

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 16E277	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Story Medical Senior Care		STREET ADDRESS, CITY, STATE, ZIP CODE 630 Sixth Street Nevada, IA 50201	

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 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>46513</p> <p>Based on observation, facility staff interview, and facility policy the facility failed to meet professional standards of food service sanitation during meal service. The facility reported a census of 48.</p> <p>Findings include:</p> <p>On 5/8/24 at 11:45 AM during an observation of the meal service on first floor dining room, witnessed Staff B, Cook, remove the stainless steel covering off the food and placed the lids upright, alongside the cabinet, behind the steam table. The lids touched the floor.</p> <p>Interview on 5/8/24 at 12:30 PM Staff A, Dietitian, reported the covers are usually set alongside the food on the table. Staff B didn't place the lids appropriately. Staff A explained the Dietary Manager ensured training on food service and sanitation.</p> <p>Interview on 5/8/24 at 5:00 PM with the Administrator who said the staff should keep the lids sanitary and not touch the floor.</p> <p>Interview on 5/9/24 at 8:30 AM Staff B explained the steam table didn't have enough room for the lids and she didn't know where else to place them.</p> <p>Interview on 5/9/24 at 8:47 AM Staff C, Certified Dietary Manager (CDM), reported the staff should keep the lids on the steam table and if there is not room, she expected them to place them back in the hot box.</p> <p>The Infection Control Plan, Department, Food Nutritional Services policy revised 4/7/23 identified employee orientation included safe food handling procedures and prevention of cross contamination.</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 0943</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Give their staff education on dementia care, and what abuse, neglect, and exploitation are; and how to report abuse, neglect, and exploitation.</p> <p>49698</p> <p>Based on personnel file review, facility policy, and staff interview, the facility failed to assure 3 of 5 staff met the requirements for Mandatory Adult Abuse Training (Staff D, Staff E, and Staff F). The facility reported a census for 48 residents.</p> <p>Findings include:</p> <p>The New Hires Since Last Survey Form provided by the facility listed the following staff with hire dates:</p> <p>a. Staff D, Certified Nursing Assistant (CNA): 5/22/23.</p> <p>b. Staff E, Food Nutrition Services (FNS): 6/13/23.</p> <p>c. Staff F, FNS: 7/7/23.</p> <p>Staff D's personnel file lacked a two-hour Dependent Adult Abuse Mandatory Reporter Training until 1/24/24.</p> <p>Staff D's Dependent Adult Abuse Mandatory Reporter Training required completion by 11/22/23.</p> <p>Staff E's personnel file lacked a completed two-hour Dependent Adult Abuse Mandatory Reporter.</p> <p>Staff E's Dependent Adult Abuse Mandatory Reporter Training required completion by 12/13/23.</p> <p>Staff F's personnel file review lacked a 2-hour Dependent Adult Abuse Mandatory Reporter training.</p> <p>Staff F's Dependent Adult Abuse Mandatory Reporter Training required completion by 1/7/24.</p> <p>Th Nursing Facility Abuse Prevention, Identification, Investigation and Reporting Policy, reviewed 5/23/23, instructed each employee required an initial two-hour training course provided by the Iowa Department of Human Services relating to the identification and reporting of dependent adult abuse within six months of hire for each employee.</p> <p>In an interview on 5/8/24 at 5:07 PM the Administrator acknowledged they expected each staff member receive Dependent Adult Abuse Mandatory Reporter training within 6 months of their hire date.</p>		