STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165535	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Aurelia, LLC	401 West Fifth Street Aurelia, IA 51005

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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on a review of the clinical record, facility policy, and staff interviews, the facility failed to notify the physician when a resident with a history of cardiac and pulmonary conditions and oxygen dependence stopped using a Bilevel Positive Airway Pressure (BiPAP) machine at night for 1 of 12 residents reviewed. The facility reported a census of 35 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] for Resident #2 documented diagnoses of congestive heart failure (CHF), Chronic Obstructive Pulmonary Disease (COPD) and centrilobular emphysema. The MDS showed the Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment. The Clinical Physician Orders dated 9/3/25 for Resident #2 showed the following:BiPAP on at bed time and off in the morningOxygen 3 liter per nasal cannula COPD and centrilobular emphysemaDuo Neb breathing treatments twice a day for COPDFluticase-Salmeterol inhaler twice a day for COPDPrednisone tablet daily for COPDTorsmide tablet daily for CHFEmpagliflozin tablet daily for CHFAlbuterol Sulfate inhaler every 6 hours as needed for shortness of breath and wheezing The Care Plan for Resident #2 revised on 8/15/25 showed the resident had a history of CHF, COPD, high blood pressure and arterial fibrillation (irregular heart rhythm). The goal for Resident #2 included the resident will not require hospitalization for her condition. The Care Plan lacked BiPAP usage and information.During an interview on 1/27/26 at 2:25 PM, Resident #2 reported the pulmonologist ordered her to wear a BiPAP at night related to CHF, COPD, and emphysema. When asked about the BiPAP location, the resident reported placing the device on a shelf due to personal preference not to use the machine because the mask fit poorly, despite trying several different masks. When asked about the duration it had been on the shelf, the resident stated at least three months. Upon clarification regarding nonuse during that period, the resident stated, No, I haven't worn it at all for about three months.During an interview on 1/28/26 at 1:27 PM, Staff A, Certified Nursing Assistant (CNA), reported working the night shift in October when the resident began inconsistent BiPAP use. Staff A reported the resident stated, I don't like it. Staff A further reported that in November the resident stopped using it altogether.Review of the December 2025 and January 2026 Treatment Administration Record (TAR) failed to accurately reflect BiPAP usage.During an interview on 1/27/26 at 2:47 PM, the Director of Nursing (DON) reported learning of Resident #2's nonuse of the BiPAP today. When asked if she knew the resident reported not using the BiPAP for the past three months, the DON stated, No. When asked whether staff inaccurately documented BiPAP use, the DON stated, I haven't looked at it. When asked if she felt physician notification was necessary, the DON reported yes. When asked why physician notification was necessary, the DON stated the resident could have breathing issues.During an interview on 1/28/25 at 9:45 AM, the DON stated, They need to document that the resident refused the treatment and notify the physician. The DON also indicated notification was necessary because, if needed, the resident wanted to be resuscitated, and staff recently had a code.During an interview on 1/28/26 at 12:15 AM, the DON reported the facility failed to have a policy regarding physician notification and that the facility followed the standards of care.

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
	165535	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Aurelia, LLC	401 West Fifth Street Aurelia, IA 51005

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review and staff interview, the facility failed to refer 1 resident with a negative Level I result for the Preadmission Screening and Resident Review (PASRR), who was later identified with 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 out of 2 residents (Resident #27) reviewed for PASRR requirements. The facility reported a census of 35 residents.Findings include: The Minimum Data Set (MDS) assessment dated [DATE] for Resident #27 documented diagnoses of dementia, Anxiety Disorder, adjustment disorder with depressed mood, depression and suicidal ideations. The MDS included a Brief Interview for Mental Status (BIMS) score of 13, which indicated intact cognition. The Medical Diagnosis list for Resident #27 revealed the following diagnoses:General Anxiety Disorder, dated 5/27/25Major depressive disorder, dated 6/12/2Suicidal ideation, dated 7/24/25Adjustment disorder with depressed mood, dated 8/6/25 The Clinical Orders for Resident #27 revealed the following medications:Memantine 2.5 mg tablet for dementia, dated 3/27/25Prozac 40 mg tablet daily for dementia, dated 6/25/25Zyprexa 5 milligram (mg) tablet daily for adjustment disorder with depressed mood, dated 9/7/25 The Telehealth Psych Progress Note dated 1/27/25 for Resident #27 showed the resident received psych services and is scheduled for a future appointment. During an interview on 1/27/25 at 2:47 PM with the Administrator, Director of Nursing (DON), and Social Worker (SW), the SW reported submission of a new PASRR earlier that morning for Resident #27. When asked whether a PASRR should be submitted when a new mental health disorder, mental health medications, and mental health services are present, the SW stated yes. During an interview on 1/28/25 at 9:45 AM, the DON reported asking whether responsibility for resubmission of the PASRR applied to her role. The Administrator instructed that responsibility rested with the Social Worker (SW). The DON further explained that future morning meetings will include team review of medications, new diagnoses, and services to identify the need for PASRR resubmission. During an interview on 1/28/26 at 12:15 AM, the DON reported the facility failed to have a policy regarding PASRRs and that the facility followed the standards of care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165535	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Aurelia, LLC	401 West Fifth Street Aurelia, IA 51005

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 0842 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Safeguard resident-identifiable information and/or maintain medical records on each resident that are in accordance with accepted professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews and facility policy review the facility failed to accurately document Bilevel Positive Airway Pressure (BiPAP) machine usage for 1 of 12 residents (Residents #2). The facility reported a census of 34 residents.Findings include: The Minimum Data Set (MDS) assessment dated [DATE] for Resident #2 documented diagnoses of congestive heart failure (CHF), Chronic Obstructive Pulmonary Disease (COPD) and centrilobular emphysema. The MDS showed the Brief Interview for Mental Status (BIMS) score of 15, which indicated no cognitive impairment. The Clinical Physician Orders dated 9/3/25 for Resident #2 showed an order for a BiPAP on at bedtime and off in the morning. During an interview on 1/27/26 at 2:25 PM, Resident #2 reported the pulmonologist ordered her to wear a BiPAP at night related to CHF, COPD, and emphysema. When asked about the BiPAP location, the resident reported placing the device on a shelf due to personal preference not to use the machine because the mask fit poorly, despite trying several different masks. When asked about the duration it had been on the shelf, the resident stated at least three months. Upon clarification regarding nonuse during that period, the resident stated, No, I haven't worn it at all for about three months.During an interview on 1/28/26 at 1:27 PM, Staff A, Certified Nursing Assistant (CNA), reported working the night shift in October when the resident began inconsistent BiPAP use. Staff A reported the resident stated, I don't like it. Staff A further reported that in November the resident stopped using it altogether.Review of the December 2025 Treatment Administration Record (TAR) for Resident #2 showed staff inaccurately documented the resident applied and/or removed the BiPAP every day of the month of December. Review of the January 2025 Treatment Administration Record (TAR) for Resident #2 showed staff inaccurately documented the resident either applied, and/or removed the BiPAP, or failed to document every day of the month of January.During an interview on 1/27/26 at 2:47 PM, the Director of Nursing (DON) reported learning of Resident #2's nonuse of the BiPAP today. When asked if she knew the resident reported not using the BiPAP for the past three months, the DON stated, No. When asked whether staff inaccurately documented BiPAP use, the DON stated, I haven't looked at it. During an interview on 1/28/25 at 9:45 AM, the DON reported reviewing BiPAP usage documentation for Resident #2 and identified inaccurate staff documentation indicating BiPAP use despite resident nonuse. The DON stated, We are going to have education to remind staff not to get in the habit of documenting things were done. They need to document the resident refused the treatment and notify the physician. During an interview on 1/28/26 at 12:15 AM, the DON reported the facility failed to have a policy regarding documentation and that the facility followed the standards of care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165535	A. Building B. Wing	01/29/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Accura Healthcare of Aurelia, LLC	401 West Fifth Street Aurelia, IA 51005

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, record review, staff interviews and policy reviews, the facility failed to provide proper hand hygiene before and after catheter care for 1 of 2 residents reviewed (Resident #31). The facility reported a census of 34 residents.Findings include:During an observation on 1/28/26 at 1:08 PM, Staff A, Certified Nursing Assistant (CNA), failed to perform hand hygiene prior to donning personal protective equipment (PPE) and emptying urine from the catheter bag, per policy. Staff A then doffed PPE, failed to perform hand hygiene, and proceeded to arrange the catheter bag, privacy bag, and the resident's blanket before exiting the room.The Hand Hygiene Policy last updated on 11/13/24 identified hand hygiene is required immediately before donning and doffing gloves. During an interview on 1/27/26 at 2:47 PM, the Director of Nursing (DON), reported she expected staff to perform hand hygiene immediately before applying gloves and when staff removed gloves. During an interview on 1/27/26 at 3:31 PM, the Infection Preventionist indicated staff are expected to perform hand hygiene prior to putting on gloves, immediately after removing gloves, and when the staff leave the resident's room.