

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165256	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/08/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Onawa, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 222 North 15th Street Onawa, IA 51040	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004</p> <p>Based on resident interview, staff interview, and policy review the facility failed to ensure 1 of 1 resident's (Resident #24) personal property was protected from loss or theft. The facility reported a census of 32 residents.</p> <p>Findings include:</p> <p>Review of Resident #24's Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 12 indicating moderate cognitive impairment.</p> <p>Interview 5/05/25 at 12:18 PM Resident #24 revealed she was missing a blouse with hearts, and two pairs of jeans. Resident #24 revealed that she had told staff and that the items were never replaced.</p> <p>Interview 5/06/25 at 8:00 AM with Staff A revealed laundry will complete inventory sheets for residents. Staff A further revealed that she was unaware she was supposed to complete inventory sheets. Staff A further revealed once the facility was switched to another company inventory sheets started to be completed, and she realized she was to be doing the inventory sheets. Staff A then revealed she was unable to locate Resident #24's inventory sheet.</p> <p>Interview 5/06/25 at 8:21 AM with the Administrator revealed that her expectation would be for inventory sheets to be filled out correctly and followed up on to update. The Administrator further revealed her expectation would be for inventory lists to be updated and items to be replaced if lost or stolen.</p> <p>Review of a facility provided policy titled, Grievance Policy with a revision date of January 2023 documented:</p> <p>a. The facility will take appropriate corrective action in accordance with State law if the alleged violation of the residents' rights is confirmed by the facility or if an outside entity having jurisdiction confirms a violation of any of these residents' rights within its area of responsibility.</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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>41785</p> <p>Based on schedule review, staff interviews and document review the facility failed to ensure that a Registered Nurse (RN) was at the facility for 8 consecutive hours every day. In a review of the 30-day nursing schedule, on 2 days the facility failed to have RN coverage. The facility reported a census of 32 residents.</p> <p>Findings include:</p> <p>In a review of the April, 2025 Nursing Schedule it was discovered that on the 13th and the 17th, the schedule lacked a Registered Nurse.</p> <p>On 5/07/25 at 10:04 AM, the Director of Nursing (DON) acknowledged that on the 13th (a Sunday) and the 17th (a Thursday) of April there was no RN coverage.</p> <p>On 5/07/25 at 3:29 PM, Staff D, Nurse Consultant said that she wasn't sure if they had a policy on RN coverage but they follow the standard of care to have 8 consecutive hours of RN coverage per day.</p> <p>The Facility Assessment updated on 8/8/24, showed that the general approach to staffing would ensure that the facility had sufficient staff to meet the needs of the residents at any time given. The staffing plan depended on census, acuity and availability to hire.</p>

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41785</p> <p>Based on clinical record review, resident interview, staff interviews and policy review the facility failed to accurately document and monitor the use of controlled substances for 1 of 1 residents reviewed. Resident #84 had prescriptions for oxycodone pain medication, scheduled three times a day and as needed (PRN.) The documentation of number of tablets administered on the Controlled Drug Count Record, was not in accordance with the Medication Administration Record (MAR.) The facility reported a census of 32 residents.</p> <p>Findings include:</p> <p>According to the Minimum Data Set (MDS) dated [DATE], Resident #84 was admitted to the facility on [DATE]. He had a Brief Interview for Mental Status (BIMS) score of 15 (intact cognitive ability.) The resident was dependent on staff for toileting, and transfers, and had a scheduled and as needed (PRN) pain medication. The residents' diagnoses included; anemia, renal insufficiency, pneumonia, cellulitis and pressure ulcers.</p> <p>The Care Plan for Resident #84, dated 4/10/25, showed that he had pain related to cellulitis of the perineum, wounds to bilateral buttock and the penis. Staff were to monitor for efficacy of pain medication and notify physician of adjustments needed.</p> <p>On 5/5/25 at 10:55 AM, Resident #84 was lying in bed on his back. He said he had some large wounds on his bottom that were causing him some pain. The resident said that sometimes, it took staff a long time to answer the call light and he had to wait for his medications.</p> <p>A review of the Orders tab in the electronic chart revealed the following:</p> <ol style="list-style-type: none"> An order dated 4/22/25 at 2:50 PM for oxycodone 5milligrams (mg) give 1 tablet three times a day. An order dated 4/10/25 at 12:49 PM for oxycodone 5mg one tab every 4 hours as needed for acute pain for 14 days. An order 4/25/25 at 10:54 AM, oxycodone 5mg one tab every 4 hours as needed for pain. <p>The Controlled Drug Administration Record (CDAR) for Resident #84, showed the pharmacy delivered 18 tablets (tabs) on 4/10/25, 28 tabs on 4/12/25, and 60 tabs on 4/22/25. A total of 106 tabs delivered. On 5/7/25 at 2:20 PM, a Pharmacy Representative verified the number delivered.</p> <p>On 5/7/25 at 3:20 PM, Staff E, Registered Nurse (RN) said Resident #84 had just one bubble package of oxycodone in the locked drawer and it had 11 tabs remaining.</p> <p>A review of the Medication Administration Record (MAR) for April and May showed that oxycodone had been administered 85 times to Resident #84.</p> <p>(continued on next page)</p>		

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<p>F 0755</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>According to the CDAR documents from 4/10/25-5/7/25, 105 tabs had been administered since admission on 4/10/25.</p> <p>On 5/06/25 at 6:12 AM, Staff F, RN, said that the nurses would count together at every shift change and then initial the Controlled Drug Count Record (CDCR) sheet, kept at the front of the binder on the medication cart.</p> <p>The CDCR for May, 2025 stated: signing below acknowledges that you have counted the controlled drugs on hand and have found that the quantity of each medication counted is in agreement with the quantity stated on individual narcotic form. The documentation was missing one signature on each of the following dates: 5/3, 5/4 and 5/5.</p> <p>On 5/07/25 at 3:26 PM, Staff D, Nurse Consultant, said that the leadership would be looking at the controlled substances forms and doing education with the staff. She said that going forward, she would like to see them use a separate sheet for each order, rather than use the same one for PRN and scheduled doses. She agreed that it was confusing and more challenging to manage when several orders were on one sheet.</p> <p>A facility policy titled: Controlled Substances dated 4/25/24, showed that no more than one prescription for a controlled substance would be entered on one individual narcotic sheet.</p>

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41785</p> <p>Based on observation, staff interview, resident interviews and record view the facility failed to post the correct lunch menu and failed to ensure residents were offered meal options. The facility reported a census of 32 residents.</p> <p>Findings include:</p> <p>On 5/6/25 at 11:00 AM, the bulletin board outside of the kitchen door contained a copy of the meal schedule for the month of May. For Week 1, Tuesday 5/6, the lunch meal for the day was listed as; spaghetti with meat sauce, seasonal vegetable, garlic toast and pumpkin dessert.</p> <p>On 5/6/25 at 11:10 AM Staff C prepared the lunch meal of goulash, garlic toast, mixed vegetables and poppy seed cake. When asked about the menu changes, she said that they were transitioning to the new company that would be managing the facility, and they were trying to use up the food they had on hand. When asked if the residents had a menu that they would fill out daily, Staff C said they had a checklist with the resident's names. When the staff had time, the dietary aides would go around to the residents in the morning and ask them if they would like an alternate. She said that the task did not get completed that morning and the residents were not aware of the changes.</p> <p>According to the Minimum Data Set (MDS) dated [DATE], Resident #3 had a Brief Interview for Mental Status (BIMS) score of 15 (intact cognitive ability.) On 5/07/25 at 12:44 PM, Resident #3 was in her room eating the lunch meal and an aide was with her for supervision. The resident had some coughing as she fed herself. Resident #3 said that the kitchen staff would post the menus for the month, and she would look at it occasionally but the staff didn't always come around and ask her before the meal.</p> <p>The MDS dated [DATE], showed that Resident #24 had a BIMS score of 12 (moderate cognitive deficit) On 5/7/25 at 12:48 PM, Resident #24 was pushing herself in her wheel chair back to her room. She pointed to the documents taped on her door that had the menu and alternatives for those days. She said they have some different choices, but on one day, the only other choice was a hot dog and she could not eat hot dogs. On 5/7 the mixed vegetables included peas and she could not tolerate peas. She said that she did not have anyone come and ask her that morning if she wanted any substitutes for the lunch meal.</p> <p>The MDS dated [DATE], showed that Resident #15 had a BIMS score of 15 (intact cognitive ability.) She had a low salt, diabetic diet. On 5/7/25 at 12:52 PM, Resident #15 was in her room eating lunch. She said that she would look at the monthly menu that was hanging on her door for what was being served that day and if they would like alternatives. She said it would be nice if someone were to come around and ask if they would like an alternative. That morning, she had a waffle and it was a lot to eat so she wasn't very hungry for lunch. She would have taken the option of a half a sandwich if staff had come around and asked.</p> <p>The Meal Alternatives document hanging on the door of resident's rooms stated that dietary staff must be informed of alternatives by 9:30 am for lunch or 1:30 PM for dinner.</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/07/25 at 6:52 AM, the Dietary Manager said the dietary aides would go around to the residents and ask if they wanted the alternative, but she generally knew their preferences. She was not aware of any facility policy on food choices.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>41785</p> <p>Based on observation, staff interview and policy review the facility failed to ensure that outdated foods had been discarded in a timely manner. The facility reported a census of 32 residents.</p> <p>Findings include.</p> <p>In an observation of the kitchen and coolers, on 5/05/25 at 9:40 AM, it was discovered that the walk-in refrigerator contained a bag of shredded carrots on the lower shelf. The bag was taped shut and the tape was dated 4/11/25. Staff C, [NAME] looked at that package and found that the expiration date was 4/18/25. Staff C then threw the carrots in the trash.</p> <p>The dry storage area contained 2 bags of gram cracker crumbs. The package was marked with an open date of 2/26/25. The Dietary Manager (DM) was not sure about an expiration date but agreed that the crumbs should be discarded.</p> <p>On 5/07/25 at 6:52 AM, the DM said that she would go through the coolers and dry storage looking for outdates on the day of deliveries. Other times, the staff may catch the outdates. She was not aware of a policy on checking for outdated food.</p> <p>According to policy titled: Food Brought in by Family/Visitors, dated January of 2023, food and beverage in their original container that were past the manufacturers expiration date would be discarded.</p>