

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/08/2025
NAME OF PROVIDER OR SUPPLIER  Sibley Specialty Care		STREET ADDRESS, CITY, STATE, ZIP CODE  700 Ninth Avenue North Sibley, IA 51249	
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 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>44420</p> <p>Based on review of the menu, observation, and staff interviews the facility failed to serve the full portions of food when preparing meals for residents (Residents #7, #16, #19, #22 and #28). The facility identified a census of 39 residents.</p> <p>Findings include:</p> <p>The facility's Cycle Day 4 Menu identified the following items as part of the planned menu for the lunch meal on 5/7/25 for residents on a regular diet:</p> <p>Pork chop</p> <p>Gravy</p> <p>Roasted Red Potatoes</p> <p>Squash (replaced with carrots)</p> <p>Wheat roll with Margarine</p> <p>The facility's Cycle Day 4 menu identified the following items as part of the planned menu for the lunch meal on 5/7/25 for residents on a mechanical diet:</p> <p>Pork chop chopped</p> <p>Gravy</p> <p>Mashed Potatoes</p> <p>Squash (replaced with carrots) blended</p> <p>Wheat roll with Margarine</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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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Observation on 5/7/25 at 12:10 PM, revealed Staff B, [NAME] used a size #6 scoop to serve a full portion of ground pork chop to residents. Staff B failed to fill the entire scoop of ground pork to Residents #7 and #28. Staff B used a size #8 scoop to serve a full portion of red potatoes. Staff C failed to fill the entire scoop of potatoes to Residents #16, #19, #22 and #28.</p> <p>In an interview on 5/7/25 at 12:51 PM, the Dietician reported Staff B should have served a full #6 scoop of pork and a full #8 scoop of red potatoes to residents in order to provide the proper portions per the menu. The Dietician reported the facility planned to provide additional education to the new kitchen staff.</p> <p>The Kitchen Weights and Measures policy dated April 2007 identified food services staff will be trained in proper use of cooking and serving measurements to maintain portion control.</p> <p>Policy Interpretation and Implementation</p> <ol style="list-style-type: none"> <li>1. Cooks and Food Services staff will be trained in weights and measures, volume and weights, appropriate utensil use, and food can sizes.</li> <li>2. Staff will be trained in the comparison of volume and weight measures (e.g., 2 cups (volume) water = 1 pound (weight), 1 oz. weight = 1 oz. volume, etc.).</li> <li>3. Staff will be trained in size conversion of food cans to improve accurate measurements. Can size tables will be prominently posted for reference.</li> <li>4. Recipes will specify consistent use of metric or U.S. measurement guidelines.</li> <li>5. Serving utensils used will be consistent with choice of metric or U.S. measure used.</li> <li>6. Staff will be trained in the appropriate measurement and type of serving utensil to use for each food. Signs or posters explaining coded measurement indicators (e.g., color-coded) on utensils will be prominently displayed for reference.</li> <li>7. The Food Service Supervisor will ensure cooks prepare the appropriate amount of food for the number of servings required.</li> </ol>		

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<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>44420</p> <p>Based on observations, staff interviews, and facility policy review the facility failed to ensure proper sanitary conditions in the kitchen area where staff prepared food, and failed to keep utensils on a sanitary surface during meal service. The facility identified a census of 39 residents.</p> <p>Findings included:</p> <p>The initial kitchen walkthrough on 5/5/25 at 10:35 AM with the Dietary Manager (DM) revealed the following:</p> <ul style="list-style-type: none"> <li>a. The sugar bin showed a build up of debris around the opening and under the cover of the container. Hair present on the container.</li> <li>b. The flour bin showed a build up of debris around the opening and under the cover of the container.</li> <li>c. A snack cart contained a variety of scattered food debris at the bottom of the cart.</li> <li>d. A storage dish cart contained a variety of scattered food debris at the bottom of the cart.</li> <li>e. A shelving unit across from the oven showed dirt, grease and hair.</li> <li>f. The floor contained an accumulation of food debris and a variety of dried liquid.</li> <li>g. Two stand up freezer units with a variety of food debris in the bottom of the units.</li> <li>h. Two refrigerator units with a variety of food debris in the bottom of the units.</li> <li>i. The DM reported that she expected the environment to be clean, free of food debris and hair. The DM reported the freezer and refrigerator units should be free for food debris.</li> </ul> <p>Observation of lunch service on 5/7/25 at 12:10 PM showed the following:</p> <ul style="list-style-type: none"> <li>a. Staff B, [NAME] pureed pork, stopped the blender, removed the cover, set the cover face down directly on the countertop. Staff B stirred the food with a spatula, set the spatula directly on the countertop, replaced the cover and restarted the blender. Staff B further pureed the pork, stopped the blender, removed the cover, set the cover face down directly on the countertop. Staff B used the spatula to remove the food from the blender.</li> </ul> <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 - Some</p>	<p>b. Staff B, [NAME] pureed carrots in a blender, stopped the blender, removed the cover, set the cover face down directly on the countertop. Staff B donned gloves, removed bread from the bread bag, added the bread to the blender, replaced the cover and restarted the blender. Staff B doffed gloves, placed soiled gloves directly on the countertop and failed to perform hand hygiene. Staff B stopped the blender, stirred the food using the same spatula, replaced the cover and restarted the blender. Staff B discarded the soiled gloves from the countertop into the trash. Staff B failed to perform hand hygiene. Staff B then removed the blender cover, set the cover face down directly on the countertop where soiled gloves were previously placed.</p> <p>c. During food service Staff B, [NAME] used her hands to place and remove hot table food covers. Later in the food service Staff B utilized the tongs, previously used for the food, to move the covers. Staff B failed to remove tongs from service then utilized the tongs again for food.</p> <p>In an interview on 5/7/25 at 12:51 PM, the Dietician reported during food service she stopped Staff B and instructed her to perform hand hygiene. The Dietician acknowledged Staff B would have continued and failed to perform hand hygiene when necessary. The Dietician reported she expected Staff B to use the blender cover, spatula and food tongs in a manner that prevented contamination. The Dietician also reported soiled gloves should be placed directly into the trash and hand hygiene should be performed immediately following. The Dietician reported the facility planned to provide additional education to the new kitchen staff.</p> <p>The Preventing Foodborne Illness - Employee Hygiene and Sanitary Practices policy dated October 2017 identified food and nutrition services employees will follow appropriate hygiene and sanitary procedures to prevent the spread of foodborne illness.</p> <p>Policy Interpretation and Implementation</p> <p>1. All employees who handle, prepare or serve food will be trained in the practices of safe food handling and preventing foodborne illness. Employees will demonstrate knowledge and competency in these practices prior to working with food or serving food to residents.</p> <p>6. Employees must wash their hands:</p> <p>a. After personal body functions (i.e., toileting, blowing/wiping nose, coughing, sneezing, etc.);</p> <p>b. After using tobacco, eating or drinking;</p> <p>c. Whenever entering or re-entering the kitchen;</p> <p>d. Before coming in contact with any food surfaces;</p> <p>e. After handling raw meat, poultry or fish and when switching between working with raw food and working with ready-to-eat food;</p> <p>f. After handling soiled equipment or utensils;</p> <p>g. During food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; and/or</p> <p>(continued on next page)</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>44474</p> <p>Based on observation, infection control policy and staff interview, the facility failed to provide proper hand hygiene with wound care with 1 of 2 residents observed (Resident #18). The facility reported a total census of 39 residents.</p> <p>Findings include:</p> <p>Observation on 5/7/25 at 10:19 AM Staff A, Registered Nurse (RN) changed a dressing on the left second toe. Staff A, Entered into Resident #18's room and performed hand hygiene and applied gloves. Staff A removed soiled dressing off Resident #18's toe and with the soiled gloves took clean gauze out of the package, applied wound cleanser and cleansed the area on the toe. With the same soiled gloves, Staff A opened the ointment, took a piece of clean gauze and placed a dab on the gauze and dabbed the ointment onto the toe. With the soiled gloves on Staff A took the bandaid she was going to apply to the toe. The bandaid stuck to itself and Staff A removed the soiled gloves and performed hand hygiene. Staff A then completed the wound dressing.</p> <p>Interview on 5/7/25 at 10:30 AM the Director of Nursing (DON) revealed she should have changed her gloves during the wound dressing change.</p> <p>Review of the facility provided policy titled Handwashing Hand Hygiene with a revised date of August 2019 revealed the following information:</p> <ol style="list-style-type: none"> <li>a. All personnel shall be trained and regularly in-serviced on the importance of hand hygiene in preventing the transmission of healthcare-associated infections.</li> <li>b. All personnel shall follow the handwashing/hand hygiene procedures to help prevent the spread of infections to other personnel, residents, and visitors.</li> <li>c. Use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: <ol style="list-style-type: none"> <li>i. Before handling clean or soiled dressings, gauze pads, ect</li> <li>ii. After contact with the resident ' s intact skin</li> <li>iii. After moving from a contaminated body site to a clean body site during resident care</li> <li>iv. After handling used dressings</li> <li>v. After removing gloves</li> </ol> </li> <li>d. The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections.</li> </ol>		