

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

PRINTED: 11/01/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165249	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>11/15/12</u> B. WING <u>MU</u>	(X3) DATE SURVEY COMPLETED <u>10/26/2012</u>
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN SOCIETY - NEWELL		STREET ADDRESS, CITY, STATE, ZIP CODE 415 WEST HIGHWAY NEWELL, IA 50568	
(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)
F 000 INITIAL COMMENTS		F 000	
<p>The following deficiencies are the result of the recertification survey completed 10/23 - 26/2012. See Code of Federal Regulations (42CFR) Part 483, Subpart B-C.</p> <p>Correction Date <u>11/15/12</u></p> <p>F 226 483.13(c) DEVELOP/IMPLEMENT SS=D ABUSE/NEGLECT, ETC POLICIES</p> <p><i>OK</i> The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.</p> <p><i>OK</i> <u>1/15/12</u></p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and staff interview the facility failed to follow policies and procedures for screening a potential employee with the appropriate licensing boards and registries.</p> <p>Findings include: Staff N's employee file showed a background check completed on 3/12/12. The Nurse Aide License showed status as record not found; this individual is currently ineligible to work in Iowa. This individual is not found on the Iowa Nurse-Aide Registry. Please contact the Iowa Nurse-Aide Registry at 515-281-6964 and hold for staff to assist you.</p> <p>The New Employee Payroll Information form showed Staff N's hire date 4/2/2012 as a certified nurse aide.</p>			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

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 Continued From page 1		F 226	
<p>Staff N's employee file did not contain any record of verification that Staff N was eligible for employment as a certified nurse aide.</p> <p>During interview on 10/24/12 at 8:00 a.m. Staff D stated she had not checked any further after 3/12/12 SING to find out if Staff N was eligible to work in the facility until 10/23/12 after the surveyor asked for documentation showing eligibility for hire as a certified nurse aide. Staff D stated she was new to this role and had not known what to do.</p>			
F 371	483.35(i) FOOD PROCURE, SS=F STORE/PREPARE/SERVE - SANITARY	F 371	
<p>The facility must -</p> <p>(1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and</p> <p>(2) Store, prepare, distribute and serve food under sanitary conditions</p>			
<p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, review of cleaning records and staff interview the facility failed to maintain the kitchen in a sanitary condition. The facility reported a census of thirty eight residents.</p> <p>Findings included:</p> <p>On October 23, 2012 between 9:46 a.m. and 10:21 a.m. during initial tour of the kitchen</p>			

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F 371	Continued From page 2 observation revealed the following:	F 371		
<p>The stainless steel refrigerator, a one door stainless steel freezer and a two door stainless steel freezer had doors with smudges and smears. The recessed handles had crumbs and dust and the vents at the bottom had a heavy accumulation of dust and debris.</p> <p>The walk in refrigerator door handle and the front of the door adjacent to the handle had a black tarry substance which could be moved with a finger nail. Floors inside the walk in cooler had dirt, debris and old spills.</p> <p>During interview on October 23, 2012 at 9:51 a.m. the Dietary Manager confirmed the observations.</p> <p>Continuing on the tour a large rolling bin with packaged wheat products and a triple bin unit which held flour, sugar, and dry milk had dust and debris on the tops.</p> <p>The floor throughout the kitchen had dirt, dust, debris and dried spills. It felt sticky when walked on.</p> <p>The can opener blade and mechanism had a black tarry substance present.</p> <p>The stove top appeared grossly dirty with dried/burned on spills and many pieces of old food. The stainless steel back splash was covered with black burned on splatters. The shelf over the stove had a heavy accumulation of old grease and felt tacky to touch. The drip pans under the burners sat full of pieces of old food</p>				

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<p>F 371 Continued From page 3</p> <p>F 371</p> <p>and cooked on spills. The front of the stove, oven doors and handles and burner knobs felt greasy and tacky to touch.</p> <p>The top of the Vulcan convection oven had an accumulation of dust, dirt, crumbs and debris. The pipes/hoses on the back of the oven appeared grossly dusty and dirty.</p> <p>The lower shelf of a stainless steel work counter had a white perforated shelf liner with crumbs, flour and debris. The wheels on the unit appeared grossly dirty with black tarry substance, dust and dirt. Large pots sat upside down on the dirty shelf along with bottles of cooking oil.</p> <p>The base of a Waring blender was dirty with dried spills, crumbs and debris. It felt tacky.</p> <p>The outside of a Proctor Silex toaster appeared dusty and dirty and felt tacky.</p> <p>The lower shelf of the steam table was dirty and dusty with crumbs. The knobs felt tacky, greasy and dirty.</p> <p>The front of the microwave had dried smudges of food and crumbs.</p> <p>A rolling three shelf cart had two stacks of clean plates on top. All three shelves had dried spills, crumbs and dust.</p> <p>In a cupboard six sheet pans, seven loaf pans had an accumulation of black carbon.</p> <p>The paper towel dispenser and handwashing sink appeared dirty.</p>			

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F 371 Continued From page 4		F 371	
<p>The housekeeping closet in the kitchen had dead flies, crumbs, debris and bits of paper all over the floor. The floor looked dirty. The door to the closet had a black tarry substance inside and outside six to eight inches above and below the door handles.</p> <p>Two fire extinguishers felt dusty and tacky on top.</p> <p>In the dry storage the can rack base had an accumulation of dust.</p> <p>The backsplash above the counter which had a two compartment sink felt very tacky with a substance moveable with a fingernail.</p> <p>All the hinges on the lower level cupboards had an accumulation of dust, crumbs and grease.</p> <p>After reviewing the cleaning schedule documentation with the Dietary Manager she agreed staff must be signing off tasks without actually doing them.</p> <p>During observation on October 24, 2012 at 8:04 a.m. Staff Q2 (cook) cut chocolate chip bars from baking pans which had heavy accumulation of black carbon, especially in the corners. At 12:48 p.m. observation revealed staff serving the bars for the noon meal.</p>			

To: program Coordinator

Plan of Correction:

Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. For the purposes of any allegation that the facility is not in substantial compliance with Federal requirements of participation, this response and plan of correction constitutes the facility's allegation of compliance in accordance with 7305 of the State Operations Manual.

F371

Sanitary Conditions

1. All items listed on the 2567 have been cleaned by the dietary staff on November 3, 2012 and added to the routine cleaning schedule for the dietary department. The sheet and loaf pans have been replaced. A professional cleaning company has been hired to deep clean the tile floor and grout of the kitchen and will treat the surface to aid in continued cleaning of the floor. A thorough cleaning of the kitchen and storage areas was to be completed on Friday, November 9, 2012 by the dietary manager and dietary staff.
2. All residents could be affected.
3. Dietary Service manager will re-train staff on an individual basis on the standards of cleanliness within the Dietary Department, details of revised cleaning schedule, individual responsibilities, and documentation of completed tasks on the schedule. All individual re-training will be completed, Thursday, November 15, 2012
4. Audits regarding kitchen cleanliness will be conducted by the dietary manager/designee weekly x4, bi-weekly x2, monthly x3 then taken to QA for further recommendations.
5. Completion date November 15, 2012 needs to be before the date the 2567 says it has to be done.

F226

Administration.

1. Staff N was removed from the schedule on Oct 26, 2012 and will be verified to be eligible to work through the nurse aid registry November 2, 2012
2. All nurse aides could be affected.
3. The Administrator provided reeducation to the Human Resource department on ensuring that the policies and procedures for license verification on new hires is completed before the employee works on November 2, 2012
4. Audits reviewing completion of license verification will be done on all new hired aides weekly x4, bi weekly x2, monthly x3 then brought to QA for further recommendations.
5. Completion date: November 5, 2012