

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165196	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER Grandview Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 508 2nd Street NE Dayton, IA 50530	

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 - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>42441</p> <p>Based on observation and staff interviews, the facility failed to date items in the refrigerator, freezer and dry food storage after opening. The facility reported a census of 24 residents.</p> <p>Findings include:</p> <p>During the initial tour of the kitchen on 12/2/24 at 8:45 AM observed the following items opened without a date:</p> <ul style="list-style-type: none"> a. 30 plus frozen rolls b. 3/4 bag of frozen peas c. 30 plus slices of frozen garlic bread d. 30 plus frozen sausage patties e. 30 plus frozen pieces of fish f. 20 plus frozen chicken strips g. 1/2 bag Lays potato chips h. 3/4 bag bread crumbs i. 2/3 bag of shredded cheese j. 1/2 bag of lettuce <p>During an observation on 12/2/24 at 8:55 AM, observed Staff A, Cook, dating items the open items listed above. Staff B revealed she dated the open items based on when the facility most recently used the items to her knowledge based on recent meals.</p> <p>During an interview 12/3/24 at 10:45 AM, the Certified Dietary Manager revealed they expected the staff to date food items after they open them.</p> <p>(continued on next page)</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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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Review of facility policy dated June 2015, titled Nutritional Services Manual: Refrigerator Storage, Freezer Storage and Dry Storage, lacked information regarding dating food items after opening them.</p>		