

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165568	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2026
NAME OF PROVIDER OR SUPPLIER Accura Healthcare of Cascade LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 701 North Johnson Street NW Cascade, IA 52033	

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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, employee file review, staff interview, and facility document review the facility failed to complete hand hygiene and change their gloves during wound care for one out of two residents reviewed (Resident #5). The facility reported a census of 43 residents. Findings include: Resident #5's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. The MDS included diagnoses of diabetes mellitus (DM), anemia (low iron levels in the blood), chronic kidney disease (CKD), and arthritis. The MDS reflected Resident #5 entered the facility with an unhealed unstageable pressure ulcer. The Care Plan dated 1/21/26, identified Resident #5 had an unstageable ulcer on her left heel present on their admission. Resident #5's March 2026 Treatment Administration Record (TAR) directed to apply a dry gauze dressing to the left heel and change daily. May apply saline to the bandage before removal to help loosen if sticking to wound, one time a day for heel protection. On 3/3/26 at 9:50 AM Staff A, Registered Nurse (RN) completed hand hygiene (HH) with alcohol-based hand sanitizer (ABHS), applied a gown, and gloved. Staff A cleaned the tray table off and placed a barrier on the tray table. Staff A sat the roll of cling wrap, a stack of gauze 4 by 4's, and placed a nonstick pad on the table. Staff A used her scissors and cut cling wrap dressing off Resident #5's left foot with scissors. Staff A placed the scissors on the tray table. Without completing HH, Staff A used her gloved hands to open the normal saline (NS), dampened a 4 by 4, and wiped the wet 4 by 4 around the non-stick pad to peel the stuck dressing off the wound. Staff A threw the 4x4 in the trash. Staff A picked up another 4 by 4 gauze, folded it, moistened it with the NS, and washed the left heel wound with the 4 by 4. Staff A picked up another 4 by 4 and patted the wound dry. Staff A replaced the NS lid and dropped it into the trash can. Without completing HH, Staff A opened a new nonstick pad with the same gloved hands, placed it on the left heel wound, and wrapped the left heel with cling. On 3/3/26 at 9:59 AM without cleaning the scissors after Staff A cut off the old dressing, Staff A cut 2 pieces of tape from the roll and applied them to cling wrap dressing. Staff A cleaned the scissors with a wipe. Staff A removed the EBP completed HH and left the room. On 3/3/26 at 10:04 AM Staff A reported being a new nurse and started at the facility in the fall. On 3/4/26 at 11:11 AM the MDS Coordinator reported the nurses needed to wash their hands, put gloves on before they remove the dressing, take their gloves off complete HH, and put on a new pair of gloves to clean the wound. After they clean the wound, they need to remove their gloves, complete HH, and put new gloves on to apply the new dressing. Once the new dressing is applied staff are expected to remove their gloves and complete HH. On 3/4/26 at 11:30 AM the Interim Director of Nursing (DON)/ Infection Preventionist (IP) reported she expected the nurses to clean their hands as the protocol and procedure directed. On 3/4/26 at 12:10 PM the RN/Interim Executive Director stated they expected the nurses to complete HH and apply gloves before they removed any dressing over a wound. She said if the staff used scissors to cut off a dressing, they needed to clean the scissors before using them again. She stated after the staff removed the dressing they needed to remove their gloves, complete HH, and apply new gloves to clean the wound according to the physician's order. The Interim Executive Director said staff are expected to remove their gloves after they cleaned the wound, complete HH, and apply new gloves to (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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