

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165482	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
NAME OF PROVIDER OR SUPPLIER United Presbyterian Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1203 East Washington Street Washington, IA 52353	

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 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>35434</p> <p>Based on observation, policy review, and staff interview, the facility failed to maintain adequate kitchen sanitation for 2 of 2 kitchen areas and failed to carry out sanitary food handling for 2 of 2 meals observed. The facility reported a census of 42 residents.</p> <p>Findings include:</p> <p>The initial kitchen tour, conducted on 8/19/24 at 9:51 a.m., revealed a fan near the dishwasher with thick dust particles on the fan covering. The fan blew toward a rack containing clean metal pans.</p> <p>A follow-up tour of the kitchen on 8/20/24 at 9:30 a.m. revealed the following concerns:</p> <p>a. Thick dust particles remained on the fan covering. The fan blew toward a rack which contained two water pitchers, trays, and tongs.</p> <p>b. Dust particles hung from the spigots of the fire suppression system. The particles moved with the airflow of the stove vent and hung directly above onions cooking.</p> <p>c. The Certified Dietary Manager(CDM) had a mustache and did not wear a mustache cover as he prepared food.</p> <p>Observation of the noon meal service on 8/20/24 at 11:20 a.m. in the facility's front kitchenette near the front dining room revealed the following concerns:</p> <p>a. Staff A Kitchen Staff crumpled a paper towel up in his ungloved left hand while he obtained the temperature of creamed corn. Staff A then used the crumpled up paper towel to wipe off the thermometer and was about to insert the thermometer into another pan of food before the surveyor intervened in order to prevent cross contamination of the food item. The surveyor asked him how he sanitized the thermometer and he said that he did not know. He called the CDM on the phone. When the CDM arrived, he instructed him to utilize the sanitizing wipes which were in a bucket.</p> <p>b. Dust particles hung from the fire suppression system pipes which were located directly above the griddle which staff cooked on.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. Staff A had a mustache which extended into his upper lip. He did not wear a mustache cover as he served food.</p> <p>Observation of the noon meal service on 8/21/24 at 11:34 a.m. in the facility's back kitchenette near the back dining room revealed the following concern:</p> <p>a. Staff B Kitchen Staff donned gloves on both hands. With both of his gloved hands, he touched the outside of a bread bag, the outside of wrapped cheese, and the outside of a ham package. With the same gloves, he touched the ham and the bread as he constructed and cut the sandwich. He then served the sandwich to a resident.</p> <p>On 8/22/24 at 11:00 a.m. the CDM stated he had a cleaning schedule and they cleaned the fan and fire suppression spigots monthly. He stated he did not look at the spigots of the fire suppression system this week. He stated they needed cleaned. He stated Staff A knew how to clean the thermometer as he was employed for a while. He stated with regard to gloving, staff should not touch objects and then touch food. He stated he thought as long as mustaches were neatly kept, a hair restraint was not needed.</p> <p>The facility Sanitary Conditions/Food Handling policy, updated 12/23, stated the policy's purpose was to prevent the spread of food borne illness and reduce those practices which resulted in food contamination and compromised food safety in nursing homes. The policy stated sanitary conditions were defined as storing, preparing, distributing, and serving food properly to prevent food borne illness.</p> <p>The facility policy Glove Use in Food Service updated 8/23, directed staff to change gloves whenever the activity changed and to remove gloves and discard when not performing a food contact task.</p> <p>The undated Late General cleaning checklist directed staff to clean the dish room fan.</p> <p>The facility's kitchen cleaning checklists lacked documentation of staff direction to clean the fire suppression systems above the stoves.</p> <p>The undated facility Dietary Personnel Policy, stated hair must be covered.</p>		