

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

PRINTED: 12/11/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165537	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  11/28/2017
NAME OF PROVIDER OR SUPPLIER  HIAWATHA CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 405 NORTH 15TH AVENUE HIAWATHA, IA 52233		
(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 ✓KK 12/19/17	INITIAL COMMENTS  Correction date 12/11/17 226 12-28/17 371  The following deficiencies relate to the facility's annual health survey. (See Code Federal Regulations (42CFR) Part 483. Subpart B-C).  Complaint #72226 was not substantiated.	F 000	This shall serve as an allegation of compliance, all deficiencies shall be corrected by the completion date.	12/28/17	
F 226 SS=D	DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES CFR(s): 483.12(b)(1)-(3), 483.95(c)(1)-(3)  483.12 (b) The facility must develop and implement written policies and procedures that:  (1) Prohibit and prevent abuse, neglect, and exploitation of residents and misappropriation of resident property,  (2) Establish policies and procedures to investigate any such allegations, and  (3) Include training as required at paragraph §483.95,  483.95 (c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12, facilities must also provide training to their staff that at a minimum educates staff on-  (c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12.	F 226	Hiawatha Care Center has in place P+P's that assure compliance with the record check requirements. The QA&A committee will assure compliance by conducting frequent checks of all employees files to make certain the correct procedure is being followed	12/11/17	

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

TITLE  
Administrator

(X6) DATE  
12/15/17

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 226	<p>Continued From page 1</p> <p>(c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property</p> <p>(c)(3) Dementia management and resident abuse prevention. This REQUIREMENT is not met as evidenced by: Based on review of personnel files, staff interview and review of policy and procedures, the facility failed to obtain timely criminal and abuse background checks within 30 days prior to hire for 2 of 17 new employees (Staff B and Staff C). The facility failed to provide mandatory 2 hour dependent adult abuse training within six months of hire date (Staff A). The facility identified a census of 107 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>The personnel file for Staff B, Dietary Assistant, identified a hire date of 7/25/17. The file contained a document titled Single Contact License &amp; Background Check (SING), dated 6/2/17. This check was performed longer than 30 days prior to the hiring of Staff B.</li> </ol> <p>Staff B's timecard identified she started 7/25/17 and remained an active employee.</p> <ol style="list-style-type: none"> <li>The personnel file for Staff C, Licensed Practical Nurse (LPN), identified a hire date of 4/6/17. The file contained a document titled Single Contact License &amp; Background Check (SING), dated 2/2/17. This check was performed longer than 30 days prior to hiring the employee.</li> </ol> <p>Staff C's timecard report identified she started 4/6/17 and remained an active employee.</p>	F 226		

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F 226	<p>Continued From page 2</p> <p>3. Review of the personnel file for Staff A, Certified Nurse Aide (CNA), identified a hire date of 4/4/17. The personnel file contained a certificate of completion for a program titled Mandatory Reporting of Child and Dependent Adult Abuse Training for 2 contact hours, dated 6/9/14 but failed to show documented evidence of the completion of the required 2 hours for dependent adult abuse mandatory reporter training.</p> <p>Staff A's timecard report showed she started 4/4/17 and remains an active employee.</p> <p>During an interview on 11/21/17, at 4:00 p.m. the Human Resource Director confirmed the SING for Staff B exceeded the required 30 day time frame. She also confirmed the first SING for Staff C exceeded the required 30 day time frame and the 2nd one occurred after Staff C started. The Human Resources Director reported she did not know that a 2 hour combined child/dependent adult mandatory reporter training did not meet the regulatory requirements.</p> <p>The facility policy and procedures titled Abuse Prevention, Identification, Investigation, and Reporting Policy, dated 4/1/17, identified the facility will conduct an Iowa criminal record check and dependent adult/child abuse registry check on all prospective employees and other individuals engaged to provide services to residents, prior to hire.</p> <p>Review of facility policy titled Abuse Prevention, Identification, Investigation, and Reporting Policy, dated 4/1/17, identified the facility will conduct an Iowa criminal record check and dependent</p>	F 226		

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F 226	Continued From page 3 adult/child abuse registry check on all prospective employees and other individuals engaged to provide services to residents, prior to hire and each employee shall be required to complete 2 hours of training relating to the identification and reporting of dependent adult abuse within six months of initial employment.	F 226		
F 371 SS=E	FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY CFR(s): 483.60(i)(1)-(3)  (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.  (i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.  (i)(3) Have a policy regarding use and storage of foods brought to residents by family and other visitors to ensure safe and sanitary storage, handling, and consumption. This REQUIREMENT is not met as evidenced by: Based on observation, facility policy review and	F 371	All dining room refrigerators will be checked to assure the items in the refrigerators is in compliance with the requirements of facility policy. The QA&A committee shall ensure compliance with the requirements by periodically checking the refrigerators.	12/28/17

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F 371	<p>Continued From page 4</p> <p>staff interview, the facility failed to store food under sanitary conditions in order to reduce the risk of contamination and food-borne illness. The facility census was 107 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> <li>1. Observation on 11/20/17 at 11:30 a.m., in the east dining room revealed the refrigerator stored the following items of concern: <ol style="list-style-type: none"> <li>a. A container of Chobani Maple Blended yogurt with a manufacturer date of 10/30/17.</li> <li>b. A container of Chobani Pineapple yogurt with a manufacturer date of 10/22/17.</li> <li>c. A container of Greek 100 Lemon Burst yogurt with a manufacturer date of 3/2017.</li> <li>d. A plate of ham and hashbrown casserole covered with saran wrap labeled with the initials "TB" and date of 11/12/17.</li> <li>e. A 6 ounce carton of vanilla Mighty Shake lacked a thaw date. The product labeling identified the product should be used within 14 days of thawing.</li> <li>f. A small plate, of what appeared to be a slice of apple pie lacked a label to identify the contents and a date.</li> <li>g. One gallon of 2% milk with a "sell by" date of 11/16/17 and dated as opened on 11/6.</li> <li>h. A plastic container labeled "Melissa 10/28", which appeared to be chili, lacked a label to identify the contents, .</li> <li>i. A small jar with a manufacturers label of "Wylers chicken cubes", with a date on the lid of 6/8, which contained a substance that looked and smelled like ranch dressing.</li> <li>j. A styrofoam container labeled "Brenda" lacked a date and label of contents, but appeared to be some type of chicken dish.</li> </ol> </li> </ol>	F 371			

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F 371	<p>Continued From page 5</p> <p>During interview on 11/20/17 at 11:50 a.m., the Dietary Manager reported the east dining room refrigerator was intended only for resident food storage and all items should be labeled, dated and discarded as appropriate. She identified many of the food items belonged to staff and should not have been stored in the refrigerator. The Dietary Manager confirmed the yogurts, 2% milk and the plates/containers of dated food all exceeded the timeframe food should be stored.</p> <p>During interview on 11/22/17, at 8:15 a.m., the Dietary Manager confirmed the Assistant Dietary Manager and herself are responsible to check and clean the east dining room refrigerator weekly and acknowledged the identified items were missed.</p> <p>Review of an undated facility policy titled "Resident Food Storage" identified all food brought in must be placed in airtight containers, which must be labeled and dated and dietary will check the dining room refrigerators and discard food items after three days.</p> <p>The 2013 Food Code, published by the Food and Drug Administration and considered a food safety standard of practice for the food service industry, requires stored food items may not exceed manufacturer guidelines, and in the absence of this, clearly labeled and stored a maximum of 7 days from preparation.</p>	F 371			