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 03/13/2025
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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 25855 Based on observation, record review, resident and staff interviews, the facility failed to maintain a safe, palatable temperature of foods served at the noon meal on 3/11/25. The facility reported a census of 101 residents. Findings include: 1. An observation of the noon meal service in the [NAME] Dining Room on 3/11/25 revealed the following: a. At 11:45 AM Staff D, cook measured the temperature of the pork loin at 201.5 degrees Fahrenheit and the turkey burgers at 155 degrees Fahrenheit. b. At 12:40 PM, the Dietary Director measured the temperature of the pork loin at 180 Fahrenheit and turkey burgers at 115 degrees Fahrenheit. c. At 12:48 PM, the surveyor took temperatures and tasted the following: Pork loin at 125 degrees Fahrenheit and tasted lukewarm. Turkey burgers at 111.3 degrees Fahrenheit and tasted somewhat cool. In an interview on 3/12/25 12:36 PM, the Dietary Director reported she would expect the temperature of the meat to be held at a temperature of at least 135 degrees after the meal service. A review of the undated Facility Policy titled: Food Temperatures had documentation of the following: All hot food items must be served 135 degrees Fahrenheit.

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

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 03/13/2025
NAME OF PROVIDER OR SUPPLIER Hiawatha Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 405 North 15th Avenue Hiawatha, IA 52233	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 25855 Based on observation, record review, and staff interview, the facility failed to ensure hair restraints were applied properly during a meal service. The facility reported a census of 101 residents. Findings include: An observation of the noon meal service in the [NAME] Dining Room on 3/11/25 revealed the following: a. At 12:01 PM, both Staff B, Dietary Aide and Staff C, Dining Assistant did not have hair properly tucked into their hair nets. Staff B had approximately 1.5 inches of hair exposed from the hair restraint. Staff C had approximately 3 inches exposed from the hair restraint. b. At 12:29 PM, Staff B, Dietary Aide left the Dining Room remained with 1.5 inches of hair exposed from the hair restraint. c. At 12:33 PM Staff C remains with 3 inches of hair exposed from the hair restraint. In an interview on 3/12/25 12:00 PM, Dietary Director reported she would expect her staff to check each other to make sure hair is properly tucked into the hair restraint before going out to serve food. A review of the undated Facility Policy titled: Dietary Infection Control had documentation of the following: all staff are required to style their hair so it does not touch their collar. Hair restraints are required and should cover all hair.

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NAME OF PROVIDER OR SUPPLIER: Hiawatha Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 405 North 15th Avenue Hiawatha, IA 52233	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25855 Based on observation, record review, and staff interview, the facility failed to utilize the proper infection control techniques during an observation of a medication pass for 1 of 10 residents observed (Resident #57). The facility reported a census of 101 residents. Findings include: The Minimum Data Set (MDS) dated [DATE] identified Resident #57 as cognitively impaired with a BIMS (Brief Interview for Mental Status) of 08 and had the following diagnoses: Heart Failure, Non-Alzheimer's Dementia, and Cancer. The MDS also identified #57 required substantial/maximal assist with showers, dressing, and putting on and taking off footwear. A review of the physician orders and the March 2025 Medication Administration Record had documentation of the order for Potassium Chloride ER (Extended Release) 40 meQ (milliequivalents) twice daily. In an observation of medication pass on 3/11/25 at 9:00 AM, Staff A, RN removed 4 capsules of Potassium Chloride ER 10 meQ from the blister-packs and placed into a medication cup. Staff A then proceeded to pick up each capsule with her bare hands and empty out the contents into a medication cup. Staff A mixed the powder with pudding and spoon-fed to Resident #57. In an interview on 3/12/25 at 3:30 PM, Staff A RN reported when emptying out the contents of a capsule, she would need to sanitize her hands and don gloves. She admitted she forgot to don gloves prior to opening up the capsules before she administered them to Resident #57. In an interview on 3/13/25 at 9:46 AM, the Director of Nursing reported before a nurse would empty out the contents of a capsule into a med cup, she would expect the nurse to use hand sanitizer, put on gloves before emptying the contents of capsules into a med cup before giving to a resident. A review of the undated Facility Policy titled: Medication Administration had documentation of the following: Staff follows established facility Infection Control procedures with medications as applicable, (ie: handwashing, antiseptic technique, gloves, isolation precautions, etc).