

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

PRINTED: 06/09/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165297	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/26/2017
NAME OF PROVIDER OR SUPPLIER NEW HAMPTON NURSING & REHAB CE			STREET ADDRESS, CITY, STATE, ZIP CODE 703 SOUTH FOURTH AVENUE NEW HAMPTON, IA 50659		
(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	INITIAL COMMENTS Amended on June 9, 2017, following IDR decision and CMS review. F-314 (G) deleted. ds Correction date <u>1/27/2017</u> The following deficiencies relate to the facility's annual health survey. (See Code of Federal Regulations (42 CFR) Part 483 Subpart B-C) 483.60(i)(1)-(3) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY (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:	F 000			
F 371 SS=E		F 371	Please see attachment.		

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

TITLE

(X6) DATE

Kathleen Kruse

Administrator

02/16/2017

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 371	<p>Continued From page 1</p> <p>Based on observation and staff interview, the facility failed to maintained a quaternary solution at the appropriate level to ensure kitchen equipment was properly sanitized. The facility census was 54 residents.</p> <p>Findings include:</p> <p>1. During observation on 1/24/17 at 10:59 a.m., Staff A, Dietary Aide used a cloth from a plastic bucket in the kitchen to sanitize a plastic rolling cart used to transport dishes and other items throughout the dining room. At the time the Dietary Manager verified the bucket contained quaternary sanitizer. The surveyor asked the Dietary Manager to check the sanitizing solution level. The Dietary Manager dipped a strip in the solution for ten seconds and the strip did not change color. The Dietary Manager stated the solution was no good and it needed to be changed. The Dietary Manager made fresh solution and it measured 300 parts per million.</p> <p>On 1/26/17 at 7:00 a.m., the Dietary Manager stated there was no record of staff checking the quaternary solution or ever documenting results and they were in the process of developing a policy.</p>	F 371			

PLAN AND/OR EXECUTION OF THIS PLAN OR CORRECTION DOES NOT CONSTITUTE ADMISSION OR AGREEMENT BY THIS PROVIDER OF THE TRUTH OF DEFICIENCIES. THE PLAN OF CORRECTION IS PREPARED AND/OR EXECUTED SOLELY BECAUSE IT IS REQUIRED BY THE PROVISIONS OF FEDERAL AND/OR STATE LAW.

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The Food Service Supervisor provided education to all staff on 1/24/17 in regards to ensuring the appropriate amount of quaternary solution at the appropriate level to ensure kitchen equipment is properly sanitized. The Food Service Supervisor will continue to monitor the quaternary solution on an ongoing basis.

Please accept this written plan of correction as our allegation of compliance.