STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165382	A. Building B. Wing	04/22/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Knoxville, LLC	606 North Seventh Street Knoxville, IA 50138

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 22506 Based on observations and staff interviews, the facility failed to maintain an environment in a clean, orderly condition, in good repair and with all odors kept under control through cleanliness and proper ventilation. The facility reported census was 49. Findings include: 1. During an observation on 4/16/25 at 11:00 a.m. several rooms with cosmetic and baseboard guards detached were detected: room [ROOM NUMBER] bathroom, baseboard guard split open exposing boiler pipe. room [ROOM NUMBER] bathroom had baseboard pulled away from the wall with peeling paint. The 500 hallway baseboard was removed from the wall leaving a jagged unfinished wall. In an interview on 4/16/25 at 2:05 p.m. Staff C, Maintenance, stated he relies on staff, aides and housekeeping to alert him to maintenance needs within the facility. When staff see an issue, they are to input the concern into the Tells app which then goes directly to his phone. From there he will make plans to repair the concern depending on the priority of the need. Staff C showed maintenance concerns in rooms 500, 508 and 509. Staff C indicated he would initiate repairs. 2. During an observation on 4/15/25 at 4:45 p.m. the facility noted urine odors, most noticeable on the 500 hall rooms. On 4/16/25 at 10:00 a.m. there was the same presence of odors on 500 hall. Rooms 505, 508, 509 and 510 were all swept and had their floors mopped that morning. room [ROOM NUMBER] had a urine soaked bed cover which added to the odor. The bed was later stripped. On 4/15/25 at 4:30 p.m. a wheelchair in room [ROOM NUMBER] was dirty with food debris on the sides and pedals and a bedside table in room [ROOM NUMBER] was dirty with food debris on the legs. On 4/21/25 at 11:15 a.m. urine odors were again noticed in rooms 508, 509 and 510. A wheelchair in room [ROOM NUMBER] remained filthy with food debris along the sides, seat and pedals. (continued on next page)

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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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	In an interview on 4/21/25 at 12:00 p.m. Staff G, Housekeeping supervisor, stated she has recently taken over as housekeeping supervisor and their department is fully staffed. Staff G was shown a bed stand in room [ROOM NUMBER] which is dirty and rusty. Staff G stated there are a lot of bed stands in that condition and they cannot be easily cleaned. Several of them should be thrown away. Staff G stated she plans on taking them outside and power washing them. Other furniture in room [ROOM NUMBER] was pointed out as in poor condition. Staff G stated the resident in 509 will urinate on his bed, furniture and floor and they are constantly in his room trying to control the odors. The resident in 508 can become combative if you try to take away his dishes or try to keep him dry from incontinence. Staff G stated they try their best to stay on top of the issues. In an interview on 4/16/25 at 1:50 p.m. Staff A, Certified Nurse Aide, acknowledged that controlling odors on 500 hall was challenging as the residents in rooms 505, 508 and 510 are incontinent and not always cooperative with allowing you into their rooms or allowing you to check and change them. Staff A stated the resident in room [ROOM NUMBER] was a heavy wetter and because of this, they will strip his linens and sanitize his bed every morning. Staff A was then shown and queried about who was responsible for cleaning wheelchairs and bed stands as the wheelchair in room [ROOM NUMBER] and bedstand in 510 had visible food debris on them. Staff A stated the overnight aides are responsible for cleaning wheelchairs and housekeeping should be cleaning the bed stands. 3. According to a Minimum Data Set (MDS) with a reference date of 3/16/25, Resident #1 had a Brief Interview for Mental Status (BIMS) score of 14 which indicated an intact cognitive status. Resident #1 required maximal assistance with transfers, mobility, dressing, toilet use and personal hygiene needs and was frequently incontinent of bladder and bowel. Resident #1's diagnoses included Alzheimer's disease, post traumatic stress disorder, hip fracture. Observations on 4/15/25 at 4:45 p.m. found Resident #1 was lying in bed with a sheet covering his face. The room was in disarray with what appears to be his lunch meal and dishes left on his bedside table. There were some paper items and clothing on the floor. and a stale odor of urine noted. The curtains were drawn creating a dark and dingy environment. On 4/16/25 at 9:30 a.m. Resident #1 was sitting up in bed. The room remained dark and dingy. Resident #1 was asked if there was anything he needed. Resident #1 responded he needed housekeeping to mop his floor. On 4/21/25 at 11:15 a.m. Resident #1 was lying in bed, asleep in a supine (on his back) position. There were dirty breakfast dishes sitting in a folding chair at his bedside and a light scent of urine odor. On 4/22/25 at 9:31 a.m. Resident #1 was lying in bed awake when the nurse aide, Staff G, entered his room to pass medications. Resident #1 was pleasant and cooperative, but when asked, refused to allow his breakfast plates to be removed. There was minimal urine odors detected. 4. According to a Minimum Data Set (MDS) with a reference date of 3/2/24, Resident #2 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated an intact cognitive status. Resident #2 required dependent assistance with transfers, mobility, dressing, toilet use and personal hygiene needs and was always incontinent of bladder and bowel. Resident #2's diagnoses included Alzheimer's disease, Non-Alzheimer's dementia, cerebrovascular accident (stroke), hemiplegia, renal insufficiency, diabetes mellitus, chronic obstructive pulmonary disease. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Observations on 4/15/25 at 5:45 p.m. Resident #2 was not in her room. This surveyor entered and noted a urine odor and pulled back the sheet and felt the pad. It was cool and damp and the sheet was wet with urine. When the pad was pulled back, there were several bits of what appeared was food debris. On 4/16/25 at 9:10 a.m. Resident #2 was propelled to her room by staff and transferred into bed using a full body mechanical lift and assistance of two staff members (Staff A CNA, Staff B CNA). The sling straps were attached to the lift carriage, green and green and then properly lifted into bed without incident. The bedside table was pulled over to the side of her bed and the phone placed alongside her. Resident #2 was checked for incontinence and noted as dry. Visible debris remained on the bed sheets as noted the day before. On 4/22/25 at 9:00 am. Resident #2 was lying flat, supine in bed asleep. There were no odors detected and some food debris on the floor from yesterday. 5. According to a Minimum Data Set (MDS) with a reference date of 2/9/25, Resident #3 had a Brief Interview for Mental Status (BIMS) score of 15 which indicated an intact cognitive status. Resident #3 required moderate to maximal assistance with transfers, mobility, dressing, toilet use and personal hygiene needs and was always incontinent of bladder and frequently incontinent of bowel. Resident #3's diagnoses included coronary artery disease, congestive heart failure, cerebrovascular accident (stroke), renal insufficiency, diabetes mellitus. 4/15/25 at 5:40 p.m. Resident #3 was observed from the hallway, lying in bed with a sheet pulled over her head and the bottom portion of her body exposed, wearing a brief. There was a medium odor of urine coming from the room. 6. According to a Minimum Data Set (MDS) with a reference date of 2/23/25, Resident #4 had a Brief Interview for Mental Status (BIMS) score of 13 which indicated an intact cognitive status. Resident #4 was independent with transfers, mobility, dressing, toilet use and personal hygiene needs and was always incontinent of bladder and frequently incontinent of bowel. Resident #4's diagnoses included coronary artery disease, cerebrovascular accident (stroke), hemiplegia, bipolar disorder, schizophrenia. 4/16/25 at 9:35 a.m. Resident #4 was propelling himself in the hallways. This surveyor stepped into his room noticing an odor of urine. A purple bed cover was visibly soaked in urine. Resident #4's bed sheets and cover were stripped by 10:00 a.m.