

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165455	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/24/2024
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Carroll		STREET ADDRESS, CITY, STATE, ZIP CODE 2241 North West Street Carroll, IA 51401	

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 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure there is a pest control program to prevent/deal with mice, insects, or other pests.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41785</p> <p>Based on clinical record review, resident interviews, staff interviews and policy review the facility failed to establish a pest control program and failed to implement measures to eradicate and contain household pests for 2 of 3 residents reviewed. On 12/8/24 staff reported bugs in the room of Resident #1 and #2. The staff did not know what steps to take to mitigate the spread of what was later identified as bed bugs. The facility reported a census of 53 residents.</p> <p>Findings include:</p> <p>1) According to the Minimum Data Set (MDS) dated [DATE], Resident #1 had a Brief Interview for Mental Status (BIMS) score of 7 (moderate cognitive deficit.) He required substantial assistance with dressing and hygiene, and was totally dependent on staff for transfers and toileting. His diagnosis included heart failure, renal insufficiency, diabetes mellitus and non-Alzheimer's dementia.</p> <p>The Care Plan for Resident #1 last updated on 5/3/24, showed that he was independent with the use of a wheelchair and he had right sided paralysis.</p> <p>On 12/23/24 at 11:30 AM, Resident #1 was in bed on his back. He said that he was moved into a different room because they kept finding bugs in that room. The resident said that the bugs were found on his roommates' side of the room. He passed away, Resident #2, didn't know if this was the only time that bugs were found in the room, he just wanted to know when he could be moved back.</p> <p>2) According to the MDS dated [DATE], Resident #2 had a BIMS score of 14 (intact cognitive ability.) He was independent with eating, dressing, transfers and toileting. His diagnosis included heart failure, diabetes mellitus, respiratory failure and Chronic Obstructive Pulmonary Disease (COPD).</p> <p>The Care Plan for Resident #2 last revised on 12/11/24, showed that the resident was independent in the facility with the use of a four wheeled walker. He was at risk for skin breakdown due to decreased mobility.</p> <p>The Progress Note dated 12/10/24 at 8:57 PM showed that Resident #2 passed away at the facility that evening.</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
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<p>F 0925</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/23/24 at 11:45 AM, Staff A, Housekeeping Supervisor said that on Sunday, 12/8/24 he had been alerted by staff that some bugs were found on the recliner of Resident #2. He said that he took that chair out of the room and outside where it was later destroyed. Resident #2 did not have a bed and preferred to sleep in his recliner. The staff stripped the bedding off of the bed of Resident #1 and washed it, then waited for the pest control providers to come and fumigate. All other items were left in the room and clothing in the room. When asked about policies and procedures, he said they washed the linens with the same process used for biohazard materials, washed twice on hot and dried twice on high heat. Staff A did not know about education provided to staff or any specific policies on steps to take for suspected bed bugs.</p> <p>On 12/23/24 at 9:55 AM, Staff G, Housekeeping, said that she had some training on recommended steps to take with suspected bed bugs at her previous job, but not at this facility. She said that staff were moving items out of the room after the bugs were sited. She saw the bugs on that Sunday and was sure they were bed bugs but when she reported to Staff A, he told her he didn't think they were so there was a delay in taking steps to contain the bugs. She felt that he had dismissed the concerns until later when staff started sending pictures to the Administrator (Admin) and Director of Nursing (DON.)</p> <p>On 12/23/24 at 12:32 PM, the Admin and DON said that they got reports of the bugs on 12/8/24 but no one could confirm they were bed bugs. Pest control was called on 12/9/24 and they came out on 12/10/24 and confirmed they found bugs, but initially didn't say for sure they were bed bugs. The two residents (Resident #1, #2) were showered on 12/10 and they were put in a different room on that date. All of their items were left in the room, (except for the recliner which was destroyed) then the fumigation process began. The DON said that she and two other nurses assessed the residents for skin issues but no one documented it.</p> <p>On 12/23/24 at 1:46 PM, the Admin said that they did not have a bed bug or pest control policy, and they did not have staff education for identification of bed bugs/pests or steps to take when discovered.</p> <p>On 12/23/24 at 3:30 PM, Staff B, Certified Nurse Aide (CNA), said she came into work on 12/8/24 just before 2:00 PM and the day staff told her they saw bugs in the room of Resident #1 and #2, about an hour earlier. Some staff sent pictures to the DON and Admin and they were directed not to take anything in or out of the room. She said that initially, Staff A told the DON that he didn't think they were bed bugs, so there was no direction or instructions on what to do until some staff sent pictures to the DON. Staff weren't given any direction on how to proceed with cares for the residents, and Staff B and Staff D, Licensed Practical Nurse (LPN) found some shoe coverings to use and other Personal Protective Equipment (PPE) to use for the evening.</p> <p>On 12/23/24 at 3:19 PM, Staff C, Registered Nurse (RN), said that she was the nurse on duty in the 200 hallway on 12/8/24. A couple of Aides came and told her about seeing some bugs in the resident's room and she went in the room to look for herself. Initially, she didn't think they looked like bed bugs, but she went to get the other nurse to get her opinion. She said that they were just directed not to take anything in or out of the room. She said that she didn't work again until Tuesday (two days later) and was surprised to find that the residents were still in that room and they hadn't been showered.</p> <p>(continued on next page)</p>		

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