

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  Cherokee Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1011 North Roosevelt Cherokee, IA 51012	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44474</b></p> <p>Based on observations, staff interviews, and facility policy reviews the facility failed to ensure food was stored and prepared under sanitary conditions. The facility identified a census of 53 residents.</p> <p>Findings include:</p> <p>1. An initial kitchen tour conducted on [DATE] at 12:43 p.m., revealed the following observations:</p> <p>Observation of the kitchen fridge revealed the following items ready for service:</p> <ul style="list-style-type: none"> <li>a. bag of diced chicken open with no open date</li> <li>b. open container of cottage cheese lacked received date with a use by date of [DATE]</li> <li>c. open container of cottage cheese lacked received date with a use by date of [DATE]</li> <li>d. open package of deli ham with an open date of [DATE] with a use by date of [DATE]</li> <li>e. open container of tuna salad with an open date of [DATE]</li> <li>f. open container of smoked chicken salad with no open date</li> <li>g. open container of potato salad with no open date</li> <li>h. open container of coleslaw with no open date</li> <li>i. styrofoam container lacked a label or open date with a chef salad made inside</li> <li>j. 2- packages of frozen ready to cook soup- thawed and labeled keep frozen until ready to use.</li> </ul> <p>Observation of the kitchen freezer revealed the following items ready for service</p> <ul style="list-style-type: none"> <li>a. Chocolate cream pie lacked a received date</li> </ul> <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:  165330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  Cherokee Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1011 North Roosevelt Cherokee, IA 51012	
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>b. 2- bags of onion rings lacked a received date</p> <p>c. 2- bags of frozen vegetables lacked a received date</p> <p>d. 2- packages of corn beef with use or freeze by date of [DATE] lacked a received date.</p> <p>Observation of the drink refrigerator revealed the following items ready for service:</p> <p>a. open container of orange juice with no open date</p> <p>b. open container of chocolate milk with no open date</p> <p>c. open container of nectar thickened water with no open date</p> <p>d. open container of honey thickened water with no open date</p> <p>e. open container of nectar thickened dairy drink with no open date</p> <p>f. open container of honey thickened dairy drink with no open date.</p> <p>Observation of the dry storage area revealed the following items ready for service:</p> <p>a. open container of chocolate chips lacked a label and open date</p> <p>b. open bag of mini marshmallows lacked an open date</p> <p>c. open bag of oreo pieces lacked an open date</p> <p>d. open bag of powdered sugar lacked an open date</p> <p>e. open container of vanilla fudge lacked received date and open date</p> <p>f. open bag of vanilla wafers lacked received date and open date</p> <p>g. open container of pinto beans lacked a label and open date</p> <p>h. open container of flour lacked a label and open date</p> <p>i. open container of kidney beans lacked a label and open date</p> <p>j. 3- packages of flour tortillas with a best by date of [DATE]</p> <p>k. 5- packages of burrito wraps with a best by date of [DATE].</p> <p>2. Observation of the cabinet beneath the toaster revealed the cabinet door open with a red substance on the white mesh on the cabinet shelf.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  Cherokee Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1011 North Roosevelt Cherokee, IA 51012	
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>3. Observation of the peanut butter container on top of the cabinet revealed excess peanut butter around the edges of the container with a knife laying uncovered on top of the peanut butter with peanut butter and jelly on the knife.</p> <p>4. Observation of the margarine container revealed a knife laying uncovered on top of the margarine container with margarine on the knife.</p> <p>5. Observation of the front of the refrigerators, freezers, oven, cabinets revealed dried food and white streaked areas on the front of the doors.</p> <p>6. Observation of the floor under the table revealed food crumbs, dried food items, pieces of cardboard and plastic bread tie.</p> <p>7. Observation of the floor by the north wall revealed a black bowl and a white towel laying on the floor beside and under the table.</p> <p>8. Observation of the dry storage area revealed a white powder substance on the floor with chocolate chips laying around the powered substance.</p> <p>Review of facility provided policy titled Food Receiving and Storage with a revision date of [DATE] revealed the following:</p> <ul style="list-style-type: none"> <li>a. Foods shall be received and stored in a manner that complies with safe food handling practices.</li> <li>b. All foods stored in the refrigerator or freezer will be covered, labeled and dated (use by date).</li> <li>c. Beverages must be dated when opened and discarded after twenty-four (24) hours.</li> <li>d. Other opened containers must be dated and sealed or covered during storage.</li> <li>e. Food Services, or other designated staff, will maintain clean food storage areas at all times.</li> </ul> <p>Review of the facility provided policy titled Sanitation with a revised date of [DATE] revealed the following:</p> <ul style="list-style-type: none"> <li>a. The food service area shall be maintained in a clean and sanitary manner.</li> <li>b. All kitchens, kitchen areas and dining areas shall be kept clean, free from litter and rubbish.</li> <li>c. All utensils, counters, shelves and equipment shall be kept clean, maintained in good repair.</li> <li>d. All equipment, food contact surfaces and utensils shall be washed to remove or completely loosen soils by using the manual or mechanical means necessary and sanitized using hot water and or chemical sanitizing solutions.</li> <li>e. Kitchen and dining room surfaces not in contact with food shall be cleaned on a regular schedule and frequently enough to prevent accumulation of grime.</li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165330	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/16/2024
NAME OF PROVIDER OR SUPPLIER  Cherokee Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE  1011 North Roosevelt Cherokee, IA 51012	
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>f. The Food Services Manager will be responsible for scheduling staff for regular cleaning of kitchen and dining areas. Food Service staff will be trained to maintain cleanliness throughout their work areas during all tasks, and to clean after each task before proceeding to the next assignment.</p> <p>Interview on [DATE] at 1:13 p.m., with the Dietary Manager revealed she expects the staff to label everything in the kitchen and keep the area clean. She further revealed she expects that if something is expired it is to be thrown away and not kept in the kitchen.</p>		