

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/26/2025
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Ames, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3440 Grand Avenue Ames, IA 50010	

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 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42441</p> <p>Based on clinical record review and staff interview, the facility failed to submit a Level II Preadmission Screening and Resident Review (PASRR) evaluation for 1 of 1 residents reviewed with a new mental health diagnoses (Resident #49). The facility reported a census of 69 residents.</p> <p>Findings include:</p> <p>Resident #49's Minimum Data Set (MDS) assessment dated [DATE] included diagnoses of anxiety disorder, depression and psychotic disorder. The MDS reflected Resident #49 took antipsychotic, antianxiety, and antidepressant medication in the lookback period.</p> <p>The Care Plan Focus revised 2/11/25 indicated Resident #49 had a potential for behaviors, he used his call light excessively without having a need and often wouldn't participate in self-care to his capabilities. The Goal identified Resident #49 would display appropriate interactions with peers, staff, and visitors over the next review period. The Interventions directed Resident #49 as sometimes impulsive or impatient.</p> <p>Resident #49's Medical Diagnoses reviewed 3/24/25 listed the following diagnoses dated:</p> <ul style="list-style-type: none"> a. 2/18/25: Delusion disorders b. 11/7/24: Adjustment disorder with mixed anxiety and depressed mood c. 10/18/24: Anxiety disorder d. 8/30/24: Depression <p>Resident #49's March 2025 Medication Administration Record included the following new orders:</p> <ul style="list-style-type: none"> a. 2/22/25: Zolof (antidepressant) 75 milligrams (mg) 1 time a day related to unspecified depression. b. 1/31/25: Seroquel (antipsychotic) 25 mg 2 times a day related to adjustment disorder with mixed anxiety and depressed mood. <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
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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>c. 3/21/25: Amitriptyline HCL 25 mg. Give 10 mg by mouth once a day due to adjustment disorder with mixed anxiety and depressed mood.</p> <p>Resident #49's Notice of PASRR Level 1 Screen Outcome dated 9/6/23 indicated he didn't have a mental health diagnosis at the time and if changes occurred a new screening must be submitted.</p> <p>On 3/24/25 at 12:51 PM, the Social Worker provided documentation of Resident #49's Level II PASRR evaluation processing began 3/23/25.</p> <p>During an interview 3/24/25 at 3:45 PM, the Administrator reported the facility didn't have a specific policy or protocol regarding the completion of PASRRs, as they generally tried to follow the regulations. The Administrator added he expected the staff to submit Level 2 PASRRs evaluations in a timely manner.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<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** 44972</p> <p>Based on record review, resident interview, staff interview and facility process review, the facility failed to ensure residents environment was free from accidents and hazards by not assessing a resident for safety that verbalized he used a vape pen in his room for 1 of 2 residents reviewed for smoking (Resident #67). The facility reported a census of 69 residents.</p> <p>Findings include:</p> <p>Resident #67's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS listed Resident #67 as dependent on staff for bathing, toileting, and transfers. They required set up assistance with personal hygiene. They used a wheelchair for mobility. The MDS included diagnoses to include muscular dystrophy (genetic condition that causes a breakdown of skeletal muscle over time and progressive weakness), post-traumatic stress disorder (PTSD), anxiety, tachycardia (elevated heart rate greater than 100 beats per minute) and second degree burns of right and left lower legs.</p> <p>The facility provided list of smokers lacked Resident #67.</p> <p>Resident #67's clinical record lacked documentation of completed smoking evaluations.</p> <p>The Admission Checklist, signed by Resident #67 on 2/17/25, reflected he signed that the facility provided him a copy of the Resident Smoking Process and he understood the process.</p> <p>In an interview on 3/23/25 at 1:57 PM, Resident #67 reported he used a vape pen and the staff allowed him to use it in his room.</p> <p>In an interview on 3/25/25 at 11:29 AM, Resident #67 said he kept his vape pen in his room and he currently had it on his person. He reported the vape pen needed to be charged and he could do that himself. He added he rarely got out of bed so he didn't get up to vape and vaped in his room throughout the day whenever he felt like it. Resident #67 reported he signed many things on admission and didn't remember if he signed the smoking policy. He thought some staff knew he vaped in his room but he didn't know for sure how many as he didn't know all the staff. He denied knowing that he couldn't vape in his room. He reported he couldn't remember if he told the facility on admission that he vaped or not.</p> <p>In an interview on 3/25/25 at 11:32 AM, Staff A, Certified Nursing Assistant (CNA), stated if a resident smoked or vaped, they had to do it outside with supervision and the residents couldn't keep the smoking or vaping supplies in their room. She didn't believe Resident #67 smoked or vaped but if he did, he most likely did it in his room when no one was around.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 3/25/25 at 11:48 AM, Staff B, Registered Nurse (RN), stated she believed Resident #67 vaped because she saw the vape pen in his room before. She said he never got up, so she assumed he vaped in his room. Staff B stated residents weren't to smoke or vape in their rooms. She didn't know if anyone knew Resident #67 vaped or not. She stated no staff mentioned it to her and she never witnessed him vaping. She reported she had told him, that he couldn't vape in his room but stated she never reported it on to administration.</p> <p>In an interview on 3/25/25 at 12:45 PM, the Administrator reported he didn't know Resident #67 smoked or vaped. He stated residents weren't to keep any smoking or vaping supplies in their rooms. He reported residents weren't to vape in their rooms and no one reported to him about Resident #67 vaping or having vape supplies in his room. He reported on admission they ask the residents if they smoked or vaped. They're supposed to review the policy to ensure they understood it prior to signing it. He stated he expected the staff to report it to him if they knew a resident had vaping supplies or vaped in their room.</p> <p>Review of the Resident Smoking Process, updated 4/21/22, provided by the facility indicated it applied to cigarettes, cigars, pipes, or any other materials that require fire. This also included electronic or vapor cigarettes and chewing tobacco.</p> <ul style="list-style-type: none"> - All tobacco products including smoking tobacco, matches, lighters, chewing tobacco, or other smoking paraphernalia will be kept by family members, or stored by facility staff in a secure location. - Residents may not store smoking materials or supplies on their person, in their belongings, or in their rooms. - Smoking inside the facility is expressly prohibited. - A Smoking Evaluation with Care Plan interventions addressing safety issues must be completed upon admission, quarterly, annually and for change in condition assessments. - The resident and/or the resident representative must sign the resident smoking agreement upon admission, and as needed, which confirms understanding of the smoking policy and schedule. - Following the completion of the Smoking Evaluation and Acknowledgement of this policy, residents will be allowed to smoke in the designated smoking area with the supervision of a family member, resident representative, or employee. No resident is authorized to smoke independently, employees, family, or other resident representatives must supervise them. When staff are providing supervision, smoking will only occur at times designated by the facility.

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46513</p> <p>Based on staff interview, resident interview, clinical records and observation the facility failed to provide appropriate interventions to minimize or prevent urinary tract infections for 3 of 4 residents reviewed with urinary catheters (Residents #11, #55, and #68). The facility reported a census of 69 residents.</p> <p>Findings include:</p> <p>1. Resident #11's Minimum Data Set (MDS) assessment dated [DATE] identified she admitted on [DATE] to the facility. She had a skilled therapy stay from 1/27/25 to 2/18/25. The MDS identified Resident #11 had a Brief Interview of Mental Status (BIMS) score of 8, indicating moderate cognitive impairment. Resident #11 required substantial/maximum assistance with toileting hygiene.</p> <p>The Care Plan Focus revised 3/11/25 indicated Resident #11 had an indwelling catheter. The Goal reflected Resident #11 wouldn't have signs or symptoms of a urinary infection. The Interventions instructed the following:</p> <ol style="list-style-type: none"> a. Change the catheter as ordered b. Check tubing for kinks c. Monitor for signs and symptoms of discomfort and pain due to the catheter, report to the doctor symptoms listed. <p>Resident #11's Medical Diagnoses listed she had the following urinary related diagnoses:</p> <ol style="list-style-type: none"> a. Retention of urine b. Acute kidney failure c. Chronic kidney disease d. Urinary tract infection (UTI) e. Obstructive and reflux uropathy (blockage of urine that causes the urine to flow backward into the kidneys). <p>An Emergency Department (ED) After Visit Summary dated 1/15/24 identified Resident #11 had an ED visit for urinary retention. The diagnoses list included acute urinary retention and UTI.</p> <p>On 3/23/25 at 2:11 PM, saw Resident #11 in bed with her catheter tubing touching the carpeted floor before going into a plastic pan that held the attached catheter bag for urine collection.</p> <p>(continued on next page)</p>

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. Resident #55's Minimum Data Set (MDS) assessment dated [DATE] identified a BIMS score of 15, indicating intact cognition. The MDS reflected Resident #55 had an indwelling catheter. The MDS included a diagnosis of neurogenic bladder (lack of bladder control).</p> <p>The Care Plan Focus dated 3/2/23 indicated Resident #55 had a urinary catheter due to neuromuscular dysfunction (impaired bladder control) of the bladder. The Goal listed Resident #55 wouldn't develop a UTI. The Interventions directed the following:</p> <ul style="list-style-type: none"> a. Change the bag as ordered b. Monitor and report to the charge nurse decreased output, odorous urine, leakage around catheter, dark urine, and any complaints of discomforts of catheter. <p>The Health Status Note dated 3/14/25 at 10:53 PM reflected Resident #55 received 1-liter (L) of intravenous (IV) fluids at 9:30 PM without any urinary catheter output. The staff repositioned the catheter and flushed it with good return. Resident #55 continued to have altered mental status, unable to answer questions appropriately. The facility received orders to send Resident #55 to the ED for an evaluation and treatment.</p> <p>A Physician Order for Resident #55 dated 3/17/25 directed to give an antibiotic, Bactrim 400-80 milligrams (mg) for UTI daily by mouth for ten days.</p> <p>On 3/23/25 at 11:08 AM, observed Resident #55 in bed with her catheter tubing touching the floor tiles before going into a plastic pan that held the attached catheter bag for urine collection.</p> <p>3. Resident #68's Minimum Data Set (MDS) assessment dated [DATE] identified a BIMS score of 13, indicating intact cognition. The MDS included diagnoses of Benign Prostatic Hyperplasia (BPH) (referring to enlarged prostate that can block the flow of urine) and unspecified urine retention.</p> <p>The Care Plan Focus dated 3/6/25 identified Resident #68 had an indwelling catheter related to BPH and urinary retention. The Goal reflected Resident #68 wouldn't have signs/symptoms of infection. The Interventions directed the following:</p> <ul style="list-style-type: none"> a. Check tubing for kinks each shift b. Monitor for signs and symptoms of UTI c. Position the catheter bag and tubing below the level of the bladder. <p>On 3/25/25 at 9:16 AM, witnessed Resident #68 sitting outside with another resident and a staff member who supervised the residents smoking. Resident #68 sat on a chair with his catheter bag hanging on the walker. The catheter tubing from his shorts touched the outside patio cement before extending up to the catheter bag.</p> <p>On 3/26/25 at 10:40 AM, observed Resident #68 sitting in the common area. His catheter bag hung from the last rung of his walker with his tubing touching the carpeted floor. Resident #68 reported sometimes he got a leg bag otherwise he used the bag that hung from his walker.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 3/26/25 at 10:47 AM, while observing Resident #68 with the Director of Nurses (DON), noted Resident #68's catheter tubing touch the floor while he sat in the common area. The DON explained she expected the catheter tubing to not be on the floor. The DON acknowledged the possibility of the introduction of bacteria that could lead to a UTI.</p> <p>On 3/26/25 at 11:06 AM, the Administrator reported he expected the staff to follow protocol for catheters. He added he knew repeat and ongoing education for staff is needed regarding catheters. The Administrator acknowledged the repercussions (unintended negative outcome) included infection and sepsis (severe infection that spreads to the blood).</p> <p>On 3/26/25 at 11:56 AM, the Assistant Director of Nurses (ADON) / Infection Preventionist (IP) acknowledged they knew about the UTI trends in the facility. They looked at nursing staff peri-care techniques, ensured hygiene audits, and even provided supplemental cranberry (increase the acid concentration of the urine). The ADON acknowledged the facility need to implement additional interventions and education related to catheters included catheter and tubing placement.</p> <p>The facility staff explained they didn't have a specific policy on urinary catheters.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</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, policy review, and staff interview, the facility failed to label, date and store food/utensil in accordance with profession standards for food safety to reduce the risk of contamination and food borne illness. The facility reported a census of 69 residents.</p> <p>Findings include:</p> <p>On 3/23/25 at 10:08 AM, during the initial observation of the facility's kitchen, observed refrigerators and freezers with uncovered food items including two drinks in adaptive plastic cups, various salads in bowls and plated. The food packages lacked labeling to identify the product, the open date, and/or use by date, including unidentified meat in a plastic zip lock bag and several bagged items in the freezer (photos available).</p> <p>On 3/23/25 at 10:14 AM, the Dietary Manager (DM) reported he knew the foods should be covered and labeled. He added he reviewed this in training. The DM reported staff brought in several items in the refrigerator in a grocery bag not dated or labeled.</p> <p>On 3/23/25 at 10:18 AM, observed the ice machine with the ice scoop on top of the ice machine, without a container.</p> <p>On 3/23/25 at 10:19 AM, the DM acknowledged the ice scoop utensil should be stored in a container for sanitary purposes.</p> <p>On 3/25/25 at 9:12 AM, the Administrator reported he ordered a special container to adhere to the ice machine to hold the ice scoop. The Administrator confirmed the refrigerator shouldn't have uncovered, undated, and unlabeled food.</p> <p>The facility provided a policy titled, Food Storage dated 2021, it directed all leftover food should be stored covered wrapped carefully, clearly labeled, and dated before refrigerated. Then it must be used within seven days or discarded.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>44972</p> <p>Based on the Center of Medicare and Medicaid Services (CMS) Payroll Based Journal (PBJ) Staff Data Report (October 1, 2024 December 31, 2024) review, facility staffing assignments review, staff punch detail review, and staff interviews, the facility failed to submit accurate staffing data for the PBJ Staffing Data Report which indicated the facility had excessively low weekend staffing. The facility reported a census of 69 residents.</p> <p>Findings include:</p> <p>The facility's daily assignment sheets compared to the facility staff punch detail reports, reflected the following coding errors submitted to the CMS PBJ system for the reporting period of October 1, 2024 December 31, 2024:</p> <ul style="list-style-type: none"> a. 10/12/24 - Certified Nursing Assistant (CNA) coded as a Certified Medication Aide (CMA) for 12 hours on day/evening shift b. 10/13/24 - CNA coded as a CMA for 12 hours on day/evening shift c. 10/19/24 - CNA coded as a CMA for 12 hours on day/evening shift d. 10/27/24 - CNA coded as a CMA for 5 hours on evening shift e. 11/2/24 - CNA coded as a CMA for 8 hours on day shift f. 11/3/24 <ul style="list-style-type: none"> i. Minimum Data Set (MDS) Coordinator worked as a Licensed Practical Nurse (LPN) for 16 hours on day/evening shift ii. Registered Nurse (RN) worked as a CMA for 4 hours on day shift iii. CNA coded as CMA for 4 hours on day shift iv. CNA coded as CMA for 8 hours on day shift g. 11/9/24 - CNA coded as CMA for 2 hours on day shift h. 11/10/24 <ul style="list-style-type: none"> i. 2 CNA's coded as CMA's for 12 hours each on day/evening shift ii. LPN worked as a CMA for 4 hours on evening shift. i. 11/16/24 <p>(continued on next page)</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>q. 12/14/24</p> <ul style="list-style-type: none"> i. MDS Coordinator worked as CNA for 8 hours on day/evening shift ii. CNA coded as CMA for 12 hours on day/evening shift iii. RN worked as CMA for 4 hours on evening shift <p>r. 12/15/24 - MDS Coordinator worked as CNA for 8 hours on day shift</p> <ul style="list-style-type: none"> i. ADON worked as CNA for 4 hours on day shift ii. RN worked as CMA for 4 hours on evening shift <p>s. 12/21/24</p> <ul style="list-style-type: none"> i. CNA coded as CMA for 12 hours on day/evening shift ii. CNA coded as CMA for 16 hours on day/evening shift <p>t. 12/22/24</p> <ul style="list-style-type: none"> i. CNA coded as CMA for 4 hours on day shift ii. CNA coded as CMA for 12 hours on day/evening shift iii. CNA coded as CMA for 4 hours on evening shift <p>u. 12/28/24</p> <ul style="list-style-type: none"> i. ADON worked as CNA for 8 hours on evening shift ii. RN worked as CNA for 4 hours on evening shift <p>v. 12/29/24</p> <ul style="list-style-type: none"> i. CNA coded as CMA for 4 hours on evening shift ii. RN worked as CNA for 4 hours on evening shift iii. ADON worked as CNA for 8 hours on night shift <p>In an interview on 3/25/25 at 3:00 PM, the Administrator stated the Quality Assurance and Performance Improvement (QAPI) committee reviewed the Facility Assessment and updated it on an annual basis with the Medical Director. The planned to review it again in July 2025.</p> <p>(continued on next page)</p>

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NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Ames, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 3440 Grand Avenue Ames, IA 50010	
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 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 3/25/25 at 3:02 PM, the Administrator stated he expected the staff working dual jobs ensure they clock in for the appropriate job duty they performed. The Office Manager and ADON had the responsibility to make sure the daily schedules match up with the employee's punches. He stated they have a corporate staff person that completed the PBJ submission after the facility reviewed the information first.</p> <p>A policy titled Nursing Services and Sufficient Staff last updated 2/23/25 stated the facility had the responsibility for submitting timely and accurate staffing data through the CMS Payroll Based Journal (PBJ) system.</p>		