

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 04/24/2025
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 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>50500</p> <p>Based on observations and staff interview, the facility failed to adequately prepare pureed foods to ensure the appropriate amount of nutrients were provided to residents receiving a pureed diet. The facility reported a census of 73.</p> <p>Findings include:</p> <p>The lunch menu on 4/23/25 for the pureed diet consisted of a pureed turkey burger on a bun, mashed sweet potatoes, pureed wax beans, and strawberry Thrive ice cream.</p> <p>During an observation on 4/23/25 at 9:35 AM, Staff E, Cook, prepared 3 servings of pureed turkey burgers. Three turkey burger patties and beef broth were pureed until the desired consistency was obtained. In a separate blender, Staff E pureed three servings of wax beans until the desired consistency was obtained. At no time during the observation did Staff E add hamburger buns to either the pureed turkey burger patties or the wax beans, which is a standard industry practice for pureed foods.</p> <p>During an interview on 4/23/25 at 2:15 PM, the Dietary Manager explained a total of 3 hamburger buns should have been added to the turkey burger patty and/or the wax beans. This would ensure the diet spreadsheet menu was followed as written and the nutritional content of the pureed meal was met.</p> <p>No policy available to outline the process of pureeing resident food.</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 - 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>50500</p> <p>Based on observations, kitchen record review, and staff interview, the facility failed to ensure food safety was maintained by not obtaining food temperatures and not maintaining temperature logs. The facility also failed to ensure food was properly stored and labeled and all areas of the main kitchen were clean. The facility reported a census of 73.</p> <p>Findings include:</p> <p>1. During a kitchen observation on 4/21/25 at 10:00 AM, food thermometers were identified in the food prep area.</p> <p>Review of the main kitchen food temperature logs from the past 4 months revealed the following:</p> <p>a. For the month of January 2024, a total of 9 out of 96 meals for the month had food temperatures documented</p> <p>b. For the months of February 2024, a total of 2 out of 84 meals for the month had food temperatures documented</p> <p>c. For the month of March 2024, a total of 12 out of 96 meals for the month had food temperatures documented</p> <p>d. For the month of April 2024, a total of 16 out of 60 meals for the month thus far had food temperature documented.</p> <p>During an interview on 4/23/25 at 2:15 PM, the Dietary Manager acknowledged the lack of food temperature documentation from the main kitchen staff. The Dietary Manager stated it is kitchen procedure to write down food temperature prior to being sent out to the satellite kitchenettes for meal service.</p> <p>The undated policy Food Temperatures noted food will be cooked and/or reheated to the correct temperature. Final temperature readings will be recorded into the book.</p> <p>2. An observation of the main kitchen on 4/21/25 at 10:00 AM revealed the following:</p> <p>a. A bin full of serving utensils and squirt bottles had drops of dried brown food or liquid residue on several of the equipment.</p> <p>b. A large bowl of an unidentifiable food item was found the walk-in cooler. The item was uncovered and without a date/label.</p> <p>c. Two covered pans of food were found in the walk-in cooler without a date/label.</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>49056</p> <p>Based on observation, record review, document review and staff interviews the facility failed to provide appropriate infection prevention practices by not following guidelines for enhanced barrier precautions (EBP) for 2 out of 2 residents reviewed (Resident #1 and #21). The facility reported a census of 73 residents.</p> <p>Finding include:</p> <p>1. The Minimum Data Set (MDS) assessment for Resident #1 dated 1/20/25 identified a Brief Interview for Mental Status (BIMS) score of 12, which indicated moderately impaired cognition. The MDS included diagnoses of pressure ulcer of left heel, seizure disorder, and osteoporosis. The MDS documented an unstageable pressure ulcer.</p> <p>Review of Resident #1's Care Plan with a date of 4/22/25 failed to mention the EBP's.</p> <p>Observation on 4/23/25 at 10:05 AM with Staff A, Registered Nurse (RN) completed treatment to the left heel pressure ulcer. Staff A did not apply the EBP prior to completing the treatment.</p> <p>Interview on 4/23/25 at 10:25 AM with Resident #1 stated staff just started applying the gloves and the gowns this week, but prior to that, it wasn't happening.</p> <p>Interview on 4/23/25 at 1:30 PM with Staff A stated he forgot to wear the EBP when doing the treatment, he stated that he usually puts it on prior, but today he forgot.</p> <p>Interview on 4/23/25 at 3:05 PM with Staff B, Co-Director of Nursing (DON) stated the expectation is that staff are to wear the EBP's when providing care or doing treatments.</p> <p>40905</p> <p>2. An MDS for Resident #21 dated 2/25/25, included diagnoses of stroke and hemiplegia (paralysis of 1 side of the body). The MDS identified the resident had a G-tube (abdominal gastric feeding tube). A Brief Interview for Mental Status score of 14 indicated mild cognitive impairment for decision-making.</p> <p>The Care Plan for Resident #21 documented resident on enhanced barrier precautions.</p> <p>Observation on 4/23/25 at 10:12 AM, Staff C, Licensed Practical Nurse and Staff D, RN entered Resident #21's room, sanitized their hands and applied gloves, did not apply gowns. Staff D proceeded to check placement of the G-tube and held the G-tube while Staff C administered medication into the G-tube.</p> <p>Interview on 4/23/25 at 2:30 PM, Staff C stated she knew it was protocol to wear a gown when administering medications per G-tube, she just forgot.</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>Interview on 4/23/25 at 4:00 PM, Staff A, Director of Compliance stated the expectation is to wear a gown and gloves for enhanced barrier precautions while administering medication via G-tube to a resident.</p>		