

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165513	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/30/2024
NAME OF PROVIDER OR SUPPLIER  Luther Manor at Hillcrest		STREET ADDRESS, CITY, STATE, ZIP CODE  3131 Hillcrest Road Dubuque, IA 52001	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 20331</p> <p>Based on observation, staff interviews, and policy review, the facility failed to store, prepare, and distribute food in accordance with standards of food service safety. The facility reported a census of 96 residents.</p> <p>Findings include:</p> <p>Kitchen Observations on 12/30/2024 included:</p> <p>At 9:24 A.M. Staff B (cook) had no hair net on. Staff B donned the hair net at 9:28 A.M. The floor had a large amount of food spatters including grapes, crumbs, and cheese slices. The kitchen counters and shelves had crumbs, cereal boxes including Fruit Wheels and Crisp Rice open and without a date, peanut butter open and without a date, orange juice and red juice sitting in a tub of ice with no date. The stove had a large amount of food particles including egg, broccoli, oatmeal on the burners, and grease and food residue on the grill. The oven doors had brown spatters dripping down the doors to the floor.</p> <p>Three food prep spaces had a moderate amount of food particles and spatters. A fourth food prep counter had piles of flour present. Four trash cans placed in the kitchen area had no lids. Four bags of white bread, one raisin bread, and three bags of buns were open and without a date. Other food items open and without a date included pancake mix and two grape jelly containers.</p> <p>Lunch Service observations included:</p> <p>At 11:11 AM, the kitchen appeared mopped, however it contained a wet paper towel and carrot coins. One food prep area had crumbs and an empty pop bottle present. The stove had dried pasta and grease on the grill. The garbage containers remained uncovered and a brown sticky substance still leaked from the stove and pooled onto the floor. Another stove still had broccoli and oatmeal dried near the burner. The beverages currently had labels. An open container of coleslaw vegetable mix had no date. A container of shredded lettuce, partially used, had no date and wilted pieces of lettuce in the bag.</p> <p>At 11:21 A.M., Staff C, [NAME] used gloves to touch the ice scoop handle twice, then used same glove to put ice into 26 cups.</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 - Many</p>	<p>Staff D, Dietary Manager, used gloves to touch the oven handles, drawer handle, scoops, the eating surface of the plate, and then touched 7 pieces of meat with the same gloves. Staff C moved food on plates with the same gloves after touching food lids and serving scoops, and continued to touch the drawer handle and whisk handle.</p> <p>At 11:38 A.M., Staff B, Cook, with gloves opened the oven door, placed bread rolls onto plates, and touched carrots on the plates.</p> <p>At 11:39 A.M., Staff D, used the same gloves to move carrots on plates as did Staff B.</p> <p>Staff B used gloves to place parchment paper, open the refrigerator, grab hamburger patties and place them on a tray and in the oven.</p> <p>Staff D, plated rolls by hand, and moved food on plates by hand. Staff D used the same gloves to grab new plates, and touched the eating surface. Staff B donned new gloves.</p> <p>Staff D plated 5 buns by hand, and placed lids on plates.</p> <p>Staff D with gloves, entered the refrigerator, removed a container of meat, and placed the meat onto the grill without changing gloves.</p> <p>Staff D changed gloves and touched plates and plate warmer bottoms, touched serving handles, and carrots on the plates.</p> <p>Staff B plated buns without changing gloves, then touched new plates and serving handles.</p> <p>Staff D plated meat patties by hand for 9 resident trays.</p> <p>Staff B touched the oven handle and the refrigerator door.</p> <p>Staff D, with gloves touched a food container and lid, plate lids, and resident plates while touching the eating surface of the plates. Staff D plated buns by hand for six residents, and then by hand plated meat and moved food on plates.</p> <p>Staff A used gloves to open the microwave, remove a plate, put four sandwiches in the microwave, take them out and then touched the sandwiches.</p> <p>Staff D plated beef by hand again with the same gloves.</p> <p>Staff B used hands to get a box of hamburgers from the freezer, place parchment paper on trays, and place hamburger patties by hand onto three trays.</p> <p>Staff D used gloves to take hamburgers from the box and place them on the grill.</p> <p>Staff A used gloves to move the hamburger box then used same gloves to plate a hamburger.</p> <p>Staff D used gloves to plate hamburgers and buns, grabbed more plates, touched paper menus, and plated more patties by hand.</p> <p>(continued on next page)</p>		

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>49976</p> <p>Based on the Centers for Medicare and Medicaid Services (CMS) Statement of Deficiencies form, the facility Quality Assurance and Performance Improvement (QAPI) Plan, and staff interview the facility failed to carry out Quality Assurance activities to ensure effective measures had been taken to correct deficiencies and prevent their ongoing prevalence. The facility reported a census of 96 residents.</p> <p>Findings include:</p> <p>The CMS 2567, dated 10/17/24 listed, in part, the following concerns:</p> <p>F812</p> <p>The current complaint survey, conducted 12/30/24 also identified the above concern.</p> <p>In an interview on 12/30/24 at 3:48 PM the Administrator explained the QAPI team met monthly to discuss the Performance Improvement Projects (PIP) and quarterly with the full team. Data was collected via an online program, suggestion boxes, grievance forms, and when the Department of Inspections, Appeals, and Licensing found a deficiency. The facility prioritized the issues that impinged on residents' quality of life or rights. She explained there was a PIP in place for the previous survey deficiency but they were still struggling.</p> <p>A review of the facility Quality Assurance and Performance Improvement (QAPI) Plan, revised 12/01/2024 documented the following:</p> <p>The QAPI team will review all sources of information to determine gaps or patterns that may exist in systems of care that could result in quality problems; or if there are opportunities for improvements. Potential areas that will be considered for review could be but are not limited to:</p> <p>~State survey results, deficiencies and plans for correction</p> <p>Based on the review of data collected, the QAPI team will prioritize areas with opportunities for improvement taking into consideration prioritizing issues with high risk, high frequency and/or problem prone. The QAPI team will charter a PIP team to oversee the problem identified, focus on the facility mission, and to identify plans for correction or improvement to be implemented. The PIP team will monitor and report on successes and failures throughout the PIP team life span and will continue until the identified area of concern has been resolved or no longer remains an issue within the facility.</p> <p>(continued on next page)</p>		

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