

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165324	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/24/2024
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Pleasantville, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 909 North State Street Pleasantville, IA 50225	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46513</p> <p>Based on observations, resident interviews, staff interviews and facility policy the facility failed to provide dignity with dining for residents in the main dining room used by up to 20 residents at 3 of 3 meals observed. The facility reported a census of 41 residents.</p> <p>Findings include:</p> <p>Observation on 06/03/24 at 08:57 AM of the breakfast meal in the main dining room, Certified Nursing Assistant (CNA) Staff D was at the table with residents needing feeding assistance. Staff D stood and walked around the table, gave one gentleman a bite, saying a bite for you, proceeded to give the next gentleman a bite stating, a bite for you, walked around the table and spoon fed another resident saying a bite for you. Picked up resident cup standing over the resident said, take a drink, to the next resident, take a drink and walked around the table feeding five different residents in the same manner, standing over the resident and walking around the table spoon feeding and holding cups for the residents needing assistance. Certified Nursing Assistant, (CNA) Staff C joined and stood between two residents and assisted with spoon feeding also standing over the two residents while feeding.</p> <p>In an interview on 06/05/24 at 5:07 PM with Staff D, CNA queried about feeding residents, Staff D relayed there is usually only the two staff on the two halls in the front section of the facility and in order to get residents fed timely it is usual to stand and feed and walk around the table giving bites and drinks. Staff D relayed at times there is just one available staff and no time to sit and feed.</p> <p>In an interview on 6/5/24 at 5:10 with Staff C, CNA who relayed may be attending to another resident at meal time leaving only one staff to feed up to eight residents and the technique gets them fed.</p> <p>Observation on 06/04/24 at 12:15 to 12:54 PM of dining for lunch meal, Resident #22 at the table with other residents yelling profanity, get your asses out, God dam repeatedly and other words of profanity in addition made loud singing noises then yelling out again profanity throughout the entire meal. Resident #22 Minimum Data Set (MDS) assessment dated [DATE] revealed Brief Interview for Mental Status, (BIMS) score for cognition could not be completed and coded behavior present, fluctuates, changes in severity. Diagnoses included non-traumatic brain dysfunction and Alzheimer's disease.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>In an interview on 6/4/23 at 1:33 PM the Administrator queried about dining expectation and yelling resident. The Administrator had no concern and stated there are a lot of residents that cannot eat in their rooms.</p> <p>In an interview on 6/4/24 at 1:51 PM with Resident #10 inquired about the dining experience. Resident #10 responded it was the pits, would rather sit somewhere else, relayed Resident #22 yelling bothered her. Resident #10 MDS assessment dated [DATE] revealed BIMS score of 9 out of 15 indicating moderate cognitive impairment, documented diagnosis of Multiple sclerosis and revealed Resident #10 dependent on staff.</p> <p>In an interview on 6/4/23 at 3:06 PM with Resident #28 queried about the dining experience, Resident #28 stated, doesn't know why they put resident #22 at my table, had to leave when it gets to be too much. In addition, added the resident desires to sit with her friend cannot just get up and go and it made me feel bad when I had to leave my friend. Resident #28 MDS assessment dated [DATE] revealed BIMS score of 14 out of 15 indicated intact cognition.</p> <p>Observation on 6/5/24 at 5:10 to 5:40 PM Resident #22 yelling, included profanity again, loudly could be heard in entire dining room, throughout the dinner meal.</p> <p>In an interview on 6/5/24 at 6:10 PM with the Administrator, relayed usual behavior for Resident #22 in the dining room and had behaviors for years, did not see a problem and felt the other residents are used to it. Relayed would not want to isolate this resident.</p> <p>In an interview on 6/5/24 at 6:30 PM with Corporate Nurse, Staff E, queried about resident #22 yelling profanity, singing and ongoing loudness in the main dining room is a concern. Staff E responded this is something the team is discussing for options.</p> <p>Policy provided titled The Person-Centered Dining Approach documented dining to be a vital part of everyday. Each person will be treated like a special individual. The atmosphere and surrounding should be cheerful, inviting warm and friendly. All individuals to be treated with utmost courtesy, respect and dignity.</p>		

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<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>46513</p> <p>Based on clinical record review, provider interview and staff interview, the facility failed to provide timely notification of resident evacuation from the facility for 1 of 3 residents reviewed (Resident#94). The facility reported a census of 41 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment for Resident #94 dated 1/18/24 indicated a planned discharge assessment, with return anticipated.</p> <p>A Progress Note dated 1/18/24 7:43 PM documented, facility had to initiate an emergency evacuation this morning at approximately 4:30 AM., transferred to another facility at 9:10 AM. Emergency contact/family was notified at approximately 2:50 PM of the evacuation and transfer.</p> <p>On 6/3/24 at 2:30 PM Hospice staff I reported when she assisted with relocation of Resident#94 there was frustrations with lack of communication to the residents emergency contact.</p> <p>On 06/10/24 at 1:30 PM the Administrator, acknowledged notification expectation is to be timely. No policy was received.</p>

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<p>F 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure necessary information is communicated to the resident, and receiving health care provider at the time of a planned discharge.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47079</p> <p>Based on record review and staff interviews the facility failed to complete a discharge summary for 2 of 2 residents (#43, and #94) reviewed. The facility reported a census of 41 residents.</p> <p>Findings include:</p> <p>1. On 6/05/24 at 10:45 AM, Resident #43's the Electronic Health Record (EHR) was reviewed for a patient-initiated discharge.</p> <p>The EHR revealed Resident #43 was admitted to the facility on [DATE] for skilled services.</p> <p>The discharge Minimum Data Set (MDS) dated [DATE] indicated Resident #43 had a Brief Interview for Mental Status (BIMS) score of 8 out of 15 which indicated moderately impaired cognition. It also revealed he was independent in all Activities of Daily Living (ADLs) but required only supervision for bathing. The EHR included diagnoses of Major Depressive disorder and alcohol-induced dementia with anxiety.</p> <p>The EHR progress notes lacked discharge documentation.</p> <p>On 6/05/24, the Director of Nursing (DON) stated Resident #43's care was managed by the Program of All-inclusive Care for the Elderly (PACE). She stated his discharge documentation was completed by the PACE program staff and was stored in a separate system.</p> <p>On 6/05/24 at 5:10 PM, the DON provided documentation of the resident's discharge order communication, discharge care instructions, discharge medication list, and discharge care plan. The discharge summary was not provided.</p> <p>On 6/06/24 at 9:45 AM, the DON stated the facility did not meet the discharge summary requirement.</p> <p>On 6/07/24 @ 12:16 PM, the Administrator stated the staff should have completed a discharge summary even if entered as a late entry.</p> <p>A policy for discharge summaries was not available.</p> <p>46513</p> <p>2. The Minimum Data Set (MDS) assessment for Resident #94 dated 1/18/24 indicated a planned discharge assessment, with return anticipated.</p> <p>A Progress Note dated 1/18/24 documented resident transferred from the facility to another facility on 1/18/24 for an emergency evacuation. The record lacked additional information or completed discharge summary, no recapitulation of residents stay followed the transfer notes.</p> <p>(continued on next page)</p>		

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<p>F 0661</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 06/06/24 at 10:40 AM, Corporate Nurse, Staff #E confirmed Resident #94 record did not contain a discharge summary and it should of been done. Staff E, reported a former staff was responsible, it just wasn't done and would work to correct this.</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide activities to meet all resident's needs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46513</p> <p>Based on facility activity calendars, resident interview, staff interview and facility assessment the facility failed to provide a program to include resident activities catered for resident interests for resident's physical, mental and psychosocial wellbeing. The facility reported a census of 41.</p> <p>Findings include:</p> <p>A Document reviewed, April 2024 reflected the facility activity calendar which included the following;</p> <ul style="list-style-type: none"> a. 8 days without activities b. 7 days with Bingo as the only activity (every Tuesday & Friday) c. 2 days with Shopping as the only activity for those days d. 1 entry for resident council as the only activity for that day e. 2 entries for movie as the only activity for those days f. 1 entry for Church as the only activity for that day g. 2 days with manicures as the only activity listed h. 5 entries for crafts, but the only activity documented for those days i. 3 entries for color/puzzle packet, the only activity available for those days j. One day listed as a monthly birthday party, with nothing else offered that day k. One day the only activity documented was titled a day to plant flowers. <p>The calendar had only 6 entries with a specific time.</p> <p>A Document titled, May 2024 calendar contained one daily activity choice which included; 8 days Bingo with no time. Several color or puzzle packets no times noted and 2 shopping days.</p> <p>On 06/04/24 at 10:28 AM Resident # 3 relayed they have not had a music activity in a long time, stated it is the same old thing every day, bingo is about all for activities and doesn't like it. Staff #3 reported it had been many months since there was any other daily activity for residents, there was not a resident council and excuses about no transportation for outings. Minimum Data Set (MDS) assessment (MDS) dated [DATE] indicated Resident #3 Brief Interview for Mental Status (BIMS) score 15 of 15, reflected intact cognition.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 06/03/24 at 2:25 PM Resident #9 reported a staff may do an activity on Mondays, and the nursing staff try but there is just not enough. Resident #9 referred to an activity calendar for May acknowledged that is all we have and is not always accurate and times can vary as to when an activity may be held. MDS dated [DATE] indicated Resident#9's BIMS score 15 out of 15 reflected intact cognition.</p> <p>On 6/5/24 at 1:30 PM family of Resident #2 reported there is no Activity Director (AD) and residents should not just have to sit all day. Relayed Resident #2 sits most all day with no activities, and is not able to play bingo. MDS dated [DATE] for Resident #2 coded 99 indicated resident not able to complete the cognitive assessment.</p> <p>On 6/4/24 at 5:55 PM The Administrator confirmed they did not have a June calendar or an Activity Director (AD), acknowledged there are no set times for activities and staff try to fit in activities when possible. The Administrator stated in January there was water damage and no activity calendar as a result, also relayed the facility did not find an activity calendar for February or March. The administrator provided an April and May calendar with little noted and lacked time frames. The Administrator acknowledged the facility did not have a completed calendar for June.</p> <p>On 6/6/24 at 10:55 PM, the Director of Nurses (DON) stated nursing staff try to fill in to ensure residents have an activity and joy by bringing pets in when they can and or children of staff. Acknowledged an AD is needed and nursing staff tried the best they can to do activities with the residents.</p> <p>On 6/10/24 at 2:10 PM, Licensed Practical Nurse (LPN) Staff #J relayed there is a large white erase board staff can write for activities, it is not always accurate and confirmed, there is no Activity Director. Staff J relayed we do the same thing usually Bingo and when weather permits we try to take residents outside.</p> <p>Facility assessment updated 1/15/24 documented under category of psycho/social/spiritual support the facility to provide opportunities for social activities, life enrichment, individual small group and community. Activities and religious services to meet the needs of the residents. Facility positions to include a full time Activities Director.</p> <p>Job Description: Director of Life Enrichment with revision date 2/25/24 documented Essential Job Functions which included;</p> <p>*Direct the development, implementation, supervision, and ongoing evaluation of the activities program designed to meet the social, psychosocial, and therapeutic needs of the resident.</p> <p>*Ensure that scheduled program activities are carried out seven days per week</p> <p>* Ensure that each resident is offered at least one cognitive activity, two recreational activities three activities of daily living. Activities are to be tailored to the resident's unique requirements and skills.</p> <p>*Ensure that at least on individual activity is planned for residents who are unable to or unwilling to participate in group activities daily.</p> <p>(continued on next page)</p>		

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<p>F 0679</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>*Prepare a monthly calendar of activities written in large print and posted in a prominent location that is visible to residents and visitors.</p> <p>*Properly document MDS reports and progress notes</p> <p>*Assess resident needs and develop resident activities goals for the written care plan</p> <p>*Encourage resident participation in activities and document outcomes</p>