STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165255	A. Building B. Wing	05/21/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Carlisle	680 Cole Street Carlisle, IA 50047

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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical document review, resident interview, staff interview, and policy review the facility failed to provide food at an appetizing temperature to 1 of 8 residents (Residents #41) reviewed. The facility reported a census of 78 residents.Findings include: Review of Resident #41's Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognitive functioning. Interview 5/18/2026 at 10:25 AM with Resident #41 revealed that she eats in her room, and the food is often cold when brought to her. Observation 5/19/26 at 12:03 PM a sample tray was obtained with food temperatures for the creamy pork chop measuring 122.7 degrees, and the broccoli measuring 132.3 degrees. The facility policy Food Temperatures, dated 2021, stated hot food items should not fall below 135 degrees Fahrenheit after cooking. On 5/19/26 at 12:37 p.m., the Certified Dietary Manager(CDM) stated he expected hot foods held at 135 degrees Fahrenheit or above.

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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(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, policy review, and staff interview, the facility failed to prepare food under sanitary conditions for 2 of 2 kitchen observations. The facility reported a census of 78 residents.Findings included: 1. Observations during the initial kitchen tour on 5/17/26 at 10:38 a.m. revealed the following concerns:A. A thick debris and dust layer on the floor under the shelves containing cans and dry goods in the pantry. B. A thick black dust layer covering the ceiling vent above and diagonal to the clean side of the dish machine room.C. A thick crusty-looking white buildup on the outside of the dishwasher.D. Dust particles hung down on 2 spigots of the fire suppression system located above the stove burners.E. Heavy dust buildup on the wall slats behind the stove burners.F. Orange splatters between the bottom of the stove and the stove door.G. Heavy dust buildup on a shelf with multiple steam table pans sitting face down. H. Multiple pudding-like splatters on the right side floor of the Arctic Air #2 refrigerator.I Clear plastic bowls sat face down in crumbs on a red tray.J. A white plastic piece on the interior ceiling of the ice machine covered with a black substance. Water dripped from the black areas into the ice in the bottom of the machine. The Certified Dietary Manager(CDM) was present and stated it appeared to be water mold. He stated he would empty the ice and would not want residents to consume(this ice). 2. A follow-up visit to the kitchen on 5/19/26 revealed that dust/debris remained on the shelves, ceiling vents, dishwasher, fire suppression spigots, and the wall slats behind the stove. On 5/19/26 at 12:37 p.m., the CDM stated he thought the sanitation in the kitchen was pretty good. He agreed that surfaces should be clean and without debris and that vents should be clean.The undated, untitled dietary cleaning schedule directed staff to clean items including: refrigerators, the pantry, the dishwasher, and dish racks.

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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 0909 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Regularly inspect all bed frames, mattresses, and bed rails (if any) for safety; and all bed rails and mattresses must attach safely to the bed frame. Based on observation and staff interviews the facility failed to complete and/or maintain documentation of routine bed rail inspections for 10 of 10 residents with side rails. The facility reported a census of 78 residents. Findings include:A record review of Resident #32's current care plan revealed the resident used a side rail (bilateral half rails) to aid in repositioning and safety due to frequent falls out of bed. The goal, initiated on 6/27/25, directed that Resident #32 will remain free of falls out of bed and will assist with repositioning through the review date. A care plan intervention, initiated on 6/27/25, instructed staff to assist in resident independence with repositioning. On 5/20/26 at 9:48 AM, an observation and interview with the facility Administrator of bed rails revealed a resident had both upper quarter-length rails. The Administrator informed that the Housekeeping and Laundry Supervisor (HLS) currently oversees maintenance due to a recent staff changeover in that department.On 5/20/26 at 11:52 AM, an observation and interview with the Maintenance Director and Maintenance Assistant from a local sister facility revealed they're in Resident #32's room evaluating her bed rails, and one of the bed rails's removed and on the floor. They showed empty maintenance inspection sheets and stated facility staff didn't provide them with any prior documentation of bed rail assessments, and corporate management called them in today to check all bed rails in the facility. They revealed they didn't see anything wrong with Resident #32's bed rails, but they aren't used to this type and aren't verifying that the entrapment zone measurements were correct.On 5/20/26 at 12:19 PM, an electronic mail (email) from the Administrator informed that staff follow the regulations for side rails.On 5/20/26 at 12:39 PM, an interview with the HLS revealed she started her role in 2007, denied she's in charge of the maintenance department, and stated the facility will hire someone new who won't be from this location.On 5/20/26 at 1:55 PM, an interview with the Administrator revealed she provided a list of Bed Entrapment Inspections for all residents with bed rails, stating corporate or sister facility staff completed them today. A record review of the undated document the Administrator provided titled Bed Entrapment Inspection revealed 10 resident beds passed the inspection, but the form did not show who completed the assessments.