STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165425	A. Building B. Wing	01/08/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Cherokee, LLC	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)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observations, resident and staff interviews and policy review the facility failed to ensure proper temperatures for foods served to residents. The facility reported a census of 39 residents. Findings include:1. Interview on 01/06/2026 at 10:48 a.m., Resident #1 stated that he eats his meals in his room and the food is half-ass warm when it comes. He further revealed this happens all the time.2. Interview on 01/05/2026 at 12:45 p.m., Resident #28 revealed she eats her meals in her room and the food is always cold when it arrives to her room. 3. During an ongoing observation on 01/07/26 at 12:22 p.m., the Dietary Manager (DM) dished the room trays in the kitchen and covered the plate. Staff immediately took the room trays to the residents' rooms and delivered them. After the last room tray was served the food temperatures were taken and were as follows:a. Apple Pork Chop- 110 degrees Fahrenheit (F)b. Squash- 116 degrees Fc. Mixed Vegetables- 115 degrees F Review of the facility provided policy titled Food Temperatures dated 2021 revealed the following information: All hot food items must be cooked to appropriate internal temperatures, held, and served at a temperature of at least 135 F.Temperatures should be taken periodically to assure hot foods stay above 135 F during the serving process.Interview on 01/07/26 at 12:27 p.m., with the DM revealed it is hard to keep the food on the room trays hot but it should be hot. Interview 01/07/26 at 12:36 p.m., with the Administrator revealed the food should be served at the proper temperatures.

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
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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. Based on observations, staff interviews and policy review the facility failed to treat residents in a kind and respectful manner ensuring the resident's rights were met for 4 of 8 residents reviewed (#3, #8, #10 and #12). The facility reported a census of 39 residents.Findings include:Observation on 1/7/26 at 8:20 AM showed Staff A, Certified Nursing Assistant (CNA) stood over Residents #8, #10 and #12 while she assisted them to eat breakfast. Observations on 1/8/26 at 8:03 AM showed Staff B, CNA stood over Resident #3 while she assisted Resident #3 to eat breakfast. The Dining Experience policy dated 2021 identified staff will sit next to a person when assisting them with eating rather than standing over them.In an interview on 1/8/26 at 8:24 AM, when asked if she noted any concerns while in the dining room during breakfast on 1/7/26, the Administrator stated, the CNA stood over the residents while helping them to eat. The Administrator reported she gave verbal education to staff. When asked if she knew Staff B stood over Resident #3 this AM, the Administrator stated, no, I can't believe she did it this morning when I already talked to them about it.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, infection control policy, and staff interview, the facility failed to use universal infection control policies with all residents during meal service for 3 of 8 residents reviewed (Residents #8, #10 and #12). The facility reported a census of 39 residents. Findings include:Observation on 1/7/26 at 8:20 AM showed Staff A, Certified Nursing Assistant (CNA) assisted Resident #8, #10 and #12 with breakfast. Staff A alternated assistance between residents, using each resident's utensils and handling drinking cups without performing hand hygiene between residents.The Hand Hygiene policy last updated 11/13/24 identified Staff should always complete hand hygiene: (list is not all inclusive) d) After handling contaminated items and equipment such as, dressings, and secretions and excretions from residentsf) When every our hands become physically soiled h) Before eating, drinking, or handling food.In an interview on 1/8/25 at 8:24 AM, the Administrator reported observing Staff A assist residents in the dining room during breakfast on 1/7/26 without performing hand hygiene. When asked whether staff should perform hand hygiene between assisting residents with eating, the Administrator stated she expected hand hygiene to occur and indicated she provided Staff A with a bottle of hand sanitizer.