

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165402	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/15/2024
NAME OF PROVIDER OR SUPPLIER  Accura Healthcare of Milford		STREET ADDRESS, CITY, STATE, ZIP CODE  1600 13th Street Milford, IA 51351	

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 0607</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>50500</p> <p>Based on employee file review, staff interview, and policy review, the facility failed to complete a criminal record check and dependent adult/child abuse registry check prior to an employee's hire date for 1 of 5 employee. The facility reported a census of 43.</p> <p>Findings include:</p> <p>Employee record review of Staff A, dietary aide, showed a hire date of 3/6/24. A Parental Consent for a Minor was signed by Staff A's mother on 3/7/24, which gave the facility permission to complete a criminal and abuse background check. Staff A's Single Contact License and Background Check was completed on 3/19/24 at 3:38 PM. Review of Staff A's time card revealed a total of five shifts worked prior to the completion of the background check (3/6/24, 3/10/24, 3/11/24, 3/13/24, and 3/16/24).</p> <p>The facility policy titled Nursing Facility Abuse Prevention, Identification, Investigation and Reporting Policy states that the facility will conduct an Iowa criminal record check and dependent adult/child abuse registry check on all prospective employees and other individuals engaged to provide services to residents, prior to hire, in the manner prescribed under 481 Iowa Administrative Code S</p> <p>58.11(3).</p> <p>During an interview on 8/13/24 at 3:00 PM, the Administrator acknowledged that the criminal and dependent adult/child abuse registry check was not completed prior to Staff A's hire date nor prior to working shifts.</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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