

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165425	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/10/2024
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Cherokee, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 921 Riverview Drive Cherokee, IA 51012	

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** 44474</p> <p>Based on clinical record review and staff interview, the facility failed to refer a resident with a negative Level I result for the PreAdmission Screening and Resident Review (PASRR), who was later identified with newly evident or possible serious mental disorder, intellectual disability, or other related condition, to the appropriate state-designated authority for Level II PASRR evaluation and determination for 2 out of 2 residents (Resident #6 and #14) reviewed for PASRR requirements. The facility reported a census of 34 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #6 documented diagnoses anxiety disorder, depression and psychotic disorder. The MDS included a Brief Interview for Mental Status (BIMS) score of 3 indicating severe cognitive impairment.</p> <p>Review of the active diagnosis list in the clinical record revealed the following diagnoses;</p> <p>a. Anxiety disorder,</p> <p>b. Major depressive disorder,</p> <p>c. Delusional disorders.</p> <p>The clinical record lacked an updated PASRR to include delusional disorders or psychotic disorder.</p> <p>Interview on 10/08/24 at 12:39 p.m., with Staff B, Registered Nurse (RN) revealed the delusional disorder should have been on the PASRR.</p> <p>44420</p> <p>2. The The MDS assessment dated [DATE] for Resident #14 documented diagnoses of Major Depressive Disorder, dementia and stroke. The MDS included a BIMS score of 5 indicating severe cognitive impairment.</p> <p>Review of the active diagnosis list in the clinical record revealed the following diagnoses;</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
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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>a . Major Depressive Disorder,</p> <p>c. dementia.</p> <p>Review of the Physician's Orders showed Seroquel for tearfulness/paranoia related to dementia with other behavioral disturbances.</p> <p>The clinical record lacked an updated PASRR to include Major Depressive Disorder, dementia and Seroquel.</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44474</p> <p>Based on record review, resident and staff interviews and facility policy review the facility failed to provide physician ordered leg wraps for edema for 1 of 1 resident reviewed, (Resident #21). The facility reported a census of 34 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated [DATE] for Resident #21 documented diagnoses of lymphedema, cellulitis and obesity. The MDS showed the Brief Interview for Mental Status (BIMS) score of 15, indicating no cognitive impairment.</p> <p>Interview on 10/9/24 at 1:22 p.m., with Resident #21 revealed he has not had any wraps on his legs for the swelling. Resident #21 stated the facility had put some other kind of edema stuff on his legs but he was not able to use that anymore as that was too tight and pushed all the edema up into his knee area. He has been trying to keep his legs up when he is sitting in his chair.</p> <p>Review of a signed Physician Order dated 10/4/24 revealed an order for ace wraps bilaterally from toes to knees placed daily on and removed as needed or bedtime.</p> <p>Review of Resident #21's Progress Notes revealed the following:</p> <p>a. On 10/4/24 at 3:58 p.m., revealed order received from Nurse Practitioner to apply ace wraps to bilateral lower extremities (BLE) from toes to knees. On in the morning and off at bedtime.</p> <p>b. On 10/5/24 at 8:50 a.m., ACE wraps BLE toes to knees two times a day for edema- not available.</p> <p>c. On 10/5/24 at 10:43 p.m., ACE wraps BLE toes to knees two times a day for edema- not available.</p> <p>d. On 10/6/24 at 6:37 a.m., ACE wraps BLE toes to knees two times a day for edema- on order from the pharmacy.</p> <p>e. On 10/6/24 at 10:19 p.m., ACE wraps BLE toes to knees two times a day for edema- not available.</p> <p>f. On 10/7/24 at 12:47 a.m., noted that edema wear is too tight on resident legs. Edema pushed up to the resident knee with tight, hard edema. Resident instructed to not put it on tomorrow and see how it goes. BLE continues red and warm to the touch, resident complain of pain when they are down.</p> <p>g. On 10/7/24 at 9:26 a.m., ACE wraps BLE toes to knees two times a day for edema- not available.</p> <p>h. On 10/8/24 at 6:32 a.m., ACE wraps BLE toes to knees two times a day for edema- on order from the pharmacy.</p> <p>i. On 10/8/24 at 10:17 p.m., ACE wraps BLE toes to knees two times a day for edema- not available.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>j. On 10/9/24 at 9:45 a.m., ACE wraps BLE toes to knees two times a day for edema- ace wraps not here yet.</p> <p>Review of Resident #21's October 2024 Treatment Administration Record (TAR) revealed the following information:</p> <p>a. ACE wraps to bilateral lower extremities toes to knees two times a day for edema with a start date of 10/4/24.</p> <p>b. The TAR revealed the ACE wraps were not available on 10/5/24-10/7/24 and 10/8/24-10/9/24.</p> <p>Interview on 10/9/24 at 1:39 p.m., with Staff B, Registered Nurse revealed the order the facility received for Resident #21 was for ace wraps on his legs and they should have been on. Staff B further revealed the wraps have been given to the nurse and education provided and the staff will be putting them on the residents legs today.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>44474</p> <p>Based on observation, infection control policy and staff interview, the facility failed to initiate a legionella water program for the facility. The facility reported a total census of 34 residents.</p> <p>Findings include:</p> <p>Interview on 10/9/24 at 1:13 p.m., with Staff A, Maintenance Director revealed he did not do any testing or monitoring of the program. He only checks water temperatures once a week.</p> <p>Review of facility provided policy titled Legionella undated revealed the facility will utilize sound clinical and infection control practices to quickly identify and treat any potential Legionnaires' related illnesses. Sound engineering, preventive maintenance and housekeeping practices will be utilized to minimize the risk of exposing residents and team members to the legionella bacteria. The following information under Minimizing Growth of Legionella in Domestic Water System included:</p> <p>a. Flush toilets and run faucets for a minimum of 30 seconds in all vacant resident rooms periodically(monthly)</p> <p>b. For resident rooms, or other rooms with plumbing fixtures that are used for offices and or storage, flush toilets and run faucets and shower heads for a minimum of 30 seconds periodically (monthly).</p> <p>Interview on 10/9/24 at 1:55 p.m., with the Administrator revealed the facility should be following the policy and flushing toilets and running water.</p>		