STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165423	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Ames, LLC	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)
F 0628 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide the required documentation or notification related to the resident's needs, appeal rights, or bed-hold policies. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, policy review and staff interview, the facility failed to ensure the resident or representative received written bed hold information prior to a transfer to the hospital for 2 of 2 residents reviewed for hospitalization (Residents #3 and #69). The facility reported a census of 63 residents. Findings include: 1. The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #3 had a Brief Interview for Metal Status (BIMS) score of 4 indicating severe cognitive impairment. The MDS further revealed the resident had diagnoses including respiratory failure and end stage renal (kidney) disease and received dialysis. Review of Progress Notes for Resident #3 revealed the resident was transferred to the hospital from the dialysis center on 12/24/25 for treatment of low oxygen saturation (tissues not receiving sufficient oxygen). The clinical census for Resident #3 documented a hospitalization 12/24/25-12/29/25. Clinical record review for Resident #3 lacked documentation related to bed hold notification prior to the 12/24/25 hospitalization. 2. The MDS assessment dated [DATE] revealed Resident #69 had a BIMS of 13 indicating intact cognition. The MDS further revealed the resident had diagnoses including osteomyelitis and muscle weakness. Review of Progress Notes revealed Resident #69 was transferred and admitted to the hospital on [DATE] due to a hip fracture. The clinical census for Resident #69 documented the resident was hospitalized [DATE] and billing was stopped 1/20/26. Clinical record review for Resident #69 lacked documentation related to bed hold notification prior to the 1/18/26 hospitalization. Review of facility policy titled, Emergency Notice of Transfer/Discharge, updated 4/4/25 revealed the following: Even though our Facility expects that you will return to our Facility following your hospitalization, federal regulations under 42 C.F.R. SS483.15(c)(3) and (5) require that we provide you with a written notice regarding your transfer to the hospital and your appeal rights. During an interview 4/15/2026 at 2:26 PM the Administrator revealed he was not able to locate information regarding bed hold notification for Resident #3 or #69 with their most recent hospitalizations. During an interview 4/16/2026 at 12:00 PM, the Administrator revealed he would have expected bed hold notifications be presented for Resident #3's and Resident #69's hospitalizations.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165423	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Ames, LLC	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, policy review, the Food and Drug Administration (FDA), staff, and resident interviews the facility failed to accurately complete a Minimum Data Set (MDS) assessment for 3 of 20 residents reviewed (Residents #6, #8 and #62). The facility reported a census of 63 residents.Findings include:1. Resident #8's Minimum Data Set (MDS) dated [DATE] indicated they didn't have a serious mental illness and/or intellectual disability or related condition. The MDS included diagnoses of anxiety, depression, and bipolar disorder (a mental health condition that causes extreme mood swings). A notice of PASRR Level I screen outcome dated 11/17/25 reflected a positive screening and showed no status change. The PASRR Level I Identification Screen showed Resident #8 had evidence of a serious mental illness or an intellectual or developmental disability (IDD). The screen directed the facility to mark yes for question A1500 on the MDS. 2. Resident #6's MDS dated [DATE] lacked a diagnosis of diabetes mellitus. It indicated Resident #6 took insulin for 1 of 7 days during the lookback period. The Physician's Orders indicated Resident #6 took 10 milligrams (mg) of Zepbound (tirzepatide) under the skin once a week for weight management. On 4/14/26 at 2:40 PM, Resident #6 denied being diabetic and didn't take insulin. He stated he took a shot of something once a week for weight loss. 3. Resident #62's MDS dated [DATE] lacked a diagnosis of diabetes mellitus. The MDS reflected she took insulin 1 of 7 days during the lookback period. The Physician's Orders indicated Resident #62 took 12.5 mg of Zepbound under the skin once a week for weight management. On 4/14/26 at 2:35 PM, Resident #62 denied being diabetic and thought she took the insulin Wegovy once a week for weight loss. On 4/15/26 at 1:27 PM, Staff F, MDS Coordinator, stated she gathered information for the MDS by observing on the floor and talking to residents. When she answered question A1500 she looked at the last PASRR evaluation. If she knew it was marked wrong, she would submit a correction to the MDS which she will do. When she answered the question about insulin injections in the last 7 days on the MDS she looked at the Electronic Medication Administration Record (EMAR). She had several residents getting Wegovy and she marked them as 1 day of insulin, as they count as insulin. If she found out that was incorrect, she would submit an MDS correction.On 4/16/26 at 1:31 PM, the Director of Nursing (DON) stated she didn't know if Zepbound should be coded as an insulin on the MDS. She stated Resident #6 and Resident #62 both took it for weight loss. According to the Food and Drug Administration (FDA), Zepbound is a glucose-dependent insulinotropic polypeptide (GIP) receptor and glucagon-like peptide-1 (GLP-1) receptor agonist (a class of medications used to treat obesity) indicated for chronic weight management. The Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual dated October 2025 defined insulin as a medication used to treat diabetes mellitus. The manual directed staff to code all high-risk drug class medications according to their pharmacological classification, not how they are being used. The Conducting an Accurate Resident Assessment policy updated April 2025 directed that all residents receive an accurate assessment by qualified staff. It instructed the Administrator to ensure all participants have the requisite knowledge to complete an accurate assessment addressing each resident's status and needs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165423	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Ames, LLC	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interview, the facility failed to develop and implement comprehensive care plans accurately reflecting the needs and safety interventions for 2 of 20 sampled residents (Resident #17 and Resident #72). Specifically, the facility didn't address smoking behaviors and supervision for one person and didn't ensure staff implemented established fall prevention interventions for another. The facility reported a census of 63 residents. Findings include: 1. Resident #17's admission Minimum Data Set (MDS) assessment dated [DATE], documented they didn't use tobacco. Resident #17's Smoking Evaluation dated 1/13/26, revealed they smoked 10 or more cigarettes a day in the morning, afternoon, evening, and night. Resident #17's Smoking Evaluation, dated 4/12/26, revealed they smoked 5 to 10 times a day in the morning, afternoon, evening, and night. The undated Smoking Information, form provided by the facility on 4/13/26, identified Resident #17 smoked and designated the 400 Hall Courtyard as the smoking area. On 4/15/26 at 9:16 AM observed Resident #17 smoking in the designated courtyard with staff present. On 4/16/26 at 9:25 AM observed Resident #17 smoking in the designated courtyard with staff present. Resident #17's Care Plan, initiated 1/16/26, lacked any documentation related to smoking or the necessary supervision for the activity. The facility's Resident Smoking Agreement policy, updated 4/14/25, required staff to document all smoking measures on the care plan and communicate them to the staff responsible for supervising people while smoking. During an interview on 4/15/26 at 3:08 PM, the Administrator revealed he expected Resident #17's Care Plan to include their smoking behaviors. 2. Resident #72's MDS assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 11, indicating moderately impaired cognition. The Fall Follow-Up note dated 7/1/25 indicated Resident #72 reported pain numbness to her left arm after she got it pinned between the bed and side rail. The review of Care Plan Interventions and effectiveness of the new intervention indicated Resident #72's Care Chart didn't have the Intervention of fall mat, but was listed on the Care Plan. Resident #72's Care Plan, revised on 4/15/25, directed staff to keep the bed in the low position and ensure a fall mat (a padded mat placed on the floor next to a bed to reduce the risk of injury from a fall) remained in place. Resident #72's Incident Report dated 7/1/25, documented staff found them on the floor with their left (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165423	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Ames, LLC	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	arm pinned between the mattress and side rail. The report noted staff failed to place the bed in the low position and failed to put the fall mat in place as required. During an interview on 4/16/26 at 12:25 PM, the Director of Nursing (DON) stated when the staff found Resident #72 on the floor, they didn't have the safety measures in place as they should've. She stated they educated the staff following the event. The facility's Comprehensive Care Plans policy, updated 12/3/25, required the facility to develop and implement person-centered care plans describing specific interventions to meet identified needs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165423	A. Building B. Wing	04/16/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Ames, LLC	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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, clinical record review, staff interviews, and policy review the facility failed to maintain infection control practices for 1 of 3 residents reviewed (Resident ##26). The facility failed to complete hand hygiene and change gloves when completing resident care. The facility reported a census of 63 residents. Findings include:Based on record review and staff interview, the facility failed to ensure staff practiced proper hand hygiene to prevent the spread of infection for 1 of 10 sampled residents (Resident #26). Specifically, staff failed to wash their hands or use sanitizer after removing contaminated gloves and before touching clean surfaces or moving between tasks.Resident #26's Minimum Data Set (MDS) assessment dated [DATE], indicated they had a Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment. The MDS identified they depended on staff for toilet hygiene and transfers. The MDS included diagnoses of diabetes and depression. On 4/13/26 at 3:05 PM, observed Staff G, Certified Nurse Aide (CNA), and Staff H, CNA, enter Resident #26's room, apply gloves, and transfer them with a stand-up lift from the wheelchair to a commode. Staff H lowered their pants before they reached the commode. Staff G and Staff H removed their gloves when they exited the room but performed no hand hygiene. Staff G proceeded to the nurse's station while Staff H picked up a lift sling and walked down the hall.On 4/13/26 at 3:35 PM, observed Staff G and Staff H return to Resident #26's room. Staff H applied gloves and cleansed between Resident #26's buttocks, where stool was present. Staff H removed their gloves and applied new gloves without completing hand hygiene, then proceeded to pull up their pull-up and pants. Staff G and Staff H transferred Resident #26 back to the wheelchair. Staff G removed their gloves and proceeded to touch the sling, their clothing, and opened the window, without completing hand hygiene.The facility's Hand Hygiene policy, updated 11/13/24, instructed the staff to use proper handwashing techniques to protect against the spread of infection. The policy directed staff to always complete hand hygiene before donning (putting on) gloves, after removing gloves, and after handling contaminated (dirty) items.During an interview on 4/16/26 at 11:42 AM, the Director of Nursing (DON) stated she expected the staff to complete hand hygiene immediately after removing gloves and after completing cares. She added they should perform hand hygiene when going from a dirty task to a clean task.