

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165253	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/11/2024
NAME OF PROVIDER OR SUPPLIER Panora Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE 805 East Main Panora, IA 50216	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48886</p> <p>Based on observation, clinical record review, resident interviews, staff interviews and policy review, the facility failed to keep all areas clean in the facility and in good repair. The facility reported a census of 36 residents.</p> <p>Findings include:</p> <p>Observations during the dates of 4/9/24 and 4/10/24 revealed the following:</p> <ol style="list-style-type: none"> 1. On 4/9/24 at 9:00 AM, the bathroom in room [ROOM NUMBER] observed to have fecal matter on the rim of the toilet bowl and inside the toilet bowl. What appeared to be fecal matter observed on the wall in the bathroom and on the floor, next to the floor trim. Observed rust around the toilet rim on the floor. The toilet had a bar attached under the toilet seat with handles. The bar covered in rust, leaving rust stains on the rim of the toilet under the bar. 2. On 4/9/24 at 9:27 AM, a section of the lower wall by the shower room in the 100 hallway had wallpaper peeling and the plaster coming off by the floor board. The section of wall loose, and when touched would move several inches inward. 3. On 4/9/24 at 9:35 AM, a section of the ceiling in the dining room covered by a piece of plastic, with water damage and a section of the ceiling missing. 4. On 4/10/24 at 9:30 AM, a resident observed coming out of the shower room with a staff member in the 100 hallway. The door jamb when opened observed to be splintered and broken, the door had splintered wood around the door handle and the frame by the door jamb broken and splintered. 5. On 4/10/24 at 1:30 PM, a section of the ceiling in room [ROOM NUMBER] covered with black plastic and blue tape, the section approximately a foot and a half, by four feet. Observed the room occupied by one resident. 6. On 4/10/24 at 1:35 PM, the privacy curtain located next to a resident's bed in room [ROOM NUMBER] observed to have a yellow stain from formula from tube feeding covering a section of the curtain approximately two inches across and five feet down, the curtain next to the resident's head and the head of the bed. <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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview 4/9/24 at 9:00 AM with Resident #12, with a review of the Minimum Data Set (MDS) completed 1/11/24 showing a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition, the resident stated the bathroom in room [ROOM NUMBER] is not cleaned very often and the toilet leaks.</p> <p>During an interview 4/9/24 at 9:10 AM with Resident #13, with a review of the MDS completed 1/12/24 showing a BIMS score of 13, indicating intact cognition, the resident stated the bathroom in room [ROOM NUMBER] is not cleaned very often.</p> <p>During an interview 4/9/24 at 1:25 PM, Staff D, housekeeping, stated the facility used to have two housekeeping staff working during the day, however since their census lowered they normally only have one housekeeping staff work during the day. Today there is only one housekeeping staff working, as far as cleaning. Staff D stated room [ROOM NUMBER] has not been cleaned yet today. Staff D was going to show the supervisor the room before cleaning it as Staff D felt the room and bathroom appeared as though it had not been cleaned in a few days. Staff D stated the bathroom in room [ROOM NUMBER] has feces on the wall and in the toilet and the toilet bar needs replaced. Staff D advised the bar on the toilet is rusted and Staff D asked maintenance about two months ago to replace the bar. The bar has not been replaced yet.</p> <p>During an observation on 4/9/24 at 1:35 PM, with Staff D present, the bathroom in room [ROOM NUMBER] observed to have fecal matter on the toilet rim and in the bowl, and what appeared to be fecal matter on the wall and floor, next to the floor board. Staff D stated the spots on the wall and floor in between the toilet and the sink appear to be fecal matter. Staff D got a spray cleaner and a rag and sprayed the areas, it came off with a rag. Observed a few splattered spots on the wall by the toilet and on the floor, next to the floor board. The toilet bowl and rim had fecal matter. The bar that goes under the toilet seat which is attached to handles for assistance while on the toilet had rust covering the length of it, which also left rust spots on the toilet rim.</p> <p>During an interview 4/10/24 at 2:15 PM, the Administrator stated the ceiling had a leak around February of this year and they have a contractor coming on the 15th of April to fix the ceiling and to fix the wall by the shower room in the 100 hallway. The 100 hallway has damage by the shower room due to the shower leaking into the wall. The Administrator stated she did not know when the wall flooded by the shower room as it was like this when she started at the end of November of 2023. The shower also flooded into the room next door, room [ROOM NUMBER]. room [ROOM NUMBER] is not being used and has not been used for a long time due to water damage. Observation of room [ROOM NUMBER] with the Administrator present showed what appeared to be black mold on the wall connected to the shower room. The room did not have a moldy smell. The Administrator stated the maintenance person sprayed it with Kiltz and the mold has not spread. They were going to fix this in house and then this was taking so long they decided to have the contractor that is fixing the ceiling fix this room, the room will be gutted and new sheet rock put in. Inquired from the Administrator about the shower room door being splintered and she advised she was just told about this yesterday and is not sure how this happened or when this happened. They do have a resident who likes to use this shower room, however they have limited the use of this shower room given the water issue.</p> <p>(continued on next page)</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The Administrator advised they received a grievance in February regarding the cleanliness of the room and bathroom in room [ROOM NUMBER]. They resolved this by having the room added to the daily cleaning list. Inquired from the Administrator how she knows if the bathroom is being cleaned daily, she said it should be marked on the cleaning list. Inquired from the Administrator about the toilet handle and the rust, she acknowledged this was not pretty and was not homelike.</p> <p>The Administrator advised there is a crack in the ceiling in room [ROOM NUMBER] from a unit being dropped on the roof. She is not sure when this happened, stating the ceiling was like this when she started at the end of November of 2023. The black plastic with blue tape has been on the ceiling since she started. The contractor will fix this on the 15th of April. The tape noted to be peeling on the corners.</p> <p>The Administrator advised she was not aware of the privacy curtain having formula stains in room [ROOM NUMBER] and stated someone should have noticed this and taken the curtain down to clean it. The Administrator stated this was not homelike.</p> <p>The Administrator stated there was a slow leak in the pipe in the ceiling in the dining room and then the pipe flooded the ceiling, this took place on the 27th of January, 2024. A contractor came out and gave a bid in February, this was a high bid and they had a local person give them another bid.</p> <p>During an interview 4/10/24 at 2:45 PM, the Administrator advised she found out a staff member kicked the shower room door in the 100 hallway because it was stuck and they needed a shower chair. She is not sure when this happened, but thinks it happened recently. There was not a resident in the shower room when this occurred.</p> <p>Review of the facility policy Homelike Environment, with a revision date of February 2021, documents residents are provided with a safe, clean, comfortable and homelike environment. The facility staff and management maximizes, to the extent possible, the characteristics of the facility that reflect a personalized, homelike setting, which include a clean, sanitary and orderly environment.</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>40905</p> <p>Based on observation, policy review, and staff interview, staff failed to prepare and serve food under sanitary conditions, in order to reduce the risk of contamination and foodborne illness. The facility reported a census of 36 residents.</p> <p>Findings include:</p> <p>1. On 4/10/24 at 11:40 AM, during continuous observation of the lunch service, Staff A, Cook placed the serving utensils of scoops and tongs, for service of the food, on the counter attached to the front of the steam table. Staff A repeatedly leaned over to scoop food touching the front of her apron to the serving utensils and continued to use the same utensils to serve the food. Staff A applied gloves, opened the refrigerator with the gloved hand, with the same gloved hands touched a slice of cheese, placed the cheese on a plate, and proceeded to open a package of buns, remove a bun, placed bun on a plate and then placed slice of cheese on the bun.</p> <p>2. On 4/10/24 with meal starting at 11:40 AM, Staff B, Kitchen Aide, scooped a piece of cake onto a plate sitting on the counter, leaned across to scoop another piece of cake touching the first piece of cake with the front of her shirt. Both pieces of cake were served to residents.</p> <p>Facility policy, Food Preparation and Service revised April 2019, documented gloves are worn when handling food directly and changed between tasks. Disposable gloves are single-use items and are discarded after each use.</p> <p>Interview on 4/10/24 at 1:25 PM, the Dietary Manager stated expectation for gloves to be 1-time use, not touch other items when touching the food or use tongs to pick up the food items and to not allow clothing to touch the serving utensils.</p> <p>The 2013 Food Code, published by the Food and Drug Administration and considered a standard of practice for the food service industry, includes the following requirements: 1) Single-use gloves are to be used for only one task, such as working with ready-to-eat food and for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation, 2) prohibits food employees from bare hand contact with ready-to-eat food (unless washing fruits and vegetables) and requires food employees to wash their hands immediately before engaging in food preparation, including before donning gloves for working with food, in order to prevent cross contamination when changing tasks.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>48886</p> <p>Based on observation, staff interviews and policy review, the facility failed to perform appropriate infection prevention and control practices during medication administration, including hand hygiene. The facility reported a census of 36 residents.</p> <p>Findings include:</p> <p>During an observation for medication administration 4/10/24 at 11:01 AM, Staff C, RN, applied gloves, placed a wax barrier down on a resident's bedside table, placed alcohol wipes and then a blood glucose meter with a test strip and needle on the wax barrier in preparation to obtain a blood sugar reading for a resident. Staff C realized she forgot a cotton ball and returned to the medication cart to obtain a cotton ball, then using the same gloves inserted the needle to obtain blood, massaged the resident's finger to bring blood to the surface, and then inserted the test strip into the glucose meter and obtained blood on the test strip. The meter read an error. Staff C then took off her gloves and placed them on table, the gloves were not placed on the wax barrier, they were placed directly on the resident's bedside table surface. Staff C returned to the medication cart to obtain a new needle and test strip, did not sanitize her hands before or after getting into the medication cart and returned to the resident's room, putting the same gloves back on her hands. Staff C used the new needle and a new strip and again received an error on the meter. Staff C removed her gloves, placing them on the bedside table, not on the wax barrier and returned to the medication cart for another needle, she did not sanitize her hands before or after using the medication cart. Staff C then put the same gloves back on, used the needle to obtain more blood from the finger and a new strip and was able to obtain a blood glucose reading.</p> <p>During an interview 4/10/24 at 1:08 PM, Staff C acknowledged she did not change gloves or sanitize hands in between using a new needle and strip to obtain the blood sugar with the blood glucose meter. Staff C stated she should have used new gloves and should not have placed the gloves on the bedside table and re-used them. Staff C further acknowledged she should have sanitized her hands before and after using the medication cart. Staff C acknowledged this as an infection control concern.</p> <p>During an interview 4/11/24 at 9:36 AM, the Director of Nursing (DON), acknowledged concerns for infection control with gloves not being changed and placed directly on the bed side table during medication administration and obtaining a blood glucose reading, as well as an infection control concern with not sanitizing hands before and after touching the medication cart.</p> <p>Review of the facility Handwashing/Hand Hygiene policy, revised August 2019, documents under policy interpretation and implementation, the use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.</p>		