

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165381	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/26/2024
NAME OF PROVIDER OR SUPPLIER Windsor Place Senior Living Campus		STREET ADDRESS, CITY, STATE, ZIP CODE 900 South Stone Street Sigourney, IA 52591	

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 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>35434</p> <p>Based on employee file review, policy review and staff interviews, the facility failed to conduct a record check evaluation prior to employment to indicate clearance for work for 1 of 5 employee files reviewed. The facility reported a census of 22 residents.</p> <p>Findings include:</p> <p>The untitled facility staff roster listed a hire date for Staff B Registered Nurse(RN) as 9/11/23.</p> <p>An 8/30/23 Single Contact License and Background Check(SING) stated a Criminal History(CCH) record was found and the results would be faxed. The facility lacked further documentation regarding Staff B's CCH and lacked documentation of a record check evaluation completed to indicate she could work at the facility.</p> <p>On 9/25/24 at 2:22 p.m., the Business Office Manager(BOM) stated the facility could not locate the record check evaluation for Staff B and stated she thought they would receive a citation for this. She stated this should be completed prior to hire.</p> <p>On 9/25/24 at 3:30 p.m. the Administrator stated they initiated a background check for Staff B and she was off the schedule until Friday. She stated background checks should be completed prior to the start of work.</p> <p>On 9/26/24 at approximately 2:30 p.m., the Director of Nursing(DON) stated if Staff B's record check evaluation was not complete by Friday, she would work her shifts in place of her.</p> <p>The undated facility Abuse Policy stated the facility would follow protocols for conducting employment background checks.</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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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35434</p> <p>Based on observation, policy review, and staff interview, the facility failed to maintain adequate sanitation for 2 of 2 kitchen observations and failed to carry out sanitary food handling during 1 of 1 meal service observation. The facility reported a census of 22 residents.</p> <p>Findings:</p> <p>The initial kitchen tour, conducted on 9/23/24 at 9:29 a.m., revealed the following concerns:</p> <p>a. Dust particles hung from the 3 spigots of the fire suppression system over the stove.</p> <p>An observation of the noon meal service on 9/24/24 at 11:30 a.m. revealed the following concerns:</p> <p>a. Dust remained on the spigots of the fire suppression systems. A long dust string extended from the bottom of one of the spigots to the horizontal fire suppression pipe.</p> <p>b. [NAME] splatters on the inside floor of the microwave with brown solid food debris on the inside of the door. Yellow and brown solid food debris was present on the front of the microwave near the door opener. The outside of the microwave was sticky to the touch.</p> <p>c. Thick dust particles were present between the air conditioning unit in the corner of the kitchen and the wall. Buns and crackers were on the counter below the unit.</p> <p>d. A floor fan with heavy black dust particles sat on the floor between the white refrigerator in the corner of the kitchen and the cupboards.</p> <p>e. The Dietary Manager opened a bread bag with her bare hands and touched two slices of bread with her bare hands while she spread peanut butter on one of the slices and placed it on a plate. She then squeezed jelly onto the bread. After she finished making the sandwich, she pushed it down with her bare palm. She then placed the plate with the sandwich on a cart. Staff A took the cart out of the kitchen and the Dietary Manager stated the sandwich was for Resident #1.</p> <p>f. [NAME] splatters and crumbs covered the floor of the cupboard under the sink near the coffee maker. A container full of pot holders sat in the crumbs.</p> <p>g. A spray bottle containing a blue substance sat on a metal cart within 1 inch of a [NAME] tub. The Dietary Manager stated the bottle contained glass cleaner.</p> <p>h. An air conditioner to the left of the dish washer blew air toward clean dishes including silverware and water jugs. The flaps of the air conditioner were covered with brown spatters and contained dust particles.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 9/26/24 at 12:04 p.m., the Dietary Manager stated surfaces in the kitchen and spigots should be kept clean. She stated she had a cleaning list for the cook and the dietary aide to follow. She stated she should have worn gloves prior to making the sandwich.</p> <p>On 9/26/24 at 12:55 p.m. the facility ice machine had build-up of a white crusty-appearing substance on both sides of the machine. Flecks of a dark substance were present on the ceiling of the interior ice compartment. A bucket with a scrub brush sat on top of the ice machine. An ice scoop sat directly on the top of the machine not contained in an ice scoop holder.</p> <p>The facility policy Cleaning and Sanitation of Food Service Areas, stated the food service staff would maintain the sanitation of the dining areas. The policy directed staff to clean surfaces to include small equipment, microwaves, hoods, and ice machines.</p>		