

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165338	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Northgate Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 960 4th Street NW Waukon, IA 52172	

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>49976</p> <p>Based on observation, policy review, and staff interviews the facility failed to keep bare hands off the drinking surfaces of glasses in order to serve meals under sanitary conditions for 1 of 1 meals observed. The facility reported a census of 39 residents.</p> <p>Findings include:</p> <p>An observation of the noon meal on 4/22/24 from 11:05 AM to 11:42 AM revealed Staff A, Cook, served 28 glasses to 19 residents while touching the drinking rim surfaces with her bare hands. Staff A picked up the glass with one hand, poured juice or milk with the other hand, and set the glass back on the table to serve the resident. Staff A also pushed the beverage cart throughout the dining room with her bare hands. The cart handle was not observed to be sanitized throughout meal service. Staff A was not observed to perform hand hygiene during the meal service.</p> <p>In an interview on 4/24/24 at 12:01 PM Staff B, Dietary Manager explained the facility provided training on appropriate serving techniques upon hire. She explained she expected staff to touch silverware only by the handles, never the tines of silverware. Staff must never touch the drinking rims of any glasses or mugs. Plates must be held by the edge and base; no fingers are allowed on food surface areas.</p> <p>(During the ongoing observation in the kitchen of the noon meal on 4/23/24, multiple staff members were observed grabbing the milk jugs by the handle during meal preparation and service. Hand hygiene prior to touching the jugs was not observed.)</p> <p>The facility lacked a policy regarding dining services and appropriate hand placement during food service.</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
-----------------------------------------------------------------------	-------	-----------