

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165561	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/11/2025
NAME OF PROVIDER OR SUPPLIER  Heritage House		STREET ADDRESS, CITY, STATE, ZIP CODE  1200 Brookridge Circle Atlantic, IA 50022	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, resident interview, staff interview, document review and policy review the facility failed to provide food that was appetizing to eat and palatable to 4 of 16 residents reviewed (Resident #3, #5, #10 and #17). The facility reported a census of 55 residents. Findings include: 1. The Minimum Data Set (MDS) dated [DATE] for Resident #3 documented a Brief Interview of Mental Status (BIMS) score of 15 indicating no cognitive impairment. On 9/8/25 at 12:19 PM Resident #3 stated the ham was dry and not enough for a child. Resident #3 stated the ham was cold. Resident #3 stated the ham is so dry he could not even eat it. Resident #3 stated look at this it just fell to little pieces. Observation on 9/8/25 at 12:17 PM revealed Resident #3's lunch meal room tray was brought into his room. Resident #3 picked up the ham and squeezed the ham in his hand. Ham fell to small pieces on Resident #3's plate. Ham appeared dark in color and very dry. 2. The MDS dated [DATE] for Resident #5 documented a BIMS score of 15 indicating no cognitive impairment. On 9/9/25 at 9:48 AM Resident #5 stated there was only a postage size piece of ham served 9/8/25. Resident #5 explained the ham was so dry and over cooked it was barely able to be eaten. Resident #5 stated she did not ask for anything else but the ham was small and very dry. Resident #5 stated frequently the food was brought to her room cold. 3. The MDS dated [DATE] for Resident #10 documented a BIMS score of 15 indicating no cognitive impairment. On 9/8/25 at 12:51 PM Resident #10 stated the food was terrible. Resident #10 explained everything was over cooked. Resident #10 stated the ham was over cooked on 9/8/25 but not as bad as the last time when the ham was black. Resident #10 acknowledged the burnt black ham was served 2 weeks ago on the weekend. Resident #10 stated the ham on 9/8/25 was very dry. Resident #10 explained she asked for a side salad and was told it was too late to order the side salad. Resident #10 acknowledged she ate out in the dining room and the staff told her that she could not have a salad. On 9/8/25 at 1:06 PM Staff A, [NAME] stated she served Resident #10 today. Staff A stated at first Resident #10 did want what was for lunch and then changed her mind. Staff A stated Resident #10 asked for a side salad today during lunch service. Staff A explained lunch was from 11:30 AM - 12:30 PM. Staff A stated Resident #10 was present for lunch and requested a side salad. Staff A stated Resident #10 might not have heard that she was going to get her a side salad. Staff A acknowledged that she had been done with lunch service since before 12:30 PM and it was currently 1:10 PM. Staff A explained she lost track of time about getting the side salad for Resident #10. Staff A explained Resident #10 ended up eating everything for lunch that she was given. Staff A explained that when a resident asks for something else for lunch they must wait till about 12:15 PM - 12:30 PM if all the residents were present and the meal service was complete for the residents on the 1st floor. Staff A stated there are no other alternatives besides sandwiches and toast. Staff A explained she served the ham last time the facility had ham about 2 weeks ago on the weekend. Staff A explained a lot of the residents complained the ham was hard and burnt and a lot of the residents did not eat the ham. Staff A stated the ham looked a little</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>too well done at lunch today. 4. The MDS dated [DATE] for Resident #17 documented a BIMS score of 15 indicating no cognitive impairment. On 9/8/25 at 2:27 PM Resident #17 stated there was not very much food for lunch and the small piece of ham that she had was way over done, almost inedible. Resident #17 stated she complained and the staff asked if she wanted a sandwich. Review of undated document titled, Diet Regular - Week 3 documented Monday at lunch meal baked glazed ham was served. On 9/11/25 at 8:49 AM Staff B, Chef stated he was not present over the weekend 2 weeks ago but was in the building on 9/8/25. Staff B stated he did not see the ham before it was served on 9/8/25. Staff B explained if the cooks have a question they will come and get him. Staff B stated the facility has stopped service before and will discard the meal and substitute as needed. Staff B acknowledged that the ham was bad 2 weeks ago on the weekend. Staff B explained a sample was saved for him and there was no way that ham should have been served to the residents. Staff B explained the ham in question was cooked the weekend of the 30th and 31st. Staff B stated the sample was saved and talked to Staff C, Director of Food and Beverage that both agreed the ham was horrible and should not have been served. Staff B explained he spoke with the cooks and the cooks told them that they were behind and the ham was left in too hot of a shaam. Staff B explained after cooking the ham would be placed in the shaam at 180. Staff B stated when the shaam was switched over it stayed at 350 for longer than expected. Staff B stated the cooks are new and receiving some training at that time. Staff B stated he spoke with the staff in person but no disciplinary actions were given. Staff B stated in that situation the cooks should have discarded and started again. Staff B acknowledged he did not see the ham prior to service on 8/9/25. Staff B stated it needs to look like a slice of ham on the plate, have substance, remain tender and palatable. On 9/10/25 at 2:19 PM Staff C, Director of Food and Beverage acknowledged the ham was over cooked when reported about 2 Sundays ago. Staff C explained depending on where staff were with the service the staff may call and have an item ran up. Staff C stated his expectation of ham was tender and at temperature. Staff C stated residents may order something off the menu. Staff C explained the cook should have made a note to come down right after lunch service and get Resident #10 a salad. Staff C stated there were 2 cooks that worked the weekend 2 weekends ago and the ham should have been quality checked prior to being sent to the residents. Staff C explained there was a chef present on 9/8/25. Staff C explained the chef was Staff B and he would have said the ham was acceptable for service or not. Staff C stated the previous ham was brought to the attention on the Monday after service 2 weeks ago by a staff member. Staff C stated the lead cook said he put the ham in shaam and became over cooked because the shaam was a higher temperature. Staff C stated he knew once he served it. Staff C acknowledged he did not see the ham that was served on 9/8/25. In an email sent on 9/11/25 by Staff C he explained that at the huddle staff go over the meal and had it plated for samples; it is covered in the manual as well as showtime huddle policy. Review of policy revised 6/25/25 titled, Showtime and Showtime Huddle Policy documented it was the expectation of the Executive Chef to be actively engaged in lunch and dinner, primarily leading Show-time huddles, providing tastings prior to service, touching tables, and rounding in health care. It was essential for the feedback and resident satisfaction increases when we are present and engaged. If a food preparation needs to be adjusted, staff could fix it. Our culinary leaders should not make it a practice to be in their office during meal service unless it was essential and another leader touched tables. Show-time huddle was to be performed prior to lunch and dinner service for all of culinary. Show-time huddle and binder would be used to capture information on team member recognition, sanitation and safety, actual tasting of the soup, entree and sides, noting garnishes, allergens and allowing for any adjustments to be made.</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, clinical record review, resident interview and staff interviews, the facility failed to provide food in a form to meet the resident needs for 1 of 14 residents reviewed (Resident #44). The facility reported a census of 55 residents. Findings Include: The Minimum Data Set (MDS) dated [DATE] documented Resident #44 had a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS included diagnoses of stroke, anemia, renal insufficiency, malnutrition, unspecified mononeuropathy of left upper limb and hemiplegia affecting left nondominant side. The Care Plan for Resident #44, with a revision date of 4/15/25, included a focus area resident had an Activity of Daily Living (ADL) self-care performance deficit related to CVA (cerebrovascular accident, also known as a stroke) affecting the left side, with a goal of resident will improve current level of function through the review date and the interventions/tasks section indicated the resident was independent with eating and to assist as needed. During an observation on 9/8/25 at 1:52 PM, Resident #44 was in her room with her lunch tray on her bedside table in front of her. Observed the ham on her plate untouched, it was a slice of ham. Observed the resident use her right hand to pick up her fork and take a bite of corn casserole. The resident's left arm lay in her lap, unused. During an interview on 9/8/25 at 2:00 PM, Resident #44 stated she had a stroke years ago, this resulted in left sided paralysis. Resident #44 stated she eats her meals in her room, she prefers it this way. She said they used to cut her meat for her and now they do not, they had ham for lunch today and she was unable to cut it with just her one hand. She stated she is able to swallow her foods with no choking concerns, but due to her left sided paralysis she is unable to cut her meat. The resident stated she would like for them to cut up her meat so she can eat it, she stated it had been quite a while since they cut up her meat for her and she did not know why they stopped doing this. The resident demonstrated that she was unable to cut her meat with using just her right hand. Resident #44 stated she would have eaten her meat today for lunch if she had been able to cut it. During an interview on 9/8/25 at 2:15 PM, Staff G, kitchen staff working on the resident's unit today, stated he did not cut up Resident #44's meat as it did not say to do so on her diet plan or ticket. He stated he did not realize she could not cut up her meat. He did not cut up her ham today, and had not cut up other meat served to her on previous days. Review of the facility diet type report and diet ticket for Resident #44 revealed the resident had a regular diet type and regular diet texture with no additional directions provided. Review of the Electronic Health Record (EHR) for Resident #44 revealed a diet order of regular diet, with regular texture and consistency. Review of the EHR for Resident #44 revealed the resident was coded in the MDS section for eating as independent starting on the 3/11/24 MDS assessment, prior to this time the resident was coded as set-up or clean-up assistance for eating. During an interview on 9/10/25 at 1:00 PM, Staff H, kitchen staff working on this date on the resident's unit, stated she works routinely in this dining room and knows Resident #44 well. She stated the resident had difficulty in cutting up meat due to her left sided paralysis. Staff H stated when she works on this unit she will cut up the resident's meat. Staff H had observed the resident struggle with cutting up meat and unable to cut the meat fully. Staff H stated it is not on the resident's diet sheet to have her meat cut up, she has wondered why it had not been on her diet order and feels it should be. During an interview on 9/11/25 at 8:05 AM, Staff I, Dietician, stated Resident #44 is unable to cut her meat on her own and requires assistance with this. She stated it used to be in the diet order to cut the resident's meat, however for some reason this dropped off. Staff I stated it used to be in the care plan as well, to cut the resident's meat and the MDS used to code set up for the</p> <p>(continued on next page)</p>		

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<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>resident, now she is coded as independent, however she is not independent. Staff I stated she is not sure why it changed to independent because the resident is not independent with eating given that she is unable to cut her meat. During an interview on 9/11/25 at 8:59 AM, Staff E, Nurse Leader, acknowledged Resident #44 is unable to cut her meat and requires assistance with this, the resident is not independent with eating.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, staff interviews and policy review, the facility failed to ensure open items were dated, covered and labeled. The facility further failed to maintain clean surfaces and flooring in the kitchen and food preparation areas and failed to ensure the thermometer used to test food temperatures was clean and sanitized to prevent cross contamination. The facility reported a census of 55 residents. Findings include: Observation 9/8/25 at 10:10 AM in the main kitchen with the Certified Dietary Manager (CDM) present revealed the following: a. Two open bags of breaded chicken breasts with no date, not sealed. b. Two containers of chicken breasts, one without a lid and no date and one with a lid but no date. c. Food debris on the floor by the oven, grill and fryer and in the dry storage pantry. d. Grease build up on the surfaces and sides of the equipment. Observation 9/10/25 at 11:00 AM in the main kitchen with the CDM present revealed the following: a. Grease build up on the sides of the fryer, oven, stove top and grill. This was dried grease and spilled down the sides of the equipment. b. The floor under the equipment had food debris, dried up food. c. The refrigerator next to the fryer in the prep area had old food debris on the shelves and the shelves were dirty. d. In the freezer section of this refrigerator was an open plastic container with no lid, undated, of frozen chicken patties. d. There was food debris on the floor in the dry storage pantry, the same food debris observed during the initial kitchen tour. Observation 9/10/25 at 11:30 AM of lunch service on the PA unit with Staff F, kitchen staff, serving residents lunch. Staff F took the temperature of grapes located in the refrigerator, then without cleaning or sanitizing the thermometer, Staff F took the temperature of the chicken located in the steamer. Without cleaning or sanitizing the thermometer, Staff F then took the temperature of the asparagus in the steamer, then, without cleaning or sanitizing the thermometer, Staff F took the temperature of the rice in the steamer. Staff F then placed the thermometer, without a cover, onto the direct surface of the counter. Approximately 20 minutes later, Staff F used this same thermometer, without cleaning or sanitizing it, to take the temperature of a hamburger, then placed the thermometer back on the counter, without a cover. Approximately 15 minutes later, Staff F used this same thermometer, without cleaning or sanitizing it, to take the temperature of another hamburger, then placed the thermometer back on the counter, without a cover. During an interview 9/10/25 at 12:40 PM, Staff F acknowledged she did not clean or sanitize the thermometer in between taking the temperatures of the foods. She stated she was not trained to do this. During an interview 9/10/25 at 2:15 PM, the CDM stated an expectation the thermometer is cleaned/sanitized in between food items checked. The CDM stated an expectation the floors are clean in the kitchen, including the dry pantry storage. The CDM stated an expectation the equipment is clean, with no food debris or grease build up and acknowledged there was grease build up and food debris. The CDM stated an expectation food is labeled and sealed after it is opened and not stored in an open container, with no date. Review of the facility Food and Beverage Standard Manual, undated, documented all spills shall be cleaned up immediately and if needed the area shall be properly cleaned and sanitized. It is all team members responsibility to keep their environment clean. The Manual further documented sanitation expectations for food contact surfaces and utensils and food safety expectations for cross contamination and labeling for what, date, and discard date and storage standards.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, Electronic Health Records (EHR) review, policy review and staff interview the facility failed to provide appropriate infection prevention practices when providing care to a resident with a catheter, that was on Enhanced Barrier Precautions (EBP) for 1 of 3 reviewed (Resident #3). The facility reported a census of 55 residents. Findings include: The Minimum Data Set (MDS) dated [DATE] for Resident #3 documented a Brief Interview of Mental Status (BIMS) score of 15 indicating no cognitive impairment. The MDS also documented utilization of an indwelling catheter. Review of Resident #3's EHR titled, Orders documented a physician's order started 8/12/25 to change the indwelling catheter every month and PRN with 18 French with 10mL monthly and as needed. On 9/10/25 at 7:37 AM Staff D, Certified Nurse Assistant (CNA) completed catheter cares with Resident #3. Staff E present in the room during observation of Resident #3's care. Staff D applied a gown, completed hand hygiene, applied gloves, removed the brief, peri cloths were utilized for cleansing supra pubic area one wipe one swipe, gloves removed, hand hygiene completed, gloves applied, brief obtained and applied, applied sleeves to bilateral lower leg amputations, legs applied bilaterally, cream applied to buttocks, brief pulled up, gloves removed, assisted with gait belt in transfer to chair, removed trash bag, made the bed, removed gown grabbed the gait belt, obtained trash bag, walked down the hall to the dirty utility room walked down the hall to the next residents room. No hand hygiene completed after removal of gloves. On 9/10/25 at 7:53 AM Staff E, House Hold Coordinator stated she noticed she did not give him a wash cloth after he put the cream on his buttocks. Staff E stated she would have liked to see hand hygiene after each glove change and prior to leaving the room after the gown was removed. Staff E acknowledged she did not see hand hygiene completed after gloves were removed prior to Resident #3's transfer, after removal of gloves, or prior to leaving Resident #3's room. On 9/10/25 at 8:57 AM the DON stated she expected hand hygiene prior to and after glove application. Review of policy revised 8/24 titled, Hand Washing and Hand Hygiene documented Hand hygiene must be performed after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn; immediately after gloves are removed; and when otherwise indicated to avoid transfer of microorganisms to other residents, personnel, equipment and/or the environment. Specific examples include but are not limited to: before and after providing personal care for a resident such as peri-care, after removing gloves and between contacts with different residents in high risk areas.</p>		