

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 10/09/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165593	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/13/2026
NAME OF PROVIDER OR SUPPLIER Scottish Rite Park Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 2909 Woodland 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)		
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, staff interviews and policy reviews the facility failed to meet professional standards for food storage and personal hygiene. The facility did not label or date open food items, failed to discard expired items, and staff did not wear required hair and beard nets. The facility reported a census of 31 residents. Findings include: A continuous observation on 8/10/26 from 8:10 AM - 9:30 AM revealed Staff B, Cook, not wearing a hair or beard net. Freezer #1 contained the following items without an open date: 1 bag of cheese ravioli, 1 bag of salmon patties, 1 bag of onion rings, 1 bag of sweet potato fries, 1 bag of wings, and 1 bag of chicken strips. The double-door refrigerator contained the following items without an open date: tartar sauce, vinaigrette dressing, blue dressing, red french dressing, caesar dressing, apple cider vinegar, hot bacon dressing, asian sesame dressing, 1 bag of lettuce, lime juice, stuffed queen olives, mild banana pepper rings, soy sauce (3 containers), teriyaki sauce, sweet and sour sauce, and red hot wing sauce (2 containers). The walk-in refrigerator contained the following items without an open date: strawberry yogurt, 1 bag of lettuce, almond frosting, pepperoni slices, 3 gallon containers of ice cream, and 1 bag of tilapia. The walk-in refrigerator revealed five 32-ounce containers of greek yogurt that expired on 7/29/26. On 8/11/26 at 10:36 AM an observation revealed Staff B wearing a baseball cap and beard net while in the kitchen preparing food. On 8/11/26 at 11:25 AM, an observation of the refrigerator in the small kitchenette revealed items without an open date: one half-gallon of whole milk, one half-gallon of fat-free milk, and one half-gallon of 2% milk. On 8/10/26 at 9:30 AM Staff A, Certified Dietary Manager (CDM) stated she expected items to be labeled with an open date and for expired items to be thrown away once expired. Staff A further explained she would have to look at the facilities policy for the hair and beard net as she believed when the hair is at a short length a hairnet is not required. Review of a facility provide policy undated titled, Personal Hygiene Policy and Procedure documented food service staff involved in food production and clean up will adhere to the department dress code that included hair net or appropriate hair covering while involved in food production and clean-up activities. Review of a facility provided policy undated titled, Labeling and Dating Policy and Procedure documented all food items prepared, opened, stored or repackaged by the food service department shall be properly labeled and dated to promote food safety, maintain product quality, ensure proper stock rotation and prevent the use of expired or unsafe food. All employees are responsible for following labeling and dating requirements. Food items that are improperly labeled, undated, expired or otherwise unable to be identified shall not be served and must be discarded according to department procedures. Facilities Personal Hygiene policy without a date directed food service employees to adhere to the facility's dress code that will ensure safe, sanitary meal production and service, and presents a professional appearance. The Procedure included the step included the directive for staff to wear a hair net or appropriate hair covering while involved in food production and clean-up activities. The (continued on next page)		

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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 165593	If continuation sheet Page 1 of 2

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	policy did not address the specific directions towards facial hair, or what other appropriate hair coverings would be expectable beyond a hair net.		