STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165303	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Rehabilitation Centers of Independence West Campus	1610 Third Street NE Independence, IA 50644

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)
F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25855 Based on observation, record review, resident and staff interview, the facility failed to provide each resident with a palatable, well balanced diet that takes into consideration the preferences of each resident. (Resident #14). During an observation of a meal, the facility failed to maintain cold foods below 41 degrees, obtain temperatures and serve the correct portion size of pureed meals. The facility reported a census of 48 residents. Findings include: 1. The Minimum Data Set (MDS) dated [DATE] identified Resident #14 as cognitively intact with a BIMS (Brief Interview for Mental Status) score of 15 out of 15 and had the following diagnoses: Diabetes Mellitus, Arthritis, and [NAME]-[NAME] Syndrome. The MDS also identified Resident #14 to be totally dependent on staff assistance with showers, toileting, lower body dressing, the MDS also identified Resident #14 required substantial/maximal assistance with upper body dressing and transfers. Interviews with Resident #14 revealed the following: 11/12/24 at 9:43 AM Resident #14 reported the food was not the greatest. They serve the same food over and over again and it just does not taste good. 11/13/24 at 8:30 AM Resident #14 sat up in her recliner in her room with only a banana and a glass of orange juice on her food tray. She stated that was all she felt like eating because they serve the same thing for breakfast every day, scrambled eggs. 11/13/24 at 9:46 AM Resident #14 reported the supper meal from last night the meat was too salty and had too much soy sauce. She did not order any alternate as it is always soup and by the time they bring it to her room, the soup is cold. She tries to avoid salt because of her high blood pressure. The Care Plan identified Resident#14 with the problem of the potential risk for altered nutritional status related to obesity, diabetes, diverticulitis and directed staff to: a. Monitor weights b. Notify the doctor/dietitian of significant weight change (continued on next page)

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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F 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	c. Provide diet as ordered general regular texture regular fluids d. Monitor and record intake of meals A review of the dietary Progress Notes for the past year had only one entry dated 6/19/24 at 11:53 AM, it revealed no documentation to address the resident's complaints about palatability. In an interview on 11/14/24 at 8:00 AM, the Administrator reported the facility did not have a policy for palatability. 42134 2. During an observation of the meal service on 11/13/24 beginning at 11:23 AM, 3 residents were served a puree diet. The pureed steak sandwich, potato salad, and broccoli salad were not temped prior to serving to ensure a safe serving temperature had been reached. In addition, each resident was given a 4 ounce (oz) serving of the steak sandwich rather than the 6 oz serving they should have been served. A test tray for temperature and palatability was provided on 11/13/24 at 12:05 PM. The steak sandwich and potato salad were at the expected temperatures for hot and cold food. The sandwich meat on the edge of the bun tasted cold. The inner sandwich meat tasted hot. The broccoli salad temperature was 42.1 degrees Fahrenheit. It was not tasted for palatability as it was not at a safe temperature. During an interview at the time the test tray was temped, the corporate dietician explained the standard temperature for cold food is 41 degrees Fahrenheit or colder. During an interview on 11/13/24 at 12:32 PM, Staff B, cook, confirmed all 3 puree diet residents had received a 4 oz sandwich portion. He further confirmed they should have received a 6 oz portion. During an interview on 11/13/24 at 12:35 PM, Staff B confirmed he did not check the temperature of the pureed food prior to serving to ensure a safe serving temp had been reached. During an interview on 11/14/24 at 8:00 AM, the Administrator reported the facility did not have any policies related to food temperatures, palatability, or food portions.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 49976 Based on observation, staff interview, and policy review the facility failed to use appropriate personal protective equipment (PPE) when laundering soiled items. The facility reported a census of 48 residents. Findings include: In an observation on 11/13/24 at 1:13 PM Staff A, Laundry/Housekeeping donned gloves, failed to put on a gown, removed the laundry bin lid and put table cloths and cloth napkins in the washing machine. She then removed the gloves, shut the machine door, and started the washer. In an interview on 11/13/24 at 1:04 PM Staff A explained clothes are collected in a bin and sorted into containers. Staff wear gloves for sorting regular laundry and wear a gown, goggles, and gloves for isolation items. Isolation is done at the very end of the day. She further explained some residents have family wash their items, but the facility washes everyone's towels, sheets, dining linens, etc. In an interview on 11/13/24 at 1:16 PM the Environmental Supervisor explained she expected gloves are to be worn when sorting soiled laundry unless it is something from an isolation room, then they have to wear a gown. She was not aware of the need to wear a gown when sorting all soiled linens. The Infection Prevention and Control Program (IPCP) Guidelines, revised 9/22 educated staff handwashing facilities as well as appropriate personal protective equipment (i.e. gloves and gowns) are available in the laundry area for workers to wear while sorting linens.