

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

PRINTED: 11/22/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 09/26/2018
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NAME OF PROVIDER OR SUPPLIER CEDAR FALLS HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1728 WEST EIGHTH STREET CEDAR FALLS, IA 50613
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F 000	INITIAL COMMENTS Amended 11/22/2019. Correction date <u>11/25/2019</u> The following information relates to the investigation of complaint #77858, #78202 & #78577. (See Code of Federal Regulations (42CFR) Part 483, Subpart B-C). Complaint #78218 & #78288 was not substantiated.	F 000	This plan of correction does not constitute an admission or agreement by the provider of the truth of facts alleged or the conclusions set forth in the statements of deficiencies. This plan of correction is prepared solely because it is required by State and Federal law.	
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i) §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on clinical record review and staff interview, the facility failed to follow physician orders for one of 11 residents reviewed. (Resident #1) The facility census was 67 residents. Findings include: 1. The Minimum Data Set (MDS) assessment dated 8/18/18, documented Resident #1 had diagnoses that included coronary heart disease, renal failure and diabetes mellitus and required extensive assistance for transfers, ambulation, dressing and hygiene. The MDS assessment documented the resident had a urinary catheter and experienced frequent bowel incontinence.	F 658	1. Resident #1 discharged from facility on 9/7/18. 2. Audit of residents for orders for daily weights was done on 8/30/18 by Director of Nursing. 3. Nursing staff re-education on following physician orders on management of resident weights completed on 10/03/18. by Director of Nursing/designee. 4. Audits of staff compliance following doctor orders to monitor resident weights will be done 5 times a week for 2 months, then 1 time a week for 1 month. The Director of Nursing/designee will report on the progress of the plan of correction to the Quality Assurance Performance Improvement Committee for three months to ensure ongoing compliance.	

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

TITLE

(X6) DATE

10/19/2018

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 658	Continued From page 1 The care plan dated 8/11/18, revealed the resident refused activities and enjoyed visits from his wife. The care plan directed staff to monitor the resident's meal intake and encourage healthy foods. Admission orders directed staff to weigh the resident daily due to congestive heart failure diagnosis. The August and September Treatment Administration Record revealed staff failed to weigh the resident 6 times from 8/12-discharge on 9/9/18. During interview on 9/19/18 at 4:00 p.m., the Director of Nursing indicated she did not know daily weights was not being completed.	F 658			
F 692 SS=D	Nutrition/Hydration Status Maintenance CFR(s): 483.25(g)(1)-(3) §483.25(g) Assisted nutrition and hydration. (Includes naso-gastric and gastrostomy tubes, both percutaneous endoscopic gastrostomy and percutaneous endoscopic jejunostomy, and enteral fluids). Based on a resident's comprehensive assessment, the facility must ensure that a resident- §483.25(g)(1) Maintains acceptable parameters of nutritional status, such as usual body weight or desirable body weight range and electrolyte balance, unless the resident's clinical condition demonstrates that this is not possible or resident preferences indicate otherwise; §483.25(g)(2) Is offered sufficient fluid intake to	F 692	1. For #7 and #8 residents, the dietician reviewed their charts on 10/10/18 with no new recommendation at this time. 2. Audit of significant weight loss for last 180 for residents by Director of Nursing/designee done on 10/5/18 and information referred to dietician as needed. An audit of all residents was completed by the interdisciplinary Team on 9/24/18 to verify that all the dietician recommendations were on the resident tickets. 3. Nursing staff reeducated on management of weight changes and the requirements to provide assistance with eating as needed was completed on		

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F 692	<p>Continued From page 2</p> <p>maintain proper hydration and health;</p> <p>§483.25(g)(3) Is offered a therapeutic diet when there is a nutritional problem and the health care provider orders a therapeutic diet. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, clinical record review, staff and resident interviews, the facility failed to offer therapeutic diets as ordered and assistance with eating to prevent weight loss for 2 of 8 sampled residents (Resident #7 and #8). The facility reported a census of 67 residents.</p> <p>Findings include:</p> <p>1. According to the Minimum Data Set (MDS) dated 6/23/18 Resident #7 had diagnoses which included Vascular Dementia with behavioral disturbances, Diabetes and heart failure. The resident had severe cognitive ability, required limited assistance of 1 staff for transfers, dressing and ate independently.</p> <p>Review of the resident's care plan dated 6/27/17 indicated the resident had potential risk for alter nutritional status and directed the staff to encourage high protein foods at each meal, to offer fried eggs with breakfast, cottage cheese with lunch and yogurt with supper. The care plan directed staff to serve diets as ordered and supplements as ordered.</p> <p>Review of the diet slip dated September 17, 2018 indicated the resident chose cottage cheese, milk, mashed potatoes and gravy for her noon meal.</p> <p>Observation of the noon meal on September 17</p>	F 692	<p>cont'd</p> <p>on 10/3/18 by Director of Nursing/Designee.</p> <p>4. An audit that the facility is providing therapeutic diets as ordered and assistance at meals will be completed 3 times a week for a month, then 2 times a week for two months to validate staff continue to provide therapeutic diets as ordered and provide feeding assistance as required. The Administrator/designee will report on the progress of the plan of correction to the Quality Assurance Performance Improvement Committee for three months to ensure ongoing compliance.</p>		

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F 692	<p>Continued From page 3</p> <p>revealed the resident was served at 1:40 p.m. mashed potatoes with gravy only and did not receive the cottage cheese she requested as directed to be given to prevent weight loss. After the lack of cottage cheese was brought to staff's attention, the staff gave the resident a dish of cottage cheese which she consumed about 1/2.</p> <p>Review of the residents weight revealed the following:</p> <ul style="list-style-type: none"> a. March 5, weight of 130.0 pounds b. April 4, weight of 130.2 pounds c. May 10, weight of 128.4 pounds d. June 5, weight 126.2 pounds e. July 4, weight 123.6 pounds f. August 7, weight of 121.0 pounds g. September 4, weight of 119.2 pounds <p>Resident #7 had a 10.8 pound weight loss in 6 months. (11% weight loss within 6 months)</p> <p>Review of a progress note to the Resident's physical dated 9/13/18, Resident #7 has had a significant weight loss, indicated her weight trending down since June 2018 and requested an order for supplements. The dietician indicated to ensure the resident received adequate protein and staff were currently to provide fried eggs at breakfast, cottage cheese at lunch and yogurt at supper.</p> <p>During an interview with the facility dietician on 9/18/18 at 9.57 a.m. the dietitian was not aware the staff failed to provide the resident with dietary supplements prescribed to avoid weight loss.</p> <p>2. According to the MDS dated 7/15/18 Resident #8 had diagnoses which included Dementia, anxiety and depression. The resident had severe</p>	F 692			

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F 692	<p>Continued From page 4</p> <p>cognitive ability. Resident #8 required extensive assistance of 1 staff for transfers and limited assistance of 2 staff for dressing and eating. The MDS indicated the resident did not have issues with swallowing or chewing.</p> <p>Review of the Care plan dated 1/15/18 informed the staff the resident had increased nutrient needs related to low body weight and supplement use for weight maintenance. The care plan directed staff to have the resident sit at an assisted dining table and provide cues with eating, to encourage her to consume 50% or more of the meal offered, provide and serve the diet prescribed and serve supplements away from the meal time.</p> <p>Review of a physician order dated June 2018, directed the staff to provide a regular diet and provide 90 milliliters of 2 Cal supplement three times a day for weight loss.</p> <p>Observation of the noon meal on 9/17/18 revealed the resident received spaghetti with meat sauce, green beans, and fruit crisp but the staff failed to serve the garlic toast according to the menu.</p> <p>Observation on 9/19/18 at 8:35 a.m. revealed the resident sitting alone at the table without staff present. The resident observed taking sips of fruit juice only and not eating the breakfast offered. At the conclusion of the meal, no staff offered assistance and the resident did not eat breakfast offered.</p> <p>Review of the resident's weights reveal the following: a. March 3, 2018 weight of 105.8 pounds</p>	F 692			

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F 692	<p>Continued From page 5</p> <p>b. April 5 weight of 104.6 pounds c. May 5 weight of 104.6 pounds d. June 3 weight of 102.8 pounds e. July 9 weight of 102.3 pounds f. August 5 weight of 94.0 pounds and August 31- 93.8 pounds g. September 3 weight of 94.0 pounds and September 5 -94.0 pounds</p> <p>The resident has had a 11.8 pound weight loss in the last 6 months. (11% weight loss)</p> <p>During an interview with the Dietician on 9/18/18 at 9:57 a.m. revealed Resident #8 had an increase in their 2 cal supplement, needs to sit at an assisted table. The dietitian stated she would expect the staff to offer the resident all foods according to the menu to give the maximum amount of food possible to the resident and offer eating assistance.</p> <p>Review of a progress noted dated 8/31/18. The note indicated the resident experienced a significant weight loss and recommendations were made to increase her supplement to promote weight maintained.</p>	F 692			
F 725 SS=E	<p>Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2)</p> <p>§483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and</p>	F 725			

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F 725	<p>Continued From page 6</p> <p>diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e).</p> <p>§483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans:</p> <p>(i) Except when waived under paragraph (e) of this section, licensed nurses; and</p> <p>(ii) Other nursing personnel, including but not limited to nurse aides.</p> <p>§483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review, staff, resident and family interviews, the facility failed to have sufficient staff in order to meet resident needs. The facility census was 67 residents.</p> <p>Findings include:</p> <p>1. During group interview on 9/18/18 at 1:30 p.m., seven residents stated they often wait for an extended period of time before staff answer the call lights. One resident residents revealed they use their call lights on a regular basis and had to wait anywhere from 30-60 minutes to get the lights answered. Other residents reported the certified nurse aides, CNA are frequently on their cellular telephones when in resident rooms and often make personal calls in front of the residents.</p>	F 725			

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F 725	Continued From page 7 Review of Resident Council minutes dated 6/28/18, indicated call lights were not answered and staff are on their cellular telephones. Review of the 7/19/18, council minutes revealed residents reported call lights are still an issue. The residents complained it takes 1-1 3/4 hours to get lights answered. During interview on 9/24/18 at 12:30 p.m., Staff H, CNA, revealed she does not think they have enough staff to answer call lights timely. During interview on 9/25/18 at 9:00 a.m., Staff I, CNA, revealed she does not think they have enough staff to answer call lights timely. It also takes a long time to find another person to assist with Hoyer transfers as it takes 2 to use the Hoyer. Staff I indicated staffing was made up largely of agency aides. During interview on 9/19/18 at 8:20 a.m., Resident #2's family member stated she visits almost daily and would put on the call light in the room and it took a very long time for staff to answer the call light, sometimes up to 30 plus minutes.	F 725			
F 730 SS=D	Nurse Aide Perform Review-12 hr/yr In-Service CFR(s): 483.35(d)(7) §483.35(d)(7) Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of §483.95(g). This REQUIREMENT is not met as evidenced by:	F 730			

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F 730	Continued From page 8 Based on personnel record review and staff interview, the facility failed to provide the mandatory 12 hours of nurse aide inservices for 4 of 4 Certified Nurses Aides (CNA) reviewed. (Staff E, J, K & L) The facility census was 67 residents. Findings include: 1. Review of employee files for Staff E, Staff J, Staff K and Staff L revealed they did not receive 12 hours of mandatory inservices for the period reviewed from September 2017-September 2018. During interview on 9/25/18 at 11:00 a.m., the Director of Nurses stated the Certified Nurses Aides in the facility did not receive the 12 hours of mandatory inservices as required.	F 730			
F 802 SS=F	Sufficient Dietary Support Personnel CFR(s): 483.60(a)(3)(b) §483.60(a) Staffing The facility must employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, taking into consideration resident assessments, individual plans of care and the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.60(a)(3) Support staff. The facility must provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service. §483.60(b) A member of the Food and Nutrition Services staff must participate on the	F 802			

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F 802	<p>Continued From page 9</p> <p>interdisciplinary team as required in § 483.21(b)(2)(ii). This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, clinical record review, dietary menu review, resident, family and staff interviews, the facility failed to employ sufficient staff with the appropriate competencies and skills to carry out the functions of the food and nutrition service which resulted in an immediate jeopardy to residents health and safety. The facility failed to follow the signed dietician directed menus, to serve food timely, to provide additional supplemental foods, to have adequate foods available, to follow prescribed diets and to have sufficient staff to carry out dietary functions for 6 of 8 meals observed. The facility reported a census of 67.</p> <p>Findings include:</p> <p>Observations/interviews on Monday, September 17, 2018 revealed the following:</p> <p>1. Observation on 9/17/18 at 9:10 a.m. revealed many residents in the dining room eating their breakfast, the residents on regular diets were served scrambled eggs, toast, oatmeal and bacon. Observations revealed no pureed or ground sausage being served. Review of Week 1 menu revealed residents on regular diets were to be served bacon and residents on pureed, mechanical soft diets, ground or pureed sausage. At this time only 2 staff noted working in the kitchen, Staff A-Cook and Staff B-Dietary Aide (DA). Staff A indicted Staff C-Food Service Supervisor (FSS) has left for a while.</p> <p>During an interview with Staff A at 9 25 a.m., Staff</p>	F 802			

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F 802	<p>Continued From page 10</p> <p>A stated she did not have any butter or sausage for this morning's breakfast. She was aware she needed to serve ground and pureed sausage but none available. She worked over the weekend and they had to go to a local grocery store to get some butter but they used it over the weekend. She reported residents were frequently served the wrong diets. She indicated they have food in the facility but they do not have enough staff to prepare it. Staff A stated for example for lunch today they were to have spaghetti with meat sauce, garlic toast and fruit crisp. Staff A stated she does not have any ground beef in the building for the spaghetti meat sauce because she used it over the weekend to make soup and the residents will not get the fruit crisp they were supposed to get, they don't have enough staff to make it. Staff A stated she has worked alone in the kitchen as recent as last month. She stated she cooked, served and then cleaned up the kitchen because some staff didn't show up for work.</p> <p>Review of Week 1 menu directed staff to serve spaghetti/meat sauce, green beans, garlic toast, fruit crisp and milk for the noon meal and turkey/cheese on sliced roll, lettuce/tomato, tater tots, fresh melon cup and milk.</p> <p>During an interview and tour with the Administrator at 9:40 a.m. revealed no ground beef, butter, deli turkey meat, rolls, fresh fruit, lettuce or tomato for the evening meal. The Administrator sent a staff member to a local grocery store to pick up all food items needed for Monday's meals.</p> <p>Observations at 11:30 a.m. revealed Staff A standing at the stove cooking ground beef and</p>	F 802			

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F 802	<p>Continued From page 11</p> <p>the dessert was still baking in oven. There are 24 residents sitting in the dining room waiting for lunch to be served. A posted meal schedule in the main dining room indicated lunch was to be served at 11:30 a.m. Staff A said the noon meal probably won't be ready until about 12:30 p.m.</p> <p>At 12:31 p.m. Staff C-Certified Dietary Manager arrives to the facility from a sister facility to offer assistance.</p> <p>At 12:52 p.m. Staff C took cans of spaghetti sauce from a sack and began to open the cans of sauce, placing them in a cooking pot. At this time residents in the dining room were leaving the dining room without eating noon meal and shouting could be heard between residents in the dining room.</p> <p>At 1:05 p.m. food temperatures completed by Staff C some of the foods were not at correct temperature and had to be reheated.</p> <p>At 1:08 p.m. Staff C provided education to Staff A on the proper way to puree foods and asked where the recipes were located. Staff A didn't know where to locate recipes.</p> <p>At 1:13 p.m. Staff C takes over preparing the pureed foods and directed Staff A to the serving size chart on the wall. Staff C directed Staff A on the proper size of scoops to use for foods ready to be served.</p> <p>At 1:20 p.m. the first plate of food was served to the residents in the main dining room. The aides passing meal trays in the dining room informed Staff A many residents had left the dining room as they were tired of waiting. Staff A had to ask staff</p>	F 802			

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F 802	<p>Continued From page 12</p> <p>passing the food if a resident was in the dining room before she dished up their food. Staff A served a regular diet spaghetti with meat sauce, green beans and fruit crisp. Staff A failed to serve garlic toast to all regular and mechanical soft diets.</p> <p>Observation of Resident #7 at 1:40 p.m. revealed no cottage cheese given to the resident. The cook was informed to the lack of cottage cheese and served the resident a dish of cottage cheese, the resident ate approximately 1/2 of the cottage cheese. Review of the diet slip directed staff to provide cottage cheese for the noon meal.</p> <p>Observation of Resident #4 at 1:40 p.m. revealed the resident did not get their yogurt. Review of the diet slip directed staff to provide yogurt for the noon meal.</p> <p>At 2:01 p.m. Staff A served the last tray in the dining room but still had to serve the room trays.</p> <p>During an interview with Staff C at 2:16 p.m., surveyor made Staff C aware of the lack of bread served at the noon meal, she stated the staff were in need of extensive training and she will be returning to the building this whole week to provide supervision and training.</p> <p>Observation of the evening meal at 5:45 p.m. revealed approximately 1/3 of residents served their meal. The pureed deli meat, cheese and bun were located in the steam table and were served warm. Staff C informed the cook the sandwich needed to be served cold like the rest of the diets served, Staff A went ahead and served the sandwich warm.</p>	F 802			

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F 802	<p>Continued From page 13</p> <p>During an interview with the Staff D-Contracted Dietician at 2:45 p.m., Staff D stated tomorrow will be her last day in the facility and will no longer being provide dietary services to the facility. Staff D indicated she identified 6 weight losses from the previous week. Staff D stated she had an educational session with the dietary staff on 8/13/18. Staff D stated she will complete education again for the staff by Tuesday, September 18. She stated frustration with the staff, she had made many attempts to educate them but they do not follow thru with the education. Staff D stated she was not aware the dietary staff were not following the menus she had approved and had not received any substitution logs to sign.</p> <p>During an interview with the Director of Nurses at 11:20 a.m. the D.O.N. stated they have a large turnover in dietary staffing, some of the staff just walked out during the shift and didn't return. They have a new FSS and the facility was working on getting her trained. The D.O.N. stated she goes into the kitchen to help out, last week she stated she cleaned the refrigerators and they were very dirty.</p> <p>Observations/interviews on Tuesday, September 18, 2018 revealed the following:</p> <p>2. On 9/18/18 at 10:26 a.m., the surveyor requested a copy of the substitution log from the previous day, Staff D could not locate the logs. Staff D stated she made the log out for yesterday but could not locate it nor any previous days.</p> <p>During an interview with Staff D at 9:57 a.m. Staff D stated she has told them almost weekly they need to have a diet book, this consists of the</p>	F 802			

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F 802	<p>Continued From page 14</p> <p>menu and the recipes but they do not follow thru with this. Staff D stated she does not think they make out substitution logs as she hasn't signed any, she indicated she provided them the forms. Staff D stated she would expect the staff to follow the menus as posted. Staff D aware of the weight loss for Resident #7 and that was why she added the cottage cheese, yogurt and additional eggs. Staff D stated the long term Food Service Supervisor resigned on 5/7/18 another manager hired but resigned on July 9th and the current manager started her role on July 23, 2018.</p> <p>Interview on Wednesday, September 19, 2018 revealed the following:</p> <p>3. During an interview with Resident #2's family member, the family member reported she was at the facility for at least 2 meals a day to provide eating assistance to her loved one. She reported the resident does not get the foods listed on the menu, he does not get his additional supplements ordered such as Magic Cup prescribed for 2 meals. She feels the dietary department has staff that were not properly trained. She voiced Resident #2's meals were frequently late and reported he had a weight loss.</p> <p>Observations/interviews on Saturday, September 22, 2018 revealed the following:</p> <p>4. Observation on 9/22/18 at 12:00 p.m. revealed the first food served in the main dining room, 30 minutes later than scheduled. Review of the noon meal menu directed staff to serve ice cream sundaes. Observation at this time revealed bowls of ice cream sundaes on the counter ready to serve, the ice cream had melted in the bowl. The Administrator directed the staff to discard the</p>	F 802			

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F 802	<p>Continued From page 15</p> <p>melted ice cream and to serve frozen ice cream to the residents.</p> <p>Observations/interviews on Monday, September 25, 2018 revealed the following:</p> <p>5. Observation on 9/25/18 at 8:30 a.m. revealed the Administrator in the kitchen serving breakfast from the steam table. The Administrator indicated 2 of the dietary staff failed to show up for work this am. The Administrator stated Staff D-CDM still was not here.</p> <p>During an interview with Staff E-Food Service Supervisor at 9:00 a.m. Staff E stated the cook didn't show up for work today, indicating they still have staffing issues in the dietary department. She stated she was often expected to perform duties as a Certified Nurse's Aide while working her job in the dietary department. She assists with feeding assistance, takes resident's back to their rooms from the dining room, provides incontinence cares and then returns to work in the dietary department.</p> <p>Observations at 11:05 a.m. revealed a housekeeper, wearing the same clothes she wore for cleaning, in the kitchen preparing food for the noon meal.</p> <p>During an interview with the Advanced Registered Nurse Practice at 10:10 a.m. she stated she comes every week to see residents. The A.R.N.P. was not aware that two of her residents had weight loss Residents #2 and #8 were not getting their prescribed meal supplements to prevent further weight loss and would have expected the staff to serve these foods to the residents.</p>	F 802			

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F 802	<p>Continued From page 16</p> <p>During an interview with Staff C-CDM at 4:05 p.m. stated she provided the dietary staff with education last week but this week they acted like they didn't know what to do. Staff C stated she left one evening last week, she forgot something so returned to the building, as she entered the kitchen she heard a dietary person say to another, "She's gone, we don't have to do it that way anymore".</p> <p>Observations/interviews on Wednesday, September 26, 2018:</p> <p>6. An interview with the Medical Director at 10:34 a.m. revealed she was not aware of dietary issues, not aware the residents were not served their prescribed diets/interventions for those identified with weight losses. She stated it's a simple, basic thing that needs to be done and she would expect them to serve the correct diets.</p> <p>7. During a group interview on 9/18/18 at 1:30 p.m. with 7 interviewable residents revealed they often do not get the food that was listed on the menu. The staff will offer an excuse that the food didn't get ordered and the meals were often about 1 hour late.</p> <p>During review of the June 2018 Resident Council Minutes revealed the dietary does not serve the food correctly, they have missing menu items and the food was not prepared correctly. The resident group indicated the menus were not always passed out, they have food missing off the menu and they feel there was a lack of food. Review of the July 2018 Resident Council Minutes revealed the residents spoke of not getting the food requested and the inconsistent</p>	F 802			

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F 802	<p>Continued From page 17</p> <p>meal times. The resident's food supplies were low especially cream, sugar, coffee, butter and condiments. The meal times were changed and the residents were not aware of the changes. Review of the August 2018 Resident Council Minutes revealed the residents made complaints about the meal time consistency and often late with no.</p> <p>8. Review of a list provided by the Dietician on 9/24/18 revealed the following residents had orders for adaptive dietary equipment:</p> <p>Resident #6 had an order for built up silverware 3 meals daily. Resident #9 had an order for 2 handled cups without lids for 3 meals daily.</p> <p>Observations on 9/18 at 11:50 and 9/22/18 at 12:22 p.m. revealed Resident #6 at the dining table using regular silverware.</p> <p>During an interview with Resident #6 on 9/24/18 at 2:55 p.m., the resident stated it was much easier for her to eat when she used the adaptive silverware because of the arthritis in her hands.</p> <p>Observations on 9/19/18 at 10:40 a.m. and 12:02 p.m. revealed Resident #9 utilizing a two handled cup with a lid on it.</p> <p>During an interview with Resident #9 on 9/20/18 at 11:30 a.m. the resident stated she often gets her cups with lids on them.</p> <p>During an interview with Staff C-CDM on 9/18/18 at 12:00 p.m. revealed she was now aware of the lack of adaptive dining devices used in the dining room. She stated the dietary staff were</p>	F 802			

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F 802	<p>Continued From page 18</p> <p>responsible for the divided plates and the nursing staff were responsible to provide the adaptive silverware.</p> <p>Review of a dietary in-service dated 7/16/18 revealed the Dietician reviewed the use of adaptive equipment with the dietary staff.</p> <p>9. Observation on 9/17/18 at 9:30 a.m., revealed temperature logs posted in the kitchen revealed the following:</p> <ul style="list-style-type: none"> a. the white standing freezer had a July 2018 log taped to the door. b. the refrigerator temperature log posted on the wall had a date of August 2018. c. the three door refrigerator log posted on refrigerator had a date of July 2018. d. the white ice cream freezer had an August 2018 log attached. e. the milk cooler had a July 2018 log posted. <p>During interview on 9/17/18 at 10:08 a.m., Staff E, Food Service Supervisor, revealed she did not have any current temperature logs, what was posted was what she had.</p> <p>10. Observation on 9/17/18 at 11:00 a.m., revealed the September 2018 Dishwasher/Sanitizer log with no documented entries. Observation revealed Staff F, Dietary Aide washing dishes in the dishwasher. Staff F was asked to check the temperature of the dishwasher, she replied that she did not know how to do it. With assistance from Staff A, Cook, Staff F ran a temperature strip. The strip did not change color which indicated it did not reach the proper sanitizing temperature. Staff A called Staff G, maintenance supervisor to the kitchen to</p>	F 802			

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F 802	<p>Continued From page 19</p> <p>check the dishwasher. Staff G indicated the booster was reset and it should work now. Staff G ran another strip and the water temperature did not go to acceptable level. Staff G called a local contractor to fix the problem. During interview at the time Staff A indicated the water temperature had not been warm enough for a couple of days because she was able to take the dishes out of racks without burning her fingers, she failed to contact anyone regarding the issue. At 11:43 a.m. after repairs were completed, a strip was ran thru the dishwasher and turned an acceptable color indicating the hot water temperature reached an acceptable level.</p> <p>11. Observation on 9/17/18 at 9:30 a.m., the dry storage room/dietary office had three opened boxes on the floor and a can of unopened fruit cocktail on the floor. Observation revealed the floor was litter with garbage such as used dietary hair nets, piece of chewed gum and unopened packets of artificial sweetener. The floor had black particles scattered throughout the room. On the second shelf of an open storage unit a gallon jar of mustard sat next to a spray bottle of the chemical "strike force".</p> <p>12. Observation on 9/17/18 at 9:25 a.m., revealed the food temperature logs were not up to date. Staff A, Cook, provided the daily food temperature logs dated August 2018. Staff A stated she did not have any other logs and she did not do food temperatures this morning or the past weekend.</p> <p>During interview on 9/24/18 at 5:00 p.m., Staff A reviewed the log for 9/24 and noted only 2 foods (unidentified foods) had a temperature next to them, other than that the logs were empty. Staff</p>	F 802			

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F 802	Continued From page 20 failed to check temperatures of the resident food items prior to serving. During interview on 9/17/18 at 2:45 p.m., Staff D, Registered Dietician revealed she provided education to dietary staff on the importance of checking food temperatures and reported holding a dietary inservice about this on July 16, 2018 and September 17, 2018. Review of a Nutrition Services Manual policy dated 6/2015, directed staff to take food temperatures during preparation, cooking, meal service and storage of foods. The facility abated the IJ on September 18, 2018, when dietary staff received education on following menus which include puree and scoop size, ensuring dishwasher safety and refrigerator monitoring and ensure sufficient food was present for planned menu. The IJ was lowered from "L" severity level to "F" with the need for continued monitoring of staff in following education provided.	F 802			
F 810 SS=E	Assistive Devices - Eating Equipment/Utensils CFR(s): 483.60(g) §483.60(g) Assistive devices The facility must provide special eating equipment and utensils for residents who need them and appropriate assistance to ensure that the resident can use the assistive devices when consuming meals and snacks. This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff and resident interviews and observations the facility failed to provide adaptive dining equipment for 2	F 810			

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F 810	<p>Continued From page 21</p> <p>of 4 sampled residents who utilize adaptive dining equipment (Resident #6 and #9). The facility reported a census of 67.</p> <p>Findings include:</p> <p>Review of a list provided by the Dietician on 9/24/18 revealed the following residents had orders for adaptive dietary equipment:</p> <p>Resident #6 had an order for built up silverware 3 meals daily.</p> <p>Resident #9 had an order for 2 handled cups without lids for 3 meals daily.</p> <p>Observations on 9/18 at 11:50 and 9/22/18 at 12:22 p.m. reveals Resident #6 at the dining table using regular silverware.</p> <p>During an interview with Resident #6 on 9/24/18 at 2:55 p.m., the resident stated it is much easier for her to eat when she uses her adaptive silverware because of the arthritis in her hands.</p> <p>Observations on 9/19/18 at 10:40 a.m. and 12:02 p.m. revealed Resident #9 utilizing a two handled cup with a lid on it.</p> <p>During an interview with Resident #9 on 9/20/18 at 11:30 a.m. the resident stated she often gets her cups with lids on them.</p> <p>During an interview with Staff C-CDM on 9/18/18 at 12:00 p.m. revealed she is now aware of the lack of adaptive dining devices used in the dining room. She stated the dietary staff are responsible for the divided plates and the nursing staff are responsible to provide the adaptive silverware.</p>	F 810			

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F 810	Continued From page 22	F 810			
F 812 SS=F	<p>Review of a dietary in-service dated 7/16/18 revealed the Dietician reviewed the use of adaptive equipment with the dietary staff.</p> <p>Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§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.</p> <p>§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety. This REQUIREMENT is not met as evidenced by: Based on observation, facility policy review and staff interview, the facility failed to ensure the dishwasher was functioning properly, the refrigerator/freezer temperatures was completed, failed to ensure the dry storage room was clean and food boxes were off the floor and failed to log resident food temperatures in accordance with professional standards for food safety. The facility census was 67 residents.</p>	F 812			

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165197	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 09/26/2018
NAME OF PROVIDER OR SUPPLIER CEDAR FALLS HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1728 WEST EIGHTH STREET CEDAR FALLS, IA 50613		
(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 812	<p>Continued From page 23</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Observation on 9/17/18 at 9:30 a.m., revealed temperature logs posted in the kitchen revealed the following: <ol style="list-style-type: none"> a. the white standing freezer had a July 2018 log taped to the door. b. the refrigerator temperature log posted on the wall had a date of August 2018. c. the three door refrigerator log posted on refrigerator had a date of July 2018. d. the white ice cream freezer had a August 2018 log attached. e. the milk cooler had a July 2018 log posted. <p>During interview on 9/17/18 at 10:08 a.m., Staff E, Food Service Supervisor, revealed she did not have any current temperature logs, what was posted was what she had.</p> <ol style="list-style-type: none"> 2. Observation on 9/17/18 at 11:00 a.m., revealed the September 2018 Dishwasher/Sanitizer log with no documented entries. Observation revealed Staff F, Dietary Aide washing dishes in the dishwasher. Staff F was asked to check the temperature of the dishwasher, she replied that she did not know how to do it. With assistance from Staff A, Cook, Staff F ran a temperature strip. The strip did not change color which indicated it did not reach the proper sanitizing temperature. Staff A called Staff G, maintained supervisor to the kitchen to check the dishwasher. Staff G indicated the booster was reset and it should work now. Staff G ran another strip and the water temperature did not go to acceptable level. Staff G called a local contractor to fix the problem. During interview at the time Staff A indicated the water temperature had not been warm enough for a couple of days because 	F 812			

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F 812	<p>Continued From page 24</p> <p>she was able to take the dishes out of racks without burning her fingers, she failed to contact anyone regarding the issue.</p> <p>At 11:43 a.m. , after repairs were completed, a strip was ran thru the dishwasher and turned an acceptable color indicating the hot water temperature reached an acceptable level.</p> <p>3. Observation on 9/17/18 at 9:30 a.m., the dry storage room/dietary office had three opened boxes on the floor and a can of unopened fruit cocktail on the floor. Observation revealed the floor was litter with garbage such as used dietary hair nets, piece of chewed gum and unopened packets of artificial sweetener. The floor had black particles scattered throughout the room. On the second shelf of a open storage unit a gallon jar of mustard sat next to a spray bottle of the chemical "strike force".</p> <p>4. Observation on 9/17/18 at 9:25 a.m., revealed the food temperature logs were not up to date. Staff A, Cook, provided the daily food temperature logs dated August 2018. Staff A stated she did not have any other logs and she did not do food temperatures this morning or the past weekend.</p> <p>During interview on 9/24/18 at 5:00 p.m., Staff A reviewed the log for 9/24 and noted only 2 foods (unidentified foods) had a temperature next to them, other than that the logs were empty. Staff failed to check temperatures of the resident food items prior to serving.</p> <p>During interview on 9/17/18 at 2:45 p.m., Staff D, Registered Dietician revealed she provided education to dietary staff on the importance of checking food temperatures and reported holding</p>	F 812			

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F 812	Continued From page 25 a dietary inservice about this on July 16, 2018 and September 17, 2018. Review of a Nutrition Services Manual policy dated 6/2015, directed staff to take food temperatures during preparation, cooking, meal service and storage of foods.	F 812			