STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165490	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Cresco	701 Vernon Road SW Cresco, IA 52136

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)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures to prevent abuse, neglect, and theft. 41537 Based on record review, staff interview, and policy review the facility failed to complete a background check for 1 of 6 current employees reviewed (Staff B, Certified Nurse Aide (CNA). The facility reported a census of 27 residents. Finding include: On 1/8/25 at 1:14 PM a request for background checks prior to employment for Staff B and five (5) other employees was provided to the Director of Nursing (DON). Record review of Staff B Single Contact License & Background Check, documented it was completed on 1/8/25 at 1:52 PM. During an interview on 1/8/25 at 3:22 PM with the Business Office Manager revealed she could not find a background check for Staff B when asked for it today. She then informed she always runs a background check prior to an employee being hired, so she was not sure what happened or if it was misplaced. She also informed she had a new employee checklist in place and completing the background check is on it. Record review of Staff B, Pay Summaries (times cards) for the below dated pay periods since hired at the facility, revealed the following number of hours she worked at the facility prior to her background check being completed on 1/8/25: 8/4/24 to 8/17/24 - 24.9 hours 8/18/24 to 8/31/24 - 33.5 hours 9/1/24 to 9/14/24 - 10.4 hours 9/15/24 to 9/28/24 - 4.1 hours 10/27/24 to 11/9/24 - 5.1 hours Record review of the facility policy, Nursing Facility Abuse Prevention, Identification, Investigation and Reporting Policy dated 10/19/22 instructed the facility complete the following: (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165490	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Cresco	701 Vernon Road SW Cresco, IA 52136

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)
F 0607 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Employee Screening: The facility shall screen all potential employees for a history of abuse, neglect, exploitation, misappropriation of property, or mistreatment of Residents. The facility will not employ or otherwise engage individuals who: (i) Have been found guilty of resident abuse, neglect, exploitation, misappropriation of property, or mistreatment by a court of law; (ii) Have had a finding entered into the State nurse aide registry concerning resident abuse, neglect, exploitation, mistreatment of residents or misappropriation of their property; or (iii) Have a disciplinary action in effect against his or her professional license by a state licensure body as a result of a finding of abuse, neglect, exploitation, mistreatment of residents or misappropriation of resident property. This will be accomplished through the following (including maintaining documentation of such results): a) The facility will conduct an Iowa criminal record check and dependent adult/child abuse registry check on all prospective employees and other individuals engaged to provide services to residents, prior to hire, in the manner prescribed under 481 Iowa Administrative Code S58.11(3). The facility will conduct a criminal record check and dependent adult/child abuse registry check on all current employees and other individuals engaged to provide services to residents who have criminal convictions or founded abuse determinations after hire, or where the facility received credible information that an employee has had a criminal conviction or a founded abuse determination subsequent to hire. See Iowa Code S135C. 33(7).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165490	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Cresco	701 Vernon Road SW Cresco, IA 52136

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)
F 0625 Level of Harm - Potential for minimal harm Residents Affected - Some	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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41537 Based on record review, staff interview, and policy review the facility failed to provide notice of bed-hold policy and return prior to 3 of 3 hospitalization s reviewed (Residents #15 and #16). The facility reported a census of 27 residents. Findings include: 1. Record review of Resident #15 Census in his Electronic Health Record (EHR) on 1/9/25 documented he discharged to the hospital on 11/12/2024 and returned to the facility on [DATE]. Record review of Resident #15 Progress Notes lacked documentation he or his Power of Attorney (POA) were notified of the facilities Bed Hold Policy. 2. Record review of Resident #16 Census in her EHR on 1/9/25 documented she discharged from the facility and went to the hospital on 11/12/2024 to 11/14/24 and again from 11/18/24 to 11/20/24. Record review of Resident #16 Progress Notes lacked documentation her POA or herself were notified of the facilities Bed Hold Policy. During an interview on 1/9/25 at 12:04 PM the Director of Nursing (DON) stated she was unable to locate documentation of a Bed Hold notice for Resident #15 or #16 hospitalization s in the past 3 months. She then stated when a resident was transferred acutely the nurse on duty is to complete a packet for the resident that includes the Bed Hold, the nurse is then supposed to return the form to her. Record review of the facilities Acute Care Transfer Checklist documented: Complete Emergency notice of Transfer/Discharge and Notice of Bed Hold Policy and Return (one form).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165490	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Cresco	701 Vernon Road SW Cresco, IA 52136

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 41537 Based on record review, staff interview, and policy review the facility failed to comprehensively asses and implement pressure ulcer interventions for 1 of 2 residents reviewed for pressure ulcers (Resident #6). The facility also failed to ensure 1 of 1 residents with a diagnosis of Herpes Simplex Virus (HSV) had a comprehensive Care Plan in place with interventions and monitoring (Resident #24). The facility also failed to ensure 1 of 5 residents reviewed for use of medications including anti-anxiety, anti-depressant, and anti-psychotic adverse reactions and target behaviors to monitor for were comprehensively assessed and on the Care Plan (Resident#24). The facility reported a census of 27 residents. Findings include: 1. Record review of Resident #6 After Visit Summary dated 12/5/24 documented she was seen for her Pressure ulcer of the sacral region, Stage 4 (the most severe stage of a pressure sore, characterized by full thickness tissue loss that exposes underlying structures like bone, tendon, or muscle, often with significant damage to surrounding tissue and a high risk of infection) and disorder of skin graft. Record review of Resident #6 current Care Plan on 1/7/2024 lacked resident specific interventions put in place for her Pressure Ulcer. 2. Record review of Resident #24 most recent Order Summary Report signed by her Doctor on 11/5/2024 documented she was on the following psychotropic medications (medications that affects how the brain works and causes changes in mood, awareness, thoughts, feelings, or behavior): a. Anti-psychotic medication (Seroquel 50 milligrams (mg) at bedtime) b. Anti-anxiety medication (Lorazepam 0.5 mg twice a day) c. Anti-depressant medication (Escitalopram 10 mg daily) Record review of Resident #24 current Care Plan on 1/7/24 lacked documentation of adverse reactions to monitor for and interventions or goals for use of anti-psychotic, anti-anxiety, and anti-depressant medications she was on. 3. Record review of Resident #24 Admission Orders, completed by Staff C, Advance Registered Nurse Practitioner (ARNP) dated 4/29/2024 documented she had HSV and takes prophylactic Valtrex daily (an anti-viral drug that can treat herpes virus infections, including shingles, cold sores, and genital herpes. This medication does not cure herpes, but may prevent herpes sores or blisters). Record review of Resident #24 current Care Plan on 1/7/24 lacked documentation she currently had HSV and interventions needed. The Care plan also lacked she took an anti-viral medication and possible adverse reactions and what to monitor for. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165490	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Cresco	701 Vernon Road SW Cresco, IA 52136

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/9/2025 at 12:04 PM the Director of Nursing (DON) revealed she would expect Resident #6 pressure ulcer to have interventions for treatment needs and prophylactic measures they have in place to prevent further pressure ulcers from occurring. She also revealed she would expect all of Resident #24 psychotropic medications be monitored for adverse reactions and relevant interventions put in place, and she would have expected Resident #24 Care Plan had interventions and monitoring related to her HSV since she was admitted to the facility. Review of the facilities policy, Person Centered Care Plan, last revised 1/2024 instructed the following relevant to the concerns identified: Mood: a. Target behaviors if applicable b. Non-pharmacological interventions c. Psychoactive medication class if applicable along with appropriate diagnosis /indication for use d. Side effect monitoring e. Mental health referral if applicable Disease Diagnosis and Health Conditions: a. All current acute and chronic clinical conditions for which they are receiving medication, treatment and/or care, which may include but is not limited to: Diabetes, COPD, Heart Disease, Post Op Treatment that have a direct affect current status/ability.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165490	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Cresco	701 Vernon Road SW Cresco, IA 52136

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. 41537 Based on record review, staff interviews, and policy review the facility failed to ensure 1 of 3 residents reviewed for positive Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) received daily nursing assessment (Resident #80). The facility reported a census of 27 residents. Finding include: Record review of a Progress Note dated 1/6/2025 at 3:14 PM documented Resident #80 was on isolation due to being SARS-CoV-2 positive. Record review of Resident #80 Progress Note on 1/7/25 at 5:04 PM documented resident continued on isolation for SARS-CoV-2 positive and continued to be very weak and needed assistance of one (1) with all cares, and Hospice brought in a wheelchair today for her to use. Record review of Resident #80 Progress Notes on 1/9/25 at 11:19 AM revealed no assessment had been documented or completed by the facility since 1/7/25. Record review of Resident #80 Weights and Vitals on 1/9/25 in her Electronic Health Record (EHR) lacked documentation the facility assessed her on 1/8/25 as no vitals were recorded. Record review of Resident #80 Assessments on 1/9/25 in her EHR lacked documentation the facility assessed her on 1/8/25 as no assessments were completed. During an interview on 1/9/25 at 12:04 PM the Director of Nursing (DON) revealed she would expect a SARS-CoV-2 positive resident to receive routine assessments at least every 12 hours, and would include a full head to toe assessment of the resident and should be documented in the Progress Notes or Assessments of their EHR. Record review of the facilities Agreement for Medical Director Services completed on 11/4/24 with the Medical Director and the Facility instructed the following: Services. The parties agree that Medical Director shall be responsible for the overall coordination of medical care at Facility. Services shall include, but are not necessarily limited to the following: a. Assist in the development of policies and procedures, including a complete annual review of policies and procedures, and assist with the implementation of such policies and procedures. b. Surveillance of the health status of Facility's residents, acting as consultant to the Administrator and/or Director of Nursing with issues of concern. c. Evaluate the appropriateness and adequacy of health professional and support staff services. d. Serve as liaison with attending physicians, Facility, and residents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165490	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Cresco	701 Vernon Road SW Cresco, IA 52136

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	e. Serve on Facility committees as requested, including Quality Assessment and Assurance, and will assist Administrator in implementing committee recommendations and plans of action.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165490	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Cresco	701 Vernon Road SW Cresco, IA 52136

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)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. 48003 Based on record review, resident interview, and staff interviews the facility failed to obtain a complete dialysis assessment pre or post for 1 of 2 residents reviewed on dialysis (Resident #16). The facility reported a census of 27 residents. Findings include: The Minimum Data Set (MDS) assessment for Resident #16 dated 10/24/24 identified a Brief Interview for Mental Status (BIMS) score of 15 indicating cognitively intact. The MDS further documented the resident received dialysis. The MDS included diagnoses of heart failure, hypertension, and renal insufficiency. Resident #16 received a therapeutic diet. The MDS listed that Resident #16 received dialysis while a resident at the facility during the look-back period. The Care Plan with a target date of 4/13/24 included the following Focuses: a. Resident #16 needs dialysis for renal failure. The Care plan directed staff of the following interventions: Resident #16 receives dialysis Monday, Wednesday, Friday. Monitor VITAL SIGNS and enter in pre and post dialysis assessment on dialysis days. Notify MD of significant abnormalities. Assess for bleeding at the access site, especially the first 4 hours after dialysis. Monitor/document/report PRN any signs or symptoms of infection to access site: Redness, Swelling, warmth or drainage. Monitor/document/report for signs or symptoms of renal insufficiency: changes in level of consciousness, changes in skin turgor, oral mucosa, changes in heart and lung sounds. Review of Resident #16's Electronic Health Record (EHR) lacked completed pre and post-dialysis assessments for the past 90 days: 11/11/24, 12/06/24, 12/16/24, 1/1/25, & 1/3/25. The EHR lacked just the pre-dialysis assessments for the past 90 days: 11/18/24, 11/22/24, 12/26/24, & 1/06/25. The EHR lacked just the post-dialysis assessment for the past 90 days: 12/02/24, 12/04/24, 12/09/24, 12/23/24, & 12/28/24. During an interview on 1/07/24 at 1:35 PM Staff A, Licensed Practical Nurse reported nurses are to be doing pre and post dialysis assessments on dialysis days in Point Click Care (PCC) (PCC is the EHR for the residents) under the assessment tab for the two dialysis residents in the building. On 1/07/24 at 2:55 PM, the Director of Nursing (DON) reported the nurses are required to complete a pre and post dialysis assessment under the assessment tab in PCC on days when Resident #16 has dialysis. During an interview on 1/07/24 at 3:13 PM, the DON reported if there are no assessments for pre or post dialysis in PCC then it was not completed by staff. On 1/07/24 at 4:09 PM, the DON reported the facility does not have a dialysis policy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165490	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Cresco	701 Vernon Road SW Cresco, IA 52136

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)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. 41537 Based on record review, staff interview, and policy review the facility failed to ensure 1 of 1 residents receiving anti-viral medications had proper routine monitoring and diagnoses attached for use of the medication (Resident #24). The facility reported a census of 27 residents. Findings include: Record review of Resident #24 Admission Orders, completed by Staff C, Advance Registered Nurse Practitioner (ARNP) dated 4/29/2024 documented she had a diagnoses of Herpes Simplex Virus (HSV) and took prophylactic valacyclovir daily (an anti-viral drug that can treat herpes virus infections, including shingles, cold sores, and genital herpes. This medication does not cure herpes, but may prevent herpes sores or blisters). Record review of Resident #24 current diagnoses in her Electronic Health Record (EHR) on 1/9/2025 lacked the diagnoses of HSV. Record review of Resident #24 Order Summary Report dated 11/4/2024 documented she had been on valacyclovir for anti-viral since 4/29/24 however did not give diagnosis for why she was on it. Record review of Resident #24 Progress Notes from 4/29/24 to 1/9/2025 lacked review by the facilities Pharmacist and request for rationale for valacyclovir medication usage. Record review of Resident #24 current Care Plan on 1/7/24 lacked documentation she currently has HSV and interventions needed. The Care plan also lacked she took an anti-viral medication and possible adverse reactions and what to monitor. During an interview on 1/9/2025 at 12:04 PM the Director of Nursing (DON) revealed she would expect pharmacy to review and ensure proper diagnoses are in place for all medications. Record review of the facilities Agreement for Medical Director Services completed on 11/4/24 with the Medical Director and the Facility instructed the following: Services. The parties agree that Medical Director shall be responsible for the overall coordination of medical care at Facility. Services shall include, but are not necessarily limited to the following: a. Assist in the development of policies and procedures, including a complete annual review of policies and procedures, and assist with the implementation of such policies and procedures. b. Surveillance of the health status of Facility's residents, acting as consultant to the Administrator and/or Director of Nursing with issues of concern. c. Evaluate the appropriateness and adequacy of health professional and support staff services. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165490	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Cresco	701 Vernon Road SW Cresco, IA 52136

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)
F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	d. Serve as liaison with attending physicians, Facility, and residents. e. Serve on Facility committees as requested, including Quality Assessment and Assurance, and will assist Administrator in implementing committee recommendations and plans of action.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165490	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Cresco	701 Vernon Road SW Cresco, IA 52136

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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 41537 Based on observation, staff interview, and policy review the facility failed to ensure the facilities kitchen stove top was free from excessive black burnt on buildup, the floor tiles were intact through out and not missing, and the dining room carpet was free of large stains. The facility reported a census of 27 residents. Findings include: During an observation on 1/6/25 at 12:20 PM in the facilities Dining Room revealed multiple stains on the carpet through the room with the largest stain identified next to lower cabinets in the common areas with what appeared to be multiple splatter type stains that combined to make a larger stain measuring approximately 10 feet by 3 feet in a much darker color than the surrounding carpet. During an observation on 1/8/25 at 11:59 AM revealed the stove cook top with burners had a large area of a black discoloration going up the back of the stainless steel part of the stove. The floor also revealed to have multiple tiles that were missing sections and a black discoloration between tiles. Record review of a document titled, 7 Minute Facility Inspection, revealed the next inspection of the facilities carpet to be completed on 1/18/25. During an interview on 1/9/25 at 12:17 PM the Director of Nursing (DON) revealed the facilities carpet had been discussed on being replaced at Quality Assurance (QA) meetings due to the Infection Control aspect and stains, however there was not a plan in place that she was aware of.