

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165232	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER Friendship Home Association		STREET ADDRESS, CITY, STATE, ZIP CODE 714 Division Audubon, IA 50025	

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 0578</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004</p> <p>Based on clinical document review, staff interview, and policy review the facility failed to have the correct documentation of residents choice related to advanced directives for 1 of 5 residents (Resident #27) reviewed. The facility reported a census of 40 residents.</p> <p>Findings include:</p> <p>Review of the Minimum Data Set (MDS) for Resident #27 dated [DATE] revealed Resident #27 was admitted to the facility [DATE].</p> <p>Review of a document titled, Iowa Physician Orders for Scope of Treatment (IPOST) dated [DATE] revealed there was a selection for Cardiopulmonary Resuscitation (CPR). This document further revealed the IPOST was signed by the Physician and Resident #27 ' s representative.</p> <p>Review of the Electronic Health Records (EHR) on [DATE] revealed a document titled, Clinical Physician Orders that revealed an order for Full Code status with a start date of [DATE].</p> <p>Review of Resident #27 ' s Care Plan with a revision date of [DATE] revealed that Resident 27 ' s family requested DNR status.</p> <p>During an interview [DATE] at 8:15 AM Staff D revealed she would look in the front of the resident's chart for code status. Staff D further revealed that if a resident is a full code status there would be a heart above the bed in the resident ' s room. Staff D then revealed that Resident # 27 does not have a heart sticker above her bed.</p> <p>During an interview [DATE] at 9:02 AM with the Director of Nursing (DON) revealed that her expectation would be for the IPOST and the physician orders to match as to code status.</p> <p>Review of a facility provided policy titled, Advanced Directives dated ,d+[DATE] documented:</p> <p>a. Review all advance directives / IPOST to determine if there are any apparent omissions or inconsistencies so they may be cleared up with the resident.</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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>48004</p> <p>Based on personnel document review, facility document review, staff interview, and policy review the facility failed to implement the abuse and neglect policy by not completing background checks prior to staff employment. The facility reported a census of 40 residents.</p> <p>Findings include:</p> <p>Review of background check for Staff E revealed the background check was completed 2/13/24.</p> <p>Review of an untitled document with staff phone number and hire dates provided by the facility revealed a hire date for Staff E of 11/30/23.</p> <p>During an interview 7/30/24 at 11:46 AM with the Administrator revealed that Staff E had worked at the facility prior to her being rehired 11/30/23. The Administrator further revealed she thinks that the background check got missed upon rehire and was completed again 2/13/24. The Administrator then revealed that her expectation would be for background checks to be completed prior to working at the facility.</p> <p>Review of a facility provided policy with a subject of background checks dated 1/29/21 documented:</p> <p>a. Background checks will be completed on all new hires per state regulation on the single contact repository (SING).</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41785</p> <p>Based on facility document review, observations, staff interview and policy review the facility failed to ensure that residents were served the food as listed on the menu, and failed to accurately measure the pureed food items for 3 of 3 residents reviewed. The facility reported a census of 40 residents.</p> <p>Findings include:</p> <p>According to the Week at a Glance Menu for Week 5; the lunch meal on 7/30/24 included ham loaf with pineapple sauce, potato, broccoli, bread/margarine, ice cream and milk. The pureed meal would include pureed bread with margarine.</p> <p>On 7/30/24 at 10:00 AM Staff A, Dietary Aide/Cook, prepared the broccoli for 3 residents that required pureed foods. She used a small hand-held mixer and said that she had added water earlier to aide in the pureeing process. After getting the vegetable to the desired consistency, she put it in the dish, covered it with tin foil and put it in the oven. Staff A then got the ham loaf out of the oven and said she had 6 mechanical soft and 3 pureed to prepare. She dished out 7 servings for mechanical soft and put that in the heating dish. She then took 4 servings of the ham loaf and placed them in the mixer. As she was mixing, she added water several times. Without measuring the volume, she put the pureed meat in the heating dish. When asked about measuring for volume so she could determine the size of serving scoop, she said that she just uses a 4-ounce (oz) scoop for the vegetables and for the meats. She said she had worked in many different places and she did not see the need to measure the volume or use the chart to determine scoop size. Staff A failed to put any bread in the pureed items, and she did not puree bread with margarine.</p> <p>On 7/30/24 at 11:20 AM, Staff A failed to include bread and margarine on the plates for residents in the Chronic Confusion or Dementing Illness (CCDI) unit. According to the Resident Matrix, the CCDI unit included 13 residents. On 7/30/24, none of the CCDI residents were served bread with margarine.</p> <p>On 7/30/24 at 11:00 AM, the Dietary Manager (DM) said that she taught staff to prepare one more serving than needed when making pureed foods. She said that they should measure the volume after pureeing to figure out the serving size. The DM said that she had talked to Staff A about using water for the pureed foods and that they were taught to use thinning fluids with nutritional value rather than water. The DM said that Staff A should have followed the menus and serve bread when it's on the menu.</p> <p>According to the [NAME] Brother's Puree Process (posted on the refrigerator in the kitchen):</p> <p>Step 1. Measure out desired number of servings into container for pureeing.</p> <p>Step 2. Puree the food.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Step 3. Add any necessary thickener or appropriate liquid of nutrition value and flavor to obtain desired consistency.</p> <p>Step 4. Measure the total volume of the food after it is pureed.</p> <p>Step 5. Divide the total volume o the pureed food by the original number of portions. (See Puree Scoop Chart).</p> <p>Step 6. Heat or chill the pureed food to safe serving temperatures.</p> <p>According to the undated facility policy titled: Food and Nutrition Services. The dining experience would enhance each individuals quality of life through person centered dining: providing nourishing, palatable, and attractive meals that meet the individual's daily nutritional needs and food and beverage preferences.</p>

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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>41785</p> <p>Based on observations, staff interviews and policy review the facility failed to ensure that open containers of food had been dated. Staff failed to provide safe hand hygiene procedures during meal service. The facility reported a census of 40 residents.</p> <p>Findings include:</p> <p>In an observation of the walk-in refrigerator with the Dietary Manager (DM) on 7/29/24 at 9:45 AM, it was discovered that there were three large bags of shredded cheese and a bag of shredded lettuce that had been opened and half-used. The bags did not have a date written on them to indicate when they were opened. At the front of the walk-in, there was a tray cart on wheels that contained a tray of individual cups of pudding, uncovered and undated. On the top shelf, there was an opened bag of cubed cheese that had been opened, with no open date. As the DM lifted the bag, it was revealed to have some mold spots on a couple cheese cubes at on the bottom of the bag. The DM said that she expected staff to enter the open date on the bags and to pay attention to outdates.</p> <p>In the freezer, an open bag of what looked to be cubed meat was found on the bottom shelf. The DM said that it was cubed turkey and she acknowledged that there was no open date on the package. The walk-in freezer also had 4 bags of frozen vegetables on the top shelf, opened and not dated. She grabbed all of them to dispose of them.</p> <p>On 7/30/24 at 10:00 AM, in an observation of the pureed food preparation, Staff A, Dietary Aide got a ham loaf out of the oven and placed it on the counter. She failed to conduct hand hygiene. The meat had been cooking on a sheet of parchment paper and had stuck to the paper. She had difficulty getting it off the paper so she used her bare hand to pull it off and placed it in the mixer.</p> <p>In an observation of the lunch meal service on 7/30/24 at 11:20 AM, Staff A put a glove on her left hand, she grabbed the bag of bread to open it, and with the same gloved hand grabbed a piece of bread out of the bread bag, held the bread with that hand, buttered it and placed it on a resident's plate. She then removed the glove. Staff A performed the same process at least 4 more times through the meal services. Staff A grabbed a stack of cheese slices from the refrigerator with a glove on her left hand only, with both hands she unwrapped the plastic wrap and then reached in and grabbed a slice of cheese. Throughout the meal services, Staff A touched different surfaces and wiped her hands on her scrub top. She completed serving at 11:45 AM and failed to conduct hand hygiene throughout the entire serving.</p> <p>On 7/30/24 at 11:00 AM, the DM said that she found glove use to be a detriment in the kitchen because staff tended to think they can touch anything with the gloved hands and then touch the food. She preferred that staff would use tongs or unwrap the food first and then use a clean glove to touch food items.</p> <p>(continued on next page)</p>		

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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>An undated facility policy titled: Food and Nutrition Services; Bare Hand Contact with Food and Use of Plastic Gloves. Gloved hands were considered a food contact surface that could get contaminated or soiled. If used, single use gloves should be used for only one task, used for no other purpose and discarded when damaged or soiled. Hands were to be washed when entering the kitchen and before putting on the single use gloves and after removing single use gloves.</p> <p>An undated facility policy titled: Food and Nutrition Services undated, indicated that when a food package was opened, the food item should be marked to indicate the open date. This dated would be used to determine when to discard the food. Leftovers were to be used within 72 hours or discarded.</p>