

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 10/13/2025
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 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that residents are free from significant medication errors.</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 0760</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interview, family interview, provider interview, and facility policy review the facility failed to ensure 1 of 4 residents reviewed received only their prescribed medications. Resident #1 (R#1) became unresponsive and required emergency medical interventions. R#1 transferred to the hospital and admitted to the Intensive Care Unit (ICU) due to a multi-drug interaction with diagnoses of cardiogenic shock and toxic encephalopathy. The facility reported census was 41. The State Agency informed the facility of the Immediate Jeopardy (IJ) on 10/8/25 at 1:55 PM. The IJ began on 10/3/25, following the administration of Resident #3's (R#3) medications to R#1. The State Agency confirmed removal of immediacy on 10/9/25, The facility staff removed the Immediate Jeopardy on 10/3/25 by implementing the following actions: a. On 10/3/2025, the Director of Nursing initiated staff education to ensure all nurses and certified medication aides are aware of the medication administration and management process. All nurses and certified medication aides were educated on 10/3/2025 or prior to the start of their next shift. b. The Director of Nursing and/or designee performed competencies for medication administration on all nurses and certified medication aides on 10/3/2025, or prior to the start of their next shift. b. The Director of Nursing and/or designee initiated audits on 10/3/2025 for nurses and certified medication aides for compliance with medication administration. c. The Director of Nursing and/or designee will perform medication administration competencies on all nurses and certified medication aides completed on hire as part of the orientation process. d. On 10/3/2025, all residents profiles in [brand name of electronic health record redacted] were audited to ensure residents have up to date photo. The scope lowered from J to G at the time of the survey after verification the facility implemented processes including education, staff competencies and audits relating to medication administration. Findings include: R#1's Minimum Data Set (MDS) annual assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 5, indicating severe cognitive impairment. The MDS included diagnoses of stroke, kidney disease, diabetes, dementia, anxiety, and depression. The MDS reported no swallowing disorder. The MDS coded R#1 took antianxiety, antidepressant, anticoagulants, hypoglycemic, and anticonvulsant medications during the lookback period. The Care Plan Focuses reflected R#1 had a risk for adverse effects related to the following use of: a. Psychotropic medications. b. Antianxiety/anticonvulsant medications. c. Pain medication. d. Diabetic medication. e. Anticoagulants. The Care Plan included Interventions that directed staff to administer medications as ordered then monitor, document side effects, and effectiveness of the medications. R#1's October 2025's Medication Administration Record (MAR) directed to give the following medications at breakfast or in the morning (AM). The MAR revealed Staff A, Licensed Practical Nurse (LPN), documented the following medications administered to R#1. a. Effexor ER (extended release) capsule 150 milligrams (mg) by mouth (PO) for major depressive disorder. b. Effexor ER capsule 37.5 mg PO for major depressive disorder. c. Ferrous Sulfate 7.5 milliliters (ml) PO for anemia. d. Multivitamin one tablet PO for wound healing. e. Namenda 10 mg PO for dementia. f. Pantoprazole 20 mg PO for ulcers. g. Vitamin D 2000 IU (international units) PO for Vitamin. h. Calcium/Vitamin D 600-400 mg-unit PO for supplement. i. Diazepam 5 mg PO for anxiety management. j. Eliquis 5 mg PO related to cerebral infarction (stroke). k. Lyrica 75 mg PO for foot pain. l. Mag-Oxide 400 mg PO for supplement. m. Sennoside Docusate 8.6-50 mg PO for constipation. n. Vitamin C 500 mg PO to promote wound healing. o. Baclofen 5 mg PO for macular degeneration. p. Buspirone 10 mg PO for depression. q. Insulin Aspart 100 unit/milliliter 5 units subcutaneous (SQ) for diabetes. r. Insulin Basaglar 100 unit/milliliter 55 units SQ for diabetes. R#3's October 2025 MAR directed to give the following medications at breakfast or in the morning (reported R#1's received R#3 medications in error). a. Aricept 10 mg PO for Alzheimer's. b. Aspirin 81 mg PO relating to stroke. c. Cholecalciferol 2000 units PO for supplement. d. Clonazepam 0.25 mg PO for schizoaffective/bipolar. e. Lamotrigine 150 mg PO for schizoaffective/bipolar. f. Metoprolol ER 75 mg PO for hypertension. g. Myrbetriq ER 25 mg PO for overactive bladder. h. Sertraline 50 mg PO for depression. i. Spironolactone 12.5 mg PO for supplement. j. Calcium/Vitamin D 600-400 mg-unit PO for deficiency. k. Docusate Sodium 100 mg PO for constipation. l. Fiber-Lax one capsule PO for bowels. m. Furosemide 40 mg PO for elevated BNP (hormone released by the heart) (lab test to indicate heart failure). n. Acetaminophen 500 mg PO for osteoarthritis. o. Gabapentin 300 mg PO for pain. p. Quetiapine 100 mg PO for schizoaffective/bipolar. The Incident Note dated 10/3/25 at 8:00 AM Staff A documented as they passed medications, they gave R#1 her morning medications without incident. After passing medications to other</p>		