

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 05/09/2024
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 0625</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004</p> <p>Based on clinical record review, staff interview, and policy review the facility failed to obtain bed hold notifications for 4 of 4 residents (Residents #11, #15, #43, and #45) reviewed. The facility reported a census of 50 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. Review of Resident #11's Electronic Health Record (EHR) census tab revealed an unpaid hospital leave from 11/14/23 through 11/17/23. 2. Review of Resident #45's EHR census tab revealed a discharged hospital stay from 4/26/24 through 5/1/24. <p>49628</p> <ol style="list-style-type: none"> 3. Review of Resident #15's Minimum Data Set (MDS) dated [DATE] revealed a most recent admitted from an acute hospital stay dated 4/5/24. <p>Review of Resident #15's EHR found a Hospital Leave- unpaid period from 4/1/24 to 4/5/24. Supporting documentation for a bed hold was not present in Resident #15's EHR.</p> <ol style="list-style-type: none"> 4. Review of Resident #43's Minimum Data Set (MDS) dated [DATE] revealed a most recent admitted from an acute hospital stay dated 3/5/24. <p>Review of Resident #43's EHR found a Hospital Leave- Unpaid from 2/2/24 to 3/5/24. Supporting documentation for a bed hold was not present in Resident #43's EHR.</p> <p>During an interview 5/07/24 at 3:12 PM, the Director of Nursing (DON) stated the facility does not have the bed holds for Residents #11, # 15, #43, and #45 hospitalization . The DON said that this is something she thought social services were completing, and they were not. The DON stated her expectation would be for bed holds to be obtained when a resident is sent to the hospital.</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 0625</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Review of a facility provided policy titled, Emergency Notice of Transfer/Discharge, dated 5/15/23, included the statement . Even though our Facility expects that you will return to our Facility following your hospitalization , federal regulations require that we provide you with a written notice regarding your transfer to the hospital and your appeal rights.</p>		

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<p>F 0644</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004</p> <p>Based on clinical record review and staff interview, the facility failed to refer residents with an initial negative Level I result for the Pre-Admission Screening and Resident Review (PASRR), with a newly evident or possible serious mental disorder, intellectual disability, or other related condition, to the appropriate state-designated authority for Level II PASRR evaluation and determination for 1 of 4 residents (Residents #14) reviewed. The facility reported a census of 50 residents.</p> <p>Findings include:</p> <p>Review of Resident #14 's Minimum Data Set (MDS) dated [DATE] revealed a Brief Interview for Mental Status (BIMS) score of 6 indicating severe cognitive impairment. The MDS further revealed diagnosis of non-Alzheimer's dementia, depression, and bi-polar disorder.</p> <p>Review of a facility provided document titled, Notice of PASRR Level 1 Screen Outcome, dated 8/11/21 for Resident #14 revealed a diagnosis of major depression. The Level I Outcome: Level I Negative, No Status Change. The Rationale included: no evidence of a PASRR condition of an intellectual/developmental disability or serious behavioral health condition. If a status change occurs, then an updated Level I must be submitted by the nursing facility to report that change.</p> <p>Review of Resident #14's Electronic Health Record (EHR) page titled, Medical Diagnosis, revealed new diagnosis of unspecified dementia with unspecified severity with other behavioral disturbance dated 11/21/23, and bipolar disorder dated 3/3/22.</p> <p>During an interview 5/07/24 at 12:19 PM, Staff C, Social Services, stated another PASRR should have been completed for Resident #14 as there were new diagnoses. Staff C stated her expectation would be for a new PASRR evaluation to be completed after a new diagnosis which could have a potential PASRR status change.</p> <p>During an interview 5/07/24 at 12:23 PM, the Director of Nursing (DON) stated her expectation would be for PASRR's to be completed at the appropriate times.</p> <p>During a follow up interview 5/07/24 12:37 PM, the DON stated the facility does not have a policy for PASRR, and that the facility follows the regulations.</p>

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48004</p> <p>Based on clinical record review, staff interviews, and policy review the facility failed to ensure as needed (PRN) orders for psychotropic medications did not exceed 14 days without physician review for 1 of 5 residents (Resident #52) reviewed. The facility reported a census of 50 residents.</p> <p>Findings include:</p> <p>Review of Resident #52's Minimum Data Set (MDS), dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 1out of 15, indicating a severe cognitive impairment. The MDS listed diagnosis of Alzheimer's disease, anxiety, and depression.</p> <p>Review of the Clinical Physician's Orders, revealed an order for lorazepam (anti-anxiety medication) intensol oral concentrate 2 mg/ml (milligrams per milliliter). Give 0.25 ml every 1 hour PRN for anxiety/restlessness/agitation. This order lacked a specified stop date.</p> <p>Review of the Medication Administration Records (MAR) from 3/22/24 through 5/7/24 revealed the PRN order for lorazepam intensol oral concentrate was given 15 times in the month of March 2024, 31 times in the month of April 2024, and 4 times in the month of May 2024.</p> <p>During an interview 5/07/24 at 1:49 PM, the Director of Nursing (DON) stated her expectation would be for PRN psychotropic medications to have a 14 day stop date unless reviewed with the physician. The DON further acknowledged that Resident #52 had a PRN psychotropic with a start date of 3/22/24 and this had not been reviewed.</p> <p>During a follow up interview 5/08/24 at 1:20 PM, the DON stated the facility does not have a policy for reviewing PRN psychotropic medications, and the facility follows the regulations.</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>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49628</p> <p>Based on observations, staff interviews, and policy reviews the facility failed to store, prepare, serve, and distribute food in accordance with professional standards. The facility reported a census of 50 residents.</p> <p>Findings include:</p> <p>On 5/6/24 at 11:53 AM observed Staff A, Cook/Dietary, serve a portion of the noon meal. Staff A wore gloves and touched the bun wrapper, serving utensils, and the buns while preparing Philly Steak Sandwiches.</p> <p>Continuous observations on 5/7/24 at 11:07 AM identified the Dietary Manager (DM), also the cook during this observation, don/doff gloves with inconsistent hand hygiene. The DM removed gloves and placed them on the serving line, donned new gloves, and continued to serve meals over the dirty gloves.</p> <p>Staff A removed gloves worn while handling meal/dietary need cards, donned new gloves to make a peanut butter and jelly sandwich. With new gloves Staff A opened the bread bag, obtained 2 slices of bread, carried them to the preparation station. Staff continued to prepare the sandwich touching the bread after holding the containers of peanut butter and jelly. Staff A inconsistently changed her gloves throughout the service without hand hygiene.</p> <p>Staff B, Dietary Aide, removed and donned new gloves several times during the meal service without hand hygiene. Staff B entered the kitchen and began the task of preparing for post meal cleanup. Staff B did not wash hands upon entering the kitchen.</p> <p>On 5/7/24 at 12:53 PM the DM indicated that the expectation would be to wash hands upon entering the kitchen, returning from the pantry, and hands should not touch food.</p> <p>On 5/7/24 at 2:19 PM the Administrator stated the expectation for Dietary Staff was for hand washing and/or sanitizing hands between glove changes and hands to be washed upon entry into the kitchen. The Administrator stated education had been provided to the Dietary Staff on infection control measures.</p> <p>Observed resident unit refrigerator on 5/7/25 at 2:50 PM. The refrigerator, located in the staff break room had a label of Resident Refrigerator, The refrigerator did not have a temperature log present. Multiple items in the refrigerator did not have names or opened dates on them including soda pop and water bottles. Other items observed in the refrigerator with old dates on them included a container with label of Deli Sandwiches dated 4/20/24, a pizza box dated 4/12/24, a Lunchable with best by date of 4/24/24, a beverage with a opened date of evening 1/29, 2 containers of coffee creamer with best by dates of 12/20/23, fruit dip with a best by date of 8/20/23, and a crab salad container with a date of 7/26/23. The freezer appeared dirty with a mixture of food items, and various ice packs. A freezer thermometer was not present.</p> <p>(continued on next page)</p>

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