

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 01/15/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25858</p> <p>Based on clinical record review, policy/procedure review, resident and staff interview the facility failed to treat residents with respect and dignity in a manner that promotes maintenance or enhancement of his or her quality of life for 2 out of 5 resident reviewed. (Resident #6 and Resident #2). The facility identified a census of 61 residents.</p> <p>Findings include:</p> <p>1. Resident #6's Minimum Data Set (MDS) assessment dated [DATE], reflected they could understand others and they could understand them. The MDS identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. The MDS listed Resident #6 as dependent with toileting hygiene, upper and lower body dressing. In addition, they required substantial to maximum assistance with personal hygiene and shower/bathing. The MDS included diagnoses of anemia (low blood iron level), hypertension (high blood pressure), anxiety, depression, renal insufficiency (impaired kidney function), renal failure and Bell's Palsy (a condition that causes temporary weakness or paralysis of the muscles in the face). The MDS documented an antianxiety medication used in the last 7 days.</p> <p>The Care Plan Focus dated 5/4/21 indicated Resident #6 had a history of trauma/life event with actual/potential for post-traumatic stress disorder (stroke). The Interventions directed the following:</p> <ul style="list-style-type: none"> a. Past coping mechanisms include Resident #6 talking to others when she starts to worry b. Please answer any questions she has related to her need for facility placement. c. Assess Resident #6's understanding of verbal information d. One-on-one (1:1) visits as needed e. Allow her to express her concerns and feelings f. Provide reassurance as needed g. Allow Resident #6 adequate time to express her thoughts <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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Resident Council Minutes dated 11/27/24 at 1:30 PM, documented Staff A, Certified Nursing Assistant (CNA), Staff B, CNA, and Staff C, Nursing Assistant (NA), refused to clean up Resident #6 and leaving her for the next shift.</p> <p>Interview on 1/12/25 at 12:00 PM, Resident #6 confirmed Staff A and Staff C failed to clean her up when she had stool in her brief. She reported it made her feel degraded. Resident #6 added she wanted to feel respected by the staff.</p> <p>Interview on 1/12/25 at 12:15 PM, Resident #7 confirmed Staff A and Staff B failed to clean Resident #6 after someone commented she smelled of bowel movement (poop). Resident #7 stated the staff left the room without cleaning Resident #6. Resident #7 stated they reported the incident to Staff D, Licensed Practical Nurse (LPN), and Staff E, (Social Service Designee SS), the next day.</p> <p>Interview on 1/13/25 at 9:00 AM, Staff E, confirmed that during a resident council meeting on 11/27/24, Resident #6 and Resident #7 discussed the incidents that happened on 11/16/24 and 11/17/24. Staff E stated they forwarded the resident council meetings to the Administrator for review and then distribute them to the right department head to investigate.</p> <p>Interview on 1/13/25 at 10:30 AM, the Administrator explained they didn't know about the incident until the resident council meeting minutes on 11/27/24. They added they forwarded the incident to the Director of Nursing (DON) for review and to follow up with Resident #6 and Resident #7. The Administrator verified they expected the facility staff are to treat all residents with dignity and respect.</p> <p>Interview on 1/13/25 at 11:00 AM, the DON didn't know about the incident that occurred on 11/16/24 with Resident #6. The DON reported she would have investigated the incident if she knew.</p> <p>Interview on 1/13/25 at 12:15 PM, Staff D verified the incident with Resident #6 happened on 11/16/24. They couldn't remember what staff member they told on 11/17/24.</p> <p>50874</p> <p>2. Resident #2's MDS assessment dated [DATE] listed an admitted [DATE] from home. The MDS identified a BIMS score of 14, indicating intact cognition. The MDS included diagnoses of multiple sclerosis (an autoimmune disorder that affects the nervous system and causes inflammation with damage to the protective covering of the nerves), depression, and adjustment disorder (excessive reactions to stress that involve negative thoughts, strong emotions, and changes in behavior) with mixed disturbance of emotions and conduct. Staff J, Director of Nursing (DON), signed the MDS indicating completion on 12/10/24.</p> <p>The Educational Counseling Form signed 10/7/24 by Staff J and the Administrator reflected Staff J received educational counseling related to being kind and considerate toward residents and staff members. Staff J agreed to remain professional and respectful when communicating with them.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Social Services Note dated 10/9/24 at 10:45 AM indicated on 10/8/24 at approximately 5:29 PM, the Administrator, Staff J, and Staff F, Licensed Practical Nurse (LPN), discussed a self-reported incident between Resident #2 and Staff J. Staff J apologized to Resident #2, who responded they could move forward from the incident. The Administrator followed up with Resident #2. Resident #2 reported doing okay. The Administrator planned to follow-up weekly with Resident #2 to ensure he had no further issues with staff.</p> <p>On 1/12/25 at 9:15 AM, Resident #2 revealed he argued with Staff J for the first 2 weeks after he came to the facility and he has gotten over being upset with Staff J.</p> <p>During an interview on 1/13/25 at 3:45 PM the Staff J acknowledged she received educational counseling. She admitted Resident #2 yelled at her and wouldn't listen to what she was trying to say. She admitted she raised her voice over Resident #2's voice so he would hear her.</p> <p>The undated Employee Acknowledgment of Resident/Patient Rights, instructed the resident rights ensure each resident admitted received treatment with consideration, respect, and full recognition of their dignity and individuality, including privacy in treatment and in care for their personal needs.</p>		

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<p>F 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>25858</p> <p>Based on observation, facility policy review, resident, and staff interview, the facility failed to keep a resident's equipment clean and in good repair for 4 of 5 residents reviewed (Residents #13, #5, #15, and #2). The facility reported a census of 61 residents.</p> <p>Findings include:</p> <p>On 1/9/25 at 11:00 AM, observed Resident #13's wheelchair with the right arm covered in torn black vinyl. The edges looked torn with exposed foam.</p> <p>On 1/9/25 at 11:15 AM, witnessed Resident #15's wheelchair with their right arm rest with torn vinyl and wrapped with clear plastic tape.</p> <p>On 1/9/25 at 11:20 AM, saw Resident #5's wheelchair with bilateral wheelchair arm rests covered with torn vinyl, exposed foam, and rough edges.</p> <p>On 1/12/25 at 11:00 AM, observed Resident #15's wheelchair continued to have clear plastic tape over the torn black vinyl.</p> <p>Interview on 1/14/25 at 1:35 PM, the facility's Maintenance Supervisor stated that is it difficult to keep up with all the resident equipment and wheelchairs that need repaired. In addition, he didn't have documentation for the necessary repairs of the resident wheelchairs.</p> <p>50874</p> <p>On 1/9/25 at 10:11 AM, witnessed Resident #2 sitting in the sun room near the nurse's station in a power wheelchair. The power wheelchair had black electrical tape on the left arm rest by the cup holder. Resident #2 acknowledged they had the black electrical tape to hold the cup holder on the arm rest.</p>

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50874</p> <p>Based on record review and staff interview the facility failed to follow physician orders for 1 of 1 resident (Resident #3). The facility reported a census of 61 residents.</p> <p>Findings include:</p> <p>Resident #3's Minimum Data Set (MDS) assessment dated [DATE] listed an admitted [DATE] from a short-term general hospital. The MDS identified they had a memory problem and severely impaired cognitive skills for daily decision making. The MDS included diagnoses of unspecified severe dementia with psychotic disturbance, cerebral atherosclerosis (the hardening, thickening, and narrowing of arteries in the brain due to plaque buildup inside the artery walls), incontinence of feces (poop) and urinary incontinence. The MDS indicated Resident #3 had risk for developing pressure ulcers/injuries. Resident #3 had one or more unhealed pressure ulcers/injuries. The MDS reflected Resident #3 had a stage 2 pressure ulcer present on admission/entry.</p> <p>The Weekly Pressure Injury Report listed the date of onset as 11/1/24 of a Stage 2 (Partial thickness loss of skin with exposed dermis. The wound bed is viable, pink or red, moist and may also present as an intact or ruptured serum filled blister. Granulation tissue, slough and eschar are not present) measuring 1 centimeters (cm) by 1 cm with a depth of 0.3 cm on the sacrum (a large, triangular bone at the base of the spine that connects the spine to the pelvis).</p> <p>The Wound Treatment Plan dated 12/13/24 identified the following order for the sacrum:</p> <ol style="list-style-type: none"> a. Discontinue current treatment. b. Start to cleanse with wound cleanser and apply collagen pad into wound bed and cover with a silicone super absorbent dressing. Change daily and as needed c. Please use a disposable chuck with air mattress to promote healing. d. Give Prostat (nutritional supplement) 30 milliliters (mls) or equivalent per mouth (PO) daily to promote wound healing. <p>On 12/16/24, the Assistant Director of Nurses (ADON) noted the Wound Treatment Plan and documented in the Nurses Notes, Medication Administration Record (MAR), Treatment Administration Record (TAR) and notified the family.</p> <p>Resident #3's December 2024 and January 2025 Medication Administration Record (MAR) lacked an order for Prostat 30 mls.</p> <p>Resident #3's Clinical Physician Orders printed on 1/9/25 lacked an order for Prostat 30 mls.</p> <p>(continued on next page)</p>		

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<p>F 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Health Status Note dated 12/16/24 at 2:17 PM written by the ADON indicated the facility received wound notes from the wound center with new orders to discontinue the current treatment, cleanse with wound cleaner, apply collagen pad to wound bed and cover with Mepilex. The ADON updated the orders and notified the Guardian.</p> <p>On 1/13/25 at 3:14 PM, Staff G, Licensed Practical Nurse (LPN), verified the current MAR didn't have the order for Prostat 30 mls PO daily listed.</p> <p>On 1/13/25 at 3:19 PM, the ADON acknowledged she didn't see the order for Prostat 30 mls PO daily on the Wound Treatment Plan received 12/13/24.</p> <p>On 1/13/25 at 3:45 PM, the DON acknowledged they expected the staff to follow the physician orders.</p> <p>The facility failed to provide a policy for following physician orders.</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25858</p> <p>Based on clinical document review, facility policy review, resident, and staff interview, the facility failed to provide showers per the residents' request for 4 of 4 residents (Residents #6, #1, #14, and #7) reviewed. The facility identified a census was 61 residents.</p> <p>Findings include:</p> <p>1. Resident #6's Minimum Data Set (MDS) assessment dated [DATE], reflected they could understand others and they could understand them. The MDS identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. Resident #6 required substantial to maximum assistance with personal hygiene and shower/bathing. The MDS included diagnoses of anemia (low blood iron level), hypertension (high blood pressure), anxiety, depression, renal insufficiency (impaired kidney function), renal failure and Bell's Palsy (a condition that causes temporary weakness or paralysis of the muscles in the face).</p> <p>Interview on 1/12/25 at 12:00 PM, Resident #6 reported they only get one shower a week and would like to have a bed bath for the second shower.</p> <p>The Care Plan Focus dated 10/14/20 indicated Resident #6 had an ADL deficit due to left sided hemiparesis (weakness to one side of the body). The Interventions directed:</p> <p>a. Assist of 1 with shower-based ADL's</p> <p>b. Resident #6 preferred to have her showers on Saturday only, don't ask any other days.</p> <p>Resident #6's November 2024 Documentation Survey Report v2 included a task for shower/bathe self on Thursdays only. The form lacked documentation to indicate Resident #6 received a shower for the entire month. On 11/21/24, the documentation listed a -98, indicating she refused.</p> <p>Resident #6's December 2024 Documentation Survey Report v2 included a task for shower/bathe self on Thursdays only. The documentation included only 2 days of documentation indicating Resident #6 received a bath on 12/5/24 and 12/26/24.</p> <p>Resident #6's January 2025 Documentation Survey Report v2 included a task for shower/bathe self on Thursdays only. The documentation included only 1 day of documentation indicating Resident #6 received a bath on 1/9/25.</p> <p>2. Resident #1's MDS assessment dated [DATE], reflected they understood others and others understood them. The MDS identified a BIMS score of 15, indicating intact cognition. Resident #1 required partial to maximum assistance with personal hygiene and shower/bathing. The MDS included diagnoses of hypertension, depression, seizure disorder, and morbid obesity (unhealthy amount of excess body weight).</p> <p>Interview on 1/13/25 at 8:30 AM, Resident #1 stated they only get one shower a week and sometimes not even the one shower. They would like to have 2 showers per week.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #1's November 2024 Documentation Survey Report v2 directed to give a shower/bath on Mondays and Thursdays. The report lacked documentation to indicate Resident #1 received their scheduled bath/shower on 11/7/24, 11/14/24, 11/25/24 and 11/28/24.</p> <p>Resident #1's December 2024 Documentation Survey Report v2 directed to give a shower/bath on Mondays and Thursdays. The report included documentation of only 2 days to indicate Resident #1 received their scheduled bath/shower on 12/5/24 and 12/26/24.</p> <p>Resident #1's January 2025 Documentation Survey Report v2 directed to give a shower/bath on Mondays and Thursdays. The report lacked documentation to indicate Resident #1 received their scheduled bath/shower on 1/2/25, 1/6/25, 1/9/25 and 1/13/25.</p> <p>3. Resident #14's MDS assessment dated [DATE], identified a BIMS score of 15, indicating intact cognition. Resident #14 required substantial to maximum assistance with personal hygiene and shower/bathing. The MDS included diagnoses of anemia, hypertension, renal failure, diabetes mellitus, cerebrovascular accident (stroke), depression, and seizure disorder.</p> <p>Interview on 1/12/25 at 2:00 PM, Resident #14 confirmed they didn't receive their bath/showers twice a week and would really like to have a shower/bath 2 times a week.</p> <p>Resident #14's November 2024 Documentation Survey Report v2 directed to give a shower/bath on Tuesdays and Saturdays. The report documentation indicated Resident #14 only received a bath/shower on 11/19/24, 11/26/24, and 11/30/24.</p> <p>Resident #14's December 2024 Documentation Survey Report v2 directed to give a shower/bath on Tuesdays and Saturdays. The report lacked documentation to indicate Resident #14 received their scheduled bath/shower on 12/7/24, 12/10/24, 12/21/24, 12/28/24 and 12/31/24.</p> <p>Resident #14's January 2025 Documentation Survey Report v2 directed to give a shower/bath on Mondays and Thursdays. The report lacked documentation to indicate Resident #1 received their scheduled bath/shower in January as of 1/12/25.</p> <p>4. Resident #7's MDS assessment dated [DATE], identified a BIMS score of 15, indicating intact cognition. The MDS listed Resident #7 as independent for shower/bathing. The MDS included diagnoses of hypertension, asthma and shortness of breath.</p> <p>Interview on 1/12/25 at 12:15 PM, Resident #7 confirmed at times they only get 1 shower a week and would like to have 2.</p> <p>Resident #7's November 2024 Documentation Survey Report v2 directed to give a shower/bath on Wednesdays and Saturdays. The report listed -98 for 11/2/24, 11/9/24, 11/23/24, and 11/30/24, indicating he refused. The only documentation indicating Resident #7 received a shower/bath on 11/6/24. The report lacked any additional documentation indicating he received a shower/bath in the month.</p> <p>Resident #7's December 2024 Documentation Survey Report v2 directed to give a shower/bath on Wednesdays and Saturdays. The report listed -98 for 12/18/24, indicating he refused. The documentation indicated Resident #7 received a shower/bath on 12/4/24, 12/7/24, and 12/8/24. The report lacked any additional documentation indicating he received a shower/bath in the month.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview 9/20/23 at 2:43 PM Staff A reported Resident #8 couldn't use the shower chair as he is physically too heavy for the shower chair. Staff A added she expected Resident #8 to get showers when he weighed over 400 lbs. and baths/showers if he weighed under 400 lbs.</p> <p>During an interview 9/20/23 at 3:15 PM the Director of Nursing (DON) explained she expected Resident #8 would get showers when requested and for the staff to document refusals of showers when they do a bed bath.</p> <p>The Resident Showers policy dated April 2022 instructed residents would receive showers as requested or as per facility schedule protocols and based upon resident safety.</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25858</p> <p>Based on clinical record review, resident, and staff interview the facility failed to provide residents with limited mobility services, equipment, and assistance to maintain or improve their mobility with the maximum practicable independence for 4 of 4 residents (Residents #13, #6, #5 and #1) reviewed. The facility identified a census of 61 residents.</p> <p>Findings include:</p> <p>1. Resident #13's Minimum Data Set (MDS) assessment dated [DATE], identified a Brief Interview for Mental Status (BIMS) score of 14, indicating intact cognition. Resident #13 required substantial/maximal to total assistance with activities of daily living (ADL). The MDS included diagnoses of heart failure (impaired heart performance affecting the pumping of the heart), hypertension (high blood pressure), anxiety, depression, bipolar disorder (mood disorder) and weakness. The MDS reflected Resident #7 didn't have documentation they received a restorative nursing programs in the lookback period.</p> <p>The Care Plan Focus dated 5/19/22 indicated Resident #7 had an ADL deficit due to increased weakness and deconditioning. The Interventions directed the following:</p> <p>a. Active range of motion (ROM) with 1 pound to their upper body and a green band to exercise the arm.</p> <p>b. Resident #7 had a copy of the exercises.</p> <p>Resident #7's December 2024 Documentation Survey Report v2 included an intervention for her to have active ROM to her upper body with 1 pound and a green band her arm exercises. The report lacked documentation indicating Resident #7 had restorative for the whole month.</p> <p>Resident #7's January 2025 Documentation Survey Report v2 included an intervention for her to have active ROM to her upper body with 1 pound and a green band for her arm exercises. In addition, the report included an intervention for active ROM to the lower body. The report lacked documentation indicating Resident #7 had restorative for the whole month.</p> <p>Interview on 1/12/25 at 1:00 PM, Resident #13 confirmed they didn't have ROM exercises and they would love to have restorative therapy.</p> <p>2. Resident #6's MDS assessment dated [DATE], identified a BIMS score of 15, indicating intact cognition. Resident #6 required substantial/maximal to total assistance with ADLs. Resident #6 had a functional limitation in range of motion to upper and lower extremity on one side. The MDS included diagnoses of anemia (low blood iron level), hypertension (high blood pressure), anxiety, depression, renal insufficiency (impaired kidney function), renal failure and Bell's Palsy (a condition that causes temporary weakness or paralysis of the muscles in the face). The MDS lacked documentation to indicate Resident #6 received a restorative nursing program in the lookback period.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The Care Plan Focus dated 10/14/20 indicated Resident #6 had an ADL deficit due to left sided hemiparesis (weakness on half of the body). The Interventions directed the following:</p> <p>a. Elbow flexion, cross elbow flexion, bench overhead, rowing, elbow extension with a green band, moderate to medium level 1 2 for 15 min.</p> <p>b. Therapy referral as needed.</p> <p>Resident #6's December 2024 Documentation Survey Report v2 included an intervention for her to have active ROM to her lower extremities MOTomed (a form of an exercise bike that can be done from the bed or chair) 15 minutes on level 5 resistance 3-5 times per week as they can tolerate. The report lacked documentation indicating Resident #6 had restorative for the whole month.</p> <p>Resident #6's December 2024 Documentation Survey Report v2 included the following interventions:</p> <p>a. Active ROM to her lower extremities' with the MOTomed for 15 minutes on level 5 resistance 3-5 times per week as they can tolerate.</p> <p>- As of the print date of 1/9/25 the report lacked documentation indicating Resident #6 had active ROM to her lower extremities.</p> <p>b. Active ROM to upper body with 2 sets, 10 repetitions with a green TheraBand (stretchy material used to strengthen), 3-5 times per week as she can tolerate.</p> <p>- As of the print date of 1/9/25, Resident #6 received 15 minutes on 1/8/25, with -97 documented on 1/9/25, indicating not applicable.</p> <p>Interview on 1/12/25 at 12:00 PM, Resident #6 confirmed they didn't receive restorative therapy and would love to have restorative exercises as therapy recommended.</p> <p>3. Resident #5's MDS assessment dated [DATE], identified a BIMS score of 15, indicating intact cognition. Resident #5 had a functional limitation in ROM on one side of their upper extremity. They required partial to moderate assistance with ADLs. The MDS included diagnoses of anemia, hypertension, seizure disorder, depression and osteoarthritis (inflammation of one or more joints) of the knee. The MDS reflected Resident #4 received Restorative Nursing Program 4 times in the lookback period.</p> <p>The Care Plan Focus revised 9/19/17 indicated Resident #5 had an ADL deficit due to degenerative joint disease of his left hip. The Interventions directed to provide active ROM to upper and lower extremities MOTomed 15 minutes at level 5.</p> <p>Resident #5's December 2024 Documentation Survey Report v2, listed an intervention to provide active ROM to upper and lower extremities 3 5 times weekly with the MOTomed for 15 minutes, at level 5. The report lacked documentation to reflect Resident #5 received ROM exercise for the entire month.</p> <p>(continued on next page)</p>		

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 01/15/2025
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.			
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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>4. Resident #1's MDS assessment dated [DATE], reflected they understood others and others understood them. The MDS identified a BIMS score of 15, indicating intact cognition. Resident #1 required partial to maximum assistance with personal hygiene and shower/bathing. The MDS included diagnoses of hypertension, depression, seizure disorder, and morbid obesity (unhealthy amount of excess body weight). The MDS reflected Resident #1 received ROM 1 time in the lookback period.</p> <p>The Care Plan Focus dated 7/16/21 indicated Resident #1 had an ADL deficit due to weakness. The Interventions instructed the following:</p> <ul style="list-style-type: none"> a. Resident #1 often refused to work with therapy and didn't have interest in walking. b. Encourage him to exercise c. MOTOMed upper and lower extremities on level 5 for 15 minutes <p>Resident #1's December 2024 Documentation Survey Report v2 included an intervention for him to use the MOTOMed for upper and lower extremities on level 5 for 15 minutes. The report lacked documentation to indicate Resident #1 received or was offered to do the exercises. The record only had documentation on 12/1/24, 12/14/24, 12/15/24, 12/18/24, and 12/29/24 listed at -97, indicating not applicable.</p> <p>Interview on 1/13/25 at 8:30 AM, Resident #1 confirmed he didn't get exercises daily and he would like to be able to ride the stationary bike again.</p> <p>Interview on 1/14/25 at 2:00 PM, Staff H, Certified Nursing Assistant (CNA), verified the residents didn't get their restorative programs completed as required. Staff H added they just started at the facility one week ago for the restorative position.</p> <p>Interview on 1/14/25 at 5:00 PM, Staff I, Regional Administrative, verified the facility didn't have a Restorative Assistant to complete the programs scheduled for 3 5 times per week.</p> <p>The Facility assessment dated [DATE] indicated it is utilized to determine what resources are necessary to care for residents competently during both day to day operations (including nights and weekends) and emergencies. The assessment was completed at the facility level to serve as a record for staff and management to understand the reasoning for decisions made regarding staffing and other resources. The Facility Assessment included an average daily census 53 with 48 long term care level of care and an average of 5 for skilled level of care. The reflection of nursing services indicated the facility had 1 Restorative Nursing Assistants.</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep all essential equipment working safely.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50874</p> <p>Based on resident and staff interviews the facility failed to operate the full-body mechanical lift (lift) by allowing workers under the age of 18 to operate the lifts without adult supervision. The facility reported a census of 61.</p> <p>Findings Include:</p> <p>Resident #6's Minimum Data Set (MDS) assessment dated [DATE], identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. Resident #6 required substantial/maximal to total assistance with activities of daily living (ADLs). Resident #6 had a functional limitation in range of motion to upper and lower extremity on one side. The MDS included diagnoses of stroke, peripheral vascular disease (impaired blood vessels in the extremities), hemiplegia (weakness on one side of the body), and renal insufficiency (impaired kidney function).</p> <p>The Care plan Focus dated 10/14/20 indicated Resident #6 had an ADL deficit due to left sided hemiparesis. The Interventions directed she required assistance from 2 staff with the lift for all transfers.</p> <p>On 11/16/24, Resident #6 identified Staff A, Certified Nursing Assistant (CNA), Staff B, CNA, and Staff C, nursing assistant (NA), used the lift to transfer them.</p> <p>Interview on 1/12/25 at 12:15 PM, Resident #7 confirmed Staff A, CNA and Staff B, CNA transferred Resident #6 with the mechanical lift. They added they didn't have anyone over the age of 18 present during the transfer. Resident #7 reported the CNAs didn't know how to use the lift due to the emergency brake being on.</p> <p>A review of Staff A's personnel record listed their age as [AGE] years old.</p> <p>A review of Staff B's personnel record listed their age as [AGE] years old.</p> <p>A review of Staff C's personnel record listed their age as [AGE] years old. Staff C didn't have training on how to use the facility's lift.</p> <p>On 1/13/25 at 4:00 PM with the Administrator, Director of Nursing (DON), and Assistant Director of Nursing (ADON) present, the DON explained they expected the staff under [AGE] years old to make sure they had someone over [AGE] years old with them while operating a lift. If they couldn't find anyone available at that time, the staff under the age of 18 should wait for someone over the age of 18 to assist them.</p> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In the Filed Assistance Bulletin number 2011 3 from the United States Department of Labor, Wage and Hour Division dated July 13, 2011 instructed the Department of Labor's Wage and Hour Division (WHD) is responsible for administering the Fair Labor Standards Act (FLSA), the federal law of most general application concerning wages, hours of work and child labor. The child labor provisions of the FLSA were enacted to ensure that when children work, the work is safe and does not jeopardize their health, well being, or education. To protect children from hazardous employment, the FLSA provided a minimum age of [AGE] years in occupations found and declared by the Secretary of Labor to be particularly hazardous or detrimental to the health or well being of children 16 and [AGE] years of age. Hazardous Occupations Orders (HOs) are the means by which the Secretary declares certain occupations to be particularly hazardous for children.</p> <p>Child Labor Hazardous Occupations Order No. 7 (Occupations involved in the operation of power driven hoisting apparatus) (HO 7) (29 CFR S 570.58) has for many years prohibited children under [AGE] years of age from operating or assisting in the operation of several types of hoisting apparatus.</p> <p>(1) The child (16 or [AGE] year old) has successfully completed the 75 clock hours of nurse's aide training required by the Federal Nursing Home Reform Act from the Omnibus Budget Reconciliation Act of 1987, as outlined in 42 CFR S 483.152, or a higher state standard where applicable, and has successfully completed the nurse's aide competency evaluation detailed in 42 CFR S 483.154, or a higher state standard where applicable 3.</p> <p>(2) The child is not operating by himself or herself floor based vertical powered patient/resident lift devices, ceiling mounted vertical powered patient/resident lift devices, and powered sit to stand patient/resident lift devices (lifting devices) and the child is assisting in the use of lifting devices as a [NAME] member of at least a two person team that is headed by an employee who is at least [AGE] years of age. All members of the team must be trained in the safe operation of the lifting devices being used.</p> <p>(3) As a [NAME] member of the team, the child may set up, move, position, and secure unoccupied lifting devices. The child may assist trained adult employees in attaching slings to and un attaching slings from lifting devices prior to and after the lift/transfer of the patient/resident is completed. The child may also assist trained adult employees in operating the controls that activate the power to lift/transfer the patient/resident. The child may act as a spotter/observer and may position items such as a chair, wheelchair, bed, and commode under the patient/resident who is being lifted/transferred.</p> <p>(4) As a [NAME] member of the team, the child may not independently engage in hands on physical contact with the patient/resident during the lifting/transferring process (such as placing or removing the sling, including pushing or pulling the sling under/around the patient/resident; adjusting the sling under/around the patient/resident; and manipulating the patient/resident when placing, adjusting or removing a sling under/around the patient/resident), and may only assist in these hands on activities when assisting a trained adult employee while the adult employee is simultaneously engaged in such activities. The child may similarly assist a trained adult employee who is manipulating, guiding, rotating, or otherwise maneuvering the patient while the patient is being lifted/transferred. In addition, the child may similarly assist a trained adult employee who is pushing, pulling or rotating lifting devices when the device is engaged in the process of lifting/transferring a patient/resident.</p> <p>(continued on next page)</p>		

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<p>F 0908</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>(5) The child is not injured while operating or assisting in the operation of a lifting device.</p> <p>(6) The employer has provided to each child (16 and [AGE] year old) employee who will assist in the operation of lifting devices a copy of the document that is being forwarded with this Field Assistance Bulletin as Attachment A.</p> <p>The undated National Institute for Occupational Safety and Health (NIOSH) completed a risk assessment for 16 and [AGE] year old workers using power driven lifts. Research demonstrates that 16 and [AGE] year old youths lack the ability to recognize the risk associated with performing hazardous tasks, such as handling and transferring patients. The document concluded that based on a review of the relevant scientific literature regarding evaluations of patient handling devices and biomechanical analyses, NIOSH has determined that many 16- and [AGE] year-old employees cannot safely operate power-driven hoists to lift and transfer patients by themselves, although they may be able to safely work as part of a team to assist another caregiver to transfer or move a patient/resident. Independent use of power-driven hoists by 16- and [AGE] year old would put them at increased risk for serious musculoskeletal injuries. The biomechanical analyses indicated that 16- and [AGE] year-old workers do not have the physical strength required to 1) independently manipulate patients/residents when placing slings under them, and 2) safely push, pull, or rotate a portable hoist on wheels when loaded with a patient/resident. Moreover, the scientific literature indicates that most 16- and [AGE] year old workers do not have the ability to properly assess the risks associated with using power-driven lifts. It is recommended that two caregivers (one of whom should be an experienced caregiver at least [AGE] years of age) operate a mechanical lift to transfer a non-weight bearing resident. NIOSH also encourages the Wage and Hour Division to consider regulations prohibiting youth less than [AGE] years of age from manually lifting residents who cannot bear weight or assist when being transferred.</p>