CMS System information for each resident contained in the MDS in a format that conforms to standard record layouts and data dictionaries, and that passes standardized edits defined by CMS and the State.</p> <p>§483.20(f)(3) Transmittal requirements. Within 14 days after a facility completes a resident's assessment, a facility must electronically transmit encoded, accurate, and complete MDS data to the CMS System, including the following:</p> <ul style="list-style-type: none"> (i) Admission assessment. (ii) Annual assessment. (iii) Significant change in status assessment. (iv) Significant correction of prior full assessment. (v) Significant correction of prior quarterly assessment. (vi) Quarterly review. (vii) A subset of items upon a resident's transfer, reentry, discharge, and death. (viii) Background (face-sheet) information, for an initial transmission of MDS data on resident that does not have an admission assessment. <p>§483.20(f)(4) Data format. The facility must transmit data in the format specified by CMS or, for a State which has an alternate RAI approved by CMS, in the format specified by the State and approved by CMS.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review, document review and staff interview the facility failed to transmit Minimum Data Set (MDS) Assessments within 14 days of completion date for 5 of 5 residents sampled (Resident #11, #12, #14, #16, #17). The facility identified a census of 43</p>	F 640	<p>An audit was completed on all other residents on 05/02/2022 for MDS submission.</p> <p>Education was provided via training from Iowa Health Care Association to the MDS coordinator and DON regarding MDS completion on all residents quarterly, annually, and as needed on 4/27/2022 and 4/28/2022.</p> <p>The DON/Designee will be completing audits periodically to MDS's are completed with accuracy.</p> <p>Audit findings will be brought to the monthly QAPI meetings.</p>	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 640	<p>Continued From page 14 residents.</p> <p>Findings Include:</p> <p>1. A Matrix MDS Assessment Look-up for Resident #11 showed a MDS with an Assessment Reference Date (ARD) dated 8/25/21 with a completion date 9/03/21.</p> <p>A Center for Medicare and Medicaid (CMS) Submission Validation Report dated 1/12/22 showed Resident #11's MDS with a target date of 8/25/21 with a 3810c warning the record had been submitted late: the submission date is more than 14 days after the V0200C2 (completion date) for the Comprehensive Assessment.</p> <p>2. A Matrix MDS Assessment Look-up for Resident #12 showed a MDS with an ARD dated 9/01/21 with a completion date 9/06/21 at Z0500B (completion date).</p> <p>A CMS Submission Validation Report dated 1/12/22 showed Resident #12 MDS with a target date of 9/01/21 with a completion date of 9/06/21 with a 3810c warning the record had been submitted late: the submission date is more than 14 days after the Z0500B date for the Assessment.</p> <p>3. A Matrix MDS Assessment Look-up for Resident #14 showed a MDS with an ARD date of 9/01/21 with a completion date of 9/06/21 at Z0500B.</p> <p>A CM submission Validation Report dated 1/12/22 showed Resident #14 MDS with a target date of</p>	F 640		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 640	<p>Continued From page 15</p> <p>9/01/21 with a completion date of 9/06/21 with a 3810c warning the record had been submitted late: the submission date is more than 14 days after the Z0500B date for the Assessment.</p> <p>4. A Matrix MDS Assessment Look-up for Resident #16 showed a MDS with an ARD date of 9/01/21 with a completion date of 9/06/21 at Z0500B.</p> <p>A CMS Submission Validation Report dated 1/12/22 showed Resident #16 MDS with a target date of 9/01/21 with a completion date of 9/06/21 with a 3810c warning the record had been submitted late: the submission date is more than 14 days after the Z0500B date for the Assessment.</p> <p>5. A Matrix MDS Assessment Look-up for Resident #17 showed a MDS with an ARD date of 9/07/21 with a completion date of 9/15/21.</p> <p>A CMS Submission Validation Report dated 1/12/22 showed Resident #17 MDS with a target date of 9/07/21 with a completion date of 9/15/21 with a 3810c warning the record had been submitted late: the submission date is more than 14 days after the V0200C2 date for the Comprehensive Assessment.</p> <p>During an interview on 4/13/22 at 1:35 p.m., the Assistant Director of Nursing (ADON) reported the facility had been without an MDS Coordinator from August 2021 until the new MDS Coordinator had been hired on 3/7/22. In that time the Consulting Nurse had not been submitting MDS Assessments.</p>	F 640		

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F 640	Continued From page 16	F 640		
<p>On 4/14/22 at 8:07 a.m. Staff C, Licensed Practical Nurse/Administration, reported the MDS Coordinator left and there really hadn't been a back up person. She had only received two days of training to take over the MDS processing. She did not have access in to the Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system and had not received any training in how to submit the MDS Assessments. She reported they had a MDS Coordinator hired on contract. It had been her understanding the contracted MDS Coordinator had not been submitting the MDS Assessments. She tried but did not receive the training she needed to be able to submit MDS assessments.</p> <p>On 4/14/22 at 9:33 a.m., the ADON reported she expects the MDS Assessments will be submitted in on time. She reported the facility does not have a MDS Policy, but follows the Resident Assessment Instrument (RAI) Manual.</p> <p>The Long Term Care Facility Resident Assessment Instrument 3.0 User's Manual, Version 1.17.1, October 2019, Chapter 5, page 5-3 documents submission files are transmitted to the QIES ASAP system using the CMS wide area network. Providers must transmit all sections of the MDS 3.0 required for their State-specific instrument, including the Care Area Assessment (CAA) Summary (Section V) and all tracking or correction information. Transmission requirements apply to all MDS 3.0 records used to meet both federal and state requirements.</p> <p>Assessment Transmission: Comprehensive Assessments must be transmitted electronically within 14 days of the Care Plan Completion Date</p>				

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 640	Continued From page 17 (V0200C2 + 14 days). All other MDS Assessments must be submitted within 14 days of the MDS Completion Date (Z0500B + 14 days). The Center for Clinical Standards and Quality/Quality, Safety & Oversight Group letter Ref: QSO-21-17-NH, dated 4/08/21, documented the end of the CMS Emergency Blanket Waiver of the timeframe requirements for completing and transmitting Resident Assessment Information (Minimum Data Set (MDS)).	F 640		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary	F 657	F657 It is the intent of this facility to develop the comprehensive care plan within 7 days after completion of the comprehensive assessment as required by 483.21 (b)(2)(i)-(iii). Resident #36 had a care plan meeting completed on 02/23/2022. Resident #36 will have her next care plan meeting completed on 05/25/2022. All other residents have been put on a care plan meeting schedule to correlate to the	May 14, 2022

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F 657	<p>Continued From page 18</p> <p>team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and clinical record review the facility failed to complete Resident Care Conferences on a quarterly basis for one of one residents reviewed for Care Planning (Resident #36). The facility reported a census of 43 residents.</p> <p>Findings Include:</p> <p>The Quarterly Minimum Data Set (MDS) dated 2/10/22 revealed Resident #36 scored 3 out of 15 on the Brief Interview for Mental Status (BIMS) exam, which indicated severe cognitive impairment.</p> <p>Care Conference dates for the past year were requested for Resident #36 from Staff B, Social Services.</p> <p>On 4/13/22 at 12:03 PM, Staff B explained they had started in October 2021, and acknowledged when they came they had revamped the process. Per Staff B, Care Conferences had occurred on 12/1/21, 2/23/22, 8/4/21, and 1/20/21. Staff B acknowledged this had been all they could find. Staff B acknowledged Care Conferences were to be done every quarter, and they would do the Quarterly MDS, then set the schedule for Care Conferences.</p> <p>The facility provided Care Conference Summary documents dated 1/20/21, 8/4/21, 12/1/21, and 2/23/22 for Resident #36.</p>	F 657	<p>quarterly/annual schedule.</p> <p>Audits will be completed by the DON/or Designee periodically to ensure compliance.</p> <p>Audit findings will be brought to the monthly QAPI meetings.</p>	MDS

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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F 657	Continued From page 19 On 4/14/22 at 9:42 AM, the Assistant Director of Nursing (ADON) acknowledged Care Conferences were to be held regularly and at least quarterly. On 4/14/22 at 10:50 AM, the ADON acknowledged they could not locate a Comprehensive Care Plan Policy.	F 657		
F 807 SS=D	Drinks Avail to Meet Needs/Prefs/Hydration CFR(s): 483.60(d)(6) §483.60(d) Food and drink Each resident receives and the facility provides- §483.60(d)(6) Drinks, including water and other liquids consistent with resident needs and preferences and sufficient to maintain resident hydration. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to provide thickened fluids and failed to ensure resident fluids were prepared without the use of a straw for one of five residents reviewed during medication administration (Resident #7). The facility reported a census of 43 residents. Findings Include: The Annual Minimum Data Set (MDS) for Resident #7 dated 3/16/22 revealed the resident scored 7 out of 15 on a Brief Interview for Mental Status (BIMS) exam, which indicated severe cognitive impairment. The Care Plan dated for Resident #7, identified the resident has a nutrition problem of varying	F 807		May 14, 2022
		F807	It is the intent of this facility to ensure that each resident receives and the facility provides drinks, including water and other liquids consistent with the resident needs and preferences and sufficient to maintain resident hydration. Resident #7 was provided thickened liquids without a straw on 04/12/2022. Staff A was re-educated regarding thickened liquids and no straw for resident #7 on 04/12/2022 and 04/15/2022.	

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F 807	<p>Continued From page 20</p> <p>meal intake, chewing/swallowing problem in the past related to (r/t) very poor dentition, mild confusion evidenced by history of weight loss, but has regained the past 6 months.</p> <p>The Care Plan interventions dated 3/18/21 documented the following:</p> <ul style="list-style-type: none"> a. Provide mechanical soft textured diet with nectar thickened liquids and Frazier water protocol as ordered. b. Monitor food/fluid intake. <p>The Speech Therapy SLP Evaluation & Plan of Treatment for Certification Period 7/26/21-8/23/21 documented the following Background Assessment per the medical section:</p> <p>Precautions/Contraindications: Mechanical soft diet, nectar thick liquids Patient to remain upright during and for 30 minutes after meals.</p> <p>Compensatory swallow strategies. High Aspiration Risk.</p> <p>The signed Physician's Order sheet dated 4/01/22 documented the following for diet: mechanical soft with nectar thick liquids, use Frazier Water Protocol, magic cup twice a day (BID) with meals.</p> <p>On 4/12/22 at approximately 4:10 PM, observation revealed Staff A, Registered Nurse (RN), prepared four medications to administer to Resident #7. Staff A also prepared regular water and had a straw present in a small drink carton to administer to Resident #7. While present with Staff A in the resident's room, observation revealed a sign on the wall of the room which documented, no mugs, no straws and nectar thick fluids only. Staff A was stopped prior to administration of the fluids to Resident #7.</p>	F 807	<p>All other staff were re-educated regarding which residents receive thickened liquids and no straws on 05/06/2022.</p> <p>Audits will be completed by DON/or Designee periodically to ensure compliance.</p> <p>Audit findings will be brought to the quarterly QAPI meetings.</p>	

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F 807	Continued From page 21 On 4/14/22 at 9:42 AM, when queried whether the resident should have had regular water for the pills, the Assistant Director of Nursing (ADON) acknowledged probably not. On 4/14/22 at 10:28 AM, the ADON explained they had talked to the Speech Therapist who felt the resident should not have straws. A facility policy was requested which addressed thickened liquids. The facility provided a policy titled Liquid Diets, which did not address the area of concern. The undated Facility Policy titled Department of Speech Pathology Frazier Water Protocol, revealed: Medication Rules -Do not take medications with water.	F 807		
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.	F 812	F812 It is the intent of this facility to procure, prepare, and store food from sources approved or considered satisfactory by federal, state, or local authorities.	May 14, 2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165049	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022	
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F 812	<p>Continued From page 22</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, policy review, resident and staff interviews the facility failed to ensure food preparation equipment had been sanitized between each preparation, maintain clean fans in the dishware area, date food and drink items when opened and utilize proper gloving and hand washing during meal service. The facility identified a census of 43 residents.</p> <p>Findings Include:</p> <p>During initial tour of the kitchen on 4/11/22 at 10:49 a.m., observations revealed the following concerns:</p> <ul style="list-style-type: none"> a. One bag of Kikkoman panko crumbs, ¼ full bag, open, undated, unsealed with a 4 inch wide opening at the top of the bag. b. One large bag of brown rice, ¾ full, open, with large lid open on the bin. c. The dish rack for bowls and plates contained a black and white gritty substance throughout the bottom of rack. <p>During an observation on 4/11/22 at 11:51 a.m., Staff D, Dietary Server, set up drinks for resident meal service to the Main Dining Room, Assistive Dining Room and room tray. She wore a mask below her nose and handled cups with gloves holding the cups/coffee mug by the drinking rim as she served them out to the 12 resident in the dining room.</p> <p>During an interview on 4/11/22 at 12:56 a.m., Resident #15 reported the food is cold.</p>	F 812	<p>The Kikkoman Panko Crumbs were thrown out on 4/14/2022.</p> <p>The large bag of brown rice was thrown out on 4/14/2022.</p> <p>All food items that were opened and not dated were discarded on 4/14/2022.</p> <p>The dishrack for bowls and plates were washed on 4/14/2022.</p> <p>Dietary Staff D was re-educated about proper mask wearing, gloving/hand hygiene, and proper handling of drinking cups on 4/26/2022.</p>	

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F 812	Continued From page 23	F 812	Staff E was re-educated on proper washing of the robo mixer pan and blade, proper food temperature requirements on 4/26/2022.	
	During an interview on 4/11/22 at 12:59 p.m., Resident #50 reported the food is cold.		Staff F was re-educated on the proper washing of the robo mixer pan and blade on 4/14/2022.	
	During an observation on 4/12/22 at 9:57 a.m., Staff E, Dietary Cook, performed hand hygiene, placed four 4 ounce (oz.) servings of carrots into the robo mixture to puree. After preparing the carrot puree, Staff E took the robo pan and blade to the dish sprayer and sprayed out the pan and blade. Staff E then placed the robo pan and blade to drain next to the dish sprayer sink. Staff E failed to wash and sanitize the robo mixer pan and blade prior to the next food preparation.		The robo mixer pan and blade were proper washed on 4/14/2022.	
	During an observation on 4/12/22 at 10:04 a.m., Staff E placed two chicken breasts into the robo mixer. After preparing the mechanical soft chicken mixture, Staff E took the robo pan and blade to the dish sprayer and sprayed off the robo pan and blade. Staff E failed to properly wash and sanitize the robo pan and blade prior to the next food preparation.			
	During an observation on 4/12/22 at 10:06 a.m., Staff E prepared three servings of pureed green beans in the robo mixer. Once completed, staff E took the robo pan and blade to the dish sprayer and sprayed the pan and blade off. Staff E failed to properly wash and sanitize the robo pan and blade prior to the next food preparation.			
	During an observation on 4/12/22 at 10:23 a.m., Staff E prepared two serving of mechanical soft chicken and dumplings in the robo mixer. Once completed, staff E took the robo pan and blade to the dish sprayer and sprayed the robo pan and blade off. She then placed the robo pan and blade on the metal drain rack next to the double			

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

PRINTED: 04/27/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165049	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
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F 812	<p>Continued From page 24</p> <p>compartment sink at the dish sprayer.</p> <p>During an observation on 4/12/22 at 10:35 a.m., Staff F, Dietary Cook, obtained the robo pan and blade from the metal drain rack by the double compartment sink with the dish sprayer, placed the robo pan on the robo stand and attached the blade. Staff F prepared two servings of pureed fruit cocktail. Staff F used the same robo pan and blade from the prior food preparation that had not been washed or sanitized.</p> <p>During an observation on 4/12/22 at 11:43 a.m., the Consulting Dietician performed hand hygiene with use of hand sanitizer, entered the kitchenette and removed the lid from a container of Thick-It food thickener. She used a spoon to pick the scoop up out of the Thick-it powder from inside the container touching the scoop with her bare hands. She prepared a thickened beverage for a resident, placed the Thick-it scoop that she touched with her bare hands back inside the container of Thick-it and delivered the beverage out to the dining area.</p> <p>During an observation on 4/12/22 at 11:59 a.m., Staff E's gloves came into contact with food. She removed her gloves, used hand sanitizer to perform hand hygiene instead of washing her hands and donned a new set of gloves to continue food service.</p> <p>On 04/12/22 at 12:13 p.m., The Consulting Dietician utilized hand sanitizer, entered the kitchenette and removed the lid to the Thick-it container. She used a spoon to lift the scoop out of the Thick-it powder from inside the container. She touched the scoop with her bare hands to prepare thickened ice tea for a resident. She</p>	F 812	<p>The Registered Dietitian Consultant was re-educated on regarding proper storage of the thick-it scoop, handling items with her bare hands on 4/26/2022.</p>	

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F 812	<p>Continued From page 25</p> <p>placed the scoop that she handled with her bare hands back inside the Thick-it container. She failed to wash her hands prior to preparation and placed the scoop that had contacted her bare hand back into contact with the Thick-it powder inside the container.</p> <p>A Test Tray on 4/12/22 at 12:35 p.m., checked for food temperatures after the last room tray had been delivered revealed the following temperatures:</p> <ul style="list-style-type: none"> a. Chicken and dumplings at 151 degrees Fahrenheit. b. Carrots at 145 degree Fahrenheit. c. Mashed potatoes and gravy at 124 degrees. <p>The mashed potatoes with gravy were stirred and then temperatures rechecked at 133 degrees and fell within a few seconds to 124 degrees, failing to maintain an holding temperature for food safety of 135 degrees.</p> <p>During an observation on 4/12/22 at 12:44 p.m., Staff D wearing gloves took a napkin from the counter and wiped up a food spill from a serving tray. Without changing her gloves or performing hand hygiene she removed the lid from the Thick-it container. Grabbed the scoop out of the Thick-it powder inside the container and continued to prepare a cup of thickened liquids for Resident #17. Continuing to wear the same gloves, she place her hand over the top of the cup where the Resident would drink from the cup and moved the cup to the serving tray. She then proceeded to roll a set of silverware in a napkin wearing the same gloves and placed on the serving tray. Staff D continued on to the next serving tray and poured coffee into a mug and placing her hand over the top of the coffee mug touching the drink surface of the cup moved the</p>	F 812		

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F 812	<p>Continued From page 26</p> <p>cup to the serving tray for Resident #41.</p> <p>During an observation on 4/12/22 at 12:48 p.m., Staff D poured a glass of cranberry juice for Resident #11, then placed her hand over the top of the drink handling glass by the lip of the cup and moved to the serving tray continuing to wear the same gloves. She then rolled a set of silverware into a napkin and placed on the serving tray for Resident #11.</p> <p>During an observation on 4/12/22 at 12:51 p.m., Staff G, Certified Nursing Assistant, (CNA), returned a coffee cup containing pudding thick cranberry juice to the Station 3 kitchenette. She stated the resident could not drink the cranberry juice. Staff D removed the lid from the Thick-it container, using her gloved hands grabbed the scoop up out of the Thick-it powder inside the container. Staff D stated she had only put one tablespoon of Thick-it in the cup of cranberry juice when she mixed it. Staff G entered the kitchenette without performing hand hygiene. She read the label on the Thick-it container and stated to Staff D it is one teaspoon for four oz. of fluid for nectar consistency fluids. Staff G finished stirring to prepare the thickened fluids, then placed the scoop back inside the container of Thick-it. She then delivered the cup of cranberry juice to Resident #17.</p> <p>A test tray on 4/12/22 at 1:06 p.m., checked for food temperatures after the last tray had been delivered to the Assistive Dining Room revealed the following temperatures:</p> <ul style="list-style-type: none"> a. Mash potatoes with gravy at 126. b. Beef Burgundy at 145 degrees. c. Carrots at 130.5 degrees. 	F 812	<p>Staff G was re-educated regarding bringing food/drink back to the kitchenette after it has been served to the resident, hand hygiene, and proper thick-it scoop storage.</p>	

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F 812	<p>Continued From page 27</p> <p>The mashed potatoes with gravy and carrots failed to maintain a safe serving temperature at 135 degrees or higher.</p> <p>Final Steam table food temperatures and drink cooler temperatures checked on 4/12/22 at 1:08 p.m. by Staff E revealed the following temperatures:</p> <ul style="list-style-type: none"> a. Beef Burgundy at 170 degrees. b. Carrots at 150 degrees c. Mash potatoes at 156 degrees. d. Green beans at 149 degrees e. Mechanical soft chicken and dumplings at 124.3 degrees. f. Pureed carrots at 122 degrees. g. Gravy at 146 degrees. h. Milk at 43.2 at degrees. <p>Staff E reported the chicken and dumplings and carrot were not hot enough and the milk temperature too warm.</p> <p>The mechanical soft chicken and dumplings, pureed carrots and milk failed to maintain at appropriate safe food temperatures for serving.</p> <p>During an observation on 4/12/22 at 2:28 p.m., the following concerns were noted concerning the kitchen:</p> <ul style="list-style-type: none"> a. The Kitchen milk cooler with one ½ gallon of milk not dated. b. At 2:28 p.m., 1 large stock pot and 5 cutting board sat on carts drying. Staff I, Dietary Dishwasher, stated she had just finished washing and sanitizing the dishes and have left them on the carts to dry. Observation revealed a large fan with a build-up of a black grime and dust on the fan blades and guard blowing directly on the clean dishes. 	F 812	<p>Staff I was re-educated on not having a fan blow onto clean dishes on 4/14/2022.</p> <p>Fan was removed from the kitchen on 4/14/2022.</p> <p>Dietary and nursing staff were re-educated regarding handwashing, gloving, proper cleaning/sanitizing of equipment, scoop storage for thick-it containers, all opened containers to be dated, fans not blowing onto clean areas on 05/06/2022.</p>	

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

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FORM APPROVED
OMB NO. 0938-0391

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F 812	<p>Continued From page 28</p> <p>c. Dry pantry had a pack of 5 buns not dated.</p> <p>d. The Station 3 refrigerator had 9 pieces of chocolate pie sitting uncovered on the top shelf of a cart. The cart contained 7 additional trays of uncovered various types of pie slices. At 2:33 p.m. the Culinary Director reported they will be serving the pie in the Station Three refrigerator in the kitchen tonight (4/12/22).</p> <p>E. One bag of containing three bread begets not dated.</p> <p>f. A 1/4 bag cinnamon raisin bread not dated.</p> <p>g. A 1/2 bag of rye bread not dated.</p> <p>During an observation on 4/12/22 at 2:43 p.m., the following concerns were noted in the Station 3 Kitchenette:</p> <p>a. 1- Thick and Easy Honey Consistency Juice 3/4 full not dated. Directions for use state to discard if not used in 10 days.</p> <p>b. 1- Sysco Imperial thickened nectar consistency apple juice 1/2 full, not dated. Directions for use directed after opening may be kept up to 7 days.</p> <p>c. 1 - Lyons Honey Thickened Water 1/2 full, not dated. Directions for use directed may be kept up to 7 days.</p> <p>d. 1 - Gallon milk 1/2 full, not dated.</p> <p>e. 1 - Gallon skim milk 1/2 full, not dated.</p> <p>f. 1 - Gallon milk 1/2 full, not dated.</p> <p>g. 2 containers of buttermilk, one 1/8 full and one 1/2 full, not dated.</p> <p>h. 1 - box Sysco Imperial nectar consistency milk 1/4 full, not dated.</p> <p>i. 1 - box Sysco Imperial Honey Consistency Orange Juice 1/2 full, not dated.</p> <p>j. 1 - box Sysco Nectar Thick Pomegranate Berry, half full, not dated.</p> <p>k. A 1/4 bag wheat bread, not dated.</p> <p>l. 1 loaf white bread, 3/4 bag full, not dated.</p>	F 812	<p>Audits will be completed periodically for proper hand hygiene and glove usage, hand washing, food temperatures, kitchen sanitation including sanitizing equipment between use, storage, and handling of food in the dietary department.</p> <p>Audit Findings will be brought to the quarterly QAPI meetings.</p>	

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F 812	<p>Continued From page 29</p> <p>m. A 1/2 full bag of wheat bread, not dated. n. A 1/2 full bag of white bread, not dated. o. A 1/2 full bag of white buns, not dated.</p> <p>A sign posted on the Station 3 refrigerator door, dated 4/11/22, documented the following: Thickened pre-thickened boxes - use by 7 days after opening. (If you open it, you mark it).</p> <p>Observation at 2:43 p.m., revealed two thick-it scoops in a coffee mug, uncovered with white residue still on the scoops.</p> <p>During an interview on 4/13/22 at 9:39 a.m., Staff D, Dietary Server, reported she does not know what temperature food and drinks have to be held at pertaining to food safety. She stated she had not had any education on labeling and dating of food until the Dietician spoke to her yesterday on 4/12/22 right before lunch. She stated she had not received any education on hand washing or gloving until the Dietician had mentioned something about it this morning (4/13/22). She stated she had been working in the dining area (Station 3) since she had been hired in February 2022 serving out drinks.</p> <p>On 4/13/22 at 9:55 a.m., observed a large fan in the clean dish areas with black grime coating the outside of each fan blade and a fan guard covered with a coating of black fuzzy particles blowing directly onto two racks of clean dishes.</p> <p>During an interview on 4/13/22 at 10:11 a.m., the Culinary Manager stated that Staff D had received training on food temperatures, label/dating of food items and gloving in March (2022). She stated she would expect any food items stored to be covered and dated. She</p>	F 812		

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F 812	<p>Continued From page 30</p> <p>produced a document dated 3/18/22 that showed Staff D signed she attended an educational meeting regarding food temperatures, label/dating of open food items and gloving.</p> <p>During an interview on 4/13/22 at 10:15 a.m., the Culinary Manager reported she would expect all food to be held at the appropriate temperatures to keep hot food hot and cold food cold. She stated hot food should be above 135 degrees and cold foods should be at 36-38 degrees. She expected any food items stored to be covered and dated. Staff should wash hands before and after donning gloves and expected gloves to be used for single tasks only and then changed for safety. Food equipment should be sanitized between each food preparation. She reported the dirty fans should not be blowing air directly onto clean dishes. She would expect staff to maintain a clean, sanitary kitchen.</p> <p>The Sanitation of Kitchen and Equipment Policy, dated 6/04/08, provided by the facility documented sanitation of the kitchen equipment shall be conducted as outlined by state and local health department. The Procedure, under #3 documented equipment and supplies shall be available for proper cleaning and sanitizing of dishes.</p> <p>a. Wash temperature for high temperature dish machine shall be a minimum of 140 - 160 degrees Fahrenheit. Rinse temperature for high temperature dish machine will be a minimum of 170-180 degrees.</p> <p>b. Wash temperature for chemical dish machine shall be a minimum of 120 degrees Fahrenheit. Sanitizer in chemical dish machine is not less than 50 parts per million available chloride.</p> <p>c. Under Step #11 documented all ice scoops and</p>	F 812		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 812	<p>Continued From page 31</p> <p>containers shall be washed daily in the dish machine. The Policy lacked direction for the use of the Thick-it scoops.</p> <p>The Food Mixer Policy, dated 3/28/21, provided by the facility documented food mixers will be maintained in clean and sanitized condition. The Policy lacked direction to the staff to wash and sanitize the robo mixture between each food preparation.</p> <p>The 24-5 Minute Weekly Training Script for Hand Hygiene, dated December 2010, provided by the facility directed for staff to wash hands before putting on gloves, and then again when changing them.</p> <p>The Safety and Sanitation, Glove Usage Policy, dated 11/18/13, provided by the facility, documented disposable gloves shall be utilized as necessary during food service operations when handling ready to eat foods and when preparing food for use. Gloves are also required when serving ready to eat foods from grills, delis and all serveries. The Policy outlined the value to prevent contamination of food products from bacteria and to prevent the possibility of foodborne illness. The Procedure documented single use gloves shall be used for one task, and then discarded. Single use gloves should always be changed when moving from one task to another task and to always wash and dry hands before and after gloving.</p> <p>The Storage of Food and Supplies Policy, dated 12/15/20, provided by the facility, included a description that all food, non-food items and supplies used in food preparation shall be stored in such a manner as to prevent contamination to</p>	F 812		

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NAME OF PROVIDER OR SUPPLIER RIDGECREST VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE 4130 NORTHWEST BOULEVARD DAVENPORT, IA 52806		
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F 812	<p>Continued From page 32</p> <p>maintain the safety and wholesomeness of the food for human consumption. The Procedure detailed he following:</p> <ul style="list-style-type: none"> a. Cover, label and date unused portions and open packages. b. Refrigerated food stored at 41 degrees or below. c. Store bulk materials in approved containers that have tight fitting lids. Label both the bin and the lid. d. Cover food stored on ladder/speed racks to prevent contamination from airborne contaminants as well as from dripping condensation. Either use a bag that covers the entire cart or cover each tray individually. <p>The Meal Temperature Policy, dated 1/1/21, provided by the facility, lacked documentation of the regulatory requirements for food temperatures.</p> <p>The Fan Policy, dated 1/08/09, documented fans will be kept clean. The Policy lacked direction dirty fans should not be used over clean dishes.</p>	F 812		