

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165537	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Hiawatha Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 405 North 15th Avenue Hiawatha, IA 52233	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>49976</p> <p>Based on clinical record review, policy review, and staff interview the facility failed to notify the ombudsman when a resident was transferred out of the facility for 3 of 4 residents observed (Residents #11, #15, and #65). The facility reported a census of 105 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) report dated 4/18/24 for Resident #11 documented a Brief Interview for Mental Status (BIMS) score of 8/15, indicating moderate cognitive impairment. The MDS documented diagnoses including: diabetes mellitus type 2 with diabetic neuropathy (nerve damage), cerebrovascular accident (stroke), and seizure disorder.</p> <p>Clinical record review on 5/6/24 revealed no ombudsman notification was sent upon resident transfer to the hospital on 4/27/24.</p> <p>2. The MDS report dated 4/11/24 for Resident #15 documented a BIMS score of 15/15, indicating no cognitive impairment. The MDS documented diagnoses including: cancer, anemia (lack of blood), and respiratory failure.</p> <p>Clinical record review on 5/6/24 revealed no ombudsman notifications were sent upon resident transfers to the hospital on 8/3/23 and 4/3/24.</p> <p>3. The MDS report dated 2/22/24 for Resident #65 documented a BIMS score of 8/15, indicating moderate cognitive impairment. The MDS documented diagnoses including: traumatic brain dysfunction, heart failure, and paraplegia (inability to voluntarily move lower parts of the body).</p> <p>Clinical record review on 5/6/24 revealed no ombudsman notifications were sent upon resident transfer to the hospital on 1/3/24 and 1/24/24.</p> <p>During an interview on 5/07/24 at 1:25 PM the Office Manager noted the Notice of Transfer form is sent to the ombudsman only if they resident discharges to the hospital. If they are transferred out and transferred back in they just mark that in the Electronic Health Record; they do not notify the ombudsman.</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/8/24 at 2:03 PM the Administrator noted the lack of notification to the ombudsman was his fault. He remarked he was not sending an ombudsman notification for transfers, only for discharges. He reported he will be changing this.</p> <p>The facility lacked a policy on Long Term Care Ombudsman notification.</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>49976</p> <p>Based on observation, policy review, and staff interview the facility failed to keep bare hands off the drinking surface of glasses, and failed to bring food to the correct temperature and hold it at the correct temperature to prevent food-borne illness. The facility reported a census of 105 residents.</p> <p>Findings include:</p> <p>During an observation of the noon meal service on 5/6/24 from 11:52 AM to 12:42 PM Staff A, Dietary Aide served 12 glasses to 12 residents with bare fingers touching the drinking rim surface of the glasses.</p> <p>In an observation of the noon meal preparation and service on 5/7/24 from 11:43 AM to 1:14 PM the following was identified:</p> <p>1. The following items were not heated to the appropriate temperature of 165 Fahrenheit (F) or cooled to the appropriate temperature of 41 F before serving:</p> <ul style="list-style-type: none"> a. Pureed ham- 161.3 F b. Pureed mixed vegetables- 155.7 F c. Chicken noodle soup- 132.0 F d. Tartar sauce- 58.9 F <p>2. The following items were not held at the appropriate temperature of 135 F or higher, or held at the appropriate temperature of 41 F or lower throughout meal service:</p> <ul style="list-style-type: none"> a. Ham- 132.6 F b. Ground ham- 133.3 F c. Pureed ham- 130.3 F d. Pureed mixed vegetables- 124.0 F e. Lettuce Salad- 50.8 F f. Tartar sauce- 61.0 F <p>(continued on next page)</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>During an interview on 5/8/24 at 2:21 PM Staff B, Dietary Supervisor explained she expected staff to keep thumbs off the edge of plates, keep hands off the top of glasses, and use handles of silverware. Staff are to handle glasses by the bottom. She noted the facility has skills fairs yearly on how to serve correctly. She further expected food temperatures to be checked prior to meal service and to be up to the correct temperature. She explained the facility investigates any complaints of food not being hot enough. She noted she expected staff to follow facility policies and they will begin working on a Plan of Correction immediately.</p> <p>The facility policy titled Employee Sanitary Practices, undated, instructed staff to pick up silverware and cups by their handles, and to pick up glasses by their base. It further instructed staff to follow all federal, state, and local requirements.</p> <p>The facility policy titled Food Temperatures, undated, instructed staff:</p> <ol style="list-style-type: none"> 1) All hot food items must be served at a temperature of at least 135 degrees F. 2) All cold items must be served at a temperature of at least 41 degrees F. 3) Cooking temperatures must be reached and maintained according to regulations, laws, and standardized recipes while cooking. 		