STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165302	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of New Hampton	530 South Linn Avenue New Hampton, IA 50659

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 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. Based on staff interviews, employee job description, and Facility Assessment the facility failed to have the Infection Preventionist (IP) work at least part-time in the role. The facility reported a census of 40 residents.During an interview with the Infection Preventionist/Minimum Data Set Coordinator on 7/30/25 at 2:05 PM revealed she works in the IP role about an hour a week and has not completed staff competencies or audits related to infection control. She informed she does not have time to complete as she will get pulled to the floor or have to work on MDS's. She revealed she will look at the antibiotic resident line listing report to see what's going on but that is it. Review of the Facility Assessment Tool last reviewed on 1/7/25 instructed the Infection Preventionist need for the facility is one (1) employee who works part-time (3-8 hours). Review of Job Description: Quality Assurance & Infection Preventionist Nurse last revised non 11/16/2023 informed an essential job function of the role is to provide education related to infection prevention and control principles, policies, and procedures to staff, residents, and families (where appropriate). During an e-mail correspondence with the Administrator on 7/31/25 at 10:30 AM revealed the Infection Preventionist nurse would be expected to focus weekly on the infection control job duties focusing on the effectiveness of audits, education, and requirements for tracking/trending and implementation of the antibiotic stewardship program. During a follow up e-mail correspondence with the Administrator on 7/31/25 at 10:57 AM revealed the expectation of the Infection Preventionist is to work 3-8 hours. She does not have a set schedule, but is to work it into her schedule as it allows. During an interview with the Director of Nursing (DON) on 7/31/2025 at 11:20 AM revealed she does not think the Infection Preventionist is working 3-8 hours in that role a week, but maybe works a couple or 1-2 hours a week in that role.

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
	165302	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of New Hampton	530 South Linn Avenue New Hampton, IA 50659

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, policy review, 2022 United States (US) Food and Drug Administration (FDA) Food Code, and staff interviews, the facility failed to prevent soiled gloves or soiled utensils from coming into contact with food during food service for 34 of 40 residents served (Resident #2, #3, #5, #6, #7, #8, #9, #10, #12, #13, #14, #15, #16, #18, #20, #22, #23, #24, #25, #26, #27, #28, #29, #32, #33, #34, #35, #36, #37, #38, #39, #40, #41, and #42. The facility identified a census of 40 residents.Findings include: While under continuous observation on 7/29/25 from 12:02 PM to 12:11 PM Staff A, Dietary [NAME] after touching, the stove, a steam pan, thermometer, steam pan lid, applied gloves without washing her hands. She then rubbed the back of the left gloved hand on her left hip of her uniform and pulled her uniform top down in the back with both gloved hands. Staff A then touched bread with either the back of her left gloved hand, fingers of the left gloved hand or palm of her left gloved hand to move or hold bread in place on the plate so she could plate mash potatoes, roast beef and place a bowl of mixed vegetables on resident plates. Staff A continued this same manner of plating food for Resident #5, #7, #20, #24, #25 and #36.At 12:11 PM Staff A with her gloved hands pushed a tray cart of room trays toward the kitchen door to Staff B Dietary Aide. Staff A with gloved hands pushed a second tray cart and positioned the cart by the steam table. Staff A lifted a stack of plate covers by the steam table and moved the plate covers to the sink countertop, then walked to the walk-in refrigerator and opened with her left gloved hand. Staff A returned from the walk-in refrigerator with a covered bowl and placed on top of the steam table.At 2:12 PM Staff A continued to plate bread and move the bread on the plate with either the back of her left gloved hand, left gloved fingers or left gloved palm to plate additional food items on each resident plate for Resident's #3, #14, #16, #22, #23, #28, and #32.At 12:19 PM Staff A obtained a small bowl with her left gloved hand, rested the bowl against her apron while she walked to the dry pantry and placed cereal in the bowl. Staff A placed the bowl on the steam table, removed her gloves, then walked over and picked up her personal water bottle and drank. Staff A then applied gloves without washing her hands.Observation at 12:21 PM revealed Staff A continued to plate bread, touch utensils, then touch the bread with her left gloved hand to move on each resident's plate as she plated additional food items. The plates were served out to Resident's #12, #15, #18, #27, #29, #33, #34, and #35.Observation at 12:24 PM Staff A picked up a blue #16 scoop backwards in her right gloved hand, braced the scoop against her front apron to turn the scoop around, then utilized the scoop to plate pureed bread for Resident #15. Staff A also used the blue #16 scoop to also serve pureed bread to Resident's #6 and #8.At 12:29 PM Staff A opened the walk-in refrigerator with her left gloved hand and returned holding a plated salad with both gloved hands. Staff A then moved two meal tickets off of the prep table with her left gloved hand, then handled a stack of meal tickets in both gloved hands.Observation at 12:30 PM Staff A resumed plating bread and touching bread with soiled gloves for residents #8, #10, #13, #26, #37, #38, #39, #41, and #42.During an observation at 12:41 PM Staff A placed her left gloved thumb inside a bowl to move the bowl to the preparation table, then went back to plating bread and touching with the left gloved fingers and served the plates to Resident #2 and #9. At 12:44 PM Staff A steadied bread on the plate while she placed mash potatoes on the plate. The plate was served out to Resident #40.During an interview on 7/29/25 at 12:52 PM Staff A voiced the only training she received was from the prior staff member that had trained her. She reported she had not had any other type of training or video training on food handling or gloving.Interview completed 7/29/25 at 1:41 PM Staff B stated she didn't recall receiving much training on gloving but she had been trained to use gloves for only one task. If you switch tasks, you have to change your gloves and wash your hands between glove changes. You cannot touch other items or things while you are touching food with gloves.Interview on 7/29/25 at 1:46 PM Staff C, Dietary [NAME] explained once gloves are on you can only touched that one food item. You cannot touch your clothes, face, apron, or (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165302	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of New Hampton	530 South Linn Avenue New Hampton, IA 50659

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	any other items/surfaces. If you do, you have to wash your hands and then apply new gloves before going back to touching food.During an interview on 7/29/25 at 2:05 PM the Certified Dietary Manager (CDM) explained they have provided education on how to use gloves and when to change gloves and wash hands. If staff are using utensils, they do not need to use gloves. The staff get into bad habits when they wear gloves all the time. She expects staff to use gloves for one task only. If they staff have to change tasks to touch anything else, they have to remove the gloves, wash their hands and put on new gloves. Gloves can only be used for one task and hand must be washed between gloved changes. The General Food Preparation and Handling Policy, dated 2021, directed bare hands should never touch ready to eat raw food directly. Disposable gloves are a single use item and should be discarded after each use. Employees should wash hands prior to putting gloves on and after removing gloves. Food should be prepared and served with clean tongs, scoops, forks, spoons, spatulas, or other suitable implements to avoid manual contact of prepared foods. Tongs or other serving utensils will be used to serve breads or other items to avoid bare hand contact with food. Staff will handle utensils, cups, glasses, and dishes in such a way as to avoid touching surfaces that food or drink will come in contact with.The Bare Hand Contact with Food and Use of Plastic Gloves Policy, dated 2021, documented Staff would use clean barriers such as single-use gloves, tongs, deli paper and spatulas when handling food. Gloved hands are considered a food contact surface that can become contaminated or soiled. If used, single use gloves shall be used for only one task (such as working with ready-to-eat food or with raw animal food), used for no other purpose, and discarded when damaged or soiled, or when interruptions occur in the operation. Hands are to be washed when entering the kitchen and before putting on the single-use gloves (before beginning work with food) and after removing single use gloves.The 2022 US FDA Food Code under 2-301.14 When to Wash (hands) directs food employees to clean their hands and exposed portions of their arms immediately before engaging in food preparation, after handling soiled equipment or utensils, during food preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks, before donning gloves to initiate a task that involves working with food, and after engaging in other activities that contaminate the hands. The Food Code at 3-301.11 Preventing Contamination from Hands directed food employees may not contact exposed, ready to eat food with their bare hands, and shall use suitable utensils such as deli tissue, spatulas, tongs, single-use gloves or dispensing equipment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165302	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of New Hampton	530 South Linn Avenue New Hampton, IA 50659

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interviews and record review the facility failed to ensure 1 of 1 residents current Preadmission Screening and Resident Review (PASRR) assessment reflected all current diagnoses and medications related to mental health (Resident #7). The facility reported a census of 40 residents. Record review of Resident #7 Minimum Data Set assessment dated [DATE] documented a Brief Interview for Mental Status (BIMS) of 15 which indicated no cognitive impairment. The MDS informed she is not considered by the state to be a PASRR level II. Record review of Resident #7 current PASRR dated 6/26/2024 documented mental health diagnoses of depression and anxiety. The PASRR also documented she currently takes antidepressant medications. Record review of Resident #7 Order Summary Report signed by her Doctor on 6/16/2025 documented current mental health diagnoses of anxiety, insomnia, delusional disorders, personal history of adult neglect, depression, and hallucinations. It also documented she currently takes antipsychotic, antidepressant, and antianxiety medications. During an e-mail correspondence with the Administrator on 7/30/25 at 11:37 AM revealed the facility is planning to resubmit Resident #7 PASRR to reflect her current medications and diagnoses. During an interview with the Administrator on 7/31/2025 at 9:37 AM revealed the facility submitted a PASRR for review on 7/30/25 to reflect her current condition and are still waiting to hear back. Review of Resident #7 current Care Plan on 7/30/2025 documented the following focus care areas:a. Resident #7 has occasional behaviors of refusing/rejecting care that is necessary to achieve her goals for health and well being related to anxiety disorder and major depressive disorder.b. Resident #7 has impaired thought processes related to behavioral symptoms, delusional disorders, aging process, and hallucinations.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165302	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of New Hampton	530 South Linn Avenue New Hampton, IA 50659

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 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs. Based on observation, clinical record review, policy review and staff interview the facility failed to serve diets to meet the residents individualized needs for of 3 of 3 residents sampled (Resident #15, #23, and #34). The facility identified a census of 40 residentsFindings include:1. Resident #15's clinical record showed a 3/11/25 Physician Order for a regular diet, pureed texture, double protein. Resident #15's Potential Nutritional Problem Care Plan, revised 3/27/25, documented Resident #15 received a double portion with all three meals to aide in weight gain and directed the staff to serve the diet as ordered with double protein, pureed texture.On 7/28/25 the facility provided a Tuesday, Week 5 Menu signed by the Dietician which listed the following regular and pureed diet:a. Roast Beef 3 ounces, 1 servingb. Mash Potatoes 4 ounces (oz)c. Beef gravy 2 oz ladled. California blend vegetables 4 oze. Bread/margarine 1 eachA Facility provided 7/28/25, 10:34 AM Diet Order Tally Report listed four residents required a pureed diet (Resident #6, #8, #15 and #33).Observation on 7/29/25 at 11:33 AM Staff A, Dietary Cook, placed four, 3 oz servings of roast beef and four, 2 oz ladles of gravy into a food processor and blended into a pureed mixture. Staff A reported a total volume of 1 3/4 cups roast beef puree. Staff A checked the Pureed Diet Portion Sizes/Scoop Chart and stated the serving size for each resident was a #10 (3.25 oz) slightly heaping scoop. Staff A failed to prepare an extra serving of pureed roast beef for Resident #15.During an observation on 7/29/25 at 12:24 PM Staff A plated one #10 scoop of pureed roast beef on Resident #15's plate and served out the plate. Staff A as she moved Resident #15 meal ticket voiced she caught her mistake and had not served Resident #15 out a double protein portion. Staff A failed to serve out another #10 scoop serving of pureed roast beef or prepare another 3 oz serving of roast beef for Resident #15. Meal service ended at 12:47 PM and Staff A did not serve out a second portion of roast beef to Resident #15. Observation at this time revealed a small amount of pureed roast beef left in the steam pan.Resident #15's Lunch Meal Ticket documented a pureed diet and under the Notes/Alerts listed to provide double protein. 2. Review of Resident #23's clinical record showed a 3/27/24 Physician Order for a regular diet. Resident #23's Care Plan revised 5/01/25 identified a Potential Nutritional Problem and directed the staff to add extra butter and gravies to appropriate foods to increase caloric intake.Observation on 7/29/25 at 12:12 PM Staff A placed bread on Resident #23's plate, touched the bread with her left gloved hand to move on the plate as she placed mash potatoes and gravy on the plate. Staff A served out Resident #23's plate without additional servings of gravy or butter being added to the meal.Resident #23's 7/29/25 Lunch Meal Ticket documented a regular diet with thin fluids. The Meal ticket lacked documentation under Notes, Alerts or Standing orders of the need to provide extra butter or gravy to appropriate foods with meals.3. A 7/28/25 10:34 AM Diet Order Tally Report listed Resident #34 on a regular diet. Resident #34's Care Plan revised 6/03/25 documented a Potential Nutritional Problem and directed the staff to add extra butter/gravies to appropriate foods to increase caloric intake (initiation date 7/18/24; revised date of intervention 11/06/24).Observation completed 7/29/25 at 12:25 PM revealed Staff A plated roast beef, bread, mash potatoes with one 2 oz ladle of gravy, and vegetables and served out to Resident #34. Staff A failed to serve extra butter or gravy with the meal. Resident #34's Lunch Meal Ticket listed a Regular diet with thin liquids. Resident 34's Meal Ticket lacked any communication under Notes, Alerts or Standing Orders to provide extra butter or gravy on appropriate foods to increase caloric intake. Interview on 7/29/25 at 1:41 PM Staff B, Dietary Aide voiced the meal tickets are updated by the Certified Dietary Manager (CDM). Interview on 7/29/25 at 1:50 PM Staff B explained she didn't know how it was communicated from the care plans to the kitchen on which residents received extra gravy and butter with meals. It isn't on the meal tickets. Staff B directed to talk to the CDM as maybe she had not updated the meal tickets yet. They serve the resident diets as specified on the meal tickets.Interview on 7/29/25 at 1:46 PM Staff C, Dietary [NAME] reported the meal tickets are updated by the CDM. He refers any (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165302	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of New Hampton	530 South Linn Avenue New Hampton, IA 50659

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 0800 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	dietary changes or resident requests to the CDM. If a resident need anything special for their diet, it should be on the meal ticket. The cooks put the meal tickets on the resident meal trays so when the Certified Nursing Assistants serve the plates, they can double check the meal matches the ticket. They serve the diet as posted on the meal tickets.During an interview on 7/29/25 at 2:05 PM the CDM reported she is responsible for updating the meal tickets and thought she had all the meal tickets up to date. She reviewed Resident #34 care plan, then stated the Cooks would not know to serve the extra items if it wasn't on the resident's meal ticket. In regard to Resident #15, she expects the staff to serve out the resident diet as specified on the meal ticket. The meal tickets should specify the dietary needs of the residents and be followed. Care planned interventions would be communicated to the cook through the meal tickets. The Standardized Menus Policy, revised 2025, included a definition of Reasonable effort to assess the individual needs and preferences and demonstrate actions to meet those needs and preferences. The facility would make reasonable efforts to review, and/or adjust the menu and/or the individual resident's food plan to meet the nutritional needs and preferences of the resident. The Policy failed to address the use of resident meal ticket, how often meal tickets are updated and who has the responsibility to update the meal tickets.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165302	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of New Hampton	530 South Linn Avenue New Hampton, IA 50659

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 0637 Level of Harm - Potential for minimal harm Residents Affected - Some	Assess the resident when there is a significant change in condition Based on clinical record review, Center for Medicare and Medicaid (CMS) Long-Term Care (LTC) Facility Resident Assessment Instrument (RAI) 3.0 User Manual, and staff interview the facility failed to complete a Minimum Data Set (MDS) Significant Change in Condition Assessment (SCSA) for 1 of 1 residents reviewed for bowel and bladder (Resident #3). The facility identified a census of 40 residents.Findings include:A Quarterly Nursing Assessment Progress Note dated 1/07/25 at 10:25 PM documented Resident #15 utilized the toilet to void, was always incontinent of urine and occasionally incontinent of bowel and required extensive assistance from staff for personal hygiene.Resident #3 1/08/25 Annual MDS Assessment showed a Brief Interview for Mental Status (BIMS) score of 15/15 indicating intact cognition. The Resident had an upper extremity impairment (shoulder, elbow, wrist, hands) and a lower extremity impairment (hip, knee, ankle, foot) on one side of the body and utilized a walker. The MDS documented Resident #3 was independent in toileting hygiene and frequently incontinent of bladder and continent of bowel. The MDS listed diagnoses of non-traumatic brain dysfunction, benign prostatic hyperplasia (BPH, a condition in men where the prostate gland enlarges which can place pressure on the bladder and cause urinary problems), diabetes mellitus, thyroid disorder, Non-Alzheimer's Dementia, anxiety, bipolar disorder, retention of urine, unspecified and other disorder of the kidney and ureter.The 1/08/25 Urinary Incontinence Care Area Assessment (CAA) documented Resident #3 sas frequently incontinent of urine, wore pull up briefs and needed occasional assistance for incontinence care. The CAA Care Plan Considerations documented the overall objection was to improve the resident's urinary incontinence.A Quarterly Nursing Assessment Progress Note dated 4/08/25 at 2:43 PM documented Resident #15 as always incontinent of urine and frequently incontinent of bowel. The 4/09/25 Quarterly MDS Assessment showed a BIMS score of 15/15 indicating intact cognition. The MDS documented at GG0130C5 Toileting Resident #3 required substantial/maximal assistance (helper does more than half the effort. Helper lifts, holds trunk or limbs and provides more then half the effort). The MDS documented Resident #3 as always incontinent of urine and at H0400 always incontinent of bowel.A 4/09/25 MDS Assessment Validation Warnings Report documented a Significant Change Decline in section GG0130C5 and section H0400. The Validation Warning report was acknowledged by the MDS Coordinator on 4/18/25 at 9:33 AM.The Activities of Daily Living (ADL) Self-Care Performance Deficit Care Plan, revised 4/18/25, under toileting hygiene directed Resident #3 was incontinent of bowel and bladder, wore disposable pull up briefs and needed occasional substantial to maximal assistance of one staff person with incontinence cares.A 7/30/25 review of the April 2025 Documentation Survey Report V2 documented Resident #3 had 21 episodes of urinary incontinence (no episodes of being continent) and 19 episodes of bowel incontinence in the seven-day look-back period.A 7/30/25 review of Resident #3 MDS Tracking page revealed Resident #3 had not been set up for a Significant Change in Status MDS Assessment from January 2025 to July 2025.During an interview on 7/30/25 at 12:52 PM the MDS Coordinator explained she identifies a significant change in assessment if a resident goes on or comes off of hospice care services or if they have a decline or improvement in two areas of the MDS assessment. The MDS Coordinator reported after reviewing Resident #3 7/09/25 quarterly MDS to the 1/08/25 annual MDS, it warranted a significant change. She voiced she doesn't have a report she runs, she just relies on what she sees or what staff report to her. She had been working the floor a lot and it slipped through the cracks. She further voiced the facility did not have an MDS policy. She follows the MDS RAI User Manual for completing the MDS assessments. Interview 7/30/25 at 12:56 PM Staff D, Certified Nursing Assistant (CNA) reported Resident #3 had previously used the toilet and a urinal, but hadn't for a long time. Resident #3 never wants to get out of bed. He wears disposable briefs and has been dependent upon staff for check and changes for a long time. The CMS LTC RAI 3.0 User's Manual, Version 1.19.1 October 2024, Chapter 2, page 2-24 under Significant Change in Status Assessment (SCSA) directs the SCSA is a comprehensive assessment that must be completed when (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165302	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of New Hampton	530 South Linn Avenue New Hampton, IA 50659

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 0637 Level of Harm - Potential for minimal harm Residents Affected - Some	the interdisciplinary team (IDT) has determined that a resident meets the significant change guidelines for either a major improvement or decline. A Significant Change is defined as a major decline in a resident's status that:1.Will not normally resolve itself without interventions by staff or by implementing standard disease-related clinical interventions, the decline is not considered self-limiting.2. Impacts more than one area of the residents' health status; and3. Requires interdisciplinary review and/or revision of the care plan.When a resident's status changes and it is not clear whether the resident meets the SCSA guidelines, the nursing home may take up to 14 days to determine whether the criteria are met. After the IDT has determined that a resident meets the significant change guidelines, the nursing home should document the initial identification of a significant change in the resident's status in the clinical record. Under Some Guidelines to Assist in Deciding if a Change is Significant or Note the RAI include:a. Any decline in an ADL functioning area where a resident was newly coded as substantial/maximal assistance.b. Resident's incontinence pattern changes.