

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165468	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/09/2024
NAME OF PROVIDER OR SUPPLIER Eastern Star Masonic Home		STREET ADDRESS, CITY, STATE, ZIP CODE 715 West Mamie Eisenhower Boone, IA 50036	

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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>25858</p> <p>Based on observation, clinical record review, facility menus and staff interview the facility failed to follow the menu for 18 of 18 residents in the unit. The facility reported a census of 72 residents.</p> <p>Finding include:</p> <p>Review of the January 2024 evening menu revealed on 1/25/24, residents to receive:</p> <ul style="list-style-type: none"> *Open face hot turkey sandwich *Mashed potatoes *Turkey gravy *Brown sugar peaches *Cottage cheese *Milk <p>Interview on 4/9/24 at 11:00 a.m., the facility assistant Dietary Manager confirmed and verified that the menu was not followed on 1/25/24 evening meal.</p> <p>Interview on 4/9/24 at 2:50 p.m., the facility Director of Quality Improvement confirmed and verified that the staff need to follow the menu as written and it is not acceptable to substitute unless you have approval from the dietician.</p> <p>Interview on 4/9/24 at 3:10 p.m., the facility Director of Nursing confirmed and verified that the evening nurse on 1/25/24, gave the resident a peanut butter and jelly sandwich rather than the meal that was on the menu.</p> <p>Record review documented on 1/26/24, Staff C (Licensed Practical Nurse) correction action level-Written</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 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Description of incident/behavior= Failure to provide evening meal as per regulations to residents.</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>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>25858</p> <p>Based on observation, and staff interviews, the facility failed to ensure open items were dated, and labeled in the coolers and walk-in freezer in the kitchen. The facility reported a census of 72 residents.</p> <p>Findings include:</p> <p>Observation on 4/8/24 at 11:35 a.m., in the main kitchen revealed the following:</p> <ul style="list-style-type: none"> *Cooler #2, half opened clear bag of mild cheddar cheese, not dated *Cooler #1, clear pitcher with 3/4 full of brown liquid, not dated or labeled <p>clear container of round brown items, not dated or labeled.</p> <ul style="list-style-type: none"> *Walk in freezer- 1/2 bag of brown, round items, not dated or labeled *Cooks Cooler- 1 tin container with small, round brown/gray items, not dated or labeled, <p>Interview on 4/8/24 at 11:40 a.m., Staff A, Dietary Aide (DA) confirmed and verified that those items in Cooler #1 were not dated and labeled and could not verify or identify those contents.</p> <p>Interview on 4/8/24 at 11:44 a.m., Staff B (cook) confirmed and verified that the items needed to be dated and labeled and was not able to state how long they were in the coolers or freezers.</p> <p>Interview on 4/9/24/23 at 11:00 a.m., the Assistant Dietary Manager revealed the items should have been dated when opened, and labeled.</p>