

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165082	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Lake City LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1409 West Main Street Lake City, IA 51449	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>46875</p> <p>Based on clinical record review and staff interviews, the facility failed to assess and provide interventions necessary for the care and services, to maintain the residents' highest practical physical well-being for 1 of 3 residents reviewed (Resident #3). The facility failed to assess and document fall and neurological assessments after an unwitnessed fall for Resident #3. The facility reported a census of 38 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) for Resident #3 dated 2/28/24 documented a Brief Interview for Mental Status (BIMS) score of 09, indicating moderately impaired cognition. The MDS identified Resident #3 required partial/moderate assistance with bed mobility, and substantial/maximal assistance with chair/bed to chair transfers. Resident #3 's MDS included diagnoses of coronary artery disease, heart failure (heart does not pump blood well), Hypertension (high blood pressure), and renal (kidney) disease.</p> <p>An Incident Report (IR) dated 5/10/24 at 6:30 AM revealed Resident #3 had an unwitnessed fall in her room. The IR documented Resident #3 was sitting on the floor in front of the recliner with legs bent in front of her. Resident #3 stated, I was just sitting down on the floor, I did not fall and I ' m not hurt either. The IR documented Resident #3 had no injuries noted and a neurological check was initiated.</p> <p>Resident #3's clinical record lacked documentation related to her fall on 5/10/24 including follow up falls assessments and neurological checks.</p> <p>A facility electronic form titled Neurological Assessment directed staff to complete neurological assessments every 15 minutes x4, every 30 minutes x2, every hour x2, every 4 hours x3 and every 8 hour x1.</p> <p>On 5/30/24 at 8:20 AM, the Director of Nursing (DON) reported a late entry was made in the Progress Notes on 5/29/24 for Resident #3's fall that occurred on 5/10/24. The DON reported she would expect a fall to be documented in the progress notes. The DON stated she would expect neurological assessments to be completed on a neurological assessment form with an unwitnessed fall or when a resident hits their head.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/30/24 at 11:27 AM, The DON reported the facility does not have a neurological policy and the facility follows standards of care. The DON reported she would expect staff to complete neurological assessments according to the assessment form.</p> <p>On 5/30/24 at 11:45 AM, the DON reported Resident #3's fall on 5/10/24 was not added to the hot charting which resulted in the followup fall and neurological assessments not being completed.</p>		