

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  04/03/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42133</p> <p>Based on observation, clinical record review, and staff interview the facility failed to revise the Care Plan to reflect the use of Paid Nutritional Assistants (PNAs) for 1 of 1 resident reviewed for meal assistance (Resident #24). The facility reported a census of 31 residents.</p> <p>Findings include:</p> <p>Resident #24 Minimum Data Set (MDS) assessment dated [DATE] documented Resident #24 with severely impaired decision making and a long/short term memory problem. Resident #24 exhibited inattention (difficulty in ability to focus; easily distracted) and disorganized thinking (rambling/irrelevant conversations) which were continuously present. The MDS further documented Resident #24 was dependent upon staff for eating (bringing food/fluids to the mouth), but did not exhibit any swallowing difficulties. The MDS detailed Resident #24 with diagnoses of stroke, anxiety, and Alzheimer's Disease.</p> <p>A Physician Order Sheet signed by the Provide on 3/07/25 showed an order for a pureed diet as of 3/03/25.</p> <p>Resident #24 Care Plan directed she needed a general, pureed diet with thin liquids and could become restless at meals and turn her head away when eating. The Care Plan directed the aides to feed her all of her meals with a goal to be comfortable eating without coughing or choking. The Care Plan further directed Resident #24 required the assistance of one person for assistance with eating, but did not define if that could be a PNA.</p> <p>Interview on 4/01/25 at 1:22 PM the DON voiced she was not aware of the need to Care Plan if a resident could be safely assisted by a PNA.</p> <p>On 4/01/25 at 1:55 PM Staff D, Licensed Practical Nurse (LPN) provided a list dated 3/10/25 which read these staff are certified to feed resident's if needed and short staffed: Staff A Activity Assistant, Staff E Activity Coordinator, Staff G PNA, Staff H Cook/Dietary Aide, Staff J Social Services, and Staff F, I, and K Environmental Services. The 3/10/25 list did not entail any actual resident names these staff could assist or reference to see the resident Care Plans.</p> <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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/01/25 at 2:04 PM Staff L, RN, Case Manager, reviewed Resident #24 Care Plan and reported the Care Plan references the resident needed a one assist for eating. The Care Plan did not address if the one person assist needed to be a Certified Nursing Assistant or PNA. Staff L voiced she was not aware resident Care Plans needed to address if a PNA could assist a resident with their meals, so there would be no documentation of PNAs on any of the resident Care Plans.</p> <p>On 4/01/25 at 2:05 PM the DON reported she had not been aware of the requirement for the PNA use to be reflected in the Care Plan and the would start going forward.</p> <p>On 4/03/25 at 10:15 AM the facility provided a list of seven residents requiring assistance with meals.</p> <p>During an interview on 4/03/25 at 10:40 AM the DON reported she would expect the Care Plans to be updated to include if a PNA could safely assist a resident with eating and she expected resident Care Plans to be revised when needed. She stated the facility did not have a policy on revising the Care Plan but would writing a policy soon.</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>41537</p> <p>Based on observation, record review, staff interview, and policy review the facility failed to track prophylactic antibiotics (ATB) for 1 of 1 residents reviewed (Resident #12). The facility reported a census of 31 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) for Resident #12 dated 1/8/25 documented had diagnoses of hemiplegia, depression, and anxiety. The MDS also documented that she takes an ATB daily.</p> <p>During an observation of Resident #12 current Medication Administration Record (MAR) on 4/1/25 at 10:07 AM revealed she had been on Doxycycline 100 milligrams (mg), daily, since 9/28/24 for keratitis (an inflammation of the cornea, the clear, dome-shaped front window of the eye) and Erythromycin eye ointment, twice a day, since 9/27/24 for keratoconjunctivitis (inflammation of both the cornea (keratitis) and conjunctiva (conjunctivitis), the clear tissues covering the surface of the eye, often causing symptoms like redness, pain, and blurry vision) of left eye.</p> <p>Record review of Resident #12 Ophthalmology visit note on 9/27/2024 gave orders for Erythromycin (ATB) ointment to both eyes twice daily and Doxycycline (ATB) 100 mg daily.</p> <p>Record review of Resident #12 Ophthalmology visit note on 3/20/2025 documented she has a history of superficial keratitis in both eyes, and continues to use Doxycycline 100 mg daily and Erythromycin ointment twice a day to both eyes.</p> <p>During an observation on 4/2/25 at 1:19 PM of the facilities Infection Control Logs for the months of January, February, and March 2025 lacked tracking of Resident #12 ATB's (Erythromycin and Doxycycline).</p> <p>During an interview on 4/2/25 at 1:19 PM with the Infection Preventionist (IP) revealed she does not track Resident #12 ATB on the facilities Infection Control Logs as they are prophylactic ATB.</p> <p>Record review of Resident #12 Pharmacy Review Logs for 2024 lacked documentation her ATB's were reviewed during the routine monthly pharmacist reviews.</p> <p>During an interview and observation on 4/3/25 at 9:38 AM with the Infection Preventionist revealed she has updated the Infection Control Logs for January, February, and March 2025 and they now include all prophylactic ATB. She revealed they were not on there on 4/2/25 at 1:19 PM during initial review.</p> <p>During an interview and observation on 4/3/25 at 10:19 AM the Infection Preventionist provided an undated form, Total Number of Infections 1st Quarter 2025, she revealed she updated the form today on 4/3/25 to include the total number of prophylactic ATB's to review to Quality Assurance (QA) and informed it did not have prophylactic ATB's on it till now.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview 4/3/25 at 10:43 AM with the Director of Nursing (DON) revealed she would expect all prophylactic ATB to be tracked on the monthly Infection Control log. She revealed she was informed on 4/2/25 they were not being tracked.</p> <p>Record review of the facilities Antibiotic Stewardship Policy, dated 2/2024 lacked instruction to monitor for prophylactic antibiotics. The policy instructed the Pharmacy Consultant to review the antibiotic use for each resident during the Medication Regimen Review.</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>42133</p> <p>Based on observation, policy review, document review, consulting dietician and staff interviews, the facility failed to serve approved menu substitutions of similar nutritional content. The facility identified a census of 31 residents.</p> <p>Findings include:</p> <p>On 3/31/25 (Monday) the Certified Dietary Manager (CDM) provided a copy of the Week 4 Tuesday Menu which included to provide a Mandarin spinach salad at the noon meal. The Week 4 Tuesday Noon menu lacked documentation of the substitution and reason why the substitution was needed on the actual menu. The CDM reported they had tried to serve the Mandarin spinach salad a few times and it didn't go over well. She stated she would be substituting a seven-layer salad in its place.</p> <p>During an interview on 4/01/25 at 11:09 AM the CDM reported the seven-layer salad contained cucumbers, bacon, cheese, peas, eggs, lettuce, and a sugar mayonnaise dressing.</p> <p>Observation on 4/01/25 from 11:20 AM to 11:50 AM revealed the CDM served 19 resident the seven-layer salad.</p> <p>During an interview on 4/01/25 at 2:17 PM the Consulting Dietician reported she had not approved any substitutions for the Week Four Tuesday Noon Menu. She stated the seven-layer salad would not be an appropriate substitution for the Mandarin spinach salad. The menu substitution would need to be a similar option with similar nutritional content. The seven-layer salad and the Mandarin spinach salad were not the same nutritional content.</p> <p>On 4/02/25 at approximately 8:35 AM the CDM provided the Seven-Layer Lettuce Salad recipe which included:</p> <ul style="list-style-type: none"> <li>a. 4 cups chopped celery</li> <li>b. 1 cup onion</li> <li>c. 6 cups frozen peas</li> <li>d. 4 chopped cucumbers</li> <li>e. 6 cups chopped bacon</li> <li>f. 2 dozen chopped eggs</li> <li>g. 4 cups shredded cheese</li> <li>h. 5 cups salad dressing</li> </ul> <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>i. 1/2 sugar</p> <p>The Seven-Layer Lettuce Salad recipe contained no nutrient analysis (calories, carbohydrate, protein, fat, sodium, or micronutrient breakdown).</p> <p>On 4/02/25 at 8:35 AM the CDM provided a small tablet of hand-written menu substitutions. The tablet documented on 4/1/25 the seven-layer salad in place of the spinach salad. The untitled tablet noted ten hand written substitution entries from 1/23 (no year) to April 1 (no year). None of the substitution entries had been signed off as approved by the Dietician.</p> <p>On 4/02/25 at 9:05 AM the CDM reported they had just changed Dietician's two months ago and the prior Dietician did not require her to notify her of substitutions and didn't require anything to be sign off on menu substitutions.</p> <p>On 4/02/25 at 9:00 AM the CDM provided the following:</p> <p>a. Mandarin Spinach Salad with Poppy seed dressing recipe (based on 36 servings):</p> <ol style="list-style-type: none"> <li>1. Fresh spinach - 2 pounds, plus 4 ounces.</li> <li>2. Slivered, toasted almonds - 2 1/4 cups</li> <li>3. Mandarin oranges, drained - 2 quarts, plus 1 cup</li> <li>4. Poppyseed dressing, prepared - 2 1/4 cups dressing.</li> </ol> <p>The Mandarin Spinach Salad Analysis documented each serving provided 143.8 calories, 17.74 carbohydrates, 2.52 grams of protein, 8.14 grams of fat, 14.76 grams sugar, 266.13 milligrams of potassium, 1.29 MG iron, 59.48 MG calcium, 1.92 G fiber and 85.92 milligrams of sodium.</p> <p>b. Creamy Lettuce Salad (based on 36 servings)(the CDM stated it was a similar recipe with the seven-layer salad having the addition of cucumbers and bacon).</p> <ol style="list-style-type: none"> <li>1. Lettuce salad - 3 pounds, plus 9 1/2 ounces</li> <li>2. Fresh tomato, chopped - 4 1/3 each</li> <li>3. Fresh onion, chopped - 3/4 cup</li> <li>4. Diced hard cooked eggs - 3 cups</li> <li>5. Salad dressing - 3 1/4 cups</li> <li>6. Milk - 5 fluid ounces, plus 1 tablespoon, plus 1 1/2 teaspoons</li> <li>7. [NAME] sugar - 1/2 cup</li> <li>8. Cider or white vinegar - 1/2 cup</li> </ol> <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>The Creamy Lettuce Salad Analysis documented each serving provided 70.04 calories, 9.83 grams of carbohydrate, 2.84 grams of fat, 7.21 grams of sugar, 113.48 MG potassium, 0.3 MG iron, 19.74 MG calcium, 0.78 G fiber and 215.33 milligrams of sodium.</p> <p>During an interview on 4/02/25 at 9:10 AM the CDM affirmed the kitchen did not have a system in place regarding substitutions and again stated the prior Dietician did not require her to document or have menu substitutions approved. She did not have an approved menu substitution exchange in the kitchen.</p> <p>The Substitution Policy provided by the facility dated 2001 directed the Food Services Manager (CDM), in conjunction with the Clinical Dietician, may make food substitutions as appropriate and necessary. The Food Services Manager would maintain an exchange list identifying the seven exchanges of food groups. When in doubt about an appropriate substitution, the Food Services Manager would consult the Dietician prior to making the substitution. All Substitutions are noted on the menu and filed in accordance with established dietary policies. Notations of substitutions must include the reason for the substitution.</p>

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<p>F 0811</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are assessed for appropriateness for a feeding assistant program, receive services as per their plan of care, and feeding assistants are trained and supervised.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42133</b></p> <p>Based on observation, clinical record review, document review, and staff interview the facility failed to safely utilize Paid Nutritional Assistants (PNA's used interchangeably with Paid Feeding Assistant (PFA) based on resident assessment and Care Plan for 1 of 1 residents sampled (Resident #24). The facility identified a census of 31 residents.</p> <p>Findings include:</p> <p>Resident #24 Minimum Data Set (MDS) assessment dated [DATE] documented Resident #24 with severely impaired decision making and a long/short term memory problem. Resident #24 exhibited inattention (difficulty in ability to focus; easily distracted) and disorganized thinking (rambling/irrelevant conversations) which were continuously present. The MDS further documented Resident #24 was dependent upon staff for eating (bringing food/fluids to the mouth), but did not exhibit any swallowing difficulties. The MDS detailed Resident #24 with diagnoses of stroke, anxiety and Alzheimer's Disease.</p> <p>A Physician Order Sheet signed by the Provide on 3/07/25 showed an order for a pureed diet as of 3/03/25.</p> <p>Resident #24 Care Plan directed she needed a general, pureed diet with thin liquids and could become restless at meals and turn her head away when eating. The Care Plan directed the aides to feed her all of her meals with a goal to be comfortable eating without coughing or choking. The Care Plan further directed Resident #24 required the assistance of one person for assistance in eating, but did not define if that could be a PNA. Resident #24 Care Plan also directed to observe her for seizure activity.</p> <p>Observation on 3/31/25 at 11:45 AM revealed Staff A, PNA assisting Resident #24 with her pureed lunch from a divided plate. Resident #24 did not exhibit coughing or choking at this time.</p> <p>Observation on 4/01/25 at 7:45 AM revealed Staff A, PNA assisting Resident #24 with her pureed breakfast meal. Resident #24 did not exhibit coughing or choking at this time.</p> <p>During an interview on 4/01/25 at 9:02 AM Staff A reported to her knowledge Resident #24 did not cough or choke with her meals. She reported she wasn't aware of any list or guidance from nursing that detailed what residents she could assist for meals. She reported she had just been told she couldn't feed Resident #4 because she does have swallowing and choking problems. She reported it was the Director of Nursing (DON) that had told her she could not assist Resident #4. Staff A further voiced she wasn't sure who actually supervised the PNA's, but she would probably report to the Director of Nursing (DON) if she had any concerns on a resident.</p> <p>On 4/01/25 at 1:15 PM Staff B, Registered Nurse (RN) reported she didn't think Resident #24 had any choking or swallowing issues. She was not sure who supervised the PNA's. She did not do any resident assessment regarding meal assistance.</p> <p>(continued on next page)</p>

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<p>F 0811</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 4/01/25 at 1:22 PM the DON reported she was not sure if there was an assessment in the resident charts or any type of assessment to address which residents the PNA's could safely assist. She reported she would need to check with Staff C, RN. The DON voiced she was not aware there needed to be an assessment or of the need to care plan if a resident could be safely assisted by a PNA.</p> <p>On 4/01/25 at 1:55 PM Staff D, Licensed Practical Nurse (LPN) reported she is a travel nurse and she had not been necessarily trained on which resident's the PNA's could assist, but they have an assistive table and the resident's that require assistance and supervision sit at that table. Staff D stated there is a Certified Nursing Assistant (CNA) that sits at the table that can watch the PNA's. They were provided with a list of the staff that could assist resident's with meals. Staff D provided a list dated 3/10/25 which read these staff are certified to feed resident's if needed and short staffed: Staff A Activity Assistant, Staff E Activity Coordinator, Staff G PNA, Staff H Cook/Dietary Aide, Staff J Social Services, and Staff F, I, and K Environmental Services.</p> <p>During an interview on 4/01/25 at 2:04 PM Staff L, RN, Case Manager, reported she was not aware there needed to be an assessment or the use of PNA's needed to be addressed in the resident's care plan. Staff L further stated she wasn't aware so there would be no documentation of an assessment and no documentation of PNA use on any of the resident Care Plans.</p> <p>On 4/01/25 at 2:05 PM the DON reported she had not been aware of the requirement for an assessment or for the PNA use to be reflected in the Care Plan and the would start going forward.</p> <p>Interview on 4/01/25 at 2:14 PM the Consulting Dietician reported she had not had to review any residents for choking since she started with the facility in January 2025.</p> <p>On 4/03/25 at 10:15 AM the facility provided a list documenting seven residents in the facility that required staff to assist with meal assistance.</p> <p>The Paid Feeding Assistant (PFA) Policy revised 1/2017 provided by the facility directed the following:</p> <ol style="list-style-type: none"> <li>1. The PFA will be under the supervision of a registered nurse or licensed practical nurse. The nurse may not be in visual contact with the PFA but within close proximity to the dining room.</li> <li>2. In an emergency the PFA must call for a supervisory nurse by voice, the resident call system or the facility paging system.</li> <li>3. The RN/LPN will assign the PFA to a resident who do not have complicated feeding problems. Complicated feeding problems include, but are not limited to difficulty swallowing, recurrent lung aspirations and tube, parenteral and intravenous feedings. Resident selection will be based on the charge nurse assessment, resident's last assessment and plan of care.</li> </ol>		

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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>42133</p> <p>Based on observation, policy review, and staff interview the facility failed to prevent bare hands from contacting serving utensils and failed to recognize proper cold food temperatures and served 6 of 19 residents a seven-layer salad that had temperatures from 45.3 to 47.9 degrees Fahrenheit prior to serving. The facility identified a census of 31 residents.</p> <p>Findings include:</p> <p>On 4/01/25 at 10:26 AM the following kitchen observations were made:</p> <p>a. At 10:26 AM the Surveyor entered the kitchen and observed a large stainless steel bowl of seven-layer salad sitting on top of a cart without a cold container or ice under the bowl to keep cold.</p> <p>b. At 10:32 AM the Certified Dietary Manager (CDM) pureed three servings of the seven-layer salad and placed one serving in a noney cup for Resident #4 and another serving in a small bowl for Resident #24, then placed the noney cup and the bowl inside a cold container that sat on top the cart.</p> <p>c. At 10:52 AM the CDM prepared seven mechanical soft servings of the seven-layer salad and placed the mixture in a large measuring cup, placing the measuring cup inside the cold container on the cart.</p> <p>d. At 11:02 AM the CDM completed temperature checks on the seven-layer salad which remained sitting out on the cart. Resident #4's noney cup of pureed seven-layer salad temped at 47.9 degrees Fahrenheit (F); Resident #24 bowl of seven-layer salad did not have a temperature check completed; the measuring cup of mechanical soft seven-layer salad temped at 45.3 degrees. The CDM stated at that time she planned to serve the seven-layer salad and did not place any of the seven-layer salad in the refrigerator or freezer to cool. At 11:09 AM the CDM verbalized the seven-layer salad contained cucumbers, bacon, cheese, peas, boiled eggs, lettuce, and a sugar-mayonnaise dressing.</p> <p>e. Observation on 4/01/25 at 11:11 AM the Certified Dietary Manager (CDM) picked up tongs from the utensil bin by the bottom of the tongs with her bare hands after touching the menu and moving to the serving table and placed in the apricot chicken.</p> <p>f. At 11:20 AM the CDM started plating up food for the residents. The CDM served out four servings of the mechanical soft seven-layer salad to residents #8, #15, #18, and #30.</p> <p>g. At 11:35 AM the CDM added a small amount of water to Resident #4 noney cup of seven-layer salad to improve the consistency and served out the noney cup of seven-layer salad.</p> <p>h. At 11:37 AM the CDM served out the bowl of seven-layer salad to Resident #24.</p> <p>i. Ten residents were served the apricot chicken with the soiled tongs.</p> <p>The CDM finished meal service at 11:55 AM and completed the following post meal temperatures:</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>1. Milk - 41.8 degrees</p> <p>2. Mechanical soft seven-layer salad - 44 degrees.</p> <p>3. Pureed salad - served out as above.</p> <p>On 4/01/25 at 12:01 PM the CDM voiced they use the Serv Safe training as their guide for safe food temperatures. The kitchen did not have a system in place to obtain the temperature of cold food items to ensure those food items were below 41 degrees and safe to serve prior to or during meal service.</p> <p>On 4/01/25 at 12:07 PM Staff M, Dietary Assistant/Cook reported cold food items should be kept below 40 degrees. She voiced the only cold food item they record a temperature for is milk. They do not do temperature checks on any cold salads and document the temperatures.</p> <p>On 4/01/25 at 12:08 PM the CDM reported they would implement checking cold food items and documenting the temperatures to assure food safety. She voiced she didn't realize she had touched the tongs by the end used to serve out the apricot chicken, but utensils should be handled so that bare hands do not touch the serving end.</p> <p>The Preventing Foodborne Illness, Food Handling Policy revised December 2008 directed food would be stored, prepared, handled and served so that the risk of foodborne illness is minimized. The Policy specified food service employee would be trained in the proper use of utensils such as tong to prevent foodborne illness. The Policy lacked direction to the staff on holding cold food temperatures and monitoring of temperatures. The Center for Medicare and Medicaid States Operation Manual, Issue Date 8/8/24 defines Potentially Hazardous Food (PHF) or Time/Temperature Control for Safety (TCS) Food means food that requires time/temperature control for safety to limit the growth of pathogens (i.e., bacterial or viral organisms capable of causing a disease or toxin formation). The temperature of PHF/TCS foods should be periodically monitored throughout the meal service to ensure proper hot or cold holding temperatures are maintained. Refrigerated foods are to be held at 41 degrees or colder.</p>