

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165487	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2025
NAME OF PROVIDER OR SUPPLIER Wesley on Grand		STREET ADDRESS, CITY, STATE, ZIP CODE 3520 Grand Avenue Des Moines, IA 50312	

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>Based on observations, staff interview, and policy review the facility failed to serve food under sanitary conditions to prevent foodborne illness during one of one meal observed. Facility staff also failed to conceal hair completely in a hairnet to prevent foodborne illness. The facility reported a census of 73 residents.</p> <p>Findings include:</p> <p>Observations revealed the following:</p> <p>a. On 6/11/25 with lunch service starting at 11:25 AM, Staff A, Dietary Aide (DA) carried a glass of juice with her hand over the top of the glass, her fingers touching the rim of the glass and served the juice to a resident. Staff A continued to carry and serve glasses of fluids to the residents with her hand over the top of the glass.</p> <p>b. On 6/11/25 with lunch service starting at 11:25 AM, Staff B, DA carried a glass of milk with her hand over the top of the glass, her fingers touching the rim of the glass and served the milk to a resident. Staff B continued to carry and serve glasses of fluids to the residents with her hand over the top of the glass.</p> <p>c. On 6/11/25 during the lunch service, the Hospitality Manager, without a hair net on, was in the food service area behind the service line, and stood beside the steam table above the food and assisted Staff C, DA with checking the meat temperature with a thermometer.</p> <p>d. On 6/11/25 with lunch service starting at 11:25 AM, Staff C applied gloves, opened a package of buns, touching the outside of the package with her gloved hands, removed a bun from the package, and proceeded to touch tongs with her gloved hands and then touch the bun again with the same gloved hands. Staff C then proceeded with the same gloves on and touched a paper menu slip and then proceeded to remove another bun from the package, applied meat, lettuce, onion, tomato to the bun with tongs, touched a scoop, the counter top, paper, and then held the bun with the same gloved hands to cut the sandwich in half. Staff C continued throughout meal service to remove gloves, apply new gloves, remove a bun from the package, touch scoop and ladle handles, papers, plates, microwave handle, and then touch the bun with the same gloves.</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>e. On 6/11/25 during the lunch meal service, Staff C removed a bun from the package with her bare hand and placed the bun on a plate. Staff C then proceeded to apply gloves, opened and poured a can of soup into a bowl, placed the bowl in the microwave, and continued with same the gloves to get a slice of bread and cheese and place them on the griddle.</p> <p>On 6/12/25 at 11:00 AM, the Director of Dining stated his expectations for staff included the following;</p> <ol style="list-style-type: none"> 1. Staff are to wear hairnets in food prep areas of the kitchen and behind the service line 2. Staff are to not touch the tops of glasses when serving the residents 3. Staff are to use gloves for a one time use when serving ready to eat food. <p>Facility policy Hair Restraint and [NAME] Guard Policy revised 10/24, directed staff as follows; hairnets are to be worn by all cooks and anyone handling food in our kitchens, household kitchens and healthcare, and any pony tails need to be tied back and contained in the hairnet.</p> <p>Facility policy Disposable Glove Usage undated, revealed when serving in the Health Center use utensils in place of gloves and food handlers must change gloves when moving from one task to another and before handling ready-to-eat food.</p>		