

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/03/2024
NAME OF PROVIDER OR SUPPLIER  Nora Springs Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  907 W Congress Nora Springs, IA 50458	

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 - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>44972</p> <p>Based on observation and staff interview, the facility failed to label and date food items when opened to reduce the risk of contamination and food-borne illness. The facility reported a census of 44 residents.</p> <p>Findings include:</p> <p>On 6/30/24 at 10:39 AM during the initial tour of the facility kitchen with Staff A, Dietary Aide, revealed the following:</p> <ul style="list-style-type: none"> <li>a. Two large bowls of broccoli salad not labeled or dated</li> <li>b. Opened bag of shredded lettuce not dated when opened</li> <li>c. Two opened bags of spaghetti noodles not dated when opened</li> <li>d. Opened bag of penne pasta not dated when opened</li> <li>e. Opened bag of egg noodles not dated when opened</li> <li>f. Opened bag of pudding pie filling not dated when opened</li> <li>g. Opened bag of plain gelatin not dated when opened</li> </ul> <p>In an interview on 7/2/24 at 6:01 PM, the Dietary Supervisor stated they expected the staff to mark and date food items when opened.</p> <p>The facility reported they didn't have a policy for labeling and dating food, as they follow the most recent food code, rules, and regulations.</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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