

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165281	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/12/2024
NAME OF PROVIDER OR SUPPLIER  On With Life Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1002 W Washington Ave Polk City, IA 50225	

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>34817</p> <p>Kitchen</p> <p>Based on observations, staff interview, and policy review the facility failed to serve food under sanitary conditions to prevent foodborne illness during one of two meals observed. Facility staff also failed to conceal hair completely in a hairnet to prevent foodborne illness. The facility reported a census of 40 residents.</p> <p>Findings include:</p> <p>Observations revealed the following:</p> <p>a. On 12/9/24 at 9:30 AM, the dietary supervisor wore a hairnet covering the hair pulled into a hair tie on the top of her head, but had the front, sides and back of the hair exposed (not in the hairnet).</p> <p>b. On 12/10/24 at 4:49 PM, Staff B, dietary aide, wore gloves while she served food to the residents. Staff B touched the handle of utensils used to serve entrees, and then used her gloved hand, picked up a piece of meat, and placed the meat onto the plates.</p> <p>c. During the lunch meal service on 12/11/24 starting at 11:55 AM, Staff A, dietary cook, wore gloves as he plated food for the residents. Staff A used a paring knife to cut up the chicken parmesan/ noodles and vegetables, then used tongs to place garlic bread onto the plates. Staff A picked the garlic bread up with his gloved hand and then used scissors to cut the garlic bread into bite-sized pieces. Staff A touched bowls and utensils, opened a drawer to obtain a serving scoop, then touched the food with the same gloved hands.</p> <p>d. On 12/11/24 at 12:25 PM, the dietary supervisor donned a pair of gloves, placed a ham and cheese sandwich on a cutting board, then took a knife and applied butter to the bread. The dietary supervisor continued to wear the same gloves, opened a drawer, obtained a spatula, then picked up the ham/cheese sandwich, and placed the sandwich in a frying pan on the stove with the same gloved hand. At 12:28 PM, the dietary supervisor wore the same gloves, used a knife to cut up the grilled ham and cheese sandwich, then placed the sandwich onto a plate.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165281	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/12/2024
NAME OF PROVIDER OR SUPPLIER  On With Life Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1002 W Washington Ave Polk City, IA 50225	
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>e. On 12/11/24 at 12:35 PM, the dietary supervisor wore gloves, opened the lid to the refrigerated food storage/prep area, removed a block of cheese slices, peeled cheese slices off, and placed the cheese slices on a slice of bread. The dietary supervisor then opened the refrigerator, removed a package of ham slices, placed ham slices onto a paper towel, then placed the ham slices onto the bread. The dietary supervisor picked up a knife and applied butter onto the bread slices. The dietary supervisor picked up the ham and cheese sandwich with her gloved hand and placed the ham and cheese sandwich into the frying pan. The dietary supervisor continued to wear the same gloves and touched food and non-food items. At 12:39 PM, the dietary supervisor placed the grilled ham and cheese sandwich onto a cutting board, took a knife and cut the sandwich up, then picked the cut-up pieces and placed them onto a plate and removed her gloves.</p> <p>f. During the lunch meal service on 12/11/24, the dietary supervisor wore a hairnet that only covered the hair on top of her head. The hair on the front, sides, and back of her head were not covered in the hairnet. Staff C wore a hairnet that covered the hair above the ears only, and had hair exposed to the sides and back of his head. Staff B wore a hairnet that covered only the top of the head, but the back and sides of the head were not restrained in the hairnet.</p> <p>In an interview 12/12/24 at 12:57 PM, the Dietician reported she expected staff wear gloves anytime hands came into contact with ready to eat food. The dietician also reported gloves changed between tasks. The dietician also expected staff wear hairnets and had hair covered when staff worked in the kitchen.</p> <p>An undated Disposable Gloves policy revealed disposable gloves used whenever manual contact with ready to eat food is unavoidable, in order to provide a measure of protection in preventing foodborne illness. Gloves changed when they became soiled or whenever changed tasks. Hands washed after soiled gloves removed.</p> <p>An undated Personal Hygiene policy revealed all dietary staff practiced good hygiene to maintain sanitary working conditions. Hairnets or bonnets must be worn at all times in the kitchen. The hairnet must completely cover the hair.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165281	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/12/2024
NAME OF PROVIDER OR SUPPLIER  On With Life Long Term Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1002 W Washington Ave Polk City, IA 50225	

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 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>40905</p> <p>Based on observation, clinical record review, staff interview, and policy review, the facility failed to maintain infection control standards due to a catheter bag not maintained in a bag cover and lying on the floor under the resident's wheelchair for 1 (Resident #26) of 1 resident reviewed for catheter care. The facility reported a census of 40 residents.</p> <p>Findings include:</p> <p>The Quarterly Minimum Data Set (MDS) for Resident #26, dated 9/12/24, included diagnoses of anoxic (very low oxygen level) brain damage and seizure disorder.</p> <p>The Care Plan for Resident#26 with revision date 12/02/24 documented as focus area as follows; the resident had an indwelling urinary catheter due to urinary retention related to brain injury. The goal of the Care Plan documented the Foley catheter was to be taken care of per protocol and discontinuation to be reassessed regularly. Interventions of the Care Plan included; monitor/record/ report to doctor for signs or symptoms of urinary tract infection which may include pain, burning, blood tinged urine, cloudiness, no output, deepening of urine color, foul smelling urine.</p> <p>Resident #26's order summary report dated 12/12/24 revealed an order for a Foley catheter (tube into bladder to drain urine) for urinary retention on 12/1/24.</p> <p>Observation on 12/09/24 at 11:02 AM, resident sitting in wheelchair in her room with the catheter bag, without a bag cover (bag to protect urinary bag from touching the floor), on the floor under the wheelchair.</p> <p>Facility policy, Closed Urinary Drainage revised 4/30/24, documented attach drainage bag to bed frame, not touching floor within the bag cover.</p> <p>Interview on 12/12/24 at 1:19 PM, the Director of Nursing stated expectation for the catheter bag to be in a cover bag, attached to the chair or bed, and not touching the floor.</p>