

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165243	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2026
NAME OF PROVIDER OR SUPPLIER Chautauqua Guest Home #3		STREET ADDRESS, CITY, STATE, ZIP CODE 302 Ninth Street Charles City, IA 50616	
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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interview, and policy review the facility failed to thaw frozen chicken using one of the approved methods of defrosting. The facility reported a census of 44 residents. Findings include: On 8/10/26 at 9:24 AM an observation during an initial kitchen walkthrough revealed 3 bags of frozen breaded chicken leg drums sitting in a 3-compartment sink (three-part sink) without cold running water. On 8/10/26 at 9:35 AM an observation revealed 3 bags of breaded chicken sitting in a basin inside the 3-compartment sink without cold water. On 8/10/26 at 9:35 AM Staff A, Cook, reported thawing the chicken in the sink, stating she removed the bags from the freezer about an hour prior to thaw. On 8/10/26 at 9:36 AM a record review of the lunch menu documented chicken drumsticks. On 8/12/26 at 9:10 AM the Dietary Manager (DM) acknowledged Staff A thawed the frozen breaded chicken in the 3-compartment sink. The DM stated kitchen staff forgot to remove the chicken from the refrigerator earlier. The DM reported expecting staff to place chicken in the refrigerator or under cold running water to thaw. The DM noted a small hole in the chicken bag and stated staff didn't want the breaded chicken to get wet. On 8/12/26 at 9:12 AM the Administrator stated expecting dietary staff to thaw frozen chicken in the refrigerator or under cold running water. The Food Preparation Policy undated instructed staff to thaw all frozen meats and leftovers using approved defrosting methods: In refrigerated units at a temperature not exceeding 45 degrees Fahrenheit. Under running water at a temperature of 70 degrees Fahrenheit. In a microwave only when food transfers immediately to conventional cooking equipment as part of a continuous cooking process, or when the entire uninterrupted cooking process occurs in the microwave oven. As part of the conventional cooking process.		

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interview and policy review the facility failed to assess for cause and notify the primary care physician (PCP) and family of a significant weight loss for 1 of 2 resident (Resident #8) assessed for weight loss. The facility reported a census of 44 residents. Findings include: Resident #8's Minimum Data Set (MDS) assessment dated [DATE] documented Resident #8 entered the facility on 5/29/26. The MDS documented a weight of 182 pounds (lbs.). The MDS identified Resident #8 experienced a significant weight loss (a loss of 5% or more in the last month or 10% or more in the last 6 months) and didn't receive a physician-prescribed weight loss regimen. Resident #8's Care Plan lacked interventions related to weight loss. Resident #8's weight log documented the following: 5/29/26 a weight of 210.8 lbs. 5/31/26 a weight of 207.6 lbs. 6/7/26 a weight of 195.8 lbs. 6/25/26 a weight of 178 lbs. (15.5% weight loss in 1 month) 7/5/26 a weight of 180.4 lbs. (7.6% weight loss in 1 month) 7/26/26 a weight of 179.6 lbs. 8/2/26 a weight of 174.6 lbs. 8/9/26 a weight of 176.8 lbs. (16.1% weight loss since admission) The Nutrition/Dietary Progress Note dated 6/7/26 documented a weight loss of 4.5% for Resident #8 since admission, noting staff planned to continue monitoring weight. The Progress Note dated 6/17/26 at 12:39 PM documented Resident #8 transferred to the hospital (short-term medical facility). The Progress Note dated 6/25/26 at 2:50 PM documented Resident #8's return from the hospital. The Nutrition/Dietary Progress Note dated 7/15/26 at 12:08 PM documented Resident #8's weight decreased 9.2% in 30 days. Resident #8 received no nutritional supplements, staff planned to continue monitoring, and staff notified the Dietitian (nutrition specialist). The Progress Notes lacked Primary Care Provider (PCP) (main doctor) or Resident #8 Representative (family or legal representative) notification regarding the 9.2% weight loss in 1 month. The Progress Notes lacked further documentation addressing weight.		