

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 04/24/2025
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 - Some</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** 46513</p> <p>Based on record review, resident interviews, staff interviews and policy review, the facility failed to be respectful and ensure residents' dignity for 5 of 21 residents reviewed (Residents #9, #13, #18, #22, and #28). The facility reported a census of 56 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Resident #9's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. <p>During an interview on 4/21/25 at 12:38 PM, Resident #9's reported Staff A, the previous Director of Nursing (DON), persisted and argued with her when she didn't want to take a shower. Resident #9's stated Staff A called another provider to convince her to shower and the provider didn't side with Staff A.</p> <ol style="list-style-type: none"> 2. Resident #13's MDS assessment dated [DATE] identified a BIMS score of 15, indicating intact cognition. <p>During an interview on 4/23/25 at 5:40 PM, Resident #13 recalled Staff A argued while at the nurse's station and told Resident #13 to go to their room.</p> <ol style="list-style-type: none"> 3. Resident #18's Minimum Data Set (MDS) assessment dated [DATE] identified a BIMS score of 14, indicating intact cognition. <p>During an interview on 4/22/25 at 3:18 PM, Resident #18 explained they felt Staff A took advantage when a person felt down and weak. Resident #18 recalled Staff A worked many nights and described her as demanding. For instance, Resident #18 stated the staff directed them to get up and go to the toilet at night. When they responded no repeatedly, Staff A would not listen, she argued and had a superior attitude.</p> <ol style="list-style-type: none"> 4. Resident #22's MDS assessment dated [DATE] identified a BIMS score of 15, indicating intact cognition. <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 - Some</p>	<p>During an interview on 4/22/25 at 5:02 PM, Resident #22's explained Staff A said bluntly they were eating themselves to death and they wouldn't last long, with a family member present. Resident #22 reported they both got upset. Resident #22 reported Staff A would say, you know you could do it (referred to prolonged standing), even though they couldn't. Resident #22 reported they had poor communication, but they didn't need things sugarcoated. The staff didn't need to treat them rudely either.</p> <p>5. Resident #28's MDS assessment dated [DATE] identified a BIMS score of 15, indicating intact cognition.</p> <p>During an interview on 4/21/25 at 12:35 PM, Resident #28's described the last DON as terrible. They talked down to the staff and would argue. Resident #28's recalled Staff A wanted their roommate to take a shower and they had a bandage that was not supposed to get wet. Staff A yelled they knew what they were doing. Resident #28 reported they heard Staff A tell residents to go to their room.</p> <p>During an interview on 4/21/25 2:43 PM, Staff P, Social Services, explained many didn't like Staff A due to her sergeant style of management.</p> <p>During an interview on 4/24/25 at 9:00 AM, the Administrator, explained they worked on the plan of correction which included staff education and audits regarding dignity. The Administrator indicated Staff A didn't comply with audits and continued to demonstrate dignity concerns.</p> <p>A Facility document titled, Self-Report outlined the allegations that occurred on 2/25/25, including investigative attachments. The report reflected the facility notified the Administrator that Staff A told Resident #22 he would eat himself to death and his family member witnessed the comment. Resident #22's reported Staff A talked to him as if he was a child. Following the allegations, the Administrator interviewed residents with intact cognition. The investigation indicated Resident #13 recalled Staff A yelled and directed them to go to her room. In addition, Resident #13 reported Staff A treated her family member on the phone rude. Resident #13's family submitted a concern to the Administrator. They reported Staff A repeated phrases and talked down them as if they were a child. The interview with Resident #28's identified Staff A wanted to argue all the time. They recalled Staff A yelled and asked, if they said Staff A was a liar. Resident #9 reported they heard Staff A say rude things to residents in the past but couldn't think of specifics. Resident #18 reported they felt Staff A didn't like her and treated her mean.</p> <p>The facility investigation attachments dated 2/26/25 documented the investigation revealed multiple complaints about Staff A regarding inappropriate and unprofessional conduct. The continued reports of inappropriate behavior demonstrated an unacceptable pattern of conduct that didn't align with the expectations of leadership in the facility. The paperwork reflected the facility terminated Staff A on 2/26/25.</p> <p>The facility Compliance policy, Employee Standards and Code of Conduct revised 9/1/23 directed the facility to make every effort to create and maintain a positive work environment, with the expectation to remain professional and respectful to one another with refraining from unbecoming behavior.</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34821</p> <p>Based on clinical record review, staff interview and facility policy review the facility failed to supervise one out of two residents reviewed for elopement (Resident #161). The facility reported a census of 56 residents.</p> <p>Findings Included:</p> <p>Resident #161's Minimum Data Set (MDS) assessment dated [DATE], identified a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. Resident #161 walked independently with cane. The MDS included diagnoses of Alzheimer's dementia and heart failure.</p> <p>The Care Plan Focus dated 3/10/25, identified Resident #161's confusion related to Alzheimer's. The Interventions directed the following:</p> <ol style="list-style-type: none"> a. Directed to monitor Resident #161's behavior, redirect him as needed (PRN). b. Remind him as needed as he forgets. <p>The Care Area Assessment (CAA) dated 3/21/25, reflected Resident #161 admitted to the facility from home as the family could no longer care for him safely due to his diagnosis of Alzheimer's Dementia. He wandered and needed supervision to keep him safe. The CAA listed him as independent with all of his cares with the exception of bathing. He's ambulatory (able to walk) and walked freely around the facility. He is pleasant and cooperative with all of his cares, is alert, and oriented to self and family.</p> <p>Resident #161's Elopement assessment dated [DATE], reflected he had a moderate risk for elopement with a score of 2. The assessment listed Resident #161 as a new admission and he voiced being happy to be at the facility. He denied wanting to leave. Will monitor due to diagnoses of Alzheimer's, but the assessment reflected Resident #161 didn't have a risk for elopement at that time.</p> <p>The Health Status Note dated 3/15/25 at 8:46 AM written by Staff Q, Assistant Director of Nursing (ADON), identified Resident #161 as missing. Staff E, Licensed Practical Nurse (LPN), reported Resident #161 headed towards the dining room at approximately 7:55 AM, but when she went to the dining room she failed to see him in there. She immediately initiated a head count and 2 staff went outside to check parameters. The staff extended the search to the neighborhood. As Staff E went to call 911, Staff B, Certified Nurse's Aide (CNA), reported they found him. The staff found Resident #161 at approximately 8:05 AM. Resident #161 returned to the building at 8:13 AM. The facility notified the family and started frequent checks. The staff completed a head to toe assessment without no injuries observed. The nurse placed a wander guard to his right ankle.</p> <p>On 4/22/25 at 1:15 PM, Staff D, LPN, reported when Staff G, CNA, heard the door alarm she went to look why the door sounded. Resident #161 walked about 6 blocks away from the facility before staff found him and got him back to the facility.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/22/25 at 4:18 PM, Staff E, said she worked the medication cart on 3/15/25. She said she saw Resident #161 up the hall as he walked by she thought he went to breakfast in the dining room. She reported she continued doing her medication pass when she heard the front door alarm go off. She asked the Staff G to check the front door alarm. She reported Staff G said they didn't see anyone at the door or outside, and she failed to know why the alarm went off. She reported she went to the DR and looked for Resident #161, but she failed to see him. Staff E reported she walked down to Resident #161's room to make sure he didn't walk back there, but she failed to see him. Staff E reported she left the building to look around the front door area and didn't see Resident #161. She stated she alerted the staff to complete a head count of the residents and directed 2 staff members to go outside and search the neighborhood. Staff B called and reported she found him and they were on the way back to the facility. Staff E described Resident #161 as absent from the facility for around 15 minutes she thought. Staff E, confirmed Staff G turned off the door alarm and failed to go outside to look for reason the alarm sounded.</p> <p>On 4/23/25 at 11:30 AM, Staff Q reported Staff E called her when Resident #161 left the facility. Staff Q reported she was on her way to the facility and when she got there, Resident #161 already arrived back at the building. She said Staff E told Staff G to check the alarm. Staff G turned off the alarm, looked outside, but failed to see anyone. Staff Q revealed Staff G told the nurse she turned off the alarm and failed to see anyone. Staff Q reported Staff E said she went to the dining room (DR) to see if she could find Resident #161 because he'd walked towards the DR before the front door alarm sounded. Staff E told Staff Q, they didn't see Resident #161 in the DR, so she initiated the Missing Resident Protocol. Staff Q reported she directed Staff E to call the family and the policy, but staff brought him back just then and reported they found Resident #161 a few blocks away.</p> <p>On 4/23/25 at 9:58 AM, Staff G reported that on 3/15/25, she worked the 100-medication cart. She stated she went by the nursing station and Staff E told her to go check the front door alarm. Staff G said she went to front to door looked outside, walked around inside the dining room (DR) and she said she shut off the alarm. She reported she told Staff E she looked in the DR, looked out the door and failed to see anyone so she turned off the alarm. She reported about 5 minutes later Staff E sent Staff B and Staff D outside to look for him. Staff E told her she knew it was him because she saw him walk to the DR and when she went to the DR, she didn't see him there. Staff E reported she failed to go outside and look around for him after the door alarm sounded to see why the door alarm sounded.</p> <p>On 4/23/25 at 6:06 PM, Staff B stated she saw Staff E outside the front windows, she walked back and forth in front of the building. She told her Resident #161 left the facility and she needed to go look for him. Staff B reported she took off out of the building and called her son who lived in the neighborhood to help her look for the man. She reported they found him on 6th street and [NAME]. She reported they got Resident #161 in the car and brought him back to the building.</p> <p>On 4/21/25 at 1:19 PM the Administrator reported they had a resident with a BIMS of 13 leave the facility to see his brother a few blocks away, he came back so they didn't need to report it.</p> <p>On 4/24/25 at 2:25 PM, the Administrator provided the facility provided education to the staff after Resident # 161 left the facility it directed the staff to check for the reason the door alarm sounded and immediately tell the charge nurse and staff will conduct a head count.</p> <p>The facility provided a document that listed 6 wandering residents dated 12/26/24 through 3/26/25.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility provided a policy titled Missing Resident/Elopement Process updated 10/29/2024, directed when a door alarm sounds the facility staff shall:</p> <ul style="list-style-type: none"> a. Check the alarm panel to determine which door has been opened. Do not assume someone else has already done this. b. Check the exit door for any existing resident by means of a visual check. Visual check means observing the area around the exit and may require leaving the building. c. If a resident is discovered outside the facility inappropriately, staff will assist them back into the facility. d. Reset the door alarm after it is determined by visual check that no resident has exited the facility inappropriately or is returned to the facility. e. If for any reason, door alarms are turned off, the staff will continually visually monitor the door/doors. Ensure all residents are accounted for. f. If an alarm is discovered de activated, staff will perform an immediate head count to g. The nurse, Director of Nursing, or Executive Director will question staff to determine who de-activated the door alarm and reason for doing so.

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34821</p> <p>Based on clinical record review, observations, staff interviews, and facility policy review the facility failed to maintain catheter tubing off the floor for 4 out of 4 days reviewed for one out of two residents reviewed (Resident #12). The facility reported a census of 56 residents.</p> <p>Findings include:</p> <p>Resident #12's Minimum Data Set (MDS) assessment dated [DATE], identified a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. Resident #12 required staff assistance of 1 with toileting hygiene and 2 staff with transferring. The MDS included diagnoses of neurogenic bladder (problems with the bladder as the nerves don't function properly), and diabetes mellitus (DM).</p> <p>The Care Plan Focus dated 8/21/23, identified Resident #12's used an indwelling urinary catheter due to wound healing. The Goal reflected she wouldn't develop a urinary tract infection(UTI).</p> <p>Resident #12's Urine culture dated 3/24/25, revealed greater than (>) 100,000 colony forming unit (CFU) per milliliter (ml) of Escherichia coli ESBL (extended spectrum beta lactamase) (happens when bacteria enters the urethra from another source) and 50,000 to 100,000 CFU per ml of pseudomonas aeruginosa (a type of UTI that occurs with catheters).</p> <p>Resident #12's March 2025 Medication Administration Record (MAR) listed an order for Levofloxacin (antibiotic) oral tablet. The order directed to give 500 milligrams (mg) by mouth one time a day for UTI until 3/31/25.</p> <p>On 4/21/25 at 12:36 PM, saw Resident # 12 sat in her wheelchair (w/c) in the dining room with 6 inches of the urinary catheter tubing sat on the floor under her w/c.</p> <p>On 4/21/25 at 1:54 PM, observed Resident #12 sitting at the nurses' station in her w/c, with 6 inches of the catheter tubing sitting on the floor under her w/c.</p> <p>On 4/22/25 at 5:39 PM witnessed 7 inches of Resident #12's catheter tubing drag across the floor as she wheeled herself up the hall.</p> <p>On 4/23/25 at 8:08 AM, saw Resident #12 sat in her w/c with 6 inches of her catheter tubing sitting on the floor under her w/c in the dining room.</p> <p>On 4/23/25 at 10:55 AM, observed Resident #12 sit in her room in her w/c with 6 inches of her catheter tubing sitting on the floor under her w/c.</p> <p>On 4/23/25 at 11:22 AM, witnessed Resident #12 sitting in her w/c in the dining room at the table with her catheter tubing sitting on the floor under her w/c.</p> <p>(continued on next page)</p>		

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<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/23/25 at 1:03 PM, watched Resident #12 sit in her w/c as she sat in the hall by the nurses' station with her catheter tubing dragging on the floor under her w/c .</p> <p>On 4/24/25 at 7:00 AM saw Resident #12 sit in the hall in the w/c while her catheter tubing sat on the floor under the w/c.</p> <p>On 4/24/25 at 8:17 AM, the Staff D, Licensed Practical Nurse (LPN), reported they expected the catheter tubing be kept off the floor.</p> <p>On 4/24/25 at 8:18 AM, Staff F, Certified Nurse Aide (CNA), reported the catheter tubing went in the dignity bag and clipped to the leg so the tubing is short and not on the floor.</p> <p>The facility provided a policy titled Catheter Care dated 11/13/24, failed to directed the placement of the catheter tubing off the floor.</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 34821</p> <p>Based on clinical record review, Facility Assessment, Payroll Based Journal (PBJ) data, staff and resident interviews, the facility failed to provide enough staff to care for residents in a timely manner for 5 of 17 residents reviewed (Residents #13, #30, #34, #28, and #162). The facility reported a census of 56 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Resident #13's Minimum Data Set (MDS) assessment dated [DATE] identified a BIMS score of 15, indicating intact cognition. <p>On 4/21/25 at 2:45 PM, Resident #13's reported it can take staff 30 minutes up to an hour to answer her call light. She reported the second shift took the longest to answer her call lights. She added she used the clock on the wall to know the length of time.</p> <ol style="list-style-type: none"> 2. Resident #30's Minimum Data Set (MDS) assessment dated [DATE] with Brief Interview for Mental Status score of 12 indicated moderate cognitive impairment. <p>On 4/21/25 at 3:48 PM Resident #30 reported he liked to stay up late at night and some of the night staff try to get him to go to bed. He explained at night he could push his call light for staff to change him and it can take an hour before they show up.</p> <ol style="list-style-type: none"> 3. Resident #34's Minimum Data Set (MDS) assessment dated [DATE] identified a BIMS score of 15, indicating intact cognition. <p>On 4/22/25 at 8:39 AM, Resident #34's reported she had her call light on for at least an hour that morning before the staff answered it. She said she watched the call light times with the clock on the wall. She reported the day shift had the worse call light response times and thought the other shifts had their acts more together. She reported a time in the last 6 months that she had call light on for over 2 hours.</p> <ol style="list-style-type: none"> 4. Resident #28's MDS assessment dated [DATE] identified a BIMS score of 15, indicating intact cognition. <p>On 4/21/25 at 12:58 PM, Resident #28's reported his spouse needed assistance getting up and has waited a half hour at times up to an hour especially in the morning. Resident #28's voiced, staff say they are busy with getting showers done so they have to wait to get out of bed. Sometimes they bring the breakfast tray and she still didn't have anyone help her out of bed to eat.</p> <ol style="list-style-type: none"> 5. Resident #162's Minimum Data Set (MDS) assessment dated [DATE] listed her admitted as 4/15/25 from the hospital. The assessment didn't have a BIMS score. <p>(continued on next page)</p>		

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/21/25 at 11:54 AM, Resident #162's reported over the weekend, they were short staff. They thought it because it was a weekend and the Easter holiday. The staff said to give them 20 minutes and they would see if they could find someone to help them, but they didn't come back.</p> <p>A Grievance form dated 1/16/25 initiated by Resident #13's family documented call lights on 1/16/25 in the morning took a long time to answer and they didn't have their linens changed.</p> <p>The PBJ Fiscal Year (FY) Quarter 1 2025 (October 1-December 31) data reflected excessively low weekend staffing.</p> <p>The Daily Staff Posting dated reflected staff to include, on 4/20/25 the night shift included 1 Licensed Practical Nurse (LPN), and 2 Certified Nurse Aides (CNA's). The days shift included 1 Registered Nurse (RN), 1 LPN, 1 Certified Medication Aide (CMA) and lacked the number of CNAs. The evening shift included 3 LPNs and 5 CNAs with the census of 56.</p> <p>The Daily Staff Posting dated 4/22/25, listed the night shift had 1 LPN and 2 CNAs. The day shift listed 2 RN, 1 LPN and 5 CNAs. The evening shift included 1 LPN, 2 CMAs, and 4 CNAs with the census of 56 residents.</p> <p>The Daily staff Posting dated 4/23/25, listed the night shift had 1 LPN and 3 CNAs. The day shift listed 2 LPNs, 1 CMA, and 5 CNAs. The evening shift showed 2 LPNs, 1 CMA, and 4 CNAs with the census of 56 residents.</p> <p>The Daily Staff Posting dated 4/24/25, included the night shift had 1 LPN and 2 CNAs. The day shift had 2 LPNs, 1 CMA, and 5 CNAs. The evening shift had 1 LPN, 2 CMAs and 5 CNAs for the census of 56 residents.</p> <p>The Facility assessment dated [DATE], directed the facility needed the following staff per shift (adjust as needed):</p> <p>a. Night Shift included:</p> <ul style="list-style-type: none"> i. RN: 1 full time employee to 53 residents ii. LPN/Licensed Vocational Nurse (LVN): 1 full time employee to 53 residents iii. CNA 4 full time employees to 53residents. <p>b. Day Shift included:</p> <ul style="list-style-type: none"> i. RN: 2 full time employees to 53 residents ii. LPN/LVN 1 full time employee to 53 residents iii. CNA 7 full time employees to53 residents iv. Med Tech 1 full time employees to 53 residents. <p>(continued on next page)</p>

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<p>F 0725</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>c. Evening shift included:</p> <ul style="list-style-type: none"> i. RN 1 full time employee to 53 residents ii. LPN/LVN 1full time employee to 53 residents iii. CNA 5 full time employees to 53 residents iv. Med Tech 1 full time employees to 53 residents <p>During an interview on 4/24/25 at 9:46 AM, the Administrator reported they knew about the facility's staffing concerns and stated they needed to amend the Facility Assessment.</p> <p>46513</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 04/24/2025
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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>46875</p> <p>Based on observations, staff interviews and policy review, the facility failed to label food and drinks with dates after opening, discard product after recommended date, ensure a male staff member wore a beard net, and failed to prepare and serve food under sanitary conditions to reduce the risk of contamination and food borne illness. The facility identified a census of 56 residents.</p> <p>Findings include:</p> <p>1. An initial kitchen tour conducted on 4/21/25 at 9:45 AM, revealed the following items stored in the refrigerator ready for service:</p> <ul style="list-style-type: none"> a. 1-quart tomato juice - open/not dated b. 1-quart silk soy milk - open/not dated c. 1-quart grape juice - open/not dated d. Container of open apricots - dated 4/13/25 e. Container of open ham salad - dated 4/13/25 f. Container of open mixed berries - dated 4/17/25 <p>2. The kitchen's milk cooler revealed the following stored items:</p> <ul style="list-style-type: none"> a. 1-gallon white milk - open/not dated b. 1-gallon chocolate mile - open/not dated c. 1-gallon orange juice - open/not dated <p>On 4/21/25 during the initial kitchen tour, observed Staff I, Dietary Aide, with a beard and not wearing a beard net. Staff I said he didn't know if the facility had beard coverings and he hadn't worn one. He reported he worked at the facility for a couple of months.</p> <p>During the initial kitchen tour, observed Staff J, Cook, prepare sandwiches. Staff J wore blue colored gloves while making the peanut butter and jelly sandwiches. Staff J touched multiple items with her gloved hands while making the sandwiches which included the bread, knife, peanut butter jar, and jelly container. After spreading the peanut butter on the bread and squeezing jelly from the container, Staff J put the two pieces of bread together and put the sandwich in plastic baggies while continuing to wear the same gloves.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/21/25 during the initial kitchen tour, Staff J reported she thought food items remained good for 3 days after opening. She reported the staff should have discarded the apricots, ham salad, and mixed berries.</p> <p>On 4/21/25 at 10:15 AM, the CDM (Certified Dietary Manager) reported she expected the staff to label and date food items after opening. She reported after opening food items they should be discarded between 3 7 days depending on the type of food items. She verified they should have discarded the apricots; ham salad, and mixed berries after 3 days. The CDM reported she expected the male dietary aide to cover their beard and reported the kitchen had beard nets for him to use.</p> <p>On 4/23/25 at 11:30 AM, observed Staff K, Cook, wear gloves while serving lunch. She touched multiple surfaces with her gloves including the utensils, menus, and plates. While wearing the same gloves, Staff K took a cheese sandwich out of a plastic container and put the sandwich on the grill. After Staff K put the sandwich on the grill, she removed her gloves, washed her hands, and applied new gloves to continue to serve the food. A second time, Staff K went to make a grilled cheese sandwich, she removed her gloves, without hand hygiene she put on a new pair of gloves and took the cheese sandwich from the plastic container and put it on the grill. In addition, observed Staff L, Cook, on 2 occasions put on a pair of gloves without completing hand hygiene, use a spatula and her gloved finger to slide the peanut butter bars off the spatula on to the plates.</p> <p>On 4/23/25 at 12:15 PM, the CDM reported she expected the staff to use gloves for one task and change the gloves to prevent cross contamination.</p> <p>A facility policy titled Food Storage dated 2021 documented all foods should be covered, labeled, dated, and routinely monitored to assure consumption of foods (including leftovers) occur by their safe to use by dates, or frozen (where applicable), or discarded.</p> <p>A facility policy titled Food Safety and Sanitation dated 2021 required staff to wear beard nets with visible facial hair.</p> <p>A facility policy titled Bare Hand Contact with Food and Use of Plastic Gloves dated 2021 considered gloved hands a food contact surface that can become contaminated or soiled. If used, only use single use gloves for one task, for no other purpose, discard when damaged or soiled or when interruptions occur in the operation. The policy instructed to wash hands after removing gloves.</p>

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide or get specialized rehabilitative services as required for a resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46875</p> <p>Based on clinical record review and staff interviews, the facility failed to provide Occupational Therapy (OT) per Physician order and failed to start Physical Therapy (PT) in a timely manner for 1 of 1 resident reviewed (Resident #1) for therapy services. The facility reported a census of 56 residents.</p> <p>Findings include:</p> <p>Resident #13's Minimum Data Set (MDS) assessment dated [DATE] identified a BIMS score of 15, indicating intact cognition. The MDS identified Resident #13 as independent with bed mobility. Resident #13 required supervision or touching assistance from 1 staff member with transfers, toilet use, and ambulation. The MDS described Resident #13 as ambulatory and could walk 10 feet. They required a wheelchair for locomotion. Resident #13's MDS included diagnoses of hypertension (high blood pressure), COPD (chronic obstructive pulmonary disease), diabetes mellitus, and muscle weakness.</p> <p>An Incident Report dated 1/11/25 at 10:25 AM reflected Resident #13 fell in her room when she walked from the bathroom. She had a hold of the end of her bed, when the foot board broke, and she landed on the floor. Resident #13 complained of left shoulder and ankle pain.</p> <p>The Health Status Note dated 1/15/25 at 8:00 AM reflected Resident #13 complained of left rib pain from a fall a few days ago. The note indicated the staff gave Resident #13 her regular scheduled pain medication.</p> <p>The Health Status Note dated 1/15/25 at 12:30 PM indicated Resident #13 continued to complain of left sided rib pain. The note documented the facility notified the DOP (Doctorate of Nursing Practice) of her pain. They reported they would see Resident #13 on rounds on 1/16/25.</p> <p>The Health Status Note dated 1/16/25 at 12:58 PM identified while at the facility, the DNP ordered a portable x ray to be completed as soon as possible.</p> <p>The Health Status Note dated 1/16/25 at 11:43 PM reflected Resident #13 had x rays completed. The results identified her as positive for acute (short-term or new) right posterior (back) 8 10 rib fractures.</p> <p>A Progress Note dated 1/28/25 at 1:20 PM documented the staff called the Provider regarding Resident #13's pain. The Provider gave a new order to encourage Resident #13 to use her as needed (PRN) Tramadol as ordered, with a PT/OT evaluation and treatment. The note documented the staff notified therapy of the new order.</p> <p>A Physician order dated 1/28/25 signed by the DNP on 1/30/25 directed PT/OT to evaluate and treat for increased pain.</p> <p>Resident #13's clinical record lacked documentation that she started OT services as ordered by the Physician on 1/28/25. In addition, Resident #13 didn't start PT services until 2/19/25.</p> <p>(continued on next page)</p>		

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<p>F 0825</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Resident #13's PT Discharge Summary listed she received services from 2/19/25 to 3/14/25.</p> <p>On 4/22/25 at 2:20 PM, the Administrator reported Resident #13 didn't have therapy notes for January as she didn't receive therapy at that time.</p> <p>On 4/23/25 at 12:50 AM, the ADON verified the facility didn't follow the order for PT/OT on 1/28/25 per facility protocol. She verified the facility didn't initiate OT as ordered and they didn't start PT until 2/19/25. She reported she expected the staff to follow Physician orders.</p> <p>On 4/23/25 at 1:09 PM, Staff M, Regional Nurse Specialist, reported she expected the staff to process Physician orders within 24 hours. She reported the facility didn't have a policy related to following Physician orders as the facility followed the standards of care.</p>

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<p>F 0865</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>46513</p> <p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>Based on review of the facility's Quality Assurance Performance Improvement (QAPI) plan, the facilities past surveys, and staff interview, the facility failed to correct their own deficiencies for 3 of 15 areas of concern. The facility reported a census of 56 residents.</p> <p>Findings include:</p> <p>The facility QAPI Plan dated 5/23/23 documented the purpose as to identify and correct quality deficiencies as well as opportunities for improvement in the lives of nursing home residents with a systematic approach. To do this, all employees will participate in ongoing QAPI efforts which support our mission. Principals of the QAPI system included, in summary:</p> <ul style="list-style-type: none"> a. The outcome of QAPI is for resident quality of care and quality of life. b. Support performance improvement by encouraging our employees to support each other and be accountable for their own professional performance and practice c. Focus on systems and processes, emphasis to identify system gaps d. Make decisions based on data includes input and experiences of others e. Identify root causes of concerns, to monitor and evaluate activities f. To ensure timely services, clinically sound and based on current practices and technology g. Ensure resident confidentiality, services are compliant with regulations h. To establish a culture in which care partners are held accountable for their performance and do not fear retaliation for reporting quality concerns. <p>The survey identified the following concerns cited previously in the past year at the facility:</p> <ul style="list-style-type: none"> a. Dignity b. Infection Control c. Food Procurement Store/Prepare/Serve/Sanitation <p>On 4/23/25 at 9:00 AM, the Administrator acknowledged the concerns with the repeated deficiencies and had a correction plan in place in regards to dignity however discovered the Staff A, previous Director of Nursing (DON), didn't follow through on audits as directed. Staff A no longer worked for the company. The Administrator acknowledged QAPI concerns with the repeated concerns reviewed included infection control and kitchen process.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46875</p> <p>Based on observation, staff interviews, the Centers for Disease Control and Prevention (CDC), and facility policy review, the facility staff failed to follow enhanced barrier precautions (EBP) while doing wound care by not wearing the required person protective equipment for 1 of 2 residents (Resident #15) observed for wound care. The facility reported a census of 56 residents.</p> <p>Findings include:</p> <p>Resident #15's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 12, indicating moderately impaired cognition. Resident #15 required substantial/maximal assistance with bed mobility. The MDS listed Resident #15 as dependent on staff for transfers. Resident #15's MDS included diagnoses of anemia (low iron levels in the blood), hypertension (high blood pressure), renal (kidney) disease, diabetes mellitus, and non Alzheimer's dementia. The MDS reflected Resident #15's had a diabetic foot ulcer. The MDS documented Resident #15 had a pressure reducing device in their chair/bed, nutrition and/or hydration intervention, application of ointments/medications and dressings to their feet.</p> <p>The Care Plan Focus revised 12/18/24 indicated Resident #15 had type 2 diabetes. He managed his diabetes with the use of hypoglycemics (medications to lower blood sugar). The Interventions reflected he had a diabetic ulcer to his right lateral foot.</p> <p>The Care Plan Focus initiated 1/8/25 indicated Resident #15 had an increased risk for colonization of multiple drug resistant organism (MDRO) related to wound. The Interventions directed staff to use EBP related to the wound.</p> <p>On 4/23/25 at 1:35 PM observed an EPB sign posted on Resident #15's door frame. The sign directed everyone must clean their hands, including before entering and when leaving the room. In addition, the sign directed providers and staff to wear gloves and a gown following high contact resident care activities, including wound care with any skin openings that require a dressing.</p> <p>On 4/23/25 at 1:40 PM observed Staff N, LPN (License Practical Nurse), complete a dressing change to Resident #15's right lateral foot ulcer. Staff O, CMA (Certified Medication Aide), assisted during the dressing change to help lift Resident #15's right foot. Staff N and Staff O did not put on gowns prior to the start of treatment and did not wear gowns during the treatment. Staff N acknowledged she didn't wear a gown during the treatment and reported she received education on the need to wear a gown. She said she got nervous and forgot to put the gown on.</p> <p>On 4/23/25 at 2:25 PM, the Administrator reported he expected the staff to follow the infection control policy and signage related to EBP.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A facility policy titled Enhance Barrier Precautions updated 11/13/24 described the policy as to implement enhanced barrier precaution for the prevention of transmission of multidrug resistant organisms. The policy defined EBP as an infection control intervention designed to reduce transmission of multidrug resistant organisms that used targeted gown and gloves during high contact resident care activities. Examples of high contact resident care activities include wound care with any skin opening requiring a dressing change. Enhanced barrier precautions should be used for the duration of the affected resident's stay in the facility or until resolution of the wound.</p>		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46513</p> <p>Based on clinical record review, staff interview, Centers for Disease Control and Prevention (CDC) guidelines, and facility policy review, the facility failed to conduct eligibility screening, offer, and provide education related to the pneumococcal (pneumonia) immunization. In addition, the facility failed to document the vaccine consent or refusal for the pneumococcal immunization for 1 of 5 resident reviewed (Resident #47) for immunizations. The facility reported a census of 56 residents.</p> <p>Findings include:</p> <p>Resident #47's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 10, indicating moderately impaired cognition. The MDS included diagnoses of Alzheimer's disease, anxiety, and hypertension (high blood pressure). The MDS listed Resident #47's pneumococcal vaccine as up to date.</p> <p>Resident #47's Clinical Census reviewed 4/23/25 listed an admitted [DATE].</p> <p>Resident #47's Immunizations reviewed 4/26/25 reflected she received the pneumococcal polysaccharide (PPV23) on 3/19/14.</p> <p>Resident #47's clinical record lacked documentation the facility offered and educated her about receiving the pneumococcal vaccine (PCV20 or PCV21) (second dose in the pneumococcal series). In addition, Resident #47's clinical record lacked documentation she refused the recommended PCV20 or PCV21 vaccine or any other pneumococcal vaccinations.</p> <p>The CDC recommendations dated October 2024 directed adults age 50 and older who received the PCVSV23 should receive the PCV20 or PCV21 vaccination.</p> <p>On 4/23/25 at 10:58 AM Staff Q, Infection Preventionist (IP) nurse, relayed they offered the pneumonia vaccinations at the resident's admission and the physician would order any additional vaccines. Staff Q reported the physician should review the residents' charts and order immunizations accordingly. The staff didn't offer subsequent pneumonia vaccinations after the resident's admission.</p> <p>During an interview on 4/24/25 at 9:56 AM, the Administrator and Staff M, Regional Nurse Specialist, explained they knew the physician may not look at all of the resident's vaccination history to offer vaccinations recommended by the CDC and the facility policy. The facility was reviewing the policy for appropriate updates.</p> <p>The facility policy titled Pneumococcal Vaccinations updated 6/21/21 instructed to provide all residents the opportunity and encourage them to receive the pneumococcal vaccinations.</p>		