

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

PRINTED: 10/29/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165225	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/17/2024	
NAME OF PROVIDER OR SUPPLIER CENTERVILLE SPECIALTY CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1208 EAST CROSS STREET CENTERVILLE, IA 52544		
(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
<p>F 000</p> <p>Ok ✓ Lg</p> <p>F 803 SS=D</p>	<p>INITIAL COMMENTS</p> <p>Correction Date:10/31/24</p> <p>The following deficiencies are a result of the facility's annual recertification survey completed on 10/14/24 to 10/17/24.</p> <p>See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C.</p> <p>Menus Meet Resident Nds/Prep in Adv/Followed CFR(s): 483.60(c)(1)-(7)</p> <p>§483.60(c) Menus and nutritional adequacy. Menus must-</p> <p>§483.60(c)(1) Meet the nutritional needs of residents in accordance with established national guidelines.;</p> <p>§483.60(c)(2) Be prepared in advance;</p> <p>§483.60(c)(3) Be followed;</p> <p>§483.60(c)(4) Reflect, based on a facility's reasonable efforts, the religious, cultural and ethnic needs of the resident population, as well as input received from residents and resident groups;</p> <p>§483.60(c)(5) Be updated periodically;</p> <p>§483.60(c)(6) Be reviewed by the facility's dietitian or other clinically qualified nutrition professional for nutritional adequacy; and</p> <p>§483.60(c)(7) Nothing in this paragraph should be construed to limit the resident's right to make personal dietary choices.</p>	<p>F 000</p> <p>F 803</p>	<p>:" This plan of Correction is prepared and Submitted as a requirement by law. By Submitting this Plan of Correction, Centerville specialty Care does not Admit that the deficiency listed on this form exist, nor does the facility admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiency. The facility reserves the right to challenge in the legal and/or regulatory or administrative proceedings the deficiency, statements, facts and conclusions that form the basis for the deficiency."</p> <p>F 803 Menus Resident Nds/Prep in Adv/Followed</p> <p>Plan of Correction: Education given to staff on the facility policy related to proper the correct portion and texture of pureed diet.</p> <p>How Residents affected & residents with potential of being affected were identified: Residents who reside in Centerville specialty care have potential to be affected.</p> <p>Corrective action taken for resident (s) affected: Resident will receive correct portion and texture at meals.</p>	<p>✓</p>

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

TITLE

(X6) DATE

Administrator 10/31/24

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 803	<p>Continued From page 1</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, policy review, and staff interview, the facility failed to ensure 1 of 1 residents on a pureed diet received the correct portion and texture. The facility reported a census of 36 residents.</p> <p>Findings include:</p> <p>Observations on 10/15/24 at 11:15 a.m. revealed the following:</p> <p>a. The Dietary Manager (DM) placed 1 fish filet in the food processor, added broth, and processed to a pureed consistency. She measured the processed fish as 3/4 of a cup. During the subsequent meal service, the DM served the fish to the resident with a scoop. After serving, she measured 1/4 of a cup remaining.</p> <p>b. The DM placed a half cup of green beans into the food processor, added green bean juice, and processed to a liquid consistency. The DM stated pureed food should be pudding consistency and stated the beans were "runny". The DM served the liquid-consistency beans to the resident during the subsequent meal service.</p> <p>On 10/17/24 at 9:39 a.m., the Dietary Manager stated residents who received a pureed diet should receive the same amount as other residents. She stated the resident at lunch should have received the entire fish filet. She stated pureed food should not be runny and it should be a pudding consistency.</p> <p>The undated facility policy "Puree Technique" directed staff to follow the menu as planned and process the correct number of portions. The</p>	F 803	<p>Measure or systemic changes made to ensure this will not recur and affect others: Audits of residents on pureed diets to ensure consistency is correct.</p> <p>Planned monitoring of corrective actions to ensure practice is corrected and will not occur "Audits conducted to monitor dietary procedures for portion sizes and texture is within consistency of pureed diet. "</p> <p>Anticipated Date of completion for the plan of correction: "DSM will perform 4 audits per week for 4 weeks, then 2 audits per week for 2 weeks to monitor for correct portion and texture of diets. Results of the findings will be submitted to QAPI for further review.</p>	

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F 803	Continued From page 2 policy directed staff to measure the total volume and divide by the total number of portions. The policy stated staff should puree food to a pudding consistency.	F 803		
F 812 SS=E	Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §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. §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, clinical record review, policy review and staff interview, the facility failed to ensure adequate kitchen sanitation and food handling for 2 of 2 visits to the kitchen. The facility reported a census of 36 residents. Findings include: The facility policy "Cleaning Instructions", dated February 2016 stated (staff) would maintain all	F 812	F 812: Food Procurement, Store/prepare-Sanitary Plan of Correction: " Educated provided to staff regarding kitchen sanitation and food handling." How Residents affected & residents with potential of being affected were identified: Residents who reside in Centerville specialty care have potential to be affected. Corrective action taken for resident (s) affected: Education given to staff on 10/31 Measure or systemic changes made to ensure this will not recur and affect others: Education given to staff on 10/31 This area is looking for systemic changes, what will you do to prevent? "QA rounds will be conducted in kitchen to assure compliance weekly by IDT team" Planned monitoring of corrective actions to ensure practice is corrected and will not occur. 2 Audits per week for 4 weeks then 1 audit per week for 2 weeks will be conducted by IDT team to assess kitchen sanitation and food handling, results of the audits will be submitted to QAPI team for further review.	

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F 812	<p>Continued From page 3</p> <p>kitchen areas in a sanitary manner, free of buildup of food, grease, or other soil. The cleaning schedule directed staff to clean items such as: the dish machine, ice machine, steam table, cabinets, drawers, stove hood, and work areas.</p> <p>The initial kitchen tour on 10/14/24 at 10:08 a.m. revealed the following concerns:</p> <ul style="list-style-type: none"> a. The Dietary Manager's (DM) front bangs protruded from her hair net from the top of her forehead to the top of her eye brows. b. An opened package of turkey breasts was dated 9/30/24. c. The spigots of the fire suppression system had dust particles hanging down from them. <p>A kitchen observation on 10/15/24 at 11:15 a.m., revealed the following concerns:</p> <ul style="list-style-type: none"> a. Dust remained on the fire suppression spigots. b. The DM picked a piece of refuse off the floor and threw it away. Without washing her hands, she went to the steam table and touched foil which covered food. c. The plastic menu holder located above the prep table was covered with dust. d. Yellow drips present on the right hand side of the steam table. e. A white shelf located directly above the steam table covered with dust and loose pieces of food hanging down over the food. The shelf was sticky to the touch. f. The DM went to the freezer to retrieve ice cream and did not wash her hands before she continued to serve meals to residents. g. The ceiling above the sink covered with multiple round dust like particles. h. A fire suppression system spigot above the spices and clean plates covered with a thick layer 	F 812		
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F 812	<p>Continued From page 4</p> <p>of dust.</p> <p>i. The outside of the dishwasher had a crusty white buildup.</p> <p>j. The floor of a drawer had crumbs covering the bottom. Measuring spoons and scoops sat in the crumbs and a black substance was present in the drawer corners.</p> <p>On 10/16/24 at 9:07 a.m., the ice machine had a brown buildup on the top interior wall. The outside of the machine had a white buildup on the sides.</p> <p>On 10/17/24 at 9:39 a.m., the Dietary Manager stated staffing had been a struggle and it was difficult to complete all the cleaning. She stated she expected cupboards, drawers, shelving, and spigots to be clean and dust free. She stated they replaced the shelf above the steam table and cleaned the ice machine yesterday. She stated if a staff person picked up something off the floor, they should then wash their hands. She stated all hair should be restrained under a hair net.</p>	F 812			