STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165305	A. Building B. Wing	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Chariton Specialty Care	1214 North Seventh Street Chariton, IA 50049

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, food temperatures during food service and resident interview, the facility failed to serve food at an acceptable temperature during one of three meals sampled. The facility reported census was 40. Findings include:The Minimum Data Set for Resident #5 dated 8/18/25 documented a Brief Interview of Mental Status score of 15 indicating intact cognition.Observation on 9/18/25 at 12:30 p.m. a sample tray, consisting of a grilled cheeseburger, macaroni salad and potato salad was provided to this surveyor. The hamburger patty was served well done, at room temperature and with a slice of cold cheese on a bun. The macaroni salad and potato salad was served cold and had good flavor.In an interview on 9/18/25 at 10:50 a. m. Resident #5 stated the meals are often not very good and the facility does not always follow their menus.

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