

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/28/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Newton East, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44512</p> <p>Based on observations, clinical record review and staff interviews the facility failed to assure services were provided to meet acceptable standard of practice during medication administration for 2 out of 5 residents (Residents #5 and #47). The facility reported a census of 48 residents.</p> <p>Findings include:</p> <p>1. The Quarterly Minimum Data Set (MDS) dated [DATE] for Resident #5 revealed a diagnosis of dementia.</p> <p>The Care Plan for Resident #5 revealed an impaired cognitive function or impaired thought processes due to dementia and directed staff to administer medications as ordered, monitor and document side effects, cue, reorient and supervise as needed.</p> <p>On 2/11/25 at 9:32AM Resident#5 was in her room with medications in a cup, no staff were in the room to provide supervision. Staff D, Licensed Practical Nurse (LPN) was across the hall by the medication cart.</p> <p>During an interview on 2/17/25 at 1:17 PM, Staff D, LPN stated Resident #5 did not have difficulty taking medications and was aware the facility policy directed nursing staff to stay with residents until they had taken their medications.</p> <p>2. The Physician orders for Resident #47 revealed an order for Ozempic (medication used to lower blood sugar) 2 milligrams (mg) every Monday.</p> <p>During medication administration for Resident #47 on 2/13/25 at 8:58 AM, Staff E, Registered Nurse (RN) removed a clear zipper bag that contained 3 insulin pens, removed 2 and prepared them to be administered and left the 3rd syringe, the Ozempic, in the zipper bag on the medication cart and entered Resident #47's room to administer medication. Staff E then returned to the medication cart in the hall and placed the 2 insulin pens back into the zipper bag with the Ozempic pen and secured it in the medication cart.</p> <p>During an interview on 2/13/25 at 9:04 AM, Staff E, RN stated Resident #47 did not receive the Ozempic since it was not a Monday and did not acknowledge that it was left unsecured on top of the medication cart while she was in the resident room administering other medication.</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

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/28/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Newton East, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 2/17/25 at 1:43 PM, The Director of Nursing (DON) stated the expectation of the nursing staff was that they stay with a resident until the resident had taken all of their medications and to store all medications in the medication cart before walking away to administer medication. A Policy titled Medication Administration dated 1/30/24 revealed: a. Medications are administered by licensed nurses or other staff who are legally authorized to do so in this state as ordered by the physician and in accordance with professional standards of practice. b. Observe resident consumption of medication.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Newton East, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44512</p> <p>Based on observations, clinical record review, and staff interviews, the facility failed to follow the rehabilitation directives and the rehabilitation staff failed to provide restorative care for a resident (#35) in need of their services. The facility reported a census of 48 residents.</p> <p>Finding include:</p> <p>The Minimum Data Set (MDS) dated [DATE] for Resident #35 revealed there were 0 days for restorative care provided.</p> <p>The Care Plan for Resident #35 revealed that she had activities of daily living deficit due to the left lower leg fracture and will participate in the restorative plan 3 times weekly.</p> <p>The document titled Restorative Therapy Program dated 10/24/24 signed by the Physical Therapist revealed:</p> <ul style="list-style-type: none"> a. Identified Resident #35. b. The frequency of the program to be completed 3-5 times a week for 6 months. c. Passive/Active Range of Motion (ROM) <ul style="list-style-type: none"> 1. [NAME] Therabands 2-3 times for 15 repetitions, both elbow flexion, extension and shoulder extension rotation. 2. Continuous cycling for upper body for 15 minutes level 3 resistance. 3. Both upper extremity dumb bell extension, catch/toss with the 18 inch ball and pulleys 5-10 minutes. <p>The document titled Point of Care look back 30 days from 2/11/25 revealed:</p> <ul style="list-style-type: none"> a. Task was continuous cycling for upper level 3 resistance for 15 minutes, 3-5 times a week. b. Provide passive ROM to lower body total of 50 repetitions each leg. c. Use green Therabands for 2-3 sets of 15 repetitions both elbow flexions, extensions and both shoulders. d. The documents lacked documentation for 29 days. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Newton East, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>e. On 2/10/25 at 3:18 PM documents checked not applicable.</p> <p>During an interview on 2/10/25 at 12:43 PM, Resident #35 stated she was admitted in March 2024 with a broken foot, developed pneumonia and started therapy. Resident #35 stated the restorative aide was driving residents to appointments and she did not provide the restorative care October through December 2024. Resident #35 stated she did not receive restorative care last week or today. Resident #35 stated her plan was to go home and was not prepared for that physically.</p> <p>During an interview on 2/11/25 at 12:42 PM, Staff P, Restorative Aide stated she had a book for all the residents that are on restorative for Range of Motion (ROM). Staff P stated she took over the restorative care last week. Staff P stated she will be assigned to drive residents if their Managed Care Organization's (MCO) cannot provide transport to the appointments. Staff P stated she was also pulled from providing restorative care to provide nurse aide and medication aide duties. Staff P stated when she was pulled from the restorative duties, it did not get done.</p> <p>During an interview on 2/11/25 at 3:39 PM, the Administrator stated that when the Restorative aide is pulled to provide transportation, CNA or CMA duties, the CNA's on the units were to provide the restorative care for the residents. She verified that the Physical Therapist (PT) gives the restorative programs to the restorative aide.</p> <p>During an interview on 2/11/25 at 3:44 PM, Staff Q, Restorative Nurse stated when the restorative aide is being pulled to the transportation, or to CNA or CMA duties, then restorative exercises are not being completed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Newton East, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48888</p> <p>Based on observation, interview, clinical record review, and facility policy review, the facility failed to ensure the safety of 5 residents in a designated smoking area when on 2/10/25 at 1:15 PM, Resident #32, with a portable oxygen tank, kept in a bag on the back of his wheelchair, smoked alongside other residents while staff were providing supervision. Per interview with Resident#32 he reported that since November 2024 he had been on oxygen, and sometimes he had the oxygen tank on his wheelchair during smoke breaks. The facility reported 9 residents who smoke or vape. Facility additionally failed to ensure foot pedals had been in place on a wheelchair before transporting Resident #25 from dining room to resident room. This failure resulted in Immediate Jeopardy to the health, safety, and security of the resident. The facility reported a census of 48 residents.</p> <p>The State Agency informed the facility of the Immediate Jeopardy (IJ) on 2/10/25 at 4:20 PM. The IJ began on 11/28/24, the day Resident #32's oxygen order was initiated. Facility staff removed the Immediate Jeopardy on 2/11/25 at 2:11 PM through the following actions:</p> <ul style="list-style-type: none">- On 2/10/25, staff education provided to ensure, all staff and all departments, were aware oxygen equipment cannot be on residents or in the designated smoking area while residents smoked. All staff educated on 2/10/2025, or prior to the start of their next shift.- On 2/10/2025, facility educated Resident #32, and the other residents who smoke, that oxygen equipment cannot be with them while smoking.- Facility posted a sign near the exit to the designated smoking area stating that oxygen use is not allowed in the designated area.- Facility posted a sign near the front entrance for visitors stating that oxygen use is not allowed while smoking.- Facility planned to audit for compliance to ensure oxygen equipment not present in the designated smoking area while residents are smoking and any concerns to be reported to the Administrator immediately and addressed in facility Quality Assurance meeting. <p>The scope lowered from K to E at the time of the survey after ensuring the faicity implemented education and their policy and procedure.</p> <p>Findings include:</p> <p>1. The Annual Minimum Data Set (MDS), dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 13 out of 15 which indicated intact cognition. Resident #32 utilized wheelchair for mobility and dependent upon staff to transfer into and out of chair. Diagnoses included paraplegia, Chronic Obstructive Pulmonary Disease (COPD), and asthma.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Newton East, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The Care Plan, revised on 11/05/24, revealed Resident #32 smoked and chewed tobacco with a goal that Resident #32 would remain safe and intervention for staff supervision when smoking, as per facility policy. The Care Plan additionally revealed a focus area, initiated 2/04/25, for Resident #32's use of oxygen therapy, related to Congestive Heart Failure and ineffective gas exchange and informed that Resident #32 is non-compliant with continuous oxygen order.</p> <p>The Medication and Treatment Administration Record (MAR/TAR), dated February 2025, revealed an order, initiated on 11/28/24, for supplemental oxygen to be administered at 2 liters (L) to maintain oxygen saturations greater than 90% (normal oxygen saturation range between 90-100%). The MAR/TAR additionally revealed order, initiated on 11/28/24, for supplemental oxygen to be administered at 2L as needed to maintain oxygen saturation above 90%.</p> <p>A Smoking Assessment, dated 11/19/24, revealed that Resident #32 would go outside to smoke between 2-5 times per day (morning, afternoon, and evening) and required supervision while smoking. No additional Smoking Assessments completed following order initiated for supplemental oxygen therapy.</p> <p>The facility document, titled Resident Kardex, dated 2/11/25, informed direct care worker staff that Resident #32 had order for continuous supplemental oxygen and is non-compliant with it.</p> <p>On 2/10/25 at 11:08 AM, Resident #32 in room, laying in bed with eyes closed, no supplemental oxygen being utilized.</p> <p>On 2/10/25 at 1:00 PM, Resident #32 sat in his wheelchair, near door leading to designated outdoor smoking area, an oxygen tank kept in a bag on the back of wheelchair. Nasal cannula oxygen tubing was attached and wrapped around the top of the oxygen tank.</p> <p>On 2/10/25 at 1:15 PM, Resident #32 outside in designated smoking area with lit cigarette and actively smoking. Resident #32 continued to sit in wheelchair with oxygen tank kept in a bag on the back of wheelchair. The nasal cannula oxygen tubing still attached to tank and wrapped around top of oxygen tank, oxygen not being administered. Staff F, Housekeeping Aide, supervised as Resident #32 and 4 other residents smoked.</p> <p>On 2/10/25 at 1:30 PM, Resident #32 self propelled wheelchair from smoking area back to his room.</p> <p>On 2/10/25 at 1:45 PM, Resident #32 sat in wheelchair in his room, oxygen tank kept in bag on back of wheelchair had an attached meter that read 1/2 full and the dial to control flow of oxygen, set to 0. Resident #32 reported that he goes outside to smoke 3 to 4 times a day. Resident #32 stated he sometimes wears the oxygen and when asked if he goes outside to smoke with oxygen tank kept on back of wheelchair he stated, yeah.</p> <p>On 2/10/25 at 2:00 PM, Staff F, Housekeeping Aide, employed at facility for 3 years, reported that housekeeping staff often supervise the 10:00 AM and 1:00 PM designated resident smoking times. Staff F stated Resident #32 would usually go out to smoke at these times. Staff F acknowledged that Resident #32 had recently been started on oxygen and when asked if she would remove tank before he smokes, Staff F stated the nurses would remove resident's oxygen and housekeeping staff did not touch the oxygen tanks.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Newton East, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 2/10/25 at 2:54 PM, Staff G, Licensed Practical Nurse (LPN), confirmed Resident #32 required supplemental oxygen and stated sometimes he will refused to wear it. Staff G stated Resident #32's oxygen tank should be removed from bag on wheelchair before going outside to smoke.</p> <p>On 2/10/25 at 3:45 PM, Facility Administrator, stated no oxygen should be present in smoking areas due to resident safety risks.</p> <p>On 2/11/25 at 9:07 AM, in an interview with a resident who goes outside to smoke during designated smoking times, the resident reported he had seen Resident #32 go outside with oxygen tank on back of wheelchair a couple of times, but stated that staff will remove it from the back of his wheelchair if seen.</p> <p>On 2/11/25 at 9:52 AM, Staff H, Housekeeping Aide, reported sometimes taking residents out to smoke at 1:00 PM and stated if a resident is on oxygen she would tell the nurse if it's still on and have the nurse take it off. Staff H denied ever seeing an oxygen tank in the designated smoking area, and stated this would not be allowed.</p> <p>On 2/11/25 at 12:20 PM, the Director of Nursing (DON) confirmed that housekeeping staff were helping to supervise residents during 1:00 PM smoking time but facility is discussing just having Certified Nursing Assistant (CNA) staff be with the residents while smoking as they have had training on oxygen.</p> <p>Facility provided an untitled, undated document that revealed resident designated smoking times would be at 10:00 AM, 1:00 PM, 4:00 PM, and 8:00 PM. Document also listed 9 residents who currently smoked, which included Resident #32.</p> <p>A Nursing Progress Note, dated 2/11/25 at 10:37 PM, revealed a new physician's order received that Resident #32 could have oxygen removed for smoking times.</p> <p>The facility policy, titled Resident Smoking Process, dated 4/21/22, revealed oxygen use is prohibited in smoking areas for the safety of the residents. Policy instructed that an order must be obtained to remove oxygen for smoking for residents on continuous oxygen.</p> <p>44512</p> <p>#2. The Quarterly Minimum Data Set (MDS) dated [DATE] for Resident #25 revealed diagnoses of dementia, venous thrombosis and embolism (blood clot), weakness, and dependent for transfers and ambulation not attempted due to medical condition or safety concerns. The Brief Interview for Mental Status (BIMS) revealed a score of 3 that suggested a severe cognitive impairment.</p> <p>The Care Plan dated 1/14/25 for Resident #25 revealed limited mobility and directed to provide extensive assistance of 1 staff and the resident could maneuver the wheelchair slowly.</p> <p>During an observation on 2/10/25 at 1:07 PM, Staff O, Certified Nursing Assistant (CNA) transferred Resident #25 from the dining room, down the hall to his room with a wheelchair without foot peddles.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/28/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Newton East, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on 2/17/25 at 1:43 PM The Director of Nursing (DON) stated the expectation of the nursing staff was that they utilize wheelchair pedals when transporting residents in wheelchairs.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Newton East, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure a licensed pharmacist perform a monthly drug regimen review, including the medical chart, following irregularity reporting guidelines in developed policies and procedures.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48888</p> <p>Based on interview, clinical record review, and facility policy review, the facility failed to ensure Provider notification and timely response to Pharmacy recommendations for 2 of 5 residents (Resident #29 and #36) reviewed for unnecessary medications. The facility reported a census of 48 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS), dated [DATE], revealed Resident #29 had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating intact cognition. Diagnoses included Bipolar Disorder, Post Traumatic Stress Disorder (PTSD), and adjustment disorder with depressed mood. Resident #29 required anticonvulsant medication.</p> <p>The Care Plan, revised on 5/08/24, revealed Resident #29 had focus area for antidepressant medication related to poor nutrition and Bipolar mood disorder with interventions to administer antidepressant medications as ordered by physician, and to monitor/document side effects and effectiveness of medication every shift.</p> <p>The Medication Administration Record (MAR), dated February 2025, revealed an order, initiated on 5/03/24, for Mirtazapine tablet 7.5 milligrams (mg) with instructions to give by mouth one time a day for appetite stimulant related to adjustment disorder with depressed mood.</p> <p>The facility provided a Pharmacy report, dated from 7/01/24 through 2/12/25, which revealed the following Pharmacy recommendations and Provider responses:</p> <p>a. On 11/15/24, Pharmacy recommendation for Gradual Dose Reduction (GDR) of antidepressant medication which explained that Resident #29 had been receiving the antidepressant Mirtazapine 7.5mg daily since May 2024 with GDR due, and to consider a trial dose reduction to Mirtazapine 3.75mg daily to reach the minimal effective dose. Report instructed that if antidepressant order is to be continued as written, to document that the risk versus benefits have been considered, and provide documentation of specific and individualized rationale related to the clinical contraindication of a GDR. Pharmacy report revealed an outcome of no response to recommendation as of 1/03/25.</p> <p>b. On 1/03/25, Pharmacy recommendation for Gradual Dose Reduction (GDR) of antidepressant medication Mirtazapine 7.5mg daily, to consider a trial dose reduction to Mirtazapine 3.75mg daily with instructions to document risks versus benefits and provide documentation of specific and individualized rationale related to the clinical contraindication of a GDR if order is to be continued as written. Pharmacy report revealed a pending outcome as of 2/04/25.</p> <p>Review of Nursing Progress Notes lacked documentation of Provider notification or response to Pharmacy recommendations requested on 11/15/24 or 1/03/25.</p> <p>A Nursing Progress Note, dated 1/03/25 at 3:00 PM, revealed the Provider had been called to follow up on a fax about med review not being answered and was informed facility had incorrect fax number.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Newton East, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0756</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Nursing Progress Note, dated 1/22/25 at 12:34 PM, revealed Resident #29 wanted to switch Medical Providers due to current Provider had not been in to see him. Note informed that current Provider did not realize Resident #29 was one of his patients.</p> <p>On 2/18/25 at 9:37 AM, Director of Nursing (DON), confirmed that Resident #29 had started on the antidepressant Mirtazapine shortly after admission, May 2024, for appetite. DON stated she would receive the Pharmacy recommendations via electronic mail and then send to the resident's Medical Provider to sign and/or respond to. DON stated if there's no response from a Provider, she would keep sending it or could have the facility's Medical Director sign orders if no response received.</p> <p>2. The Quarterly Minimum Data Set (MDS) assessment, dated 11/14/24, revealed a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating intact cognition. Diagnoses included Bipolar Disorder and dementia. Resident #36 required antipsychotic, antianxiety, antidepressant, and anticonvulsant medications. The MDS revealed that antipsychotics were received on a daily basis only with no Gradual Dose Reduction (GDR) attempted and no physician documented contraindication to GDR in place.</p> <p>The Care Plan, revised 2/03/25, revealed Resident #36 had focused areas for the use of antipsychotic and antidepressant medications, with an intervention to consult with Pharmacy and Medical Provider and consider dosage reduction when clinically appropriate, at least quarterly. The Care Plan additionally revealed Resident #36 was at risk of adverse effects from the routine use of psychotropic medications.</p> <p>The Medication Administration Record (MAR), dated February 2025, revealed the following medication orders:</p> <p>a. Clonazepam 0.5 milligrams (mg), with instructions to give 1 tablet by mouth one time a day. Order initiated on 3/02/24. (common uses for anxiety, sleep, and depression)</p> <p>b. Clonazepam 0.5mg, with instructions to give 3 tablets by mouth one time a day. Order initiated on 3/01/24.</p> <p>c. Divalproex Sodium 125mg, with instructions to give 4 capsules by mouth one time a day. Order initiated on 6/28/24. (common uses for seizures, and bipolar manic phase)</p> <p>d. Divalproex Sodium 125mg, with instructions to give 6 capsules by mouth two times a day. Order initiated 6/27/24.</p> <p>e. Olanzapine 7.5mg, with instructions to give 1 tablet one time a day. Order initiated on 12/11/23. (common use for schizophrenia, and bipolar disease)</p> <p>f. Sertraline 50mg, with instructions to give 1 and a half tablets by mouth one time a day. Order initiated on 5/02/24. (common use for anxiety)</p> <p>The facility provided a Pharmacy report, dated from 7/01/24 through 2/12/25, which revealed the following Pharmacy recommendations sent on 9/04/24, 11/15/24, and 1/03/25 to consider a Gradual Dose Reduction (GDR), to reach minimal effective dose, due on the following medications:</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Newton East, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0756 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>a. Clonazepam 0.5mg every morning and 1.5mg every evening, in place since March 2024, consider trial dose of Clonazepam 0.5mg every morning and 1mg every evening.</p> <p>b. Divalproex Sodium 500mg every morning and 750mg every evening, in place since September 2023, reduce to 500mg twice per day.</p> <p>c. Olanzapine 7.5mg daily, in place since December 2023, reduce to 5mg daily.</p> <p>Pharmacy reported outcome as no response to recommendations, recorded on 11/15/24 and 1/03/25, and outcome as pending on 2/04/25.</p> <p>Review of Nursing Progress Notes lacked documentation of Provider notification or response to Pharmacy recommendations requested on 9/04/24, 11/15/24, or 1/03/25.</p> <p>A Nursing Progress Note, dated 2/17/25 at 4:30 PM, revealed a call was placed to Resident #36's Mental Health Provider, regarding Gradual Dose Reductions not being responded to since January. Note indicated Provider responded that Resident #36 had not been seen since June 2024, therefore would not have answered recommendations. The Note revealed Resident #36 and family were choosing to switch Mental Health Providers.</p> <p>On 2/17/25 at 4:10 PM, Director of Nursing (DON), stated Resident #36's Mental Health Provider revealed that resident had not been seen for a while, so Provider would not have been signing orders or recommendations.</p> <p>The facility policy, titled Medication Regimen Review Policy, dated 10/19/22, revealed the expectation of all recommendations from the Pharmacy Consultant are acted upon and documented by the community staff and/or provider in the resident's medical record. The policy instructed that if the Physician chooses not to act upon the Pharmacy Consultant recommendations, the Physician must document rationale as to why the change is not indicated in the resident record.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Newton East, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Employ sufficient staff with the appropriate competencies and skills sets to carry out the functions of the food and nutrition service, including a qualified dietician.</p> <p>46513</p> <p>Based on staff interviews, employee job description and policy , the facility failed to ensure adequate, trained, dietary staff for a clean kitchen environment. The dietary manager did not meet the regulated educational qualifications, the kitchen lacked appropriate sanitary conditions (photos available). The facility reported a census of 48 residents.</p> <p>Findings include:</p> <p>During an interview on 2/10/25 at 9:25 AM Staff B, Kitchen Manager reported working at the facility only a few months, beginning, December 2024. Staff B relayed the previous kitchen manager left and had recommended Staff A, laundry/housekeeper for promotion to kitchen manager. Staff B reported dietary training in several fast food environments, which included a course in food safety for managers and had not yet completed the Certification for Dietary Manager (CDM) coursework.</p> <p>On 2/10/25 at 9:30 AM Staff B, Kitchen Manager (KM) reported each shift is supposed to clean the kitchen at the end of the shift and it is apparent that had not occurred over the weekend. Staff B, KM acknowledged the dirty floors, equipment and uncovered food were unsanitary.</p> <p>On 02/10/25 at 10:34 AM Staff C, Registered Dietician (RD) relayed the food provider and owner company provide kitchen staff training, revealed dietician can consult, had not addressed cleanliness with staff and stated today is the worst it had ever seen. Staff C relayed thought staff should have mopped before start of food preparation.</p> <p>On 2/10/25 at 10:56 AM the Administrator walked thru the kitchen and relayed the kitchen should be cleaned every night at end of shift, most all the kitchen staff are new and improvement is needed.</p> <p>On 2/13/25 the Administrator relayed in an email, the dietary services manager is in the process of completing her certified food manager training. The Administrator confirmed the KM had not finished the program or passed the credentialing exam.</p> <p>A Document titled, Job description: Director of Dining services was signed on 1/16/25 by Staff B, documented the job summary, responsibilities included day to day planning, organizing, developing the management of the overall operations of the dietary services department in accordance with current federal, state and local standards, guidelines and regulations governing the facility and as may be directed by the Executive Director to assure quality services provided on a daily basis and that the dietary services department is maintained in a clean, safe and sanitary manner. Education and qualifications include must meet state requirements for food service manager and dietary managers.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/28/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Newton East, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0801 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility provided a policy titled Cleaning and Sanitation of Dining and food service area dated 2021 and directed staff as follows; food and nutrition services staff will maintain the cleanliness and sanitation of the dining and food service areas through compliance with a written, comprehensive cleaning schedule. The director of food and nutrition services will determine all cleaning and sanitation tasks needed for the department. Tasks shall be designated to be the responsibility of specific positions in the department. Staff will be trained on the frequency of cleaning, as necessary, included sample of methods and guidelines, schedule will be posted for all cleaning tasks, and staff will initial the tasks as completed. Staff will be held accountable for cleaning assignments.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Newton East, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44512</p> <p>Based on observations, resident and staff interviews, the facility failed to provide food that was palatable and at an appetizing temperature for 5 out of 5 residents reviewed (Res #8, #13, #17, #35, & #43). The facility reported a census of 48 residents.</p> <p>Finds include:</p> <p>1. The Quarterly Minimum Data Set (MDS) dated [DATE] Resident #13 revealed the Brief Interview for Mental Status (BIMS) was 15 which indicated an intact cognition.</p> <p>During an interview on 2/10/25 at 12:07 PM Resident #13 stated that the lunch food that was to be served at noon came at 1:30 PM and her lettuce in the chef salad was wilted. Resident #13 stated the breakfast food was cold all of the time.</p> <p>2. The MDS dated [DATE] Resident #17 revealed the BIMS was 15 which suggested an intact cognition.</p> <p>During an interview on 2/10/25 at 10:29 AM Resident #17 was in a wheelchair in her room with a meal tray covered with plastic on her bedside table untouched. She stated it was cold.</p> <p>3. The MDS dated [DATE] Resident #35 revealed the BIMS was 15 which suggests an intact cognition.</p> <p>During an interview on 2/10/25 Resident #35 stated lunch came late 1:30 PM but was warm enough, then stated that breakfast is cold.</p> <p>4. The Quarterly MDS dated [DATE] Resident #43 revealed the BIMS was 15 which suggests an intact cognition.</p> <p>During an interview on 2/10/25 at 12:25 PM Resident #43 stated the room tray food was always cold, the eggs, sausage and toast and the milk was lukewarm.</p> <p>During an observation on 2/11/25 at 9:00 AM, 5 breakfast room trays sat in the kitchen/dining window for 15 minutes (Picture obtained). The residents trays were #8, #13, #17, #35, and #43. The variegated blind to the kitchen was lowered but not closed. Two housekeeping staff were cleaning the dining room and one dietary staff was cleaning the dining tables.</p> <p>At 9:16 AM, nursing staff took covered trays to Residents #13, #17 and #43.</p> <p>During an interview on 2/11/25 at 10:21 AM, Resident #13 stated the breakfast was cold.</p> <p>During an interview on 2/11/25 at 9:47 AM Resident #17 stated the breakfast was cold and she could not eat it. The breakfast tray was on her nightstand untouched.</p> <p>During an interview on 2/11/25 at 9:40 AM Resident #43 stated breakfast was cold but she was hungry and ate it.</p> <p>(continued on next page)</p>		

Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 05/28/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Newton East, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 2/18/25 at 9:39 AM, the Administrator stated there were attempts to assist the kitchen staff with training. She stated all of the staff in the kitchen are new.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Newton East, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0805</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs.</p> <p>44512</p> <p>Based on observations, food provider documents and staff interviews, the facility failed to prepare food to meet the needs for 8 of 8 residents who required the meal to be mechanical soft (Residents #27, #32, #11, #26, #15, #9, #2, #29). The facility reported a census of 48 residents.</p> <p>Findings include:</p> <p>During an observation on 2/13/25 at 12:14 PM, Staff B, Dietary Manager prepared mechanical soft meat by placing 6 chicken pieces into the food processor then put the prepared meat into a metal pan on the steam table. Further observation revealed Staff N, [NAME] utilized a scoop and shook the prepared chicken in attempt to level it and meat fell out, less than a scoop, placed it on a plate and another plate was served with a scoop full. Staff B made a plate with mechanical soft chicken and put 2 scoops on one plate and another with a little more than a scoop full.</p> <p>During an interview on 2/13/25 at 1:48 PM, Staff N, [NAME] stated he did not know what size of scoop he was using to serve. Staff N stated he was new to cooking in a facility as he was working in a fast food restaurant prior to this employment.</p> <p>During an interview on 2/13/25 at 1:49 PM, Staff B, Dietary Manager stated she used the scoop size for the ground chicken by the food provider chart that came with the food. She opened the book and identified 3 ounces (oz) chicken as the serving size. When inquired about the size of the scoop used to serve the mechanical soft chicken, Staff B stated it was 2 oz but she made them heaping. She was unaware that the cook served the scoop size or less for this meal.</p> <p>A document titled Resident Diet Roster revealed 8 residents who required a mechanical soft diet (Residents #27, #32, #11, #26, #15, #9, #2, #29).</p> <p>A document titled Menu signed by the Registered Dietitian on 11/11/24 revealed the lunch menu for 2/13/25 included 3 ounces of baked Swiss chicken for regular and ground or mechanical soft diets.</p> <p>During an interview on 2/10/25 at 10:34, Staff C, Registered Dietician (RD) stated that the food provider and owner company provide kitchen staff training, and revealed she can consult.</p> <p>During an interview on 2/18/25 at 9:39 AM, the Administrator stated there were attempts to assist the kitchen staff with training. She stated all of the staff in the kitchen are new and the dietitian was here 1 day a week.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Newton East, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46513</p> <p>Based on observation, staff interview, and policy review, the facility failed to maintain a clean sanitary environment in the kitchen and failed to store food in accordance with professional standards for food service safety included food not covered. The facility reported a census of 48.</p> <p>Findings include:</p> <p>On 2/10/25 at 9:25 AM observations during initial tour of the facility kitchen revealed the following;</p> <ul style="list-style-type: none"> a. the floor tiles under the sink missing with gray/ black residue on flooring b. grime and water stains evident under the sinks c. refrigerator handle and interior tray with food crumbs present d. front of the stove revealed dripping residue and traces of food e. the stainless appliances were not clean f. sand like debris on top of the dishwasher g. various items on the floor included silverware, cup, papers, food crumbs and spills h. bowls of cereal uncovered and a tub of peanut butter half empty covered loosely with a piece of plastic g. sticky pest traps in most corners (photos available). <p>On 2/10/25 at 9:30 AM Staff B, Kitchen Manager (KM) reported each shift is supposed to clean the kitchen at the end of the shift, and it was apparent that had not occurred over the weekend. The KM acknowledged the dirty floor and uncovered food were unsanitary. The KM stated the peanut butter should have a lid, and food should be covered. The KM reported the sand like debris on the dishwasher was likely left after a wall was repaired in mid-January.</p> <p>On 02/10/25 at 10:34 AM Staff C, Registered Dietician (RD), reported that she would consult, the food provider and owner company provide kitchen staff training. Staff C stated she had not addressed cleanliness with staff and stated today is the worst she had ever seen. Staff C relayed that staff should have mopped before start of food preparation. When questioned about the multiple pest traps, Staff C acknowledged bugs have been a concern with the age of the building and exceptional job cleaning is important.</p> <p>On 2/10/25 at 10:56 AM the Administrator walked thru the kitchen and relayed the kitchen should be cleaned every night at end of shift, most all the kitchen staff are new and improvement is needed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Newton East, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>The facility provided a policy titled Cleaning and Sanitation of Dining and food service area dated 2021 directed staff as follows; food and nutrition services staff will maintain the cleanliness and sanitation of the dining and food service areas through compliance with a written, comprehensive cleaning schedule. The director of food and nutrition services will determine all cleaning and sanitation tasks needed for the department. Tasks shall be designated to be the responsibility of specific positions in the department. Staff will be trained on the frequency of cleaning, as necessary, included sample of methods and guidelines, schedule will be posted for all cleaning tasks, and staff will initial the tasks as completed. Staff will be held accountable for cleaning assignments.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Newton East, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>44512</p> <p>Based on facility record review and staff interviews, the facility failed to have an effective Quality Assurance and Performance Improvement (QAPI) program in place to assist in the provision of quality care for residents. The facility identified a census of 48 residents.</p> <p>Findings include:</p> <p>Review of the Department of Inspections and Appeals web site entity search reveals this facility has repeat deficiencies the past two years for infection control, professional standards and clean environment.</p> <p>During an interview on 2/18/25 at 9:39 AM, the Administrator acknowledged the facility had repeat deficiencies the past two years. She stated there were attempts to assist the kitchen staff with training. She stated all of the staff in the kitchen are new.</p> <p>During an interview on 2/18/25 at 9:53 AM, the Regional Director of Operations stated the root cause was due to the turn over in the kitchen staff. She stated that on 2/6/25 she visited the kitchen, identified concerns and began designing a Performance Improvement Plan (PIP) that will make progress and provide support for the kitchen staff that will improve efficiency.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Newton East, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Keep all essential equipment working safely.</p> <p>46513</p> <p>Based on observation, staff interview and facility assessment review the facility failed to maintain essential equipment available to be used in safe operating conditions. A washing machine noted out of order, debris behind the washers related to water backing up, a dryer did not automatically cool down or shut off. The facility had reported a census of 48.</p> <p>Findings include:</p> <p>1. On 2/10/25 at 10:06 AM initial laundry tour observed two large industrial size washers, one with a sign on the front documented out of order, behind the washer were water stains on the piping and grayish dirty debris on the floor and the pipes. Observed two industrial size dryers, one had a sign taped that read, Keep eye on dryer, wont shut off by its self (photos available).</p> <p>On 2/10/25 at 10:10 AM Staff A, Laundry/Housekeeper (LH) explained only one of the large washers is working. Queried Staff A regarding the debris behind the washer, Staff A responded the pipes can back up from grease or oils and had pillow stuffing shoot out back of the washer as well. Staff A relayed the sign on the dryer reflected the dryer does not shut off automatically and the clothes do not cool down. Felt a sensor is bad and relayed zippers or metal parts can be very hot coming out of the dryer.</p> <p>On 2/12/25 at 12:17 PM the Administrator relayed the washing machine is not out of order, both large washing machines cannot run simultaneously because they will overload the circuit panel. Also relayed was unaware a dryer was not cooling down, would have maintenance director look at it.</p> <p>The facility assessment documented physical equipment, dated 7/17/24 and each department manager, or designee, follows procedures for maintaining inventory and assessing the condition of all equipment and determining what is needed.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Newton East, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>44512</p> <p>Based on observations, staff interviews and commercial pest control documents, the facility failed to maintain an effective pest control program so that the facility would be free of pests. The facility also failed to follow through with recommendations provided by the commercial pest control to prevent pest entry and clean and proper disposal of food waste in the kitchen. The facility reported a census of 48 residents.</p> <p>Findings include:</p> <p>During an observation on 2/10/25 at 10:06 AM the back door of the kitchen adjoins the laundry room. Multiple pest traps were noted throughout the kitchen and into the laundry room.</p> <p>During an interview on 2/10/25 at 10:06 AM Staff J, Laundry stated there are more pest traps in the cupboards and they are roach traps. Staff J stated that roaches have been in the laundry bins and occasionally in the clothes. Staff J stated she had killed a roach this morning.</p> <p>During an observation on 2/11/25 at 9:41 AM, a large kitchen trash lid was on the floor and food debris and spatters were on the wall behind the trash and on the side of the oven which was next to the trash can. The food prep sink lower cupboard was open and water was leaking from the sink into the lower cupboard that contained a food processor in it and the water spilling out onto the floor. The sink contained a metal pan with a package of meat and overflowed with water into the sink that did not contain a plug. Staff B, kitchen manager arrived with a mop and stated she had notified the maintenance staff.</p> <p>During an interview on 2/13/25 at 10:05 AM, Staff I, Maintenance Director stated he had received a text on 2/12/25 that the kitchen sink was leaking and he had fixed it. Staff I stated he was informed this morning that it was leaking again via text.</p> <p>A document titled Commercial Pest Control dated 11/22/24 revealed:</p> <ul style="list-style-type: none"> a. Completed service and inspection, treated interior with Alpine WSG and serviced all devices. b. Spoke with Staff K, Certified Medication Aide (CMA). c. Treated/observed spider, cricket and sowbug activity near doorways and captured in monitors. d. Treated/observed German cockroach activity in kitchen area and captured in monitors. <p>A document titled Commercial Pest Control dated 12/27/24 revealed:</p> <ul style="list-style-type: none"> a. Completed service and inspection, treated interior with Alpine WSG and serviced all devices. b. Spoke with Staff L Environmental Services. c. Treated/observed cricket and ground beetle activity near the doorways and in capture monitors. <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Newton East, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>d. Treated/observed German roach activity in the kitchen area. Added Advion roach bait.</p> <p>e. Exterior activity: light feeding observed at bait stations.</p> <p>A document titled Commercial Pest Control dated 1/4/25 revealed:</p> <p>a. Completed service and inspections, treated interior with Alpine WSG and serviced all devices.</p> <p>b. Spoke with Administrator.</p> <p>c. Treated/observed spider and sowbug activity near doorways and captured in monitors.</p> <p>d. Treated/observed German cockroach activity in kitchen area.</p> <p>e. Replaced Advion cockroach bait to cracks/crevices and replaced all monitors.</p> <p>f. Previously noted conditions are still active and observable, notes regarding the interior in all areas, reported on 7/9/24 revealed:</p> <p>1. Holes in walls, an unsecured opening or access in a wall was identified, this may allow pest entry. Action: Seal or repair the hole.</p> <p>2. Piping penetration gaps, an unsecured opening in a wall was identified, this may allow pest entry. Action: Seal or repair hole.</p> <p>g. Previously noted conditions are still active and observable, notes regarding the interior staff lounge, reported on 8/28/24 revealed:</p> <p>1. Missing or damaged door sweeping, allowing pests entry to area. Action: Repair or replace the door sweep in order to deny pest entry.</p> <p>h. Previously noted conditions are still active and observable, notes regarding the interior kitchen, reported on 1/24/25 revealed:</p> <p>1. Food debris, food waste was found not properly disposed of. Action: Clean up the food waste and ensure that it is disposed of in a proper manner.</p> <p>During an interview on 2/10/25 at 10:34, Staff C, Registered Dietician (RD) stated that the food provider and owner company provide kitchen staff training, revealed she can consult, had not addressed cleanliness with staff and stated today was the worst she had ever seen. Staff C stated she thought the kitchen staff should have mopped before the start of food preparation. When inquired about the multiple pest traps, she acknowledged bugs have been a concern with the age of the building, exceptional job cleaning would be very important.</p> <p>During an interview on 2/19/25 at 2:47 PM, Staff B, Dietary Manager stated that management nor pest control had spoken to her directly on what she needed to make improvements to aide in the pest control. She stated a man had come in and put new paper traps on the floor in the pantry, under the dishwasher, behind the coolers and under the 3 compartment sink. Staff B stated that they are trying.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165421	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Newton East, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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 0925 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>During an interview on 2/19/25 at 2:52 PM, Staff M, [NAME] stated that the facility had a cleaning list in the kitchen and that they tried to do most of it but it was lacking. Staff M stated he was new and worked five days a week.</p> <p>During an interview on 2/19/25 at 3:01 PM, the Administrator stated she had not spoken to Staff B, Dietary Manager about the pest control but did talk about cleanliness. The Administrator stated she had to call for the report the pest control completed last week. She stated the man didn't talk to her, she just signed the document for him when he was here and she was unaware of his findings.</p>		