

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	

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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>35434</p> <p>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 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.</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>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>35434</p> <p>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.</p> <p>Findings include:</p> <p>The facility policy Cleaning Instructions, dated February 2016 stated (staff) would maintain all 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"> <li>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.</li> <li>b. An opened package of turkey breasts was dated 9/30/24.</li> <li>c. The spigots of the fire suppression system had dust particles hanging down from them.</li> </ul> <p>A kitchen observation on 10/15/24 at 11:15 a.m., revealed the following concerns:</p> <ul style="list-style-type: none"> <li>a. Dust remained on the fire suppression spigots.</li> <li>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.</li> <li>c. The plastic menu holder located above the prep table was covered with dust.</li> <li>d. Yellow drips present on the right hand side of the steam table.</li> <li>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.</li> <li>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.</li> <li>g. The ceiling above the sink covered with multiple round dust like particles.</li> <li>h. A fire suppression system spigot above the spices and clean plates covered with a thick layer of dust.</li> <li>i. The outside of the dishwasher had a crusty white buildup.</li> </ul> <p>(continued on next page)</p>		

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