

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2024
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Marshalltown		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 South Second Street Marshalltown, IA 50158	

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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Employ staff that are licensed, certified, or registered in accordance with state laws.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42441</p> <p>Based on clinical record review, staff interviews and policy review, the facility failed to ensure staff certified in cardiopulmonary resuscitation (CPR) performed the procedure for 1 of 1 resident reviewed for initiation of CPR (Resident #2). The facility reported a census of 56 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set, dated dated dated [DATE] documented Resident #2 had a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. The MDS included diagnoses of coronary artery disease (CAD impaired blood vessels to the heart), hypertension (high blood pressure), and atrial fibrillation (irregular heartbeat).</p> <p>The Care Plan Focus dated [DATE] indicated Resident #2 requested CPR. The Goal identified Resident #2's health care choice would be followed.</p> <p>The Iowa Physician Orders for Scope of Treatment (IPOST) signed by Resident #2 on [DATE] and the physician on [DATE] reflected Resident #2 desired CPR/Attempt Resuscitation.</p> <p>The Health Status Note dated [DATE] at 3:30 PM indicated the staff summoned Staff A, Registered Nurse (RN) to Resident #2's room. When she arrived Resident #2 looked pale with a white chalky substance on his tongue and lips. The assessment revealed a blood pressure of ,d+[DATE] (normal ,d+[DATE]), a pulse of 47 (normal ,d+[DATE]), and he responded to verbal stimuli. Staff A documented she exited the room to call 911 from the nurse's station when staff yelled Resident #2 wasn't breathing. Staff A documented she ran back to Resident #2's room, and couldn't palpate a pulse on him. At that time, he lacked respirations. At 3:37 PM she initiated CPR. Staff A documented she had been able to switch out with other staff members and after approximately 10 minutes after calling 911 the paramedics arrived and took over the situation.</p> <p>During an interview on [DATE] at 2:15 PM, Staff B, Assistant Director of Nursing (ADON), stated she didn't work on [DATE] when they initiated CPR on Resident #2. Staff B confirmed the 3 Certified Nurse Aides (CNAs) that worked on [DATE] didn't have a certificate for CPR. Staff added Staff D, RN, worked the shift on [DATE] and had their CPR certificate.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165451	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/05/2024
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Marshalltown		STREET ADDRESS, CITY, STATE, ZIP CODE 2401 South Second Street Marshalltown, IA 50158	
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 0839</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on [DATE] at 3:04 PM, Staff C, Certified Nurse Aide (CNA), reported Staff A, RN, left her alone in Resident #2's room on [DATE] Staff E, CNA, walked past his room. Staff C explained she told Staff E she needed help after Staff A told her she needed to do CPR. Staff C said since Staff A is the nurse you are supposed to listen to the nurse so the CNAs took turns doing CPR on Resident #2. When the Emergency Medical Technicians (EMTs) arrived, they still were doing CPR. Staff C confirmed she didn't have her CPR certificate at the time of the incident. Staff C added Staff D stood outside of Resident #2's room, observing while the CNAs performed CPR.</p> <p>During an interview on [DATE] at 2:44 PM, Staff D reported she worked [DATE] when they initiated CPR on Resident #2. Staff D confirmed she didn't assist with the CPR efforts. Staff D's Personnel record reflected she was CPR certified at the time.</p> <p>During an interview [DATE] at 10:07 AM, Staff E revealed Staff C was in Resident #2's room on [DATE] with Resident #2 and when she first walked in the room. Staff E saw Resident #2 sort of breathing but then he eventually stopped breathing. Staff E stated the nurse was at the nurse's station at the time they told the nurse Resident #2 wasn't breathing. Staff E revealed Staff A said Resident #2 was a full code and directed the CNAs to start CPR. Staff E stated she and Staff C began CPR on the resident and continued until the ambulance crew arrived. Staff E revealed she didn't have a CPR certificate at the time of the incident.</p> <p>During an interview [DATE] at 10:42 AM, the Administrator reported they expected the staff certified in CPR complete the CPR. The Administrator added Staff A, an agency nurse, had their certificate in CPR when she worked [DATE] and the CNAs who worked that day didn't have their CPR certificate.</p> <p>During an interview [DATE] at 2:40 PM, Staff A reported she and the CNAs working on [DATE] performed CPR on Resident #2. Staff A stated the CNAs who assisted with CPR never said they weren't certified in the procedure. Staff A confirmed she was CPR certified at the time of the incident.</p> <p>The review of the undated facility policy titled, Cardiopulmonary Resuscitation, directed if CPR is required, it will be immediately initiated by any staff member currently certified to perform CPR.</p>		