STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165421	A. Building B. Wing	08/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Newton East, LLC	1743 South Eighth Avenue East Newton, IA 50208

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 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, policy review, staff, and resident interviews, the facility failed to report an allegation of missing money for 1 of 3 residents reviewed (Resident #6) for abuse. The facility reported a census of 54 residents.Findings include:Resident #6's Minimum Data Set (MDS) assessment dated [DATE], identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS included diagnoses of anxiety disorder, depression, and schizophrenia.On 8/5/25 at 11:54 AM, Resident #6 stated she had $10 missing her friend gave her on 8/4/25. She stated she informed the Administrator that she had missing money. She added she felt one of the Certified Nursing Assistants (CNAs) took it. Resident #6 reported this concern to the State Agency again on the morning of 8/6/25.On 8/5/25 at 4:02 PM, the Administrator stated Resident #6 reported the missing money to her the day before. She stated Resident #6 changed her story many times and no staff witnessed the friend visit. She stated because the story changed, she didn't report the claim of missing money.On 8/6/25 at 12:40 PM, the Administrator stated she didn't contact Resident #6's friend regarding the missing money. She explained she didn't know she had to report the incident since Resident #6's story changed many times.The facility lacked documentation they reported the allegation to the State Agency.The facility's Nursing Facility Abuse Prevention, Identification, Investigation, and Reporting Policy updated 10/19/22, instructed the facility to report all allegations of abuse to the State Agency no later than two (2) hours after receiving the allegation. The policy included misappropriation of resident property as a type of abuse.

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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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, resident and staff interviews, the facility failed to ensure residents received showers and/or baths at least once a week for 1 of 3 residents reviewed for bathing (Resident #5). The facility reported a census of 54 residents. Findings include: Resident #5's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 12, indicating moderate cognitive impairment. The MDS included diagnoses of hemiplegia (weakness or paralysis on one side of the body), heart failure, and depression. The MDS listed Resident #5 as independent with bathing. The Care Plan Focus initiated 3/25/24 indicated Resident #5 had an activities of daily living (ADLs) deficit related to a cerebral vascular accident (stroke). The Intervention initiated 6/30/24 directed Resident #5 required assistance from 1 staff for bathing. During an interview on 8/4/25 at 1:44 PM, Resident #5 reported she went 3 weeks at times without a shower. Resident #5 said the staff always had something going on, they say they would give her a shower the next day however they would forget to do it. Resident #5 added she didn't refuse showers and at times when she tried to accommodate staff when they say they are busy and behind, she suggested doing her bath the next day but then she didn't get a shower the next day.Review of the facility form titled, Bath Aide Report, reflected Resident #5 had the following number of showers: 1. March 2025- 32. April 2025- 33. May 2025- 24. June 2025- 35. July 2025- 2Resident #5's electronic health record (EHR) for the previous 30 days reflected documentation of a refusal to shower on 7/24/25. The EHR lacked further documentation regarding her showers and/or baths in the previous 30 days. During an interview on 8/6/25 at 8:55 AM, the Director of Nursing (DON) explained she expected residents get showers 2 times a week unless a resident requested otherwise such as 3 times a week and they had a few who wanted 1 shower a week. The DON reported if a resident refused a shower, they should offer again the next day. The DON added if a resident refused their shower sheets should be reflect it should on the computer. The DON reported the bath aide should document in the EHR the day they gave the shower.

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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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. Based on observation, clinical record review, the facility's meal schedule, staff and resident interviews, the facility failed to serve 2 of 2 meals observed in a timely manner according to the facility dining schedule. The facility reported a census of 54 residents.Findings include:The undated facility's Dining Times listed breakfast at 8:00 AM, lunch at 12:00 PM, and dinner at 5:00 PM.On 8/5/25 at 11:54 AM, Resident #6 explained she often got her meals late and received her lunch at 2:30 PM.The observation of the delivery of the lunchroom trays on 8/5/25 revealed the Dining Services Manager delivered Resident #14's meal at 1:25 PM, Resident #15's meal at 1:27 PM, Resident #16's meal at 1:28 PM, and Resident 17's meal at 1:29 PM.On 8/5/25 at 2:33 PM, Staff A, Licensed Practical Nurse (LPN), stated the facility had a lot of staff turnover in the kitchen and had times the staff could serve lunch between 1:00 PM and 2:00 PM. On 8/6/25 at 8:30 AM, Resident #19 stated he didn't receive his lunch until 1:30 PM. The observation of the delivery of the breakfast trays on 8/6/25 revealed the staff delivered Resident #18's meal at 8:53 AM.On 8/6/25 at 3:04 PM, the Dining Services Manager stated they had a goal for staff to pass breakfast and lunchroom trays at 7:30 AM and 12:30 PM respectively. She explained the kitchen had staffing issues and they worked on improving this. She stated she received several grievances related to late meal service.On 8/6/25 at 3:46 PM, the Administrator stated the facility worked on improving the meal services by making sure the staff prepared for the meals such as thawing meats and making desserts ahead of time. She stated the kitchen had some barriers to getting the meals out on time such as performance issues.