

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165381	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/13/2020
NAME OF PROVIDER OF SUPPLIER SIGOURNEY HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 900 SOUTH STONE STREET SIGOURNEY, IA 52591	
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 F 0802	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide sufficient support personnel to safely and effectively carry out the functions of the food and nutrition service.</p> <p>Based on record review and staff interviews, the facility failed to ensure dietary staff had appropriate competencies and skills sets to carry out the functions of the food service department. The facility reported a census of 24. Findings include: During an interview on 6/24/20 at 2:30 p.m., the Administrator stated in December of 2019 the Dietary Supervisor had a leave of absence and did not return when the pandemic started. The Administrator reported 2 cooks separated their employment in April. The Administrator and Director of Nursing cooked and hired universal workers to help with dietary duties and cooking. The Administrator shadowed the newly hired dietary staff, but did not formally use the Dietary Orientation form to train them. On 5/14/20, the Administrator hired a Dietary Supervisor, but due to the pandemic and travel restrictions she has not yet received formal training. The Administrator stated the pandemic has made it difficult to hire, train and retain staff. During an interview on 6/24/20 at 1:45 p.m., the Dietary Supervisor stated she graduated with an Associates Degree in Nutrition and Dietary Management and started as the Dietary Supervisor on 5/14/20. The Dietary Supervisor stated she watched a two hour video and was oriented to the kitchen by the Administrator and Director of Nursing. The Dietary Supervisor stated she planned to train with another Dietary Supervisor but due to the pandemic has not been able to. The Dietary Supervisor stated they are short staffed in her department and utilized universal workers. The Dietary Supervisor stated training involves a one week orientation in which she works side by side with dietary staff to ensure they know the expectations and have the skills to be successful. The Dietary Supervisor stated she trained Staff A and Staff B to cook. The Dietary Supervisor stated there is no orientation checklist she uses, but instead uses a job description sheet and task schedule. According to the undated Dietary Orientation form provided by the Administrator, the form is a comprehensive tool which includes a facility tour, scheduling, staff meetings, health care academy, policies procedures, kitchen equipment use and cleaning, uniforms, storage, food safety, hand hygiene, recording temps, hospice cart, dish machine use, garbage disposal, dignity, assist tables, table clean up, safety, food serving, altered diets and shift responsibilities. As areas of training are covered, the form has an area for the employee to initial, date training was completed and initials of the trainer. The Administrator was unable to provide any documentation in which this training was provided to the facilities dietary staff. During an interview on 7/13/20 at 10:35 a.m., Staff A (Cook) stated he was hired as a Universal Worker in mid May and started cooking. Staff A had experience as a restaurant cook. Staff A stated there were so many new people in department when he started and he didn't feel he received the right amount of training to adequately do the cooking duties. Staff A stated on Saturday 6/13/20, he was the cook by himself with no other dietary staff to help. Staff A stated they just threw me in, I didn't know at all what I was doing. Staff A stated the lunch meal went out about two hours late that day. Staff A stated since he is learning a little more each day. During an interview on 6/24/20 at 4:00 p.m., Staff B (Cook) stated she was hired as a cook on 6/15/20 and admits she has no experience cooking for a large amount of people. Staff B stated she orientated with the Dietary Supervisor during the week and on Saturday 6/20/20 was assigned to cook the evening meal by herself. Staff B stated it was difficult as there was water on the floor and they ran out of white rice. Staff B stated she didn't think she did too bad and got the meal out by 5:45 p.m., noting they try to get the evening meal out by 5:30 p.m. Staff B shown the facilities Dietary Orientation form and stated she was not trained or educated on several of the areas listed.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

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.