

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135082	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2025
NAME OF PROVIDER OR SUPPLIER McCall Rehabilitation and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 418 Floyde Street McCall, ID 83638	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0801</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>Based on record review and observation it was determined the facility failed to ensure a qualified individual was employed with the knowledge and skill set to carry out the function of food and nutrition services. This deficient practice created the potential to affect 35 residents who consumed food prepared by the facility. This placed residents at risk for undetected weight loss and adverse health outcomes when the facility did not employ a qualified individual to meet all resident nutritional needs. Findings include: The facility's Quality Assurance and Performance Improvement (QAPI) meeting minutes, dated January 2025, documented under dietary services, the facility had a goal to enroll the Dietary Manager (DM) into a dietary manager certification training by the next quarter. The facility's QAPI meeting minutes dated April 2025, included confirmation of enrollment to the dietary manager certification training. On 7/23/25 at 10:43 AM, the DM stated she is not a Certified Dietary Manager. She stated she was currently enrolled in a training program and had 11 months left before she completed the program. On 7/24/25 at 9:56 AM, the Administrator stated the facility did not have a qualified individual with the knowledge and skill set required to meet the nutritional needs of residents.</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Number of residents sampled: Number of residents cited: SDP= Genesis Universe= Facility wide Concerns with Food and Nutrition Services regarding kitchen sanitation. Based on observation, staff interview, and Food Code review, it was determined the facility failed to ensure the kitchen equipment was maintained in sanitary condition and food was handled in a safe and sanitary manner. These deficient practices created the potential to affect 35 residents who consumed food prepared by the facility. This placed residents at risk for potential food contamination and adverse health outcomes, including food-borne illness. Findings include: The FDA Food Code Section 4-601.11 (C) Cleaning of Equipment and Utensils, documented nonfood-contact surfaces of equipment shall be kept free of an accumulation of dust, food residue, and other debris. 1. On 7/23/25 at 10:59 AM, during a kitchen inspection a black kitchen aid mixer was observed sitting on a counter with white encrustations. On 7/23/25 at 11:05 AM, the DM stated the mixer was not in sanitary condition. 2. On 7/23/25 at 11:05 AM, a kitchen cabinet near the thawing station was observed to store clean stainless-steel pans. The cabinet was noted to have dust like particles with dry noodles on the surface where pans were placed. One of the stainless-steel covers was observed with yellow dry encrustations. On 7/23/25 at 11:07 AM, the DM stated the pans were not stored under sanitary conditions. 3. On 7/24/25 at 8:07 AM, during a tray line observation the DM was observed touching her clothing then continuing to serve ready-to-eat food onto a meal tray. The tray was then placed in the food cart for delivery. No observation of hand hygiene was noted. On 7/24/25 at 8:18 AM the DM stated it was unsanitary to touch per personal clothing and continue touching ready-to-eat food with no hand hygiene in between. The FDA food code section 3-304.15 (A) Gloves, Use Limitation, documented if used, single-use gloves shall be used for only one task such as working with ready-to-eat food or with raw animal food, used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation. 4. On 7/24/25 at 8:25 AM, during a tray line observation the DM was observed wearing gloves and cracking two eggs on the stove top griddle. She then proceeded to cut toast and place it on a plate without changing her gloves. The DM covered the plate and placed it on a resident tray, then placed the tray on a cart for delivery. No hand hygiene or glove changing was observed when going from raw uncooked food to ready-to-eat food. On 7/24/25 at 8:28 AM, the DM stated she did not change her gloves or perform hand hygiene when going from raw to cooked foods. She also stated she should have performed hand hygiene after placing the raw eggs on the stove top griddle.</p>