STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165408	A. Building B. Wing	06/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Bancroft	546 East Ramsey Street Bancroft, IA 50517

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 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interview and facility policy review the facility failed to notify the ombudsman office of a discharge to the hospital for 2 of 2 residents (Residents #8, #17) reviewed for hospitalizations. The facility reported a census of 18 residents. Findings include: 1. Resident #8's Minimum Data Set (MDS) dated [DATE] assessment identified a Brief Interview for Mental Status (BIMs) score of 04, indicating severely impaired cognition. Resident #8 ' s MDS included diagnoses of coronary artery disease, heart failure, transient cerebral ischemic attack (TIA/mini stroke) and non-Alzheimer ' s dementia. Review of Census and Progress Note dated 3/22/25 revealed Resident #8 was admitted to the hospital for pneumonia and respiratory syncytical virus (RSV). The facility form titled Notice of Transfer Form to Long Term Care Ombudsman used to track discharges and notify the Ombudsman of a discharge revealed Resident #8 was not listed on the forms for March or April 2025. 2. Resident #17's Minimum Data Set (MDS) dated [DATE] assessment identified a Brief Interview for Mental Status (BIMs) score of 12, indicating moderately impaired cognition. Resident #17's MDS included diagnoses of diabetes mellitus, arthritis, non-Alzheimer's dementia, and presence of right artificial hip joint. Review of Census and Progress Note dated 2/24/25 revealed Resident #17 was admitted to the hospital due to a fracture of the right hip. The facility form titled Notice of Transfer Form to Long Term Care Ombudsman used to track discharges and notify the Ombudsman of a discharge revealed Resident #17 was not listed on the forms for February or March 2025. On 6/3/25 at 3:35 PM, the Administrator reported she was responsible for completing the notifications to the Ombudsman and was not aware that hospitalizations were required to be reported. She said she notified the Ombudsman of transfers that included discharges to home or to another facility. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A facility policy titled Ombudsman Notification Process revised January 2023 documented the facility was responsible for notifying the Long Term Care Ombudsman of all transfers and discharges from the facility.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, record review, and staff interview, the facility failed to hold hot foods at 135 degrees during 1 meal service. The facility reported a census of 18 residents. Findings include: The noon menu for 6/4/25 included a cheddarwurst on a bun with peppers and onions and a hashbrown patty. During a combined observation and interview on 6/4/25 at 11:43 a.m. Staff A Cook, temped all of the food, and all hot food greater than 165 degrees. During the meal service, Staff A served the peppers and onions from a pan on top of the stove. He removed a pan of the hashbrown patties from the oven and sat on top of stove. The oven doors remained open during the service. Right after the meal service Staff A temped the food. The cheddarwursts were above holding temperature (135 degrees), the hashbrown patties only reached 131 degrees, and the peppers and onions only reached 91 degrees. The Dietary Manager stated it was hard to keep things hot, which was why she served out of the oven rather than putting hot food on top. The undated facility policy, Food Temperatures, documented all hot foods must be cooked to appropriate internal temperatures and held at a temperature of at least 135 degrees.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, record review, and staff interview, the facility failed to serve food in a form to meet individual needs for 2 of 2 residents reviewed (Resident #17 and #13). The facility reported a census of 18 residents. Findings include: 1) According to the Minimum Data Set (MDS) assessment dated [DATE], Resident #17 scored 12 on the Brief Interview for Mental Status (BIMS) indicating moderate cognitive impairment. The resident required partial/moderate assist assistance with eating. The resident had diagnoses including diabetes and non-Alzheimer's dementia. The Care Plan revised 4/16/25 identified the resident had dementia and diabetes. Speech Therapy (ST) recommended nectar thick liquids - which the resident refused. The resident had been on a mechanically altered texture diet in the past. The interventions included staff would cut up the resident's meat and cut sandwiches in half or fourths as the resident desired per therapy recommendations revised 5/10/25. A Diet Roster report printed 5/13/25 documented the resident had a Doctor's order for a regular diet with additional directions for cut up meat. A Rehab Communication dated 3/10/25 documented Speech Therapy recommended a diet upgrade to regular solids, and please cut all plated meats into bite size pieces, and cut sandwiches into half or fourth for resident to hold. 2) According to the MDS assessment dated [DATE], Resident #13 scored 14 on the BIMS indicating moderate cognitive impairment. The resident required set up/cleanup assist assistance with eating. The resident had diagnoses including non-Alzheimer's dementia. The Care Plan revised 7/10/24 identified the resident had a potential alteration in nutrition related to her dementia diagnosis, vision status as evidenced by the need of set-up assistance with meals, fair to poor meal intake, and slow weight loss. The interventions included the resident was on a regular diet, and cut-up foods to aid in self-feeding. A Diet Roster report printed 5/13/25 documented the resident had a Doctor's order for a regular diet with additional directions for cut up meats. During observation and concurrent interview on 6/4/25 during the noon meal service a white board in the kitchen had 3 residents listed that would get their meat cut up (including Resident #17 and #13). It didn't indicate how it would be cut up. Staff A [NAME] cut the cheddarwurst up in very large chunks for the 3 residents listed. During interview with the Dietary Manager (DM) she confirmed that they should be bite-size pieces, and they were not bite sized. In an email on 6/4/25 at 2:28 p.m. the Administrator wrote she could not find a policy on diet orders, but the DM said that they went by what the nurse told them and the care plan.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation and staff interview, the facility failed to serve food in accordance with professional standards of quality for 1 meal. The facility reported a census of 18 residents. Findings include: During an observation and concurrent interview 6/4/25 at 11:59 a.m. Staff B, Dietary Aide (DA) was in and out of the kitchen several times taking fluids to residents, getting in and out of the refrigerator and opening and closing the door to the kitchen without washing her hands. Staff A, [NAME] washed his hands prior to the meal service. Staff A plated food placing his thumbs into the plate on both sides and then putting the food on the plate. Staff A placed several of the utensils with the handles on a cutting board, and then used the same cutting board to cut up hot dogs for residents. During the meal service Staff A also touched his face and his ear with his hand and did not wash his hands. He did not handle food, but he did handle the utensils including those on the cutting board. The Dietary Manager stated stated she should have been observing the dietary staff closer to ensure the were washing hands when needed, and not putting hands on the eating surface of the plates. It was Staff A's first survey, and he was nervous. On 6/5/25 at 8 a.m. the Administrator stated they did not have a hand washing policy specific to the kitchen. The facility policy Hand Hygiene updated 7/29/21 indicated hand washing should be performed by all staff as necessary to prevent cross contamination. The 2022 Food Code 2-301.14 directed when to wash hands included after touching bare human body parts other than clean hands and clean, exposed portions of arms.

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. Based on the Center of Medicare and Medicaid Services (CMS) Payroll Based Journal (PBJ) Staffing Data Report (October 1st- December 31), facility staffing assignments/schedules and staff interviews, the facility failed to submit accurate staff data for the PBJ Staffing Data Report. The facility reported a census of 18 residents. Findings include: The PBJ Staffing Data Report run date 5/28/2025 triggered for failure to have licensed nurse coverage 24 hours/day on the following infraction dates: 11/8, 11/17, 12/28, and 12/29. Review of the Facility Nursing Assignments/Schedules for the infraction dates reflected that the DON (Director of Nursing) covered the nursing shifts. A facility report titled 1702D Report from CMS revealed the DON's hours on 11/8, 11/17, 12/28 and 12/29 were not submitted to PBJ. On 6/3/25 at 10:30 AM, the Administrator verified the DON had covered nursing hours on 11/8, 11/17, 12/28, and 12/29. The Administrator reported the DON hours should have been reported to PBJ. She said the facility used an old system back then to report the PBJ hours and that the facility has a different system now. On 6/3/25 at 11:31 AM, the Administrator verified the DON's hours were not submitted to PBJ on 11/8, 11/17, 12/28 and 12/29. On 6/3/25 at 3:47 PM, the Administrator reported she recognized that with the old system the facility was having company wide errors so switching to the new system will allow to track PBJ hours monthly instead of quarterly. An undated facility procedure titled Getting Started with SimplePBJ documented the following steps for PBJ compliance: 1. Assemble data- gather data from payroll and/or timekeeping system, agencies, and contractors to load to SimplePBJ. 2. Validate data- Analyze for issues, review potential errors, and easily make changes to the PBJ data. 3. Predict five-star staff rating. 4. Submit data- create PBJ report and submit directly to CMS.