

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165082	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/30/2025
NAME OF PROVIDER OR SUPPLIER  Accura Healthcare of Lake City, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  1409 West Main Street Lake City, IA 51449	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, staff interviews, and facility policy reviews the facility failed to ensure food was stored and prepared under sanitary conditions. The facility identified a census of 39 residents. Findings include: An initial kitchen tour conducted on 10/29/25 at 10:50 a.m, revealed these observationsThe milk cooler with dried liquid substance down the side of it.The front of the freezer and refrigerator with smudge prints all over them.There were crumbs/food debri on the bottom of both refrigerators and freezers.The steam table had a brown crusty dried substance on it.The warmer had crumbs and food debri on the bottom of it. The following items were observed in the refrigerator without a date on it:A container of ranch salad dressing was open with no date on the container. The following items were observed in the pantry with no open date on them:A package of country gravy with no open date.A package of dried pudding with no open date.A package of ranch dressing seasoning with no open date. Review of facility policy titled Cleaning and Sanitation of Dining and Food Service Areasrevealed, the food and nutrition services staff will maintain the cleanliness and sanitation of the dining and food service areas through compliance with a written, comprehensive cleaning schedule.1. The director of food and nutrition services will determine all cleaning and sanitation tasks needed for the department.2. Tasks shall be designated to be the responsibility of specific positions in the department.3. Staff will be trained on the frequency of cleaning, as necessary.4. The methods and guidelines to be used and agents used for cleaning shall be developed for each task or piece of equipment to be cleaned.5. A cleaning schedule will be posted for all cleaning tasks, and staff will initial the tasks as completed. 6. Staff will be held accountable for cleaning assignments. Review of the facility policy titled Food Storage revealed, sufficient storage facilities will be provided to keep foods safe, wholesome, and appetizing. Food will be stored in an area that is clean, dry, and free from contaminants. Food will be stored, at appropriate temperatures and by methods designed to prevent contamination or cross contamination.All stock must be rotated with each new order received. Rotating stock is essential to assure the freshness and highest quality of all foods.a. Old stock is always used first (first in - first out method). The person designated to manage stock should be trained to rotate it properly.b. Food should be dated as it is placed on the shelves if required by state regulation.c. Date marking should be visible on all high-risk food to indicate the date by which a ready-to-eat, TCS food should be consumed, sold, or discarded.d. Food will be stored and handled to maintain the integrity of the packaging until ready for use. Food stored in bins may be removed from its original packaging.Regarding refrigerated food storage, all foods should be covered, labeled, and dated and routinely monitored to assure that foods (including leftovers) will be consumed by their safe use by dates, or frozen (where applicable), or discarded. Interview with Staff A, Certified Dietary Manager (CDM) stated that there are daily, weekly and monthly cleaning schedules for the staff in the kitchen. Staff A stated it is a checklist that they check off when completed. Staff A stated that the expectation is for the staff to complete the checklist prior to them leaving their shift. Staff A stated the expectation is to have staff date the food/package when they open it.</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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