

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Thornton Manor Nursing and Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1329 Main Street Lansing, IA 52151	

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 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>49976</p> <p>Based on observation, policy review, and staff interview the facility failed to keep bare hands off the drinking surface of glasses to prevent possible contamination. The facility reported a census of 31 residents.</p> <p>Findings include:</p> <p>During an observation of the noon meal on 5/28/24 from 11:28 AM to 12:00 PM Staff A, Dietary Aide served 12 glasses to 9 residents with bare fingers touching the drinking rim surface of the glass.</p> <p>During an observation of the noon meal on 5/29/24 from 11:05 AM to 11:30 AM Staff B, Dietary Aide served 25 glasses to 14 residents with bare fingers touching the drinking rim surface of the glass.</p> <p>The facility lacked a policy regarding hand placement during dining service.</p> <p>In an interview on 5/29/24 at 1:06 PM Staff C, Dietary Supervisor, explained there is no policy on dining service. Staff are educated through an online program to hold cups from the side and keep the ends of the silverware wrapped. Staff must complete the education before they start working. She further explained she expected staff to touch the napkin only and not the silverware itself. They are to grab glasses from the side or the handle of a coffee cup - not where residents will drink from.</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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