

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245281	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/23/2025
NAME OF PROVIDER OR SUPPLIER  Valley Care and Rehab LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  600 Fifth Street Southeast, Box 129 Barnesville, MN 56514	

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>37905</p> <p>Based on observation, interview and document review, food items were not served in a sanitary and clean manner to residents observed during meals served from the steamer table in the kitchen. This deficient practice had the potential to affect all 10 residents who were served bread during their meal.</p> <p>Findings include:</p> <p>During an observation on 4/21/25 at 12:14 p.m. ,dietary manager (DM)-A removed the saran wrap over the cold items, and covers over other items in the steam table after washing hands and applying gloves. DM-A placed the resident meal choice slips of paper which were approximately three by three inches onto the metal counter area in the front of the steam table with gloved hands. DM-A began to set up a plate of taco salad which she used utensils to place the lettuce, tomatoes, cheese and taco meat and chips onto the plate. DM-A picked up a piece of bread with her right hand, held it in her left hand while buttering the bread, and placed it onto the plate. DM-A proceeded to dish up other plates of food with either the chicken Kiev meal, or the taco salad. Not all plates included the buttered bread slice. DM-A continued to touch the meal choice slips, with one or both hands, moving them around, turning them over and continued to pick up bread slices and butter them without changing her gloves after touching the meal choice slips. DM-A indicated meal choice slips were filled out by the residents, nursing assistants or activity staff during the lunch the day before. At 12:18 p.m. DM-A took two slices of bread with her left gloved hand over to the toaster, used both gloved hands and put the bread in the toaster. DM-A removed the gloves and applied new gloves. DM-A went back to the steam table, touched multiple meal choice slips, and began to dish up more meals. DM-A moved the slips around again, removed gloves, applied new gloves, went to the toaster and removed the toast from the toaster with gloved hands, applied peanut butter to the toast, and went back to the steam table to finish dishing up that meal. DM-A removed gloves and applied new gloves and began to touch and move around the meal slips and dished up other meals. DM-A indicated not all residents received the bread and picked up a meal choice slip to show surveyor. On the meal slip the word bread was circled. DM-A indicated those residents would be served bread. DM-A proceeded to pick up bread slices and butter them with her gloved hands, after touching the meal choice slips.</p> <p>(continued on next page)</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/22/25 at 10:56 a.m., DM-A stated their usual process for serving foods, was not to touch the foods with hands and were expected to use utensils. DM-A stated if they walked away from the steam table they changed their gloves. DM-A confirmed she had touched the meal choice slips with gloved hands and touched the bread without changing gloves between. DM-A indicated she had felt flustered yesterday during the observation. DM-A indicated her usual process was to have all bread buttered and to use tongs to put onto plates. DM-A stated she would usually have all the meal choice slips laid out so she could read them and confirmed yesterday during the observation it had not been done that way. DM-A stated it was important not to touch foods with gloved hands after touching the slips to prevent cross contamination and stated the slips were considered dirty.</p> <p>Review of facility policy titled Food Procurement, Store/Prepare/Serve-Sanitary revised 3/5/24, identified the facility would ensure they followed sanitation and food handling practices, and ensured food safety was maintained during buffet style or steam table food serving opportunities. The policy identified gloved hands were considered a food contact surface that could become contaminated or soiled. The policy identified failure to change gloves and wash hands between tasks, including handling ready to eat foods, could contribute to cross-contamination. Cross contamination could occur between harmful substances or disease-causing microorganism transferred to food by hands, including gloved hands. Food would be handled with new clean gloves, clean equipment and utensils.</p>		