| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 16E637 | A. Building<br>B. Wing | 11/06/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Hegg Memorial Health Center | 2116 14th Street<br>Rock Valley, IA 51247 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>Based on observation, staff interview, and policy review the facility failed to prepare food in accordance with professional standards by not completing appropriate hand hygiene during meal service to prevent cross contamination and by placing serving utensils on contaminated surfaces then using them. The facility reported a census of 58 residents.Findings include:A continuous observation on 11/5/25 at 9:01 AM of Staff A, [NAME] revealed pureed ham placed in food processor, ham processed, 3 metal steam table containers removed from shelf, containers placed on the table top, ham measured into each container, scoop placed in measuring cup, metal steam table containers placed in oven, green handled scoop removed from drawer, scoop placed on the metal counter where metal steam table containers were previously, pureed asparagus placed in processor, pureed asparagus removed from processor and placed in a measuring cup, obtained 3 metal steam table containers from the shelf, green scoop pushed to the right side of the metal table top, green scoop picked up, green scoop utilized for measuring asparagus into the metal steam table containers and metal containers placed in oven. A continuous observation on 11/5/25 at 11:43 AM revealed Staff B, Hostess applied gloves, lifted lunch tray with left hand off of serving counter, obtained a bag with a hamburger bun from right side counter on tray, used both gloved hands to remove the bun out of the bag, separated bun with both hands, obtained tongs, used tongs to obtain hamburger from steam table with right hand, right hand used to place bun on top of hamburger and removed gloves. On 11/5/25 at 12:38 PM Staff C, Certified Dietary Manager (CDM) stated she would expect when the hostess wore gloves they would be utilized for a single use and not touch anything besides the intended food item to prevent cross contamination. Staff C stated when preparing food in the kitchen she would expect a barrier would be placed to prevent cross contamination for utensils when the utensils are placed on a contaminated surface. Review of an undated policy titled, LTC Food Safety and Sanitation/Glove Use documented gloves would be worn when handling ready to eat foods to ensure that pathogens are not transferred from the food handlers' hands to the food product being served. Bare hand contact with food is prohibited. Anytime a contaminated surface was touched, the gloves must be changed - washing hands after removing the gloves and before putting on a new pair. Review of an undated policy titled, Cross Contamination documented all foods shall be protected from contamination. All surfaces, counters, food carts, utensils, and equipment, which comes in contact with food shall be washed, rinsed and sanitized and air dried after each use. |

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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|
| F 0628<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, interviews, and facility policy, the facility failed to ensure bed hold notices were signed by residents and or the resident's responsible person when residents transferred out of the facility. The bed hold notice also failed to notify the amount per day the resident or representative agreed to pay for 2 of 2 residents reviewed (Residents #1and #8). The facility reported a census of 58 residents. Findings include:<br><br>1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #1 documented reentry to the facility for a short term hospital stay.<br><br>Review of the Clinical Census report for Resident #1 revealed the following information:<br><br>1. 3/25/25- entered hospital<br><br>2. 3/29/25- end hospital<br><br>3. 8/21/25- entered hospital<br><br>4. 8/25/25- end hospital<br><br>Review of the Progress Notes for Resident #1 revealed the following:<br><br>1. 3/25/25 at 1:30 AM, Resident admitted due to shortness of breath.<br><br>2. 8/21/25 at 10:39 AM, Resident sent to clinic and admitted due to shortness of breath and edema.<br><br>Review of the Bed Hold Notice dated 3/25/25 for Resident #1 revealed verbal authorization from Resident #1's representative but lacked a resident or representative signature. The bed hold lacked the amount per day the resident or representative agreed to pay.<br><br>Review of the Bed Hold Notice dated 8/21/25 for Resident #1 revealed verbal authorization from Resident #1's representative but lacked a resident or representative signature. The bed hold lacked the amount per day the resident or representative agreed to pay.<br><br>In an interview on 11/06/25 at 9:06 AM, the Director of Nursing (DON) reported staff would now have the bed hold cost per day available for reference when completing the forms with residents and representatives. The DON also reported when a resident's representative gave verbal consent, the facility would now provide a written bed hold notice via mail and complete documentation in the resident's chart.<br><br>2. The MDS dated [DATE] documented Resident #8 had a BIMS of 0 indicating Resident #8 was rarely/never understood.<br><br>Review of the Clinical Census report for Resident #8 revealed the following information:<br><br>1. 7/1/25- hospital<br>(continued on next page) |

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| F 0628<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 2. 7/8/25- active<br><br>3. 10/19/25- hospital<br><br>4. 10/27/25- active<br><br>Review of the Progress Notes for Resident #21 revealed the following:<br><br>1. 7/8/25 at 5:32 PM, Resident admitted to the hospital for urinary tract infection / sepsis.<br><br>2. 10/27/25 at 1:22 AM, Resident admitted to the hospital for evaluation / treatment of seizure.<br><br>Review of the Bed Hold Notice dated 7/1/25 for Resident #8 revealed verbal authorization from Resident #8's representative but lacked a resident or representative signature. The bed hold lacked the amount per day the resident or representative agreed to pay.<br><br>Review of the Bed Hold Notice dated 10/19/25 for Resident #8 revealed verbal authorization from Resident #8's representative but lacked a resident or representative signature. The bed hold lacked the amount per day the resident or representative agreed to pay.<br><br>On 11/5/25 at 2:00 PM a request to the DON for a policy on bed holds.<br><br>Facility failed to provide a policy on bed holds. |

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| F 0803<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, Electronic Health Record (EHR) review, document review, staff interview and policy review the facility failed to follow the menu and prepare food to meet the nutritional needs of the residents by not serving residents on International Dysphagia Diet Standardization Initiative (IDDSI) level 5 diet (minced and moist) the appropriate amount of meat according to the menu for 3 of 3 residents reviewed, (Residents #41, #43 and #52). The facility reported a census of 58 residents.Findings include:1. The Minimum Data Set (MDS) dated [DATE] documented Resident #41 had a Brief Interview for Mental Status (BIMS) of 7 indicating severe cognitive impairment. Review of Resident #41's EHR dated 7/23/25 titled, Diet Orders documented an order for a regular diet with IDDSI 6 meat.2. The MDS dated [DATE] documented Resident #43 had a BIMS of 5 indicating severe cognitive impairment.Review of undated document, Texture Modifications documented Resident #43 was on a regular diet with minced/moist meats.Review of Resident #43's EHR dated 3/12/25 titled, Diet Orders documented an order for a regular diet with minced/moist meats.3. The MDS dated [DATE] documented Resident #52 had a BIMS of 15 indicating no cognitive impairment. Review of undated document, Texture Modifications documented Resident #52 was on a regular diet with minced/moist meats.Review of Resident #52's EHR dated 9/11/25 titled, Diet Orders documented an order for a regular diet with minced/moist meats.On 11/5/25 at 9:01 AM an observation revealed Staff A, [NAME] inserted 8 servings of ham into the food processor for the minced/moist diets. Staff A processed the ham, removed all ham into a measuring cup and measured out 4 cups.On 11/5/25 at 9:05 AM Staff A explained while reading the puree portions chart 4 cups of minced/moist meat divided between 8 servings would be a #8 scoop (black handled, 4oz., half a cup).Review of a document titled, Week 4 with Wednesday's meals documented on it given to Staff B, Hostess by Staff A indicated the mechanical soft diets or minced/moist meat diets were to have the black handled/#8 scoop utilized for their servings. A continuous observation on 11/5/25 at 11:25 AM - 12:15 PM through lunch service revealed Staff B, Hostess serve Resident #41, #43, and #52 minced/moist ham from a 3 ounce / green handle scoop. On 11/5/25 at 12:10 PM Staff B requested by phone 1 serving of pureed meat be brought down to the kitchenette. Staff C brought 1 serving of pureed ham to the kitchenette. On 11/5/25 at 12:38 PM the Staff C Certified Dietary Manager (CDM) asked Staff B if she had utilized the correct scoops for the ham. Staff B said the green scoop was utilized for the minced/moist meat. Staff C explained the green scoop was a 3 oz scoop used for the minced/moist ham and should have been served with the black handled 4 oz scoop. Staff C acknowledged the residents who received minced/moist meat during that meal did not receive the appropriate amount.On 11/5/25 at 2:31 PM the Director of Nursing (DON) said her expectation was the appropriate serving size scoop would have been utilized when serving residents their meals. On 11/6/25 at 8:45 AM Staff D, Registered Dietitian stated even with an observation being made by a surveyor she would expect the appropriate scoop size would be used during serving. Staff D explained that with the ham that was served at lunch on 11/5/25 she would expect all of the IDDSI 6 diets to have received minced/moist meat as well as the IDDSI 5 diets because ham is not as soft as other meats.Review of undated policy titled, Menus/Menu Substitutions documented the menus shall provide nutritionally adequate meals in a form acceptable to the resident's culture, likes and dislikes. A cycle menu of 5 weeks will be used and revised twice yearly to include seasonal items. Portion sizes will be included on the menu. All menus shall be approved by the dietitian. |