

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165283	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/05/2024
NAME OF PROVIDER OR SUPPLIER  Fellowship Village		STREET ADDRESS, CITY, STATE, ZIP CODE  300 East Jefferson Inwood, IA 51240	

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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47673</b></p> <p>Based on observation, document review, staff interview, and policy review the facility failed to provide a well balanced diet that meets nutritional and special dietary needs by use of incorrect serving size portions for meals for 1 of 31 residents reviewed, (Resident #4). The facility reported a census of 31 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) dated [DATE] documented Resident #4 had a Brief Interview for Mental Status (BIMS) of 15 indicating no cognitive impairment.</p> <p>Review of Resident #4's dietary orders documented pureed consistency.</p> <p>Observation of the puree food process on 9/4/24 at 10:00 AM revealed Staff A, [NAME] revealed 1 breaded chicken patty, 1 piece of bread, and 1/2 cup of gravy processed in the food processor together. There was 3/4 a cup of pureed food measured after processed.</p> <p>Observation of lunch meal service on 9/4/24 at 11:20 AM revealed Staff A used a heaping green handled (1/3 cup) scoop of pureed breaded chicken for Resident #4's lunch. Observation revealed Staff A measured remaining pureed breaded chicken with a measurement of greater than 1/4 but less than 1/2 of a cup left.</p> <p>On 9/4/24 at 11:50 AM Staff A stated she usually used the 1/2 scoop but did not have one available so she used a heaping scoop of a 1/3 cup for the pureed portion. Staff A stated the facility used the Document, Diet Portion Sizes / Scoops for pureed sizes and scoops.</p> <p>On 9/4/24 at 11:54 AM Staff B, Certified Dietary Manager stated with one serving being processed for a pureed diet all of the food should be used. Staff B stated there should not have been any leftovers. Staff B acknowledged there was leftover food from the pureed breaded chicken and should not have been any leftover food from the puree process. Staff B stated garlic bread was offered at the lunch hour on the menu on accident and was not served.</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 0800</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of policy titled, Altered Texture Diets documented altered textures will be provided for residents as needed that have equal nutritive value to the regular texture diet. Each menu item will be portioned into the food processor using the correct portioning Utensil, i.e., if two residents require pureed diets in the facility and 1/2 c. (#8) was the portion size for fruit cocktail, 1 c. (2-#8 scoops) would be placed in the processor. After menu items are pureed they will be divided evenly among the portions prepared. I.e. if two portions were pureed, the amount will be divided equally into two servings. This may be done with portion control utensils.</p> <p>On 9/4/24 at 12:10 PM the Administrator stated the facility's expectation was that the appropriate serving would have been served to residents. The Administrator stated the facility's expectation was that the lunch meal on 9/4/24 was served according to the menu.</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>47673</p> <p>Based on observation, document review and staff interview the facility failed to follow the menu and prepare food to meet the nutritional needs for 11 of 31 residents reviewed. The facility reported a census of 31 residents.</p> <p>Findings include:</p> <p>Continuous observation of lunch meal service on 9/4/24 from 11:20 AM - 11:45 AM revealed no bread or garlic bread served to the residents that had requested on the menu sheets.</p> <p>Review of menu sheets revealed 11 residents requested garlic bread.</p> <p>Review of document titled, Week 4 Menu documented bread to be served at lunch meal.</p> <p>On 9/4/24 at 11:54 AM Staff B Certified Dietary Manager (CDM) stated garlic bread was offered at the lunch hour on the menu on accident and was not served. Staff B stated the kitchen staff had forgotten to serve any bread in place of the garlic bread on the menu.</p> <p>Review of policy titled, Nutrition and Menu Planning documented to maintain adequate nutritional status of residents to promote optimum level of functioning through menu planning. Menus must be followed as written with the following exceptions: ethnic, cultural geographic, religious practices, or dislikes of a resident that require substitutions.</p> <p>On 9/4/24 at 12:10 PM the Administrator stated the facility's expectation was that the lunch meal on 9/4/24 was served according to the menu and the residents who wanted bread would have received the bread.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>47673</p> <p>Based on the Center for Medicare and Medicaid Services (CMS) Payroll Based Journal (PBJ) Staffing Data Report for Quarter 2, 2024 (January 1 - March 31) review, facility staffing reports review, and staff interviews, the facility failed to submit accurate staff reports for the PBJ Staffing Data Report. The facility reported a census of 31 residents.</p> <p>Findings include:</p> <p>The PBJ Staffing Data Report run date 8/29/24 triggered for Failure to have Licensed Nursing Coverage 24 Hours/Day-Four or More Days Within the Quarter with less than 24 Hours/Day Licensed Nursing Coverage. Dates of less than 24 hours nursing coverage were documented as 01/27, 02/25, 03/02, 03/10, 03/24, and 03/31.</p> <p>Review of Facility Daily Assignment Sheets for revealed staffing for 01/27, 02/25, 03/02, 03/10, 03/24, and 03/31 had licensed nursing coverage 24 hours a day.</p> <p>Review of document titled, Reporting Direct Care Staffing Information - PBJ documented staffing and census information will be reported electronically to CMS through the Payroll-Based Journal system in compliance with 6106 of the Affordable Care Act. Beginning with the fiscal quarter of 2016 (beginning July 1, 2016), direct-care staffing and census information will be reported electronically to CMS through the Payroll-Based Journal (PBJ) system. Direct-care staffing information includes staff hired directly by the facility, those hired through an agency, and contract employees.</p> <p>On 9/4/24 at 2:42 PM the Administrator stated the PBJ triggered because there were invoices that were not logged for agency staff by the previous administration. The Administrator stated there was a new process for reporting agency staff hours. The Administrator acknowledged the PBJ was submitted inaccurately.</p>		