

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165344	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/06/2024
NAME OF PROVIDER OR SUPPLIER  Aspire of Gowrie		STREET ADDRESS, CITY, STATE, ZIP CODE  1808 Main Street Gowrie, IA 50543	

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>25854</p> <p>Based on observation, record review, resident interview, staff interview, facility kitchen photos, and facility policy review the facility failed to store, prepare, distribute and serve food in accordance with the professional standards for food service safety. The facility identified a census of 19 residents.</p> <p>Findings include:</p> <p>Observations and an interview 9.5.24 with Staff A, Social Services/Activities revealed the following were confirmed by the staff member at the same times:</p> <p>a. At 11:28 a.m. - A build-up of dust, dirt, and debris along the side of the oven, on the floor beside and behind the oven and along the floor and baseboard to the left of the main door into the kitchen from the South.</p> <p>b. At 11:29 a.m. - A build-up of dried food and debris inside the refrigerator located in the kitchen area and a cheese sandwich not dated as to when made or labeled.</p> <p>c. At 11:30 a.m. - A jar of mayonnaise and non-fat vanilla yogurt not dated as to when opened.</p> <p>d. At 11:31 a.m. - A jar of beef soup base and bag of shredded mild cheddar cheese not dated as to when opened.</p> <p>e. At 11:32 a.m. - A build-up of dust, dirt, and debris along the edges of the clean storage areas beside the oven.</p> <p>f. At 11:34 a.m. - A build-up of a brown, sticky substance and dirt and debris and opened frozen hot dog buns not dated in the freezer located in the basement area at the base of the stairs.</p> <p>g. At 11:37 a.m. - A build-up of dirt, debris, and frost/ice build-up and an opened and not labeled or dated box with a plastic bag that contained pizza crusts in the chest freezer located in the basement.</p> <p>h. 11:39 a.m. - An opened but not labeled or dated plastic bag that contained frozen pre-made omelettes and a box of opened ice cream sandwiches not dated.</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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F 0812  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Some	i. 12:05 p.m. - Gallon jugs of white and chocolate milk not dated and two (2) pitchers of a yellow and red type juice not dated or labeled located in a serving bin with ice just inside the North door into the kitchen.		