

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 03/13/2025
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 0567</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 manage his or her financial affairs.</p> <p>41785</p> <p>Based on clinical record review, admission record review, family interview, staff interview and facility policy review the facility failed to provide complete information to residents regarding room rates for 4 of 4 residents (Resident #20, #22 #49 and #104) reviewed. The facility reported a census of 48 residents.</p> <p>Findings include:</p> <p>On 3/11/25 at 9:30 AM, a family member for Resident #20 expressed concerns related to billing. A follow up review of the admission documentation revealed that the Admission Agreement (AA) dated March 15, 2023, lacked clarification of daily room and board charges. The AA included a line: The Base Rate shall equal \$_____ per day. The Base Rate is subject to change as herein provided. The blank had been filled in with SNF (Skilled Nurse Facility).</p> <p>The AA for Resident #49 dated 11/26/24 did not include an amount and the letters MCD were written on the line.</p> <p>The AA dated 10/28/24 for Resident #22 lacked information on the room rate and SNF was hand written on the line.</p> <p>On 3/12/25 at 11:52 AM, the Regional [NAME] President of Operations agreed that the room and board rate should have been written on the line for residents to know the amount.</p> <p>On 3/13/25 at 1:57 PM, the Corporate Nurse acknowledged that the room rate should be included on the Admission Agreement.</p> <p>The Admission Agreement dated 10/20/23, for Resident #104, showed the base rate of \$275. A review of the billing statement showed that the rate had increased on 1/1/24 to \$305 per unit. The chart lacked documentation that the resident had been notified of the increased daily rate.</p> <p>According to the Facility Admission Agreement. The facility may make changes in the Base Rate and changes in charges for Additional Services which shall be communicated in writing to the Resident or the Resident legal representative of family member at least 30 days prior to the effective date of such change.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0584</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 safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>41785</p> <p>Based on observations, family interview, staff interviews and Facility Assessment review, the facility failed to provide a clean, homelike environment for 2 of 3 residents (Resident #20 and #21) reviewed. The facility reported a census of 48 residents.</p> <p>Findings include:</p> <p>On 3/11/25 at 9:30 AM, a family member for Resident #20 expressed concerns about the cleanliness of the facility and that the room for Resident #20 had spider webs in the corners and dirty floors.</p> <p>In an observation on 3/12/25 at 6:55 AM, it was discovered that there were spider webs in the corner behind the recliner chair in Resident #20's room. The bathroom wall behind the toilet was stained and there was black scattered on the tile and floor. The grout in the tile joints around the area of the stains was gone and the floor corners were heavily soiled.</p> <p>In an observation on 3/12/25 at 8:06 AM, it was found that the bathroom for Resident #21 had similar stains, missing grout and soiled floors as the room for Resident #20. The wall behind and below the toilet had a black substance around the tile and on the floor.</p> <p>On 3/13/25 at 9:21 AM, the Housekeeping Manager (HM) said that he would take a look at the bathrooms. He said that staff were expected to report concerns that were maybe maintenance issues by documenting on a work order sheet that was posted on the door of the Maintenance Department. He said he would take a look and see if anyone had reported the concerns.</p> <p>On 3/13/25 at 10:15 AM, the HM checked the maintenance log and acknowledged that the walls in the bathrooms had not been reported. He acknowledged that the concerns behind the toilets should have been addressed.</p> <p>On 3/13/25 at 9:38 AM, the Corporate Nurse said they would've wanted staff to bring these concerns in the bathrooms to the appropriate department head.</p> <p>According to the Facility Assessment, reviewed on 8/7/24, Information About How We Ensure Adequate Supplies and Upkeep; Each department manager would follow procedures for maintaining inventory, assessing the condition of all equipment [and] preventive maintenance and/or cleaning schedules would be in place.</p>		