STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165082	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Lake City, LLC	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, facility policy, and the Food and Drug Administration (FDA) food code the facility failed to serve food under sanitary conditions, in order to reduce the risk of contamination and foodborne illness during one of one meal service observed. Facility staff also failed to cover facial hair (beard) while serving food. The facility reported a census of 38 residents. Findings include: Observations revealed the following: a. On 4/20/26 with observation starting at 11:45 AM, the Dietary Manager, without a beard net covering his beard, served the lunch meal for the residents. b. Observation on 4/21/26 from 11:35 AM - 12 PM, Staff A, [NAME] applied gloves and then touched ladle handles, steam table pan lids, and with the same gloved hands placed a hamburger bun on a plate, placed a hamburger on the bun, and touched the bun again to cut the sandwich in half. Staff A proceeded to continue with the same gloves to touch multiple hamburger and hotdog buns and then touch scoop/ladle handles, paper menu slips, pan lids, and the steam table. Staff A proceeded with the same gloves to push her glasses up several times, use a plate to fan herself, and then continued to touch more buns. Facility Food Safety and Sanitation Policy, dated 2021, revealed beard nets are required when facial hair is visible. Facility Employee Sanitary Practices Policy, dated 2021, revealed to use utensils to handle food, disposable gloves are a single use item and should be discarded after each use. Interview on 4/22/26 at 2:30 PM, the Administrator stated her expectation for gloves to be a single use only use utensils to touch food items, and for a beard net to be worn by staff with facial hair when preparing/serving food. The 2013 Food Code, published by the Food and Drug Administration and considered a standard of practice for the food service industry, includes the following requirements: 1) Single-use gloves are to be used for only one task, such as working with ready-to-eat food and for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation, 2) prohibits food employees from bare hand contact with ready-to-eat food (unless washing fruits and vegetables) and requires food employees to wash their hands immediately before engaging in food preparation, including before donning gloves for working with food, in order to prevent cross contamination when changing tasks.

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
	165082	A. Building B. Wing	04/23/2026

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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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interview and policy review the facility failed to develop a care plan to address anticoagulant medication usage, opioid medication usage, antidepressant medication usage and diuretic medication usage and side effects to watch for in 1 out of 12 residents (Resident #6) reviewed for comprehensive care plans . The facility reported a census of 38 residents. Findings include:Resident #6's Minimal Data Set (MDS) assessment dated [DATE] identified a BIMS score of 14, indicating intact cognition. The MDS included diagnoses of chronic pain, anxiety disorder, and hypertension. Review of the MDS dated [DATE] revealed that Resident #6 had taken the following medications in the review period:anticoagulant medication 7 out of the last 7 days opioid medication 7 out of the last 7 daysantidepressant medication 7 out of the last 7 daysdiuretic medication 7 out of the last 7 daysThe Care Plan dated 12/1/25 lacked personalized documentation pertaining to the residents usage and side effects to watch for with anticoagulation medication usage, diuretic medication usage, opioid medication usage, and antidepressant medication usage. The facility policy titled Comprehensive Care Plans dated 12/3/25 documented it is the policy of this facility to develop and implement a comprehensive person-centered care plan for each resident, consistent with resident rights, that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the resident's comprehensive assessment. The comprehensive care plan will be reviewed and revised by the interdisciplinary team after each comprehensive and quarterly MDS assessment. The care plan will be updated in a timely manner to ensure that services to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being.On 4/23/26 at 4:15 pm the Director of Nursing (DON) acknowledged that the care plans are behind. The DON stated there have been staffing challenges. The DON stated that she would expect the high risk medications to be addressed on the care plan.