| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165414 | A. Building<br>B. Wing | 05/22/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Accura Healthcare of Pomeroy, LLC | 303 East 7th Street<br>Pomeroy, IA 50575 |

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 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41785<br><br>Based on interview and record review the facility failed to notify family and physician after a medication error for 1 of 1 Resident reviewed, (Resident #25). From 2/16/24 - 3/12/24, Resident #25 was given 40 milligrams (mg) of pantoprazole instead of the prescribed 20mg daily dose. The facility reported a census of 37 residents.<br><br>Findings include:<br><br>1) According to the Minimum Data Set (MDS) dated [DATE], Resident #25 was admitted on [DATE] with a Brief Interview for Mental Status (BIMS) score of 13 (moderate cognitive deficit). She was dependent on staff for toileting hygiene, dressings and transfers. Her diagnoses included osteomyelitis of vertebra, insomnia, muscle weakness and low back pain.<br><br>The Care Plan revised on 4/10/24 showed Resident #25 had deficits in Activities of Daily Living (ADL) skills due to muscle weakness, obesity repeated falls and heart failure. She had chronic pain related to osteoarthritis, osteomyelitis and wounds.<br><br>According to a New Prescription Summary sent to the pharmacy, dated 2/16/24, Resident #25 had an order for; pantoprazole sodium oral tablet delayed release 20 milligrams, give 1 tablet one time a day for upset stomach.<br><br>In a review of personal files, it was discovered that three, Certified Medication Aides (CMAs) were issued Employee Coaching and Consult disciplinary actions for medication errors. The forms were dated 3/13/24 and signed by the Director of Nursing DON.<br><br>Staff E, CMA administered the wrong dose on 4 separate days.<br><br>Staff F, CMA administrated the wrong dose on 1 occasion.<br><br>Staff G, CMA administered the wrong dose on 16 occasions.<br><br>A Nursing Note dated 3/13/24 at 7:32 AM indicated the pharmacy sent pantoprazole 40mg tabs to the facility instead of 20 mg taps as ordered on 2/16/24.<br><br>(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 |
|---|---|---|

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165414 | A. Building<br>B. Wing | 05/22/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Accura Healthcare of Pomeroy, LLC | 303 East 7th Street<br>Pomeroy, IA 50575 |

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 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 5/21/24 at 1:44 PM, when asked about an incident report for Resident #25 related to a medication error, the Director of Nursing (DON) replied that she did not have any incident reports or documentation of a medication error for that resident. At 3:15 PM the DON then said she remembered that when Resident #25 was admitted on [DATE], the pharmacy sent 40 mg tablets of pantoprazole instead of 20 mg. She said that the error had been discovered on 3/13 and staff were administering the wrong dose from 2/16 through 3/12. The DON said Staff A, Registered Nurse (RN) discovered the error and the RN was asked to fill out a risk management form. The DON said Staff A must not have completed the form because they did not have one in the file. The DON said that as far as she knew, the family and doctor had not been contacted regarding the error.<br><br>On 5/21/24 at 3:32 PM Staff A, said she did remember the medication error and she told the DON and she called the pharmacy to get it changed. Staff A said she worked on an as needed (PRN) basis, and she had discovered the error days prior to 3/13. She said she told the charge nurse at that time but when she came back to work on 3/13 it hadn't been corrected. She said she did not fill out an incident report and didn't remember the DON asking her to do that. She did not call the family or doctor and thought that DON had handled those responsibilities.<br><br>On 5/22/24 10:15 AM the DON said she didn't know if the resident had been informed of the medication error and if a risk assessment had been filled out when it happened, that would have triggered them to call the family and the doctor but it didn't happen.<br><br>A facility policy titled Medication Administration Policy lacked direction to staff to ensure they have double checked that the right dose was administered.<br><br>On 5/22/24 at 9:54 AM the DON said that they did not have a policy on notification to family and physicians. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165414 | A. Building<br>B. Wing | 05/22/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Accura Healthcare of Pomeroy, LLC | 303 East 7th Street<br>Pomeroy, IA 50575 |

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 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41785<br><br>Based on observation, record review and interviews the facility failed to ensure care plan was updated in a timely manner for 1 of 14 residents reviewed, (Resident #1). Resident #1 had specific orders for her bilevel positive airway pressure (BiPAP) machine. On 3/8/24, the order changed from 2liters (L) of oxygen to 6L and the care plan did not reflect this change. The facility reported a census of 37 residents.<br><br>Findings include:<br><br>According to the Minimum Data Set (MDS) dated [DATE], Resident #1 was admitted on [DATE] with a Brief Interview for Mental Status (BIMS) score of 15 (intact cognitive ability). The resident was independent with toileting hygiene and eating, walking and transfers. The diagnoses included; chronic respiratory failure, Chronic Obstructive Pulmonary Disease (COPD) and Chronic Pain.<br><br>The Care Plan revised on 2/6/24, showed Resident #1 had actual respiratory abnormalities related to restrictive lung disease and obstructive sleep apneas. She used continuous oxygen and BiPAP at night. The resident had a history of chronic respiratory failure with hypoxia and hypercapnia. Staff were instructed to set the BiPAP at 17V12 centimeters H2O (water) pressure with O2 (oxygen) at 2 Liters (L) per minutes bled with warm humidification. On at night and off in the morning.<br><br>The Orders tab showed an order dated 3/8/24 at 3:19 PM, for BIPAP at 17V12 centimeters H2O pressure with O2 at 6 liters per minute.<br><br>On 5/19/24 at 11:22 AM, Resident #1 said that a couple of days prior, an agency nurse forgot to put her BiPAP on overnight and by morning, her oxygen level had dropped into the 70's.<br><br>A Nursing Note dated 5/10/2024 at 9:03 AM showed Resident #1 complained of being short of breath with oxygen saturations at 78% on 4L O2. She had shallow breathing, her face was red and she was diaphoretic (sweating).<br><br>On 5/21/24 at 12:12 PM Staff B, RN stated there had been a couple of incidents when the oxygen level was down in the mornings for Resident #1. Her face would turn blue and she really struggled to breath. The provider had asked them to put her back on the BiPAP and bleed in 6liters of oxygen. She said that one day, she worked for over 4 hours to get the oxygen back up. Staff B said that she had gone into the residents room early in the mornings and saw that the BiPAP oxygen level would be set on 3 liters rather than 6 and that was problematic for this resident.<br><br>In an observation on 5/22/24 at 7:07 AM, the resident was in bed sleeping. The oxygen bled into the BiPAP was set on 7 liters.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165414 | A. Building<br>B. Wing | 05/22/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Accura Healthcare of Pomeroy, LLC | 303 East 7th Street<br>Pomeroy, IA 50575 |

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 0657<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 5/22/24 at 10:15 AM, the DON said Resident #1 always had her oxygen or the BiPAP on at all times. When asked about the oxygen bled into the BIPAP order she thought it was 6 liters. When alerted to the fact that the oxygen was set on 7L, the DON said that she would address it with the nurse. The DON was not aware the care plan had not been updated when the oxygen order changed from 2L to 6 liters.<br><br>On 5/22/24 at 9:54 AM the DON indicated that they did not have a policy on following physicians orders or on care plan updates but they follow the standards of care. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165414 | A. Building<br>B. Wing | 05/22/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Accura Healthcare of Pomeroy, LLC | 303 East 7th Street<br>Pomeroy, IA 50575 |

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 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure services provided by the nursing facility meet professional standards of quality.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41785<br><br>Based on observation, interview and record review the facility failed to follow physician's orders for 2 of 14 residents reviewed, ( Residents #25 and #1). Resident #25 had an order for pantoprazole 20 milligram (mg), when the pharmacy sent 40mg tablets, staff failed to check the right dose and administered the wrong dose daily, from 2/16/24 through 3/12/24. Resident #1 had specific orders for her bilevel positive airway pressure (BiPAP) machine, staff failed to set the oxygen on the correct level. The facility reported a census of 37 residents.<br><br>Findings include:<br><br>1) According to the Minimum Data Set (MDS) dated [DATE], Resident #25 was admitted on [DATE] with a Brief Interview for Mental Status (BIMS) score of 13 (moderate cognitive deficit). She was dependent on staff for toileting hygiene, dressings and transfers. Her diagnoses included osteomyelitis of vertebra, insomnia, muscle weakness and low back pain.<br><br>The Care Plan revised on 4/10/24 showed that Resident #25 had deficits in Activities of Daily Living (ADL) skills due to muscle weakness, obesity repeated falls and heart failure. She had chronic pain related to osteoarthritis, osteomyelitis and wounds.<br><br>According to a New Prescription Summary sent to the pharmacy, dated 2/16/24, Resident #25 had an order for; pantoprazole sodium oral tablet delayed release 20 milligrams, give 1 tablet one time a day for upset stomach.<br><br>In a review of personal files, it was discovered that three, Certified Medication Aides (CMAs) were issued Employee Coaching and Consult disciplinary actions for medication errors. The forms were dated 3/13/24 and signed by the Director of Nursing DON.<br><br>Staff E, CMA administered the wrong dose on 4 separate days.<br><br>Staff F, CMA administrated the wrong dose on 1 occasion.<br><br>Staff G, CMA administered the wrong dose on 16 occasions.<br><br>A Nursing Note dated 3/13/24 at 7:32 AM indicated the pharmacy sent pantoprazole 40mg tabs to the facility instead of 20 mg taps as ordered on 2/16/24.<br><br>On 5/21/24 at 1:44 PM, when asked about an incident report for Resident #25 related to a medication error, the Director of Nursing (DON) replied that she did not have any incident reports or documentation of a medication error for that resident. At 3:15 PM the DON then said she remembered when Resident #25 was admitted on [DATE], the pharmacy sent 40 mg tablets of pantoprazole instead of 20 mg. She said the error had been discovered on 3/13 and staff were administering the wrong dose from 2/16/24 through 3/12/24. The DON said Staff A, Registered Nurse (RN) discovered the error and the RN was asked to fill out a risk management form. The DON said Staff A must not have completed the form because they did not have one in the file. The DON said that as far as she knew, the family and doctor had not been contacted regarding the error.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165414 | A. Building<br>B. Wing | 05/22/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Accura Healthcare of Pomeroy, LLC | 303 East 7th Street<br>Pomeroy, IA 50575 |

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 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 5/21/24 at 3:32 PM Staff A, said she did remember the medication error and she told the DON and she called the pharmacy to get it changed. Staff A said she worked on an as needed (PRN) basis, and she had discovered the error days prior to 3/13. She said she told the charge nurse at that time but when she came back to work on 3/13 it hadn't been corrected. She said she did not fill out an incident report and didn't remember the DON asking her to do that. She did not call the family or doctor and thought that DON had handled those responsibilities.<br><br>On 5/22/24 at 10:15 AM the DON said she didn't know if the resident had been informed of the medication error and if a risk assessment had been filled out when it happened, that would have triggered them to call the family and the doctor but it didn't happen.<br><br>A facility policy titled Medication Administration Policy lacked direction to staff to ensure they have double checked that the right dose was administered.<br><br>2) According to the MDS dated 4/10/24, Resident #1 was admitted on [DATE] with a BIMS score of 15 (intact cognitive ability). The resident was independent with toileting hygiene and eating, walking and transfers. The diagnoses included; chronic respiratory failure, Chronic Obstructive Pulmonary Disease (COPD) and Chronic Pain.<br><br>The Care Plan revised on 2/6/24, showed Resident #1 had actual respiratory abnormalities related to restrictive lung disease and obstructive sleep apneas. She used continuous oxygen and BiPAP at night. The resident had a history of chronic respiratory failure with hypoxia and hypercapnia. Staff were instructed to set the BiPAP at 17V12 centimeters H2O (water) pressure with O2 (oxygen) at 2 Liters (L) per minutes bled with warm humidification. On at night and off in the morning.<br><br>The Orders tab showed an order dated 3/8/24 at 3:19 PM, for BIPAP at 17V12 centimeters H2O pressure with O2 at 6 liters per minute.<br><br>On 5/19/24 at 11:22 AM, Resident #1 said that a couple of days prior, an agency nurse forgot to put her BiPAP on overnight and by morning, her oxygen level had dropped into the 70's.<br><br>A Nursing Note dated 5/10/2024 at 9:03 AM showed Resident #1 complained of being short of breath with oxygen saturations at 78% on 4L O2. She had shallow breathing, her face was red and she was diaphoretic (sweating).<br><br>On 5/21/24 at 12:12 PM Staff B, RN said there had been a couple of incidents when the oxygen level was down in the mornings for Resident #1. Her face would turn blue and she really struggled to breath. The provider had asked them to put her back on the BiPAP and bleed in 6liters of oxygen. She said that one day, she worked for over 4 hours to get the oxygen back up. Staff B said she had gone into the residents room early in the mornings and saw that the BiPAP oxygen level would be set on 3 liters rather than 6 and that was problematic for this resident.<br><br>In an observation on 5/22/24 at 7:07 AM, the resident was in bed sleeping. The oxygen bled into the BiPAP was set on 7 liters.<br><br>On 5/22/24 at 10:15 AM, the DON said Resident #1 always had her oxygen or the BiPAP on at all times. When asked about the oxygen bled into the BIPAP order she thought it was 6 liters. When alerted to the fact that the oxygen was set on 7L, the DON said she would address it with the nurse.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165414 | A. Building<br>B. Wing | 05/22/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Accura Healthcare of Pomeroy, LLC | 303 East 7th Street<br>Pomeroy, IA 50575 |

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 0658<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 5/22/24 at 9:54 AM the DON indicated they did not have a policy on following physicians orders. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165414 | A. Building<br>B. Wing | 05/22/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Accura Healthcare of Pomeroy, LLC | 303 East 7th Street<br>Pomeroy, IA 50575 |

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 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41785<br><br>Based on observation, interview and record review the facility failed to assess and intervene in a timely manner for 1 of 14 resident reviewed, (Resident #6). Resident #6 fell out of his wheel chair when it rolled off of the van lift. He sustained an injury to his right foot and staff failed to contact the doctor when the resident had reported increase in pain and decrease in movement. The facility reported a census of 37 residents.<br><br>Findings include:<br><br>According to the Minimum Data Set (MDS) dated [DATE], Resident #6 had a Brief Interview for Mental Status (BIMS) score of 15 (intact cognitive ability). He used a walker and a wheel chair for mobility and he was totally dependent on staff for showers, independent with sit to stand, toilet transfers and walking 10 feet. His diagnoses included Atrial Fibrillation, morbid severe obesity, arthropathy, edema, weakness, venous thrombosis and embolism. He had occasional pain that rarely caused him to lose sleep. He rated his pain intensity at a 2 out of 10, with 10 being the worst.<br><br>The MDS dated [DATE], showed that during the assessment time, sit to stand transfers and walking was not attempted due to medical condition or safety concerns. He was totally dependent for toilet transfers and sit to lying.<br><br>On 5/19/24 at 1:20 PM, Resident #6 was in bed lying on his back. He was a large man, and when asked, about his transfer status, the resident said that since his fall, he needed the mechanical full-body lift. Before that he had been mostly independent and was walking with a walker. The resident said that he fell out of his wheel chair when the gait opened on the lift in the transportation van.<br><br>An Incident Report dated 2/5/24 at 1:48 PM, showed that on that date, Resident #6 was transferred to the hospital for a lymphedema wrapping appointment. While in his wheel chair, he was lowered with a lift platform when the gate opened. The resident had disengaged the breaks on the wheel chair and it rolled off the platform. The resident then fell out of the wheel chair. He was taken to the emergency room for examination and he did not have any apparent injuries at that time.<br><br>A note was faxed from the facility, to the primary doctor on 2/5/24 at 6:04 PM, regarding the fall and that the emergency room doctor reported to continue with wrapping his leg. The resident complained to overall discomfort upon return to the facility.<br><br>According to the Medication Administration Record (MAR) for January 2024, Resident #6 had not used the as-needed (PRN) Acetaminophen in the entire month.<br><br>From February 6th to the 13th the PRN Tylenol was used 10 times.<br><br>From February 14th -21st the PRN Tylenol was used 4 times.<br><br>The following documentation was found in the Nursing Progress Notes:<br><br>a. On 2/5/24 at 3:05 PM resident complained of discomfort in right foot. No injury noted to area.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165414 | A. Building<br>B. Wing | 05/22/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Accura Healthcare of Pomeroy, LLC | 303 East 7th Street<br>Pomeroy, IA 50575 |

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 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | b. On 2/6/24 at 3:02 PM Fall follow up assessment. Resident complained of pain right toe.<br><br>c. On 2/7/24 at 10:44 AM Fall follow up resident complained of pain all over.<br><br>d. On 2/7/24 at 1:11 PM, doctor aware of fall with no new orders. (On 5/22/24 at 12:00 PM Staff B said the communication with the doctor was through fax and she did not actually talk to the doctor)<br><br>e. On 2/7/24 at 10:20 PM discomfort in right foot.<br><br>f. On 2/8/24 at 9:34 AM discomfort in right foot.<br><br>g. On 2/10/24 at 12:27 AM right leg and toe pain.<br><br>h. On 2/11/24 at 1:12 AM right toe pain.<br><br>i. On 2/12/24 at 1:29 AM right foot discomfort.<br><br>j. On 2/12/24 at 4:35 AM right toe discomfort.<br><br>k. On 2/13/24 encounter with Nurse Practitioner (NP), Report right foot pain is worse from last week. He reported he caught his right foot under the wheelchair and unable to bear weight to right foot increased pain across top of foot and toe. Will order an X-ray continue Tylenol PRN.<br><br>l. On 2/13/24 at 1:31 PM Portable X-ray at the facility.<br><br>According to the Patient Report from X-ray no acute fracture visualized.<br><br>m. On 2/16/24 at 12:03 PM Hoyer lift utilized for transfers resident is not bearing weight on right foot.<br><br>n. On 2/19/24 at 7:40 PM pain and vitals assessment. Right ankle pain, worse with movement, non-medication intervention did not provide relief. Scheduled medication provided.<br><br>o. On 2/21/24 at 11:00 AM NP in facility and requested a computerized tomography (CT) of right foot due to resident now having pain to posterior right ankle.<br><br>p. On 2/22/24 at 11:15 NP stated CT scheduled for 2/23/24 at 11:15 AM.<br><br>q. On 2/24/24 at 7:08 AM impression: fracture about the base of medial malleolus posterior aspect tibial plafond and distal fibular shaft. Nondisplaced third metatarsal neck fracture.<br><br>r. On 2/26/24 at 11:50 NP made a referral to orthopedics.<br><br>From 2/7/24 - 2/13/24, staff failed to contact the physician regarding the resident's ongoing pain. From 2/14/24 - 2/21/24 staff failed to contact the physician regarding the continued pain and that his status had changed to non-weight bearing.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165414 | A. Building<br>B. Wing | 05/22/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Accura Healthcare of Pomeroy, LLC | 303 East 7th Street<br>Pomeroy, IA 50575 |

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 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | On 5/21/24 at 9:57 AM Staff C, Registered Nurse (RN), said that on 2/10 and 2/11 she was the nurse for Resident #6 and he had complained of a lot of pain in his foot and toes. She said she didn't look at his foot but his skin tended to be very red and had always had a lot of edema. She said she had not called the doctor about the increased pain because everyone was aware of it and she didn't think it was that alarming to warrant a call to the doctor.<br><br>On 5/21/24 at 12:00 PM Staff B, RN, said she took care of Resident #6 on 2/7/24 and he complained that he had quite a bit of pain in his foot and toes. When asked about a Nursing Note dated 2/7/24 at 1:11 PM that she entered regarding the fax communication, she said she did not actually talk to the the doctor regarding the increased pain.<br><br>On 5/22/24 at 10:15 AM the Director of Nursing (DON) said that they hadn't been very concerned about the increased pain until the resident was no longer bearing weight on that foot. Before that time, he had mostly a general discomfort. She said she did not see any bruising after the fall because his legs were always discolored and he had extensive lymphedema.<br><br>At 10:35 AM on 5/22/24 the DON indicated the facility did not have any policies on change in condition and when to call the doctor. She communicated that they follow standards of care and regulations. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 165414 | A. Building<br>B. Wing | 05/22/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Accura Healthcare of Pomeroy, LLC | 303 East 7th Street<br>Pomeroy, IA 50575 |

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 0698<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide safe, appropriate dialysis care/services for a resident who requires such services.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41785<br><br>Based on interviews, record and policy review the facility failed to provide post-dialysis assessments for 1 of 1 resident reviewed, (Resident #12). The facility reported a census of 37 residents.<br><br>Finding include:<br><br>According to the Minimum Data Set (MDS) dated [DATE], Resident #12 had a Brief Interview for Mental Status (BIMS) score of 15 (intact cognitive ability). She required dialysis treatments and was independent with toilet transfers, walking and dressing. Her diagnoses include; chronic kidney disease, stage 5, acidosis, obsessive compulsive disorder and malnutrition.<br><br>The Care Plan revised on 3/19/24, showed Resident #12 had a fistula in right arm due to disorder of kidney and ureter. Staff were directed to listen for the bruit or feel for the thrill in fistula daily. She was at risk for dehydration and fluid volume imbalance related to routine use of diuretic medication and current dialysis regimen. Staff were to observe for signs and symptoms of dehydration and to notify the doctor with increase edema, shortness of breath, increased respirations and decreased oxygen saturations.<br><br>In a review of the record, it was discovered the chart lacked post-dialysis vital signs and assessments on 4/12/24, 4/20/24, 4/29/24, 5/6/24 and 5/13/24.<br><br>On 5/22/24 at 1:30 PM, Staff B, Registered Nurse (RN) acknowledged that several of the post dialysis assessments had not been edited. She said that if/when the afternoon nurse completed those assessments the document would be closed, and the current assessment information would have been included.<br><br>On 5/22/24 at 9:54 AM, Staff D, Licensed Practical Nurse (LPN) said that when she was the early morning nurse on dialysis days, she would initiate the assessment document and the second nurse in the afternoon would be responsible to complete and enter the post dialysis vitals on the same form.<br><br>On 5/22/24 at 10:15 AM, the Director of Nursing (DON) said that staff would meet the resident at the door when she arrived back from dialysis, and they immediately completed an assessment with vital signs.<br><br>Policy titled Dialysis, Care and Monitor of Resident undated; Post-Dialysis-Assessment and Documentation of the Dialysis Resident standard: To assess for and evaluate any changes of condition related to the residents physical condition upon return to the facility after receiving dialysis treatment.<br><br>1. Obtain a set of vital sings upon return to the facility.<br><br>2. Assess residents physical condition upon return to the facility.<br><br>3. Assess residents vascular access site-report any bleeding or swelling. |