| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165241 | A. Building<br>B. Wing | 01/08/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Grundy Care Center | 102 East J Avenue<br>Grundy Center, IA 50638 |

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) |
|---|---|
| F 0851<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.<br><br>Based on interviews, schedule review and CMS (Centers for Medicare and Medicaid Services) document submission review, the facility failed to submit accurate licensed nurse coverage hours into the CMS system, resulting in the appearance of low weekend staffing and lack of 24 hour licensed coverage. The facility reported a census of 30 residents. Findings include:Review of the facility's licensed coverage submission for the 4th quarter of July 1, 2025 - September 30, 2025, listed the facility short of the 24 hours requirements:7/5/25 (Saturday); 12.97 hours7/6/25 (Sunday): 18.92 hours7/12/25 (Saturday): 18.31 hours7/13/25 (Sunday): 17.86 hours9/20/25 (Saturday): 17.48 hoursAn email sent by the Administrator on 1/6/26 at 12:24 PM, documented she looked at the facility's payroll system to see why the daily sheet hours didn't transfer over. On 1/6/26 at 1:25 PM, the Administrator reported they had something wrong with the system and they have reached out to corporate. She stated that on the above days, most of the days were covered by nurses who punch a timeclock and those hours should have automatically been pulled over but didn't. She stated the facility has to manually input hours worked by staff who do not punch a time clock. The Administrator reported getting frustrated as she knew they had the weekend and license coverage they needed but understood that the submission has to be accurate. An undated Payroll Based Journal policy directed the following:It is the policy of this facility to electronically submit timely to CMS (Centers for Medicare and Medicaid Services), complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS. Definitions: Direct Care Staff are those individuals who, through interpersonal contact with residents or resident care management, provide care and services to allow residents to attain or maintain the highest practicable physical, mental, and psychosocial well-being. Policy Explanation and Compliance Guidelines:The facility will electronically submit timely to CMS complete and accurate direct care staffing information including the following:The category of work for each person on direct care staff (including, but not limited to, whether the individual is a registered nurse, licensed practical nurse, licensed vocational nurse, certified nursing assistant, therapist, or other type of medical personnel as specified by CMS);Resident census data; andInformation on direct care staff turnover and tenure, and on the hours of care provided by each category of staff per resident per day (including, but not limited to, start date, end date (as applicable), and hours worked for each individual).When reporting information about direct care staff, the facility will specify whether the individual is an employee of the facility or is engaged by the facility under contract or through an agency.The facility will submit direct care staffing information in the uniform format specified by CMS.The facility will submit direct care staffing information on the schedule specified by CMS, but no less frequently than quarterly.The facility shall submit information (specify frequency), and no later than the deadline specified for the specific quarter in which the data is to be reported.Reporting deadlines:Fiscal Quarter 1 (October 1 - December 31): February 14Fiscal Quarter 2 (January 1 - March 31): May 15Fiscal Quarter 3 (April 1 - June 30): August 14Fiscal Quarter 4 (July 1 - September 30): November 14The facility will ensure all staffing data entered in the Payroll-Based Journal (PBJ) system is auditable and able to be verified<br>(continued on next page) |

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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| Grundy Care Center | 102 East J Avenue<br>Grundy Center, IA 50638 |

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| F 0851<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Many | through either payroll, invoices, and/or tied back to a contract.The facility will utilize the current submission guidelines as described in the CMS Electronic Staffing Data Submission Payroll-Based Journal Policy Manual.Responsibilities for data submission:The Administrator, HR Director, and Director of Nursing are responsible for verifying accuracy of the staffing data that is submitted to CMS using various facility audit forms and/or payroll vendor reports.The Business Office Manager is responsible for verifying the accuracy of census data and collaborating with MDS Coordinator for any needed corrections. Reports available through CASPER may be utilized to assist with verifying data.(Designated individual or vendor) is responsible for submitting data and obtaining validation reports.The Administrator is responsible for reviewing validation reports and ensuring that any needed corrections are made before the quarterly deadline. |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observations, interviews, and policy review, the facility failed to safely handle food while preparing a sandwich. The staff put on gloves then touched other items with their gloved hands prior to touching bread with the same gloved hands. The facility reported a census of 30 residents.Findings include:During an observation on 1/6/26 at 11:54 AM Staff A, Cook, wore gloves during the meal pass for multiple residents on the line. The next resident ordered a hamburger; Staff A touched the potholders on the line then put the hamburger on a plate from behind her in the microwave. With the same gloves, she reached into a bag of buns, pulled one out, and put it on the resident's tray. She then opened the bun on the tray. After finishing the burger, she took it out of the microwave, with the same gloves, picked up the burger, and placed it on the bun. She put the top bun on the burger and smashed it down. Finally, she removed her gloves and performed hand hygiene.In an interview on 1/7/26 at 9:43 AM with the Administrator and Staff B, Dietary Manager, Staff B explained Staff A could remove the bun with tongs or her gloves, but she should remove gloves and perform hand hygiene if she did so. She added she could use gloves or tongs to touch the patty but, again, if she used gloves, she must perform hand hygiene as she also touched the microwave and then the resident's food. They both acknowledged the issue with using gloved hands and touching food after touching other objects with the same gloved hands.An undated policy titled Food Safety Requirements directed the staff to adhere to safe hygienic practices to prevent contamination of foods from hands or physical objects and that staff shall not touch food with bare hands, exhibiting appropriate use of gloves, tongs, deli paper, and spatulas. It also indicated that additional strategies to prevent foodborne illness include but are not limited to preventing cross-contamination of foods. |