

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165382	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/06/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Knoxville, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0550</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 dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on staff interview, resident interview, and clinical record review, the facility failed to treat residents with dignity and respect throughout cares provided for 1 of 3 residents reviewed (Resident #1). The facility reported a census of 46 residents. Findings include: Record Review of Resident #1 Minimum Data Set (MDS) dated [DATE] documented a Brief Interview of Mental Status (BIMS) of 09 indicating moderate cognitive impairment. The MDS reflected Resident #1 diagnosis of Paranoid Schizophrenia, Delusional Disorders, Anxiety Disorder, and Major Depressive Disorder. The MDS further documented Resident #1 dependence on staff for performing activities of daily living (ADLs). A facility reported incident review dated 6/15/25 documented Staff A, Licensed Practical Nurse (LPN), with almost 30 years of experience as an LPN, attempted to assist Resident #1 during ADLs along with two other staff, Staff B, Certified Nursing Assistant (CNA), and Staff C, CNA. Resident #1 was agitated and in distress, and was refusing assistance from staff to complete dressing her lower body. Staff A continued the task despite Resident #1 yelling, hitting and biting staff. Staff A called Resident #1 degrading names and used offensive language during the reported incident. In an interview with Staff B on 8/4/2025 at 1:37 pm, she stated the interaction between Staff A and Resident #1 made her feel uncomfortable and she wouldn't want her loved one treated that way. She also stated Resident #1 was agitated, hitting Staff A and Staff A attempted to stop it by pushing resident's hands back out of her face instead of backing off. Staff B further revealed Staff A used demeaning word describing Resident #1's behavior prior to leaving the room. Staff A reported the incident to the Director of Nursing (DON). In an interview with Staff A on 8/5/2025 at 10:18 am, she confirmed the incident with Resident #1 on 6/15/25. She further confirmed she used degrading words while still inside the resident's room but she did not believe it was heard by Resident #1. Staff A stated she should have backed out of the room and left. In an interview with Staff C on 8/6/2025 at 10:42 am, she revealed Staff A used demeaning language towards Resident #1 to gain her cooperation with the cares, stating You are acting like a baby and We are not going to do that! Staff B further revealed she Staff B reported the incident to the DON. During an interview on 8/6/25 at 11:15 am, the DON stated she was notified by Staff B and Staff C about the incident with Resident #1 the same day and she notified Staff A that she will not be able to return to work until the investigation is completed. She confirmed Staff A has not worked at the facility since the incident on 6/15/25. During an interview on 8/6/25 at 12:15 pm, the Administrator stated she expected staff to step away from a resident if they refused cares or treatment, and attempt to use a different staff member. Also to have staff step away for 5 minutes and take a break before any escalation takes place. The Administrator stated that the facility did not have a policy for Resident Rights/Dignity but followed the regulations and/or standards of care.</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