STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165435	A. Building B. Wing	12/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Sioux City, LLC	3800 Indian Hills Drive Sioux City, IA 51104

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, staff interviews, and facility policy review the facility failed to ensure proper sanitary conditions in the kitchen area, where staff prepared food. The facility identified a census of 41 residents.Findings included:During the initial kitchen walkthrough on 12/1/25 at 10:35 AM, the following observations were made:a. The double-door refrigerator contained various scattered food debris.b. A cart holding clean dishes also had scattered food debris present.c. The dishwasher showed white, flaky, crusted lime buildup along the top and sides. Additional lime buildup was observed on the coffee machine tray.d. Black spots were seen on the wall and in the corner above the dishwashing area.The Cleaning Instructions: Refrigerators policy dated 2021 policy identified the refrigerators will be cleaned thoroughly inside and outside with a detergent and followed by a sanitizer at least once every month, or as needed. Spills and leaks will be cleaned as they occur. Procedure:1. Remove all food from the refrigerator. Store food in another refrigerator or cooler until the refrigerator is cleaned.2. Remove shelves, drawers, and other removable parts. Wash the parts in the sink using the hand dishwashing method.3. Clean the walls and base of the refrigerator with warm detergent water.4. Rinse and sanitize. Allow to air dry.5. Wipe the exterior of the refrigerator with an approved cleaner or clean cloth, moistened with sanitizing solution.6. Replace the removable parts and food into the refrigerator.7. For walk-in refrigerators, also mop the floors, clean the drains, and wash the walls and ceilings monthly. Store all foods at least 6 inches from the floor and 18 inches from the ceiling.8. Spills should be cleaned at the time they occur.Note: The facility maintenance department should clean the condenser coils and the condensation pans on a regular basis.Note: Follow manufacturer's cleaning and sanitizing instructions if available.The Food and Nutrition Services in Healthcare Facilities dated 2021 identified that the exterior of dishwashers and other appliances should be cleaned daily.In an interview on 12/1/25 at 11:14 PM, the Dietary Manager (DM) stated that she expected the refrigerator and dish cart to be free of any food debris. She also reported that the dishwashing area should not have black spots on the walls, and the exterior of the dishwasher should be free of crusted lime buildup.In an interview on 12/1/25 at 2:42 PM, the Administrator stated that the Dietary Manager (DM) had cleaned and sanitized the refrigerator, dishwasher, and the dishwashing area walls. The Administrator also reported that she expects the kitchen to remain clean and sanitary at all times.

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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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, family interview, staff interview, and policy review the facility failed to notify the Long-Term Care Ombudsman of a transfer to a hospital for 2 of 3 residents (Resident #31, and #43) reviewed. The facility reported a census of 41 residents. Findings include: 1. Review of Resident #31's Minimum Data Set (MDS) dated [DATE] revealed Resident #31 entered the facility from a short-term general hospital stay on 6/11/25. The MDS further revealed a Brief Interview for Mental Status (BIMS) score of 9 indicating moderate cognitive impairment. Interview on 12/01/2025 at 5:25 PM with Resident #31's family member revealed that Resident #31 was in the hospital awhile ago related to having to have a couple of toes amputated related to Resident #31's terrible neuropathy, and poor circulation. Review of a facility provided document titled, Notice of Transfer Form to Long Term Care Ombudsman dated June 2025 revealed that Resident #31 was not on the form. 2. Review of Resident #43's MDS dated [DATE] revealed Resident #43 entered the facility from a short-term general hospital stay on 9/9/25. Review of a facility provided document titled, Notice of Transfer Form to Long Term Care Ombudsman dated September 2025 revealed that Resident #43 was not on the form.Interview on 12/03/2025 of 8:53 AM with the Business Office Manager revealed that she was unaware that residents who went to the hospital should be on the Ombudsman notification. The Business Office Manager then revealed that she ran the report on the computer, and was unaware of the hospitalizations and that they should be on the Ombudsman notification. The Business Office Manager then verified Resident #31 and Resident #43 were not on the appropriate notification to the ombudsman sheet. Interview on 12/03/2025 at 9:08 AM with the Administrator revealed her expectation would be for the appropriate notification to the Ombudsman for hospital visits and discharges. Review of a facility provided policy titled, Notice of Transfer or Discharge Process, with a date of 4/21/25 revealed:a. Copy of the notice must be sent monthly for this type of discharge or transfer to the Office of the State Long-Term Care Ombudsman only by mail, fax or email.

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F 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, the facility failed to refer 1 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 1 out of 1 residents (Resident #7) reviewed for PASRR requirements. The facility reported a census of 41 residents.Findings include:1. The Minimum Data Set (MDS) assessment dated [DATE] for Resident #7 documented diagnoses of anxiety disorder, depression, bipolar disease and schizophrenia. The MDS included a Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment. The Medical Diagnosis list for Resident #7 revealed the following diagnoses:other schizophrenia 4/6/2023mild neurocognitive disorder 4/22/25The Clinical Orders for Resident #7 revealed the following medications:divalproex sodium tablet delayed release 500 milligram (mg) 2 tablet by mouth at bedtime for mood stability related to bipolar disorder.quetiapine fumarate tablet 100 mg 2 tablet by mouth at bedtime for bipolar related insomnia related to bipolar disorder.mirtazapine oral tablet 15 mg or depressive disorderThe clinical record for Resident #7 lacked an updated PASRR to include diagnosis of anxiety disorder, schizophrenia and mild neurocognitive disorder. The PASRR also failed to update medications per current orders. In an interview on 12/3/25 at 2:54 PM, the Administrator stated that the facility failed to update Resident #7's PASRR. The Administrator reported that she would be implementing process improvements, as the facility did not follow its standard practice. The Administrator also acknowledged that the facility lacked a formal policy and should have been adhering to standard procedures. She affirmed that the expectation is for PASRRs to be completed promptly and updated as needed when triggers or changes occur.

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review and staff interviews the facility failed to provide professional standards of care by not following physician orders to include the updated order and the correct medication end date in the electronic record for 1 out of 13 residents reviewed (Resident #8). The facility reported a census of 41 residents.The Minimum Data Set (MDS) dated [DATE] for Resident #8 documented diagnoses of anemia, obstructive sleep apnea, insomnia. The MDS showed the Brief Interview for Mental Status (BIMS) score of 14 which indicated no cognitive impairment. The Clinical Orders for Resident #8 showed:Check Oxygen Levels Daily and as needed dated 12/1/25Oxygen 2 - 5 liters per nasal cannula to keep levels greater than 92% dated 2/10/25The Weights and Vital records showed the facility failed to check oxygen levels on:12/1/2512/2/2512/3/2512/4/25The Care Plan for Resident #8 failed to indicate the resident's oxygen levels required monitoring or that oxygen supplementation might be needed to maintain oxygen levels greater than 92%. In an interview on 12/3/25 at 9:32 PM, Resident #8 stated she had previously experienced shortness of breath and required oxygen. When asked whether she had ever had an oxygen concentrator in her room, she responded yes, but could not recall when the concentrator was present.During an interview on 12/3/25 at 12:14 PM, the Administrator reported the facility had received a verbal physician's order to change the oxygen monitoring to PRN but failed to implement the change. The Administrator stated the orders were currently being processed. When asked to provide a policy for following physician orders, the Administrator stated, We don't have a policy; we follow standard practices.

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of clinical records, staff interviews, and facility policy, the facility failed to complete assessments and interventions for necessary care and services related to dialysis. Clinical record review revealed that nursing staff did not complete all required dialysis evaluations for 1 of 1 residents reviewed (Resident #2). The facility reported a census of 41 residents.Findings include: The Minimum Data Set (MDS) assessment dated [DATE] for Resident #2 documented diagnoses hypertension, end-stage renal disease and dependence on renal dialysis. The MDS included a Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment. The Physician Order dated 6/11/25 instructed staff to obtain a full set of vital signs and the resident's weight both before and after dialysis on Monday, Wednesday, and Friday.The Dialysis Assessments for Resident #37 indicated the facility failed to complete the pre-dialysis, post-dialysis, or both evaluations on the following dates during the look-back period from September 2025 through December 1, 2025:1. 9/5/252. 9/12/253. 9/29/254. 11/3/255. 11/23/256. 11/28/257. 12/1/25The Dialysis Care & Monitoring of Resident policy dated 1/30/24 identified the following:STANDARD:To provide adequate long-term access for dialysis and to ensure patency, absence of infection, and absence of bleeding.PROCESS:1. Check the fistula at least daily or whenever the resident or staff expresses concern.2. Assess for thrill, a rippling sensation palpable on the venous side of the fistula.3. Assess for bruit, a rushing or roaring sound heard through a stethoscope, timed with a heartbeat.4. Assess capillary refill of the extremity. Check for edema and ecchymosis in the area around the fistula.5. Assess for redness, increased temperature, and pain in the area surrounding the fistula.6. Instruct the resident to avoid wearing constricting clothing or jewelry on the affected extremity.7. Do not perform venipuncture, injections, or blood pressures on the extremity with the fistula.8. Report any abnormal findings to the dialysis department or physician immediately.Pre- and Post-Dialysis - Assessment and Documentation of the Dialysis ResidentSTANDARD:To assess and evaluate any changes in the resident's physical condition upon return to the facility after receiving dialysis treatment.PROCESS:1. Obtain a full set of vital signs upon return to the facility and report any abnormalities from the resident's normal range to the physician.2. Assess the resident's physical condition upon return, including:o Skin temperatureo Complaints of feeling coldo Complaints of [NAME] Alertness or level of lethargyo Complaints of nausea3. Assess the resident's vascular access site, reporting any bleeding or swelling. Document the condition of the site and/or dressing as dry and intact.4. Administer any medications as ordered.5. Reassess the resident's physical condition and vital signs as warranted with any changes, and report to the resident's physician or physician on-call.6. Document VS and assessment in Progress Notes- report to physician any abnormalities and report to on-coming Nurse to ensure f/u. Document any contact with physician and/or family members. 7. If dialysis report sheets are not received upon return to facility, notify Dialysis unit to send to facility or notify DON to f/u. Notify Physician If: Shunt problems: No bruit, if bleeding noted; Port problems: symptoms of infection, abnormal lab; persistent symptoms of fluid retention. Signs of fluid retention: peripheral edema, weight gain, neck vein distention, orthopnea, elevated BP, tachycardia and tachypnea. During an interview on 12/3/25 at 12:14 PM, the Administrator stated that she was not aware the dialysis assessments were not being completed. She added that she expected staff to perform all pre- and post-dialysis assessments and to adjust the assessment schedule as needed to accommodate holidays. The Administrator also reported that she planned to include dialysis assessments in an improvement plan that will be monitored.

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F 0710 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Obtain a doctor's order to admit a resident and ensure the resident is under a doctor's care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of the clinical record, facility policy, and staff interviews, the facility failed to notify the physician when the resident's blood pressure exceeded the established notification parameters for 1 of 13 residents reviewed (Resident #2). The facility reported a census of 41 residents. Findings include:The Minimum Data Set (MDS) assessment dated [DATE] for Resident #2 documented diagnoses hypertension, end-stage renal disease and dependence on renal dialysis. The MDS included a Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment. The Care Plan for Resident #2 documented a diagnosis of hypertension and included an intervention directing staff to monitor vital signs and report any abnormal findings to the provider.The Clinical Orders dated 8/17/25 for Resident #2 showed an order to check blood pressures daily and call the provider if for systolic below 90 or above 160. The Weights and Vital Signs report for Resident #2 showed that staff failed to notify the physician when the resident's blood pressure exceeded the ordered parameters on the following days during a 30-day look-back period from 11/3/25 through 12/3/25:11/10/2511/11/2511/13/2511/14/2511/16/2511/19/2511/21/2511/22/2511/27/25In an interview on 12/3/25 at 11:24 AM, the Administrator stated that she expected staff to notify the physician when blood pressure readings exceeded established parameters. She also reported that the facility did not have a formal policy regarding physician notification, explaining, We follow standard practice.