| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 285166 | A. Building<br>B. Wing | 07/01/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| Accura Healthcare of Kenesaw | 100 West Elm Avenue<br>Kenesaw, NE 68956 |

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) |
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| F 0584<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | 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.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Licensure Reference Number 175 NAC 12-007.04CiBased on observation, record review, and interview the facility failed to develop and implement a plan to maintain required safe temperatures in resident rooms to prevent heat-related injury for facility residents. This affected 1 of 3 sampled residents (Resident 1). The facility census was 58.The facility Administrator was notified on 07/01/2026 at 12:45 PM of an Immediate Jeopardy (IJ) which began on 07/01/2026. The IJ was removed on 07/01/2026, as confirmed by surveyor onsite verification. Findings are:Record review of the undated facility admission Agreement revealed that the facility shall provide room, board, linens, bedding, and nursing care to the resident. The facility is dedicated to promoting the dignity, independence, and quality of life for each resident. The facility will provide care in a safe, comfortable environment. Record review of the Centers for Disease Control (CDC) document titled Heat and Older Adults (Aged 65+) dated 6/25/24 revealed that people aged 65 years or older are more prone to heat-related health problems. Record review of the Federal Emergency Management Agency (FEMA) document titled Be Prepared for Extreme Heat dated June 2018 revealed that extreme heat often results in the highest annual number of deaths among all weather-related disasters. Signs of heat exhaustion (a heat related injury) may include heavy sweating, paleness, muscle cramps, tiredness, weakness, dizziness, headache, nausea or vomiting, and fainting. Signs of heat stroke (the most severe form of heat illness) may include extremely high body temperature (above 103 degrees); red, hot, and dry skin with no sweat; rapid, strong pulse; dizziness; confusion; and unconsciousness. Record review of the National Institute on Aging (NIH) document titled Hot Weather Safety for Older Adults dated 9/2/22 revealed that too much heat is not safe for anyone. It is even riskier if you are older or have health problems. The risk of heat-related illness for older adults is raised by health problems such as cardiovascular, lung, or kidney disease; any illness that causes weakness or results in a fever; being on several prescription drugs at the same time; and living in places without air conditioning or fans. Being overheated for too long can cause many health problems including heat exhaustion (a warning that your body can no longer keep itself cool; heat exhaustion can progress to heat stroke [a medical emergency]).Record review of the facility admission Record dated 7/1/26 for Resident 1 revealed that Resident 1 admitted into the facility on 3/10/25. Diagnoses included peripheral vascular disease (a blood circulation disorder that narrows or blocks blood vessels outside of the brain or heart); Chronic Obstructive Pulmonary Disease (COPD) (an ongoing progressive lung condition that restricts air flow); and high blood pressure. Resident 1's age is greater than 65. Record review of the progress note dated 6/28/26 at 8:32 PM for Resident 1 revealed that the nurse went into Resident 1's room to administer the bedtime medications. Resident 1 was in the bathroom. The nurse noticed that the room was very warm. The window was open and hot air was blowing in. The nurse walked out of the resident's room to give Resident 1 privacy. The nurse returned to Resident 1's room. Resident 1 was still in the bathroom. The nurse knocked on the door and asked if the resident was ok. Resident 1 knocked back and the nurse waited a few more minutes. After a few minutes, the nurse informed Resident 1 that the nurse was going to open the door to ensure the resident's safety. Resident 1 was<br>(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 |
|---|---|---|

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| F 0584<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | found sitting on the toilet with the resident's upper body leaning onto the left side with Resident 1's head downward against the wall. The nurse asked another nurse to assist. The two nurses assisted Resident 1 up to a sitting position. Resident 1's eyes were wide open. Resident 1 was asked if they were ok. Resident 1 had a blank look on their face and did not answer any questions. Resident 1 looked confused and was very warm. Nurse aides arrived to assist Resident 1 back to bed. The nurse called the Power of Attorney (POA) of Resident 1 and informed the POA of Resident 1's condition. The POA said that they wanted a hospice nurse to come to the facility and assess Resident 1. The nurse called hospice and spoke to the hospice on call nurse and informed the hospice nurse of Resident 1's condition. The hospice nurse stated that the triage nurse will be making a visit. Resident 1's temperature was 103.7 degrees Fahrenheit (F). Cold compresses were applied to Resident 1's forehead and abdominal area.Record review of the National Weather Service weather observation history dated 7/1/26 revealed that the high temperature on 6/28/26 was 96.1 F at 5:53 PM. The high temperature on 6/29/26 was 97 F at 4:53 PM. The high temperature on 6/30/26 was 90 F at 4:53 PM. Observation on 7/1/26 at 9:06 AM in the room of Resident 1 revealed that the resident was in bed with their eyes closed. Resident 1 wore a hospital gown and a sheet was covering the resident's groin area. Resident 1's legs and upper torso were uncovered. The air unit under the window in the room blew warm air and the temperature at that location was 76.1 F. There was no fan or other cooling devices present in the room of Resident 1.Interview on 7/1/26 at 9:12 AM with Resident 3 revealed that the resident has the room window open and stated: I always have my window open because the air conditioner doesn't work. They always say they are going to fix it but it is still broken. Supposed to get a new condenser on the roof but haven't found anyone to service it yet. I have lived here 2 years and it has never worked. I keep my door and window open all the time for cross air or it is just stuffy in here. I don't even have a fan and they haven't offered to give me one either.Observation on 7/1/26 at 9:12 AM in the room of Resident 3 revealed that the temperature was 78.4 F.Observation on 7/1/26 at 10:02 AM outside of room [ROOM NUMBER] revealed that the temperature in the hallway outside the room was 83.5 F.Observation on 7/1/26 at 10:12 AM in the room of Resident 1 revealed that the temperature was 78.0 F at the room heating/cooling unit. Interview on 7/1/26 at 10:08 AM with Nurse Aide-A (NA-A) revealed that the facility resident rooms air conditioning has not been working for quite a while. NA-A was unsure of the timeframe but revealed that it had not been not working for several weeks. NA-A revealed that portable air conditioners are provided by the facility or by the resident family if the resident air conditioner unit is not working. NA-A revealed that the facility maintenance is to blow out the air conditioner unit today to help with air conditioning. NA-A confirmed that a portable air conditioner was not placed in the room of Resident 1.Interview on 7/1/26 at 10:52 AM with the Facility Administrator (FA) confirmed that the facility is warm because the chiller for the air conditioning units in the resident rooms needs to be recharged. The FA revealed that the facility is waiting for the licensed people to come and charge it. The FA revealed that there was no definitive time for the charging of the chiller to be completed. The FA revealed that the FA asked the facility maintenance to call the company again to see when the licensed person would be at the facility. The FA revealed that the air conditioner issue started about a week or so ago. The FA revealed that the issue with the chiller was noted when the facility changed from the boiler heat to air conditioning. The FA revealed that the company that works on the facility air conditioning looked at the chiller and the facility has the chemical to charge the chiller unit but a licensed staff is only allowed to charge the chiller. The FA revealed that the facility has had the maintenance person checking resident room temperatures. The FA revealed that all resident room temperatures are all within limits. The FA confirmed that the required temperatures are to be between 71 F and 81 F. The FA was asked by this surveyor what the room temperatures had been. The FA revealed that the FA did not ask maintenance specifically what the temperatures were. The FA revealed that the facility is doing resident water passes in the morning and afternoon. The FA confirmed that the facility did not increase the number of water passes to keep residents hydrated with the high temperatures. The FA revealed that<br>(continued on next page) |

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| F 0584<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | residents can be moved to the 300 or 400 halls that have air conditioning if the resident is warm or uncomfortable. The FA revealed that the facility does have portable air conditioning they can put in the windows. The FA confirmed that the facility has 4 of those units. The FA confirmed that no education was provided to staff for monitoring residents for heat injury, prevention of resident heat injury, increasing resident hydration, or what to do for residents with heat injury. The FA revealed that the staff just let the FA know if there is any problem.Interview on 7/1/26 at 11:05 AM with the facility Maintenance Supervisor (MS) revealed that air conditioner (AC) filters are checked every 3 months. The MS revealed that each year before the units are turned on, maintenance staff give each unit a good cleaning and rinse out the condensers and charge those that need to be charged. The MS revealed that the 100 and 200 halls chiller needs the condenser charged. The MS revealed that the facility just repaired and replaced the AC Unit that serves the 300/400 hall nurses' station and the medication room down there. The MS revealed that the guy is supposed to come today or tomorrow or by the end of the week to charge the chiller condenser. The MS confirmed that the 100/200 hallway chiller condenser has needed recharged since the facility needed to turn on the chiller on April 15th which is the beginning of the cooling season. The MS revealed that corporate wanted some estimates to decide whether to change the AC units, repair them, or just charge them for the time being. The MS confirmed that they haven't gotten the estimates. The MS revealed that the units in resident rooms both heat and cool depending on the time of the year. In the winter, they run on the boiler and heat with hot water and then in the spring we turn off the boiler, circulate cool water through the system to cycle out the hot water and then they are able to turn on the cooling system. The water that runs through the system is 60 degrees F or less. The MS revealed that there are 3 units that aren't working. Interview on 7/1/26 at 11:08 AM with Nurse Aide-B (NA-B) revealed that to monitor residents for heat related illness NA-B would watch residents for rosy cheeks and encourage residents to go to the activity room if their room is too hot. NA-B confirmed that water passes have not been increased with the hot weather. NA-B confirmed that the facility has not provided them with education on the hot resident rooms and preventing heat illness. Interview on 7/1/26 at 11:14 AM with Nurse Aide-C (NA-C) revealed that the lack of air conditioning in the facility has been an issue since probably April of this year. NA-C revealed that NA-C was not provided education on preventing or recognizing heat illness but would give residents water and ice. NA-C confirmed that NA-C worked the evening of 6/28/26. NA-C revealed that Resident 1 was unresponsive in the resident bathroom. NA-C revealed that they got Resident 1 to bed and NA-C put wet wash cloths on the resident's neck and abdomen. NA-C revealed that a drink of water was provided to Resident 1. NA-C revealed that Resident 1 was out of it and would not talk. NA-C revealed that NA-C returned to the room of Resident 1 about an hour later and Resident 1 was able to talk at that time. NA-C revealed that hospice was called and hospice staff came to the resident. NA-C revealed that Resident 1 toilets themselves. Observation on 7/1/26 at 2:14 PM in the room of Resident 1 revealed a temperature of 80.6 F. Resident 1 was in bed with eyes closed and sheet over their groin. Resident 1 was otherwise uncovered. No fan or other cooling devices were present in the room of Resident 1.Interview on 7/1/26 at 2:49 PM with a sibling of Resident 1 revealed that Resident 1 was independent last Wednesday when visiting and now is unable to get up. Observation on 7/1/26 at 2:52 PM at the door of room [ROOM NUMBER] revealed that the window was open. The temperature was 86.2 F. Licensed Practical Nurse-D (LPN-D) confirmed the temperature of 86.2 F.Observation on 7/1/26 at 2:53 PM in the room of Resident 1 revealed a temperature in the room of 80.7 F. Interview on 7/1/26 at 2:53 PM with Resident 1 confirmed that the resident passed out a couple of days ago in the bathroom. Resident 1 confirmed that the resident got too hot in the bathroom. Resident 1 revealed that the ribs on their right side are sore and that the resident may have bumped them when passing out. Resident 1 revealed that right now the room could be cooler than it is and that the resident is warm. Resident 1 confirmed that they were able to go to the toilet on their own but that they are now too weak and need assistance after becoming too hot. Record review of the Minimum Data Set (MDS) (a<br>(continued on next page) |

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| F 0584<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | mandatory comprehensive assessment tool used for care planning) dated 6/3/26 for Resident 1 revealed a Brief Interview for Mental Status (BIMS) (a brief screening tool that aids in detecting cognitive impairment) score of 11 indicating moderate cognitive impairment (BIMS scoring: 13-15: Cognitively intact; 8-12: Moderately impaired; 0-7: Severely impaired). Resident 1 is independent for rolling left to right, sitting to lying, lying to sitting, sit to stand, chair to bed transfers, toileting, and toileting hygiene. Record review of the Point of Care (POC) Response History for Toilet Transfer (the ability to get on and off a toilet) for Resident 1 dated 7/1/26 revealed that Resident 1 was independent and required no assistance with toilet transfers on 6/22/26, 6/23/26, 6/24/26, and 6/25/26. Resident 1 required supervision to touch assistance with toilet transfer on 6/26/26. Resident 1 was independent with toilet transfers on 6/27/26. On 6/28/26 Resident 1 required set up assistance (the staff assists only prior to and after the transfer- the resident completes the activity). On 6/29/26 Resident 1 required maximum staff assistance (the staff performs more than half of the effort) for toilet transfers. On 6/30/26 Resident 1 required maximum staff assistance for toilet transfers. On 7/1/26 Resident 1 required touch assistance with toilet transfers.Record review of the POC Response History for Sit to Stand (the ability to come to a standing position from sitting in a chair, wheelchair, or on the side of the bed) for Resident 1 dated 7/1/26 revealed that Resident 1 was independent and required no assistance with standing from a sitting position on 6/22/26, 6/23/26, 6/24/26, 6/25/26, 6/26/26, and 6/27/26. Resident 1 required supervision to touch assistance with standing from sitting on 6/28/26. On 6/29/26 Resident 1 required maximum staff assistance to stand from a sitting position. On 6/30/26 Resident 1 required maximum staff assistance to stand from a sitting position. On 7/1/26 Resident 1 required touch assistance to stand from a sitting position.Record review of the POC Response History for Sitting to Lying (the ability to move from sitting on the side of the bed to lying flat on the bed) for Resident 1 dated 7/1/26 revealed that Resident 1 was independent and required no assistance with sitting to lying on 6/22/26, 6/23/26, 6/24/26, 6/25/26, 6/27/26, and on 6/28/26 at 2:31 PM (prior to the heat injury incident on 6/28/26). Resident 1 required supervision to touch assistance with sitting to lying on 6/26/26. On 6/29/26 Resident 1 required moderate assistance to go from sitting to lying. On 6/30/26 Resident 1 required maximum staff assistance for sitting to lying. On 7/1/26 Resident 1 required touch assistance for sitting to lying. Record review of the POC Response History for Chair/Bed to Chair Transfer (the ability to transfer to and from a bed to a chair or wheelchair) for Resident 1 dated 7/1/26 revealed that Resident 1 was independent and required no assistance to transfer from the bed to the chair on 6/22/26, 6/26/26, 6/24/26, 6/25/26, 6/27/26, and 6/28/26 at 2:28 PM (prior to the heat injury incident on 6/28/26). Resident 1 required supervision to touch assistance on 6/26/26. On 6/29/26 Resident 1 required maximum staff assistance to transfer from the bed to the chair. On 6/30/26 Resident 1 required maximum staff assistance to transfer from the bed to the chair. On 7/1/26 Resident 1 required touch assistance with bed to chair transfer. Interview on 7/1/26 at 4:04 PM with Medication Aide-E (MA-E) confirmed that Resident 1 was able to go to the toilet by themselves prior to this week. MA-E revealed that the resident is weaker and has declined this week.Interview on 7/1/26 at 4:05 PM with Nurse Aide-F (NA-F) revealed that resident 1 has declined over the past couple of days and is now unable to transfer without assistance.Record review of the Abatement Letter for F584 Safe Environment dated 7/1/26 submitted by the Facility Administrator on 7/1/26 at 4:10 PM on 7/1/26 revealed the following:-Staff Education was initiated to ensure that all staff are aware of signs and symptoms of heat injury.-All residents will be assessed for heat injury by the charge nurse.-Education to nursing and dietary staff was initiated on increase in hydration pass to residents with room water pitchers passed out at 4:00 AM and 2:00 PM. The hydration cart will be passed at 10:00 AM and 7:00 PM daily. Ongoing education will continue until all staff have been educated prior to the next shift and new hires upon hire. -The licensed air conditioning service was contacted on 7/1/26 at 11:17 AM and reported that they would be at the facility today to charge the chiller unit. The regional maintenance director contacted the licensed air conditioning service at 1:05 (continued on next page) |

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| F 0584<br><br>Level of Harm - Immediate jeopardy to resident health or safety<br><br>Residents Affected - Few | PM and verified that they would be at the facility within an hour to charge the chiller.-7/1/26 at 2:11 PM the licensed air conditioning service arrived at the facility to charge the chiller.-7/1/26 at 3:00 PM facility temperature checks that facility temperatures are decreasing below the 81 degrees.-7/1/26 the Maintenance Director is checking every resident room for current temperature. The facility will continue to check resident room temperatures twice daily between 12:00 PM and 2:00 PM and then between 4:00 PM and 6:00 PM through 7/15/26.-An audit will be conducted by the facility Maintenance Director of all units in resident rooms for functionality.-Any concerns will be reported to the administrator immediately and addressed in facility Quality Assurance (QA). At the time of the survey, the violation was determined to be at the immediate jeopardy level J. Based on observation, interview and record review completed during the onsite visit, it was determined the facility had implemented corrective action to remove the IJ violation at the time. A final revisit will be conducted to determine if the facility is in substantial compliance with participation requirements. At the time of exit, the severity of the deficiency was lowered to the D level. |