

DEPARTMENT OF INSPECTIONS AND APPEALS

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0038	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2023
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NAME OF PROVIDER OR SUPPLIER HOLY SPIRIT	STREET ADDRESS, CITY, STATE, ZIP CODE 1701 W 25TH ST SIOUX CITY, IA 51103
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(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) COMPLETE DATE
A 000	<p>Initial Comments</p> <p>Assisted Living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site.</p> <p>Dementia-Specific Program by Dedication</p> <p>Number of tenants without cognitive disorder: 17 Number of tenants with cognitive disorder: 7 Total Population of Program at time of on-site: 24</p> <p>TOTAL census of Assisted Living Program: 24</p> <p>The following regulatory insufficiency was cited during the recertification of the Program.</p>	A 000	<p>See Attached POC 5/19/23</p>	
A 465	<p>481-69.28(5) Food Service</p> <p>69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interviews and record review the Program failed to ensure all staff received training on sanitation and safe food handling. This affected 5 of 5 staff reviewed potentially affected 24 of 24 tenants. Findings follow:</p> <p>Record review on 3/08/23 revealed Staff B's personnel record documented a hire date 2/02/23 as a resident care attendant. Further review failed to reveal Staff B's orientation on sanitation and safe food handling prior to</p>	A 465		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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A 465	<p>Continued From page 1</p> <p>handling food.</p> <p>Additional record review revealed Staff D's personnel record documented a hire date of 12/07/22 as a resident care attendant. Further review failed to reveal Staff D's orientation on sanitation and safe food handling prior to handling food</p> <p>Continued record review revealed Staff E's personnel record documented a hire date of 3/03/23 as a resident care attendant. Further review failed to reveal Staff E's orientation on sanitation and safe food handling prior to handling food.</p> <p>Further record review revealed Staff F's personnel record documented a hire date of 2/22/23 as a resident care attendant. Further review failed to reveal Staff F's orientation on sanitation and safe food handling prior to handling food.</p> <p>Additional record review revealed Staff G's personnel record documented a hire date of 2/09/23 as a resident care attendant. Further review failed to reveal Staff G's orientation on sanitation and safe food handling prior to handling food.</p> <p>When interviewed on 3/08/23 at 1:56 p.m. the Manager/Staff A confirmed these findings.</p>	A 465		



HOLY SPIRIT
RETIREMENT HOME

The facility will ensure all staff receive training in safe food handling and sanitation.

The files of all currently employed staff have been reviewed to ensure training on safe food handling and sanitation has been completed.

Going forward all new employees will receive training on safe food handling and sanitation by the Assisted Living Manager/designee on their first scheduled workday.

The Assisted Living Manager will monitor compliance with each new hire and review monthly for continued compliance x 3 months.

Date of Completion: 5/19/2023