STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165583	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Independence Village of Waukee	1645 SE Holiday Crest Circle Waukee, IA 50263

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 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47079 Based on clinical record review, staff and resident interview, and policy review, the facility failed to complete pre and post dialysis assessments for 1 of 1 resident reviewed for dialysis treatment (#40). The facility reported a census of 31 residents. Findings include: On 11/12/24 at 3:54 PM, Resident #40 stated he receives hemodialysis every Monday, Wednesday, and Friday but was unable to confirm whether staff checked his vital signs routinely before and after dialysis. He stated he received hemodialysis for the last 4 years. The Minimum Data Set (MDS) assessment dated [DATE] indicated the resident had a Brief Interview of Mental Status (BIMS) score of 14 out of 15, which indicated intact cognition. It included diagnoses of Heart Failure, End-Stage Renal Disease (ESRD), Diabetes Mellitus (DM), and dependence on renal dialysis. It also indicated he received hemodialysis (HD) while a resident. The Electronic Health Record (EHR) lacked an order regarding pre-dialysis or post-dialysis resident assessments. It also lacked documentation of pre or post-dialysis assessments in the Treatment Administration Record (TAR) and consistent documentation in the Progress Notes. The Care Plan revised 11/05/24 included a dialysis focus and directed staff to monitor and document every shift and report as needed (PRN) if any signs or symptoms of access site infection are present, such as redness, swelling, warmth, coolness or drainage. It also directed staff to monitor/document/report PRN (as needed) any s/sx (signs or symptoms) of infection to access site: redness, swelling, warmth or drainage. On 11/13/24 at 11:27 AM, Staff A, Registered Nurse (RN) stated there's usually a progress note regarding the pre and post dialysis assessment. On 11/13/24 at 12:12 PM, Staff B, Licensed Practical Nurse (LPN) stated pre and post-dialysis assessments were documented in the resident's progress notes or the Vitals tab of the resident prior to going to HD and again upon return. On 11/13/24 at 12:18 PM, Staff C, Licensed Practical Nurse (LPN) stated the dialysis assessment documentation should be completed before and after dialysis and entered into the EHR. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/14/24 at 1:52 PM, the Director of Nursing (DON) stated when residents leave the facility for a procedure, an assessment should be performed before leaving and upon returning from the procedure. On 11/14/24 at 1:55 PM, the DON stated the facility did not have a policy specifically for pre and post-dialysis assessments.

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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. 50471 Based on observations, staff interviews, the 2022 Food and Drug Administration (FDA) Food Code, and facility policy review, the facility failed to maintain sanitary practices by improperly storing food, not wearing beard hairnets, and loose food on the floor. The facility reported a census of 31 residents. Findings include: On 11/12/24 at 9:55 AM, during initial walk through, the following was observed: 1. a.) In the Dry Storage Room, the following items did not have open date label: powder sugar, dry gluten free egg noodles, gluten free spaghetti noodles, regular twirl noodles, penne noodles, granola cereal, teddy graham crackers, marshmallows, 8 individual containers of brown sugar, gelatin packages: 2 packs of lime green, 2 packs of cherry, 1 pack of orange, chocolate cake mix, baked cookies (chocolate chip and sugar) in a container, yellow cake mix, baking soda, and slivered almonds. The following items did not have a date and were not fully covered: Rice and chia seeds. The following items were not properly stored (opened and uncovered): box of plastic spoons and bag of plastic lids for cups. The following was observed 5 plastic lids on floor and 2 white towels sitting on shelf with food items. b.) In the Main Refrigerator, the following items did not have open date label: brussel sprouts, minced garlic, cut onion in container, basil, molded blackberries in a container, diced ham, bag of pepperoni, bag of sausage patties, bag of salami slices, and bag of mozzarella cheese. The following items were not fully covered: large container of pickles, opened bag of lettuce, opened bag of hamburger patties, and container of hard boiled eggs. The following items were observed on the floor of the Main Refrigerator: large empty box, large lettuce leaves, 3 onions, onion sheds, and crumbs by the door and through out under shelves of the vegetables and fruits. c.) In the Main Freezer, the following items did not have open date label: platter of individual sherbet cups, container of puree strawberries, bag of pancakes, bag of chicken strips, and bag of breadsticks. The Main Freezer had multiple boxes of product sitting on floor, stacked on top of each other, leveling with the second shelf of the freezer rack, and a cart full of boxes limited the space of walking. d.) The [NAME] Refrigerator, the following items did not have date and label: full tray of individual cup of salad dressings. e.) The kitchen Staff D, E, F, and G did not have beard hairnets on while in the kitchen. The kitchen Staff D, F, and G, prepared food. The kitchen Staff E walked through kitchen and washed dishes. On 11/12/24 at 11:05 AM the Kitchen Manager stated the Main Freezer is currently full because food delivery came Monday for their Thanksgiving meal. They are expecting 800 people next week. The goal was for Maintenance to place crates on the floor so the boxes of food would not be on the floor. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 11/14/24 at 12:40 PM the Kitchen Manager stated the beards need to be covered while in the kitchen. The boxes of meat are in the process of thawing so they are no longer in the Freezer. She has spoken with the staff about hairnets. Chapter 3, Section 202.15, package integrity, of the 2022 FDA Food Code documents revealed: Food packages shall be in good condition and protect the integrity of the contents so that the Food is not exposed to adulteration or potential contaminants. The facility policy titled Proper Food Storage reviewed 6/6/22 instructed the staff, The purpose of Proper Food Storage standard is to prevent possible cross contamination and keeping food fresher longer. a.) Dry Storage: Store food in airtight containers to keep moisture out and Label all open containers with open date and expiration date. b.) Cold Storage: Keep foods properly wrapped or covered and dated with date opened and date expires, All cooked or prepped foods need to be in containers that are covered, labeled, and dated with date made and date expires and Maintain proper cleaning and sanitation of all refrigerators & freezers. c.) Dating Marking of Foods: -When to date mark foods: Anytime the original packaging is opened, Anytime ingredients are combined to make something new, Pulling foods from the freezer to the Cooler to thaw. -How to date mark foods: Apply masking tape or label to the container, Write what is in the container, Write today's date, Draw an arrow, Write the date six days from today. -For Example: If today's date is 1/1/2022 you would write: Coleslaw 1/1??1/7 The facility policy titled Department Specific Procedures - Culinary Services implemented 2/17/22 instructed the kitchen staff: Clean uniforms must be worn daily. Food handlers must wear hairnets or caps to effectively keep hair from contacting exposed food, clean equipment, utensils and linens. 48374 2. The following observations revealed the following: a. On 11/13/24 at 10:59 AM observed Staff D kitchen worker without a beard guard and was moving around the puree table while in use and also getting food items out of the freezer. b. On 11/13/24 at 11:02 AM the Maintenance Director came into the kitchen to meet with this survey. The Maintenance Director stood near this surveyor waiting for the puree process to be completed. The Maintenance Director had a red beard approximately four inches long and was not wearing a beard guard. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	c. On 11/13/24 at 3:35 PM queried the Maintenance Director regarding beard restraints in the kitchen. He stated all staff with beards should wear beard guards in the kitchen. He also stated he is supposed to wear one but he did not have his with him when he came in to talk to this morning. He stated he should have, all of the department heads are supposed to wear hair nets and beard restraints and lead by example. d. On 11/14/24 at 10:27 AM the Administrator stated it is her expectation that all staff members in the kitchen wear hair nets and beard guards. She stated if a staff member has a beard they should be wearing a beard guard. The Administrator also advised she has no oversight regarding the kitchen or kitchen staff. Oversight of the kitchen is the Executive Director of the Independent Living and Assisting Living part of the facility.

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F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a plan that describes the process for conducting QAPI and QAA activities. 48374 Based on observations, record review, and policy review, the facility failed to have an effective quality assurance (QA) program in place to assist in the provision of quality care for residents and attain substantial compliance with Federal regulations and State rules. The facility identified a census of 31 residents. Findings include: Review of the Department of Inspections, Appeals and Licensing (DIAL) website under the facility's visit history revealed repeated deficient practices identified during the facility's annual survey 7/15/21, 6/16/22 and 8/24/23, and the current facility recertification. The repeat deficiencies cited included: F812 cited 7/15/21, 6/16/22, 8/24/23, and during the current survey. A Quality Assurance and Performance Improvement Plan (QAPI)) Plan established revised April 2014 advised this facility shall develop, implement, and maintain an ongoing, facility-wide QAPI plan designed to monitor and evaluate the quality and safety of resident care, pursue methods to improve care quality, and resolve identified problems. On 11/14/24 at 10:27 AM the facility Administrator was interviewed regarding repeated sanitation concerns in the kitchen. She stated this concern will again be addressed with the Quality Assurance Program Improvement committee. The Administrator stated the Kitchen Director is part of the QAPI committee and attends the monthly meetings. The Administrator stated she does not have any authority or oversight of the kitchen or kitchen staff and the kitchen is managed by the Executive Director of the Independent Living and Assisting Living part of the facility. She has no authority to audit or manage the kitchen staff.