STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165619	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024		
NAME OF PROVIDER OR SUPPLIER Fieldstone of Dewitt		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 Maynard Way DE Witt, IA 52742			
For information on the nursing home's	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 - Some	(Each deficiency must be preceded by full regulatory or LSC identifying information) Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 50874 Based on observation, policy review and staff interview the facility failed to utilize proper food handling to prevent potential cross contamination of food, ensure food maintained appropriate temperature to prevent food borne illness and proper hand hygiene/hand washing for 1 out of 1 meal observed. The facility reported of census 65 residents. Findings include: (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

Facility ID: 165619

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION NAME OF PROVIDER OR SUPPLIE Fieldstone of Dewitt	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165619 ER	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing STREET ADDRESS, CITY, STATE, ZI 1301 Maynard Way	(X3) DATE SURVEY COMPLETED 08/22/2024 P CODE
		DE Witt, IA 52742	
			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 - Some	DE Witt, IA 52742 plan to correct this deficiency, please contact the nursing home or the state survey agency. SUMMARY STATEMENT OF DEFICIENCIES		r arrival to the household kitchen. /blender. Staff D, small bowl. The bowl was covered k brought the Cuisinart/blender as set on the counter to the right of he faucet and rinse the lid, rubber er placed the Cuisinart/blender ar spatula off to the side on the boatty into Cuisinart/blender. Staff D, it to the pork tenderloin patty to ing the rubber spatula into a bowl, er. Staff D, Homemaker-Cook aucet using gloved hands and mixing container and blade setting baper towels, pulled open trash wels. Staff D, Homemaker-Cook unter. The bun was placed in the bok used the same spatula to scrape ed on the steam food warmer lid. d in the sink. Staff D, ed onion, green pepper and red emaker-cook wiped both gloved her erfrigerator was opened with her re placed on the counter. Staff D, s in stainless steel bowl. Staff D, ounce glasses and filled with passed drinks to residents aker-Cook grabbed a paper towel d on the tray. Salads were passed and washed hands, turning the laced pureed meal on plate and at was sitting in the sink under the blender mixing container. She d hands with paper towels and ner was located to dispose of the two pork loins in the used her left hand to grab a bun en the bun. Staff D, er left gloved hand to tear used to place a pork tenderloin on e the top of bun on the pork red fingers to grab 2 pickles slices Cook opened drawers to obtain . Staff D, Homemaker-Cook

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165619	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024	
NAME OF PROVIDER OR SUPPLIER Fieldstone of Dewitt		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 Maynard Way DE Witt, IA 52742		
For information on the nursing home's	plan to correct this deficiency, please con	tact 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)			
	The Hand Washing and Hand Hygiene policy dated 08/24 revealed hand hygiene to be completed before touching medication and food given to a resident. The undated Hand Hygiene Competency directed staff to use a clean, dry paper towel to turn off the faucet. Do not contaminate your hands by touching the surface of the sink or faucet.			
	The Puree Policy dated 08/24 failed to address bringing hot puree food items to appropriate food temperatures to prevent food borne illness.			

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NAME OF PROVIDER OR SUPPLIER Fieldstone of Dewitt		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 Maynard Way DE Witt, IA 52742		
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)			
F 0880	Provide and implement an infection prevention and control program.			
Level of Harm - Minimal harm or potential for actual harm	49976			
Residents Affected - Some	Based on observation, staff interview, and policy review the facility failed to handle soiled linens with the appropriate Personal Protective Equipment (PPE). The facility reported a census of 65 residents.			
	Findings include:	, , , , , , , , , , , , , , , , , , ,		
	 In an observation on 8/20/24 at 9:16 AM Staff A, Certified Nursing Assistant (CNA) put on gloves and failed to put on a gown when she took personal items from a resident's hamper and placed it in the washing machine. She then started the machine and removed her gloves. In an interview on 8/20/24 at 8:55 AM Staff B, CNA noted separate washing machines were used for personal items and household laundry. She explained staff wore gloves to put dirty laundry in the machine and again when switching over laundry to the dryers. Clean laundry is placed in a separate bin and then in a separate room. There are isolation settings for the washer machine and those items are washed separately. In an interview on 8/21/24 at 9:05 AM Staff C, Assistant Director of Nursing explained residents have laundry hampers in their rooms. She expected staff to wear gloves to put soiled laundry into the washer. For general soiled laundry gloves are all that is worn. For soiled laundry from a contact isolation room staff are to wear a gown as well. There are no other precautions. The facility document titled Updated Laundry Process, dated 3/22/24 failed to indicate PPE required when handling soiled laundry. 			