STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165372	A. Building B. Wing	01/14/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elm Crest Retirement Community	2104 12th Street Harlan, IA 51537

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, resident interview, staff interview, and policy review the facility failed to prepare, serve and distribute food in accordance with professional standards. The facility reported a census of 47 residents. Findings include: 1. Review of Resident #1's Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 12 out of 15, indicating moderate cognitive impairment. Interview on 1/11/26 at 12:16 PM with Resident #1 revealed that the food is often cold when it should be warm. 2. Review of Resident #13's MDS dated [DATE] revealed a BIMS score of 13 out of 15, indicating intact cognitive functioning. Interview on 1/11/26 at 2:20 PM with Resident #13 revealed that the food is not always warm. 3. Review of Resident #34's MDS dated [DATE] revealed a BIMS score of 9 out of 15, indicating moderate cognitive impairment. Interview on 1/11/26 at 11:55 AM with Resident #34 revealed that food does not taste very good, and that it is not always hot when it should be. 4. Review of Resident #44's MDS dated [DATE] revealed a BIMS score of 12 out of 15, indicating moderate cognitive impairment. Interview on 1/11/26 at 11:25 AM with Resident #44 revealed that the food is not always hot when it should be. Observation on 1/12/26 at 12:50 PM the room trays were sent to the north hallway. One tray was observed to be delivered while the cart sat for 3 minutes in the hallway. The cart was then sat across from the nurses station on the north hallway, and waited to be delivered for approximately 8 minutes. The facility Menu for Week 3 of a 4-week rotation, showed that on 1/12/26 the lunch meal would include: diced chicken on rice, topped with sweet and sour sauce, stir fry vegetables, fortune cookie and fruit cocktail. The Mechanical Soft therapeutic menu showed that the chicken would be ground, no changes with the rice or the sauce, broccoli florets instead of the stir fry veggies, omit the fortune cookie and substitute peach and or pears for the fruit cocktail. The menu was signed by the dietician on 6/19/25. In an observation of the lunch service, upon serving the last resident's meal, at 12:55 PM, Staff C, (continued on next page)

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Dietary Staff checked the temperature of the ground chicken and it was 110 degrees Fahrenheit (F) On 1/12/26 at 2:23 PM, the Dietician agreed that the ground meat should have maintained the temperature at a higher level throughout the service and thought there might be an element out on that particular steam table since everything else on the table was up to temp at the end of service. A facility policy titled: Food Temperatures, dated 2017, showed that the temperatures of all food items would be taken and properly and recorded prior to service of each meal. All hot food items must be cooked to appropriate internal temperatures, held and served at a temperature of at least 135 degrees F. Food would be transported as quickly as possible to maintain temperatures for delivery and service. If food transportation time was extensive, food would be transported using a method that maintains temperatures. Food preparation and service areas would avoid holding foods in a temperature danger zone of 41 – 135 degrees F.

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F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. Based on observation, interview and record review, the facility failed to ensure that residents were served meals according to the residents' specific needs for 5 of 46 residents reviewed. The facility reported a census of 47 residents. Findings include: The facility Menu for Week 3 of a 4-week rotation, showed that on 1/12/26 the lunch meal would include: diced chicken on rice, topped with sweet and sour sauce, stir fry vegetables, fortune cookie and fruit cocktail. The Mechanical Soft (texture modified foods for people who have soft and easy to eat if resident has difficulty swallowing) therapeutic menu showed that the chicken would be ground, no changes with the rice or the sauce, broccoli florets instead of the stir fry veggies, omit the fortune cookie and substitute peach and or pears for the fruit cocktail. The menu was signed by the dietician on 6/19/25. The following was found in the facility electronic record Orders tab:a. Resident #9 had an order dated 10/15/24 at 2:35 PM, for a regular diet, mechanical soft texture, thin consistency, small bites alternating small sips of liquids. Double swallow if needed. b. Resident #25 had an order dated 7/14/25 at 11:26 AM, for a regular diet, mechanical soft texture, thin consistency. c. Resident #31 had an order dated 8/12/25 at 2:07 PM for a regular diet mechanical soft texture, thin consistency for ground meat. Encourage small bites/sips and alternate solids straw with liquids cut up additional mech soft solids into bite sized pieces excluding cookie/sand.d. Resident # 47 had an order dated 10/21/25 at 12:40 PM for a regular diet mechanical soft texture, thin consistency ground meats.e. Resident #48 had an order dated 10/31/25 at 11:15 AM for a regular diet mechanical soft, nectar thick liquid consistency, ground meat with gravy/sauce. In an observation of the lunch service on 1/12/26 at 11:45 AM, Residents #9, #25, #31, #47, and #48 had been served a sweet and sour sauce that included pineapple chunks. On 1/12/26 at 2:23 PM, the Dietician was surprised to learn that the mechanical soft diets had been serviced pineapple chunks in the sweet and sour sauce. She said that it was her understanding that they were using a red sauce that had ground fruit. The Dietician agreed that the mechanical soft diet should not include chunk pineapple, and that she had recently provided education to the kitchen staff on the different diets. She said that they should have recognized, or asked questions about the fruit chunks. According to the facility policy titled: Therapeutic Diets dated 2017, the facility would provide a therapeutic diet that was individualized to meet the clinical needs and desires of a resident to achieve outcome/goals of care. The therapeutic diets should coincide with the therapeutic diets on the menu extensions. The Registered Dietitian Nutritionist (RDN) would approve all therapeutic diets menu extensions. A list of approved diets would be available for the nursing staff. Diets would be offered as ordered.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, staff interviews, and policy review the facility failed to store, prepare, and serve food in accordance with professional standards for food service safety. The facility failed to maintain a clean kitchen environment. The facility reported a census of 47 residents. Findings include: Continuous observation on 1/11/26 at 9:35 AM during the initial kitchen walk through identified the following concerns: a. The chocolate milk cooler contained dirty crates, walls with the appearance of spilled chocolate milk and a black residual along the hinge of the lid. The cooler did not contain an internal thermometer.b. The cooler containing white milk, sour cream and cottage cheese displayed frost along the inside cooler walls. The thermometer was upside down. c. The left side of a side by side refrigerator contained an unidentified and undated opened food item in a clear storage container. The right side of the refrigerator also contained a dirty towel on the bottom. d. Another side by side refrigerator contained a metal basin with separate containers of brown lettuce, partially uncovered shredded cheese and unidentifiable white substance. e. The dry pantry contained a strong odor with a trash can observed to be over half full with the odor more prominent when opened. The pantry contained boxes of food on the floor and stacked broken cardboard boxes. f. 2 large dry good storage containers did not have labels identifying the food item or when it was opened. g. The 3 door side by side freezer in the pantry containing vegetables and desserts did not have an internal thermometer. h. A 2 door side by side freezer in the pantry did not contain an internal thermometer. i. The walk-in cooler revealed 4 boxes and 3 bags of food on the floor, undated opened chocolate milk, and a basin with melting ice containing food and opened liquid items.j. The main kitchen contained 2 carts that were dirty with food items left on them. k. The ceiling and vents throughout the main kitchen had various shades of brown to black discoloration and areas that appeared to have a discolored raised fuzzy texture. l. A ceiling tile was noted to be missing near the chocolate milk cooler.m. Slow dripping water from the ceiling was noted near a fire suppressant sprinkler. Review of the facility's 12/25 Refrigerator/Freezer logs revealed no data entered for 12/20 and 12/21/25. The facility's Weekly Cleaning Charts for the previous 6 months revealed the following:a. The facility provided documents for 10 weeks from 7/20/25 to 1/6/26.b. The facility did not provide Weekly Cleaning Charts for the month of October.c. The facility provided only 1 Weekly Cleaning Chart for the month of November.d. Each of the 10 logs reviewed were not thoroughly completed. The facility's Monthly Cleaning Charts for the previous 5 months revealed the following:a. The facility provided monthly logs for 7/25 - 12/25 with no log present for the month of 8/25. b. The only documentation noted for 8/25 was on the 7/25 Monthly Cleaning Chart and revealed deliming occurred on 8/1/25, the ice cream machine was cleaned on 8/7 and 8/17/25, and ice machines cleaned on 8/13/25.c. Review of the logs provided the facility failed to ensure the completion of the monthly cleaning requirements. On 1/11/26 at 9:40 AM Staff D, Dietary Aide (DA), stated she had not noticed the water dripping from the ceiling until questioned and shown during the initial kitchen walk through. The staff stated the ceiling had a history of dripping if it was storming, but it was not storming on this date. The staff disclosed the kitchen did not have a Certified Dietary Manager (CDM) and the Administrator was overseeing the kitchen. During a follow up interview on 1/13/26 at 11:10 AM Staff D stated the ceiling tile had been missing for over a month. The staff further disclosed that staff did not always complete cleaning logs while doing the cleaning in the kitchen. On 1/11/26 at 9:50 AM Staff E, Cook, stated he had not observed water dripping from the ceiling. On 1/12/26 at 1:44 PM the Registered Dietitian (RD) and Administrator stated they had been jointly covering the responsibilities of the kitchen as there was not currently a CDM. The RD and Administrator reviewed the photos of the kitchen taken during the initial walk through and provided the following responses: The RD stated the unidentified/dated food in the side by side was prunes, and had likely been moved from the freezer to the refrigerator. The RD acknowledged that the item should be dated. The RD and Administrator acknowledged the chocolate (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	milk cooler was dirty and should not be kept that way. The RD and Administrator stated the basin with the lettuce, cheese and the other food item needed to be covered or discarded. The RD stated the facility had truck delivery on Friday (11/9/25) and the delivery personnel will just place items on the floor in the pantry or walk-in cooler. The staff stated if food came in later on Friday the kitchen staff would not have had time to put it away, but acknowledged there was a full day from date of delivery to date of the initial walk through. The RD stated when looking at bulk containers, it was expected items should be dated and labeled. The Administrator and RD acknowledged the kitchen needed to have cleaning completed. The Administrator stated the kitchen cleaning routine may not be as formal now as it was prior to the CDM leaving in November. The RD stated prior to CDM leaving there was a coordinated effort between the dietary staff and maintenance for cleaning/upkeep of the ceiling in the kitchen. The Administrator stated she was unaware of a missing tile, and the RD could not answer the length of time the tile had been missing. The RD and Administrator stated ceiling should be cleaned or possibly have tiles replaced. The facility's General Sanitation of Kitchen Policy, dated 2017, revealed the kitchen staff will maintain the sanitation of the kitchen through compliance with a written, comprehensive cleaning schedule. The document provided that employees were required to initial and date when specific assigned tasks were completed.