

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/01/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165435	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  05/17/2018
NAME OF PROVIDER OR SUPPLIER  ACCURA HEALTHCARE OF SIOUX CITY, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3800 INDIAN HILLS DRIVE SIOUX CITY, IA 51104	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  Correction date: 6/11/18  The following deficiencies relate to the annual health survey and investigation of complaint # 75610-A and mandatory report # 75794-M.  See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C. Develop/Implement Comprehensive Care Plan CFR(s): 483.21(b)(1)  §483.21(b) Comprehensive Care Plans §483.21(b)(1) The facility must develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights set forth at §483.10(c)(2) and §483.10(c)(3), that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The comprehensive care plan must describe the following - (i) The services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.24, §483.25 or §483.40; and (ii) Any services that would otherwise be required under §483.24, §483.25 or §483.40 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(c)(6). (iii) Any specialized services or specialized rehabilitative services the nursing facility will provide as a result of PASARR recommendations. If a facility disagrees with the findings of the PASARR, it must indicate its	F 000	This Plan of Correction is for the annual survey concluded on 5/17/18. Preparation and/or execution of this Plan of Correction does not constitute admission agreement by this provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies.  The Plan of Correction is prepared and or executed solely because provisions of federal and state law require it.  This Plan of Correction constitutes my credible allegation of compliance and all stated deficiencies will be corrected by the dates specified.	
F 656 SS=D		F 656		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

A deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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.

POC accepted 6/18/18 VV minor

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F 656	<p>Continued From page 1</p> <p>rationale in the resident's medical record.</p> <p>(iv) In consultation with the resident and the resident's representative(s)-</p> <p>(A) The resident's goals for admission and desired outcomes.</p> <p>(B) The resident's preference and potential for future discharge. Facilities must document whether the resident's desire to return to the community was assessed and any referrals to local contact agencies and/or other appropriate entities, for this purpose.</p> <p>(C) Discharge plans in the comprehensive care plan, as appropriate, in accordance with the requirements set forth in paragraph (c) of this section.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on clinical record review, observation and interview, the facility failed to update and follow care plans for two of 24 residents reviewed (Residents #22 and #30). The facility reported a census of 37.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) assessment dated 4/19/18 for Resident#30 documented a score of 10 out of 15 for the brief interview for mental status (BIMS) test indicating moderately impaired memory and cognition. The assessment documented that the resident had verbal behavioral symptoms directed toward others that occurred one to three days per week. The MDS documented the resident had diagnoses that included heart disease, kidney disease, sleep apnea, and noncompliance with medical treatment.</p> <p>a. During an interview on 5/15/18 at 12:59 p.m.</p>	F 656	<p>1. Care Plans for resident's 22 and 30 and all other like residents have been reviewed and updated.</p> <p>2. Nurse management were educated by nurse consultant, on necessity of keeping care plans up to date.</p> <p>3. DON or designee will audit 2 care plans weekly for 6 weeks.</p> <p>4. All concerns will be addressed by the QA team as they arise.</p>	6/11/18	

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F 656	<p>Continued From page 2</p> <p>Staff O, Certified Nurses Aide (CNA) reported that sometimes the resident can be grumpy towards staff.</p> <p>During an observation on 5/15/18 at 8:04 a.m. the resident sat on the side of the bed, Staff T CNA and Staff U, CNA knocked on the door before entering the resident's room and he told them to hurry up and get moving. The staff transferred the resident with an EZ-stand (sit-stand lift) to the toilet, then staff asked the resident if he wanted to wear the shorts on the back of the electric wheelchair and the resident said yes. Staff then asked if the resident needed any more help, the resident responded in a gruff manner, and said why are you asking me all these questions just give me the towel.</p> <p>During an interview on 5/15/18 at 8:04 a.m. Staff T, CNA and Staff U, CNA reported that the resident is often short tempered with the staff members.</p> <p>Review of the resident's Care Plan dated 4/11/18 revealed no identification of the resident's behaviors toward staff or interventions to direct staff when the resident displayed those behaviors.</p> <p>b. During an interview on 5/14/18 at 2:32 p.m. the resident reported that he did not have a Foley (urinary) catheter anymore.</p> <p>The Physician's Order Telephone Order dated 4/27/18 directed staff to discontinue the resident's Foley catheter and monitor and then to also reinsert the 16 French code Foley if needed.</p> <p>The resident's Care Plan dated 4/12/18</p>	F 656			

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F 656	<p>Continued From page 3</p> <p>documented that Resident #30 had a catheter</p> <p>During an interview on 5/14/18 at 2:29 p.m. the Director of Nursing reported that the resident had not had a Foley catheter for a long time.</p> <p>c. The facility provided a document that listed Resident #30's name as a resident who smoked.</p> <p>During an interview on 5/14/18 at 2:32 p.m. the resident reported that he smoked frequently.</p> <p>On 5/16/18 at 2:01 p.m., observation revealed the resident out in the designated smoking area with supervision provided by the staff.</p> <p>The resident's Care Plan with initiated date of 4/12/18 lacked documentation the resident smoked and lacked interventions for promotion of his safety while smoking.</p> <p>2. The MDS assessment dated 3/29/18 documented that Resident#22 had severely impaired cognitive skills for daily decision making. The MDS documented the resident required the assistance of two staff members for bed mobility, transfers, dressing and toilet use and the assistance of one for eating and personal hygiene. The assessment documented the resident had diagnoses that included dementia, difficulty swallowing, lack of coordination and muscle weakness. The assessment documented Resident #22 received daily antidepressant and opioid medications and Hospice care, but did not document the provision of a restorative program.</p> <p>The resident's Care Plan documented a restorative program focus area initiated on 2/13/18 with a target date of 6/28/18. The Care</p>	F 656			

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F 656	Continued From page 4  Plan directed staff to provide the resident with a restorative program as recommended 3-5 times per week.  The resident's April 2018 and May 2018 Medication Records documented the resident received Lexapro (antidepressant) 20 milligrams by mouth daily.  During interviews on 5/16/18 at 12:04 PM Staff U, CNA and Staff V, CNA reported that the resident had been taken off restorative when the resident went on Hospice services.  The resident's Care Plan did not address the use of antidepressant medication or reflect the discontinuation of his restorative program.	F 656			
F 658 SS=D	Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)  §483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must- (i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: Based on clinical record review, observation and staff interviews, the facility failed to clarify a physician order for Ativan as needed (prn) for	F 658			

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F 658	<p>Continued From page 5</p> <p>Resident #23 and follow physician orders for Resident #11. The facility reported a resident census of 37 and 24 total residents were selected for review.</p> <p>Findings include:</p> <p>1. According to the Minimum Data Set (MDS) assessment dated 3/29/18, Resident #23's diagnoses included heart failure, hypertension, schizophrenia, chronic lung disease, mood disorder, nicotine dependence, coronary atherosclerosis due to lipid rich plaque, dependence on supplemental oxygen, generalized muscle weakness, shortness of breath, abnormalities of gait and mobility, lack of coordination, history of falling and edema. The same MDS identified the resident's BIMS (brief interview for mental status) score as 14 indicating intact memory and cognition. The MDS documented the resident with no mood symptoms or behaviors and as independent ADLs (activities of daily living) with the exception of dressing. The assessment documented the resident received a daily antianxiety medication.</p> <p>Review of a physician order in the electronic medical record for Ativan (anti-anxiety medication) 0.5 mg three times per day revealed a start date of 3/15/18.</p> <p>Review of a physician order on a medication list for Ativan 0.5 mg two times per day revealed a start date of 12/5/17.</p> <p>Review of a physician order for Ativan 0.5 mg three times per day revealed a start date of 10/26/17.</p>	F 658	<p>1. Resident #11 - on 5/16/18 an order was sent for clarification and discontinued the order for washcloth in left hand. Resident #23 - order of clarification was completed on 6/11/18.</p> <p>2. All care plans have been verified with orders.</p> <p>3. All new orders will be double checked by ADON or designee with random audits conducted to ensure compliance.</p> <p>4. All concerns will be addressed by the QA team as they arise.</p>	6/11/18	

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F 658	<p>Continued From page 6</p> <p>Review of a MAR dated 5/1/18-5/31/18 revealed Lorazepam 0.5 mg administered as needed on 5/3/18, 5/5/18, 5/9/18 and 5/15/18 with a start date of 10/26/17.</p> <p>Review of a MAR dated 4/1/18-4/30/18 revealed Lorazepam 0.5 mg administered as needed on 4/2/18, 4/4/18, 4/7/18, 4/18/18, 4/20/18, 4/20/18 and 4/28/18.</p> <p>Review of a MAR dated 3/1/18-3/31/18 revealed Lorazepam administered 3/22/18.</p> <p>During an interview with the Director of Nursing (DON) on 5/16/18 at 10:05 AM, she stated she was still looking for the original physician order for Ativan 0.5 mg every 12 hours as needed. She stated the Ativan order in the electronic medical record (EMR) of 3/15/18 is the date the order was placed in the EMR. The DON reviewed the March 2018 medication administration record (MAR) and pointed out that the original order was 10/17/17. The DON stated she is still looking for the 10/17/17 physician order. The DON stated the order dated 12/5/17 was the only order for Lorazepam she could find.</p> <p>2. According to the MDS assessment dated 8/31/17, Resident #11 had diagnoses that included, Alzheimer's disease, anxiety and pain in the joints of his left hand. The MDS documented Resident #11 had short and long term memory impairments and severely impaired cognitive skills for daily decision making. The resident required the assistance of two staff with bed mobility, transfers, dressing and toilet use and the assistance of one with eating and personal hygiene. The assessment documented he had functional limitations in range of motion in one upper extremity which includes the shoulder, elbow, wrist and hand.</p>	F 658			

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F 658	<p>Continued From page 7</p> <p>The Facsimile transmittal sheet signed and dated 10/21/17, documented during routine cares, staff observed a one centimeter by one centimeter circular open area to the left palm area left hand which staff cleansed with soap and water and dried. Staff reminded the physician the resident's left had contracture and his fingernails are long. Staff requested an order to trim the resident's finger nails weekly and clean the open area with soap and water, dry and apply triple antibiotic ointment and guaze until healed.</p> <p>The Physicians Orders signed and dated 4/10/18 instructed staff to place a clean wash cloth in left hand daily.</p> <p>Observation during the following dates and times revealed:</p> <p>a. 5/15/18 at 10:48 a.m., the resident lay in bed with no wash cloth in his hand.</p> <p>b. 5/15/18 at 11:37 a.m., the resident lying in bed with no clean wash cloth in his left hand.</p> <p>c. 5/15/18 at 12:33 p.m. and 1:34 p.m., the resident sat at the dining room table with his left hand in a fist-like position and no clean wash cloth in the hand.</p> <p>d. 5/15/18 at 2:40 p.m., the resident lay in bed with no clean wash cloth in left hand and his hand in a fist-like position.</p> <p>e. 5/15/18 at 3:51 p.m. the resident sat in his wheelchair in the main living room with no wash cloth in his left hand.</p> <p>f. 5/16/18 at 7:33 a.m., the resident sat at the dining room table with no clean wash cloth in left hand.</p> <p>Interview on 5/16/18 at 10:22 a.m., the the facility corporate quality assurance nurse confirmed and</p>	F 658			



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F 658	Continued From page 8 verified the wash cloth needed to be placed per physician's orders and the expectation that staff follow the physician's orders.	F 658			
F 661 SS=D	Discharge Summary CFR(s): 483.21(c)(2)(i)-(iv)  §483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab, radiology, and consultation results. (ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative. (iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter). (iv) A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services. This REQUIREMENT is not met as evidenced by: Based on clinical record review and staff interview, the facility failed to develop a discharge	F 661	1. Discharge summary for resident #26 a recapitulation was completed. 2. DON will execute discharge summary and floor nurse will check and present to discharging resident or family. 3. Nurse Consultant will randomly check all discharges for continued compliance. 4. All concerns will be addressed by the QA team as they arise.	6/11/18	

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F 661	<p>Continued From page 9</p> <p>plan for one of one discharged resident sampled (#26). The facility reported a census of 37.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment of 4/13/18 documented diagnoses of chronic obstructive pulmonary disease, abnormal weight loss, and nicotine dependence for Resident #26. The MDS assessment documented the resident as frequently incontinent of bladder and bowel, dependent on the assistance of one person for bed mobility, transfers, ambulation and the assistance of two people for dressing, bathing, toileting, and personal hygiene. The MDS documented the resident scored 14 on the Brief Interview for Mental Status (BIMS). A score of 14 indicated no cognitive impairment. The resident received supplemental nutrition through a PEG (gastric feeding) tube and wore oxygen continuously at 2 liters through a nasal cannula.</p> <p>Review of the Resident's Care Plan, initiated on 3/30/18, revealed a focus area of returning home. Interventions included assisting resident with contacting outside resources and ongoing education on diet, medications and safe activities to return to home.</p> <p>The resident's Progress Notes documented he entered the facility on 3/30/18 for skilled nursing care and discharged back to his home on 4/26/18. The record review revealed the absence of a summary of the resident's stay and absence of post-discharge plans for needed services.</p> <p>During an interview with the Director of Nursing, (DON) on 5/16/18 at 2:50 p.m., she stated she could not find any documentation in the electronic</p>	F 661			

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F 661	Continued From page 10 health record or in the closed record regarding the resident's discharge instructions, transportation arrangements, medication reconciliation, personal belongings that were taken and arrangements for oxygen use at home. The DON stated the facility has a discharge planning packet that should have been completed and documented in the electronic health record as well. The DON stated she is usually the one that completes it but she was not in the facility the day of the resident's discharge and did not know why the packet wasn't completed	F 661			
F 678 SS=J	Cardio-Pulmonary Resuscitation (CPR) CFR(s): 483.24(a)(3)  §483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff and physician interviews and facility policy review, facility staff failed to implement CPR (cardiopulmonary resuscitation) for one resident who desired CPR (Resident #4) of 24 residents sampled, which resulted in an immediate jeopardy to residents health and safety. The facility identified a census of 37 current residents.  Findings include:  1. According to the MDS (minimum data set) dated 2/28/27 Resident #4 had diagnoses that included hypertension, diabetes mellitus, hyperlipidemia, anxiety disorder, depression,	F 678	1. Resident #4 no longer resides in facility 2. On 4/30/18 a mandatory all nursing meeting was held to review CPR policy. A mandatory all nursing meeting was held and discussed 8 different situations in regards to what to do during CPR. 3. Policy was reviewed will all staff on 4/30/18 during QA concerning CPR status, procedure and proper documentation. 4. All concerns will be addressed by the QA team as they arise.	4/30/18	

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F 678	<p>Continued From page 11</p> <p>chronic obstructive pulmonary disease, respiratory failure, hypoxemia, muscle weakness, obesity and nicotine dependence. The MDS identified the resident had a BIMS (brief interview for mental status) score of 15 which indicated intact cognitive status. According to the MDS the resident required extensive assistance with bed mobility, dressing and toilet use and total dependence with transfers. The MDS identified the resident required oxygen therapy.</p> <p>The care plan dated 9/14/16 directed staff to provide CPR (cardiopulmonary resuscitation).</p> <p>Review of the Iowa Physician Orders for Scope of Treatment dated 2/21/14 revealed the resident requested CPR for no pulse and not breathing. The resident also requested Full treatment including intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated. Transfer to hospital if indicated and included critical care.</p> <p>Review of the Order Summary Report dated 1/1/18 through 4/30/18 revealed the order the resident a full code.</p> <p>Review of the Progress Notes dated 4/28/18 at 1:30 AM revealed the resident alert and responsive knows staff name. The resident had been restless and short of breath. He requested Tramadol for general pain. Keeps taking BIPAP (bilevel positive Airway Pressure) off, reapplied several times and eventually agreed to wear O2 via mask as mouth breathing. Gave him as needed updraft which helped very little. O2 SAT 78 % when came in room and he had BIPAP off, after applied O2 at 3 L per mask and his O2 sat went up to 87 %. Nail beds cyanotic, head of bed</p>	F 678			

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F 678	<p>Continued From page 12</p> <p>elevated. Will continue to monitor. Blood pressure 130/84, heart tones rapid and irregular. Resident asks for pop and drank without problems. At 3:30 PM revealed staff had been monitoring the resident and he remained dyspneic and at the time, sleeping, oxygen on via mask at 3 liters. Respirations deep and more even at 30 per minute, cyanosis to nail beds and O2 sat at 85 %.</p> <p>Review of the Progress Notes dated 4/28/18 at 3:45 AM revealed the CNA reported the resident not breathing. Upon assessment, no heart tones, respirations and no blood. Resident mottled to hands and feet. No response. Did call 911 and the operator asked nurse if resident beyond help and staff reported that he had been. Will send paramedics to facility. Family planned to come to the facility later today to sign DNR (do not resuscitate) but currently a full code. The resident beyond any help. No response to any compressions. At 4:10 AM Paramedics arrive and asses and say to call funeral home if family had one arranged. Still not able to reach son, called and spoke with brother-in-law again and he to continue to try to reach son. Body cleaned, called Physician on call and received OK to send the body to funeral home. At 4:30 AM waiting for family to OK to call funeral home. Administrator notified.</p> <p>The facility identified a total of 17 residents with request for full code (CPR).</p> <p>During an interview with Staff A, CNA on 5/4/18 at 12:11 PM she stated she worked 10:00 PM to 6:00 AM. She stated at approximately 3:40 AM she and Staff G, CNA went into the resident's room. Staff G put the pulse oximeter on his finger and Staff A had noticed he was not breathing.</p>	F 678			

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F 678	<p>Continued From page 13</p> <p>Staff A went to get Staff I, LPN and she checked his pulse. Staff I said yep he's gone and left the room and called the nurse on call. Staff I called the fire department and they came to the facility and went to the residents room. She further stated Staff I did not do chest compressions. She stated the resident's hands and lips had been purple in color and she noted a small bruise on his left shoulder. He had no discoloring anywhere else and had not been still when they cleaned him after he passed.</p> <p>During an interview with Staff G, CNA on 5/8/18 at 2:00 PM she stated she worked the 2:00 PM to 10:00 PM shift and the 10:00 PM to 6:00 AM shift. She stated after her lunch break she and Staff A went to the resident's room. When they went to the resident's room, she checked his O2 sat and there had been nothing. Staff A went to get the nurse and she stayed in the room. Staff I came in and said he was gone and left the room to make phone calls. She stated she and Staff A cleaned the resident up the best they could. She stated his skin was cool and had a look about him. His color was gray and not normal. Jody stated Staff I checked James with a stethoscope and said he was gone. Staff G did not recall any purple discoloration. She stated it took approximately 20 minutes to finish cleaning him and then they went up to the desk. She stated she did not see Staff I do chest compressions did not come back into the room and she was gone quite a while.</p> <p>Review of the Time sheet for Staff G, CNA (Certified nursing assistant) revealed she ended lunch break at 3:35 AM.</p> <p>During an interview with Staff I, LPN on 5/4/at 2:30 PM she stated she had been in the residents</p>	F 678			

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F 678	<p>Continued From page 14</p> <p>room approximately 20 to 30 minutes before he passed and he was asleep. 20 minutes later the CNAs called her in and he had been turning purple and mottled, had no heart rate and no respirations. She stated she knew his son was coming to sign DNR papers. She called the nurse on call and said it was pointless to call the ambulance. She said the resident had been mottled and started to stiffen. Staff I stated she started 1 or 2 chest compressions and realized she would have to get on the bed or put the bed way down because the resident had been too large. She further stated she realized he was a full code.</p> <p>During an interview with the resident's physician on 5/17/18 at 8:30 AM he stated the resident had been able to make own decisions and chose to be a full code. He further stated within 7 minutes or so and staff visualized the resident he did expect them to provide CPR. If it had been 70 minutes or 7 hour he would not expect CPR to be provided.</p> <p>Review of the Policy and Procedure titled Cardiopulmonary Resuscitation (not dated) directed the staff to do the following:</p> <p>a. In the event of a medical emergency during which cardiopulmonary resuscitation may be required, the nurse or other staff member certified in CPR will initiate CPR. Another staff member will dial 911 and access emergency licensed personnel to the facility to continue resuscitation and transport the resident to the hospital.</p> <p>b. CPR will be initiated an emergency personnel summoned by calling 911 in the event that a resident has a cardiopulmonary arrest, unless (1) there is the presence of obviously clinical signs of irreversible death (dependent lividity or rigor</p>	F 678			

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F 678	Continued From page 15 mortis); or the resident or surrogate has indicated that resuscitation is not desired and the physician has issued a do not resuscitate (DNR) order which is located in the resident's clinical record. c. All licensed nursing staff will be required to be certified in CPR and be re-certified in a timely manner. Other staff that is currently certified may initiate or assist with CPR on residents designated as full code. d. All residents and their families and/or significant others will be informed of this policy upon admission to facility.  Review of the Resident's Bill of Rights dated 11/16 directed staff to do the following: a. The facility must provide equal access to quality care regardless of diagnoses, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source.  The immediate jeopardy to resident health and safety was abated on 4/30/18 after the facility educated staff on the American Heart Association guidelines for CPR. The facility also reeducated staff on their CPR policy on 5/11/2018.	F 678			
F 730 SS=C	Nurse Aide Peform Review-12 hr/yr In-Service CFR(s): 483.35(d)(7)  §483.35(d)(7) Regular in-service education. The facility must complete a performance review of every nurse aide at least once every 12 months, and must provide regular in-service education based on the outcome of these reviews. In-service training must comply with the requirements of §483.95(g).	F 730			



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F 730	Continued From page 16 This REQUIREMENT is not met as evidenced by: Based on personnel record review and staff interview, the facility failed to complete 12 month evaluations for all certified nursing assistants (CNAs) employed greater than 12 months for 11 of 12 CNAs reviewed. The facility identified a census of 37 current residents.  Findings include:  1. Review of the employee files revealed the following staff with no performance evaluation completed for the year 2017 or 2018: a. Staff I, CNA, b. Staff K, CNA c. Staff L, CNA d. Staff M, CNA e. Staff N, CNA f. Staff O, CNA g. Staff P, CNA h. Staff Q, CNA i. Staff R, CNA j. Staff S, CNA k. Staff T, CNA  During an interview with the Administrator on 5/16/18 at 11:00 AM he stated he had been aware the performance evaluations were not completed. He stated the previous DON (Director of Nursing) had not been aware the evaluations were her responsibility. He had a list of staff to begin working on the annual evaluations. He further identified the facility did not have a policy and procedure for evaluations	F 730	1. Nurse Aide reviews were completed on or before 6/11/18. 2. Director of Nursing was educated on importance of annual review of all CNA staff. 3. Kronos time keeping system was initiated on 05/20/18 to generate anniversary dates for all staff and review when performance evaluations are due. 4. Quality Assurance team will monitor for one quarter to ensure continued compliance.	6/11/18	
F 757 SS=D	Drug Regimen is Free from Unnecessary Drugs CFR(s): 483.45(d)(1)-(6)	F 757			

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F 757	<p>Continued From page 17</p> <p>§483.45(d) Unnecessary Drugs-General. Each resident's drug regimen must be free from unnecessary drugs. An unnecessary drug is any drug when used-</p> <p>§483.45(d)(1) In excessive dose (including duplicate drug therapy); or</p> <p>§483.45(d)(2) For excessive duration; or</p> <p>§483.45(d)(3) Without adequate monitoring; or</p> <p>§483.45(d)(4) Without adequate indications for its use; or</p> <p>§483.45(d)(5) In the presence of adverse consequences which indicate the dose should be reduced or discontinued; or</p> <p>§483.45(d)(6) Any combinations of the reasons stated in paragraphs (d)(1) through (5) of this section.</p> <p>This REQUIREMENT is not met as evidenced by: Based on clinical record review and staff interview, the facility failed to offer alternative interventions prior to the administration as needed anti-anxiety medications for three of 24 residents reviewed (Residents #2, #23 and #30). The facility reported 37 residents.</p> <p>Findings include:</p> <p>1. According to a Minimum Data Set (MDS) assessment dated 4/27/18, Resident #2's diagnoses included hypertension, neurogenic bladder, septicemia, diabetes mellitus, hyperkalemia, hyperlipidemia, depression, schizophrenia, hypothyroidism, hypercalcemia,</p>	F 757	<p>1. Resident #2, #23, &amp; #30 care plans were updated.</p> <p>2. Education to all licensed staff was conducted on 5/17/18 and 5/18/18 of non pharmacological interventions before administration of anti-psychotic medications.</p> <p>3. DON or designee will conduct random checks weekly for three months to ensure compliance.</p> <p>4. Quality Assurance team will monitor for one quarter to ensure continued compliance.</p>	6/11/18	

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F 757	<p>Continued From page 18</p> <p>insomnia, sleep apnea, encephalopathy, non-ST elevation-myocardial infarction, and gastro-esophageal reflux disease without esophagitis. The same MDS identified the resident's Brief Interview for Mental Status (BIMS) score as 15 indicating intact cognition. The MDS documented the resident with no mood symptoms, no behavioral symptoms and no shortness of breath. The MDS revealed the resident required assistance from staff with bed mobility and transfer.</p> <p>Review of a physician's order dated 4/19/18 revealed an order for Lorazepam (brand name Ativan, an anti-anxiety medication) 0.5 milligrams (mg) one tablet three times daily as needed (prn) for anxiety.</p> <p>Review of the resident's care plan initiated on 1/31/18 revealed a focus of activity of daily living (ADL) self-care performance deficit related to confusion, fatigue and limited mobility. The care plan instructed the facility to encourage the resident to discuss their feelings about their self-care deficit.</p> <p>Review of the medication administration form dated 4/1/18-4/30/18 revealed staff administered Ativan 0.5 mg prn on 4/19/18, 4/22/18 and 4/27/18.</p> <p>Review of the medication administration form dated 5/1/18-5/31/18 revealed staff administered prn Ativan 0.5 mg on 5/7/18, 5/9/18, 5/11/18 and 5/12/18.</p> <p>Review of the Behavior Monitoring and Intervention Documentation forms dated April and May 2018 revealed no interventions attempted</p>	F 757			

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F 757	<p>Continued From page 19</p> <p>prior to the administration of the prn Ativan.</p> <p>Review of the Progress Notes dated 4/19/18-4/27/18 and 5/7/18- 5/12/18 revealed no interventions attempted prior to the administration of prn Ativan.</p> <p>2. According to the MDS assessment dated 3/29/18, Resident #23's diagnoses included heart failure, hypertension, schizophrenia, chronic obstructive pulmonary disease, mood disorder, nicotine dependence, coronary atherosclerosis due to lipid rich plaque, dependence on supplemental oxygen, generalized muscle weakness, shortness of breath, abnormalities of gait and mobility, lack of coordination, history of falling, and edema. The same MDS identified the resident's BIMS score as 14 indicating intact cognition. The MDS documented the resident with no mood symptoms or behaviors. The MDS documented independent ADLs with exception of dressing.</p> <p>Review of a care plan updated 1/10/18 revealed a focus on an actual or potential for behavior problems related to diagnosis of schizophrenia and mood disorder due to known physiological condition with depressive features. The care plan instructed the staff to anticipate and meet the resident's needs as well as monitor behavior and attempt to determine the underlying cause, the location, the time of day, person's involved and situation.</p> <p>Review of a medication list dated 12/5/17 revealed a physician order for Lorazepam 0.5 mg, one tablet two times per day prn.</p> <p>Review of a medication administration form dated</p>	F 757			

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F 757	<p>Continued From page 20</p> <p>3/1/18-3/31/18 revealed staff administered Lorazepam on 3/22/18.</p> <p>Review of a medication administration form dated 4/1/18-4/30/18 revealed staff administered Lorazepam 0.5 mg prn on 4/2/18, 4/4/18, 4/7/18, 4/18/18, 4/20/18, 4/20/18 and 4/28/18.</p> <p>Review of a medication administration form dated 5/1/18-5/31/18 revealed staff administered Lorazepam 0.5 mg prn on 5/3/18, 5/5/18, 5/9/18 and 5/15/18 with a start date of 10/26/17.</p> <p>Review of the Behavior Monitoring and Intervention Documentation forms for March, April and May 2018 revealed no interventions attempted prior to the administration of the Ativan. Review of the Progress Notes dated 3/22/18 -5/15/18 also revealed no interventions attempted prior to administration of Ativan on 4/2/18 and 4/21/18 only.</p> <p>3. The MDS assessment dated 4/19/18 for Resident #30 documented a BIMS score of 10 out of 15 indicating moderately impaired memory and cognition. The MDS documented that the resident had verbal behavior symptoms directed toward others that occurred one to three days per week. The MDS documented that the resident had diagnoses that included heart disease, kidney disease, sleep apnea, and noncompliance with medical treatment.</p> <p>The Resident's Order Summary Report dated 4/11/18 documented the physicians order Lorazepam 0.5 milligrams by mouth every six hours prn for anxiety with the start date of 4/11/18.</p> <p>The resident's medication administration forms for the months of April and May 2018</p>	F 757			

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F 757	Continued From page 21 documented the resident had taken Lorazepam 0.5 milligrams as needed 22 times. The Behavior Monitoring and Intervention Documentation Forms dated April 2018 and May 2018 lacked documentation of interventions for only eight of the 22 times that staff administered prn Lorazepam.  During an interview on 5/16/18 at 12:40 p.m. the Director of Nursing reported that the interventions for the as needed psychotropic medications would be documented on the behavior monitoring forms.	F 757			
F 842 SS=D	Resident Records - Identifiable Information CFR(s): 483.20(f)(5), 483.70(i)(1)-(5)  §483.20(f)(5) Resident-identifiable information. (i) A facility may not release information that is resident-identifiable to the public. (ii) The facility may release information that is resident-identifiable to an agent only in accordance with a contract under which the agent agrees not to use or disclose the information except to the extent the facility itself is permitted to do so.  §483.70(i) Medical records. §483.70(i)(1) In accordance with accepted professional standards and practices, the facility must maintain medical records on each resident that are- (i) Complete; (ii) Accurately documented; (iii) Readily accessible; and (iv) Systematically organized  §483.70(i)(2) The facility must keep confidential all information contained in the resident's records,	F 842	1. Staff I was suspended pending investigation on 4/30/18. 2. On 4/30/18 a mandatory all nursing meeting was held on review CPR policy and proper documentation. 3. Policy was reviewed with all staff on 4/30/18 during QA concerning CPR status and procedure. 4. All concerns will be addressed by the QA team as they arise.	4/30/18	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165435	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  05/17/2018
NAME OF PROVIDER OR SUPPLIER  ACCURA HEALTHCARE OF SIOUX CITY, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3800 INDIAN HILLS DRIVE SIOUX CITY, IA 51104		
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F 842	<p>Continued From page 22</p> <p>regardless of the form or storage method of the records, except when release is-</p> <p>(i) To the individual, or their resident representative where permitted by applicable law;</p> <p>(ii) Required by Law;</p> <p>(iii) For treatment, payment, or health care operations, as permitted by and in compliance with 45 CFR 164.506;</p> <p>(iv) For public health activities, reporting of abuse, neglect, or domestic violence, health oversight activities, judicial and administrative proceedings, law enforcement purposes, organ donation purposes, research purposes, or to coroners, medical examiners, funeral directors, and to avert a serious threat to health or safety as permitted by and in compliance with 45 CFR 164.512.</p> <p>§483.70(i)(3) The facility must safeguard medical record information against loss, destruction, or unauthorized use.</p> <p>§483.70(i)(4) Medical records must be retained for-</p> <p>(i) The period of time required by State law; or</p> <p>(ii) Five years from the date of discharge when there is no requirement in State law; or</p> <p>(iii) For a minor, 3 years after a resident reaches legal age under State law.</p> <p>§483.70(i)(5) The medical record must contain-</p> <p>(i) Sufficient information to identify the resident;</p> <p>(ii) A record of the resident's assessments;</p> <p>(iii) The comprehensive plan of care and services provided;</p> <p>(iv) The results of any preadmission screening and resident review evaluations and determinations conducted by the State;</p> <p>(v) Physician's, nurse's, and other licensed</p>	F 842			

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F 842	<p>Continued From page 23</p> <p>professional's progress notes; and (vi) Laboratory, radiology and other diagnostic services reports as required under §483.50. This REQUIREMENT is not met as evidenced by: Based on clinical record review, staff interview and facility policy review, facility failed to document accurately regarding cardiac resuscitation when one of 24 sampled residents expired (Resident 4) The facility identified a census of 37 current residents.</p> <p>Findings include:</p> <p>1. According to the MDS (minimum data set) assessment dated 2/28/18, Resident # 4 had diagnoses that included hypertension, diabetes mellitus, hyperlipidemia, anxiety disorder, depression, chronic lung disease, respiratory failure, hypoxemia, muscle weakness, obesity and nicotine dependence. The MDS identified the resident had a BIMS (brief interview for mental status) score of 15 which indicated intact cognitive status. The assessment documented he required the assistance of two with bed mobility, transfers, dressing and toilet use and also required oxygen therapy.</p> <p>Review of the Iowa Physician Orders for Scope of Treatment dated 2/21/14 revealed the resident requested CPR (cardiopulmonary resuscitation) if he had no pulse and was not breathing. The resident also requested full treatment which included intubation, advanced airway interventions, mechanical ventilation and cardioversion as indicated and transfer to the hospital if indicated.</p> <p>Review of the Order Summary Report dated</p>	F 842			



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F 842	<p>Continued From page 24</p> <p>1/1/18 through 4/30/18 revealed the order the resident wanted full code status (or full CPR).</p> <p>Review of the Progress Notes dated 4/28/18 at 3:45 AM revealed the CNA (certified nursing assistant) reported the resident was not breathing. Upon assessment, staff documented no heart tones, respirations or blood pressure and mottling to the resident's hands and feet and Staff I (Licensed Practical Nurse) documented the resident had no response to any compressions.</p> <p>During an interview with Staff A, CNA on 5/4/18 at 12:11 PM she stated she worked 10:00 PM to 6:00 AM that night. She stated at approximately 3:40 AM she and Staff G, CNA went into the resident's room. Staff G put the pulse oximeter on the resident's finger and Staff A noticed he was not breathing. Staff A went to get Staff I and she checked his pulse. Staff I said 'yep he's gone' and left the room and called the nurse on call. Staff I called the fire department and they came to the facility and went to the resident's room. Staff A further stated Staff I did not do chest compressions.</p> <p>During an interview with Staff G, CNA on 5/8/18 at 2:00 PM she stated she worked the 2:00 PM to 10:00 PM shift and the 10:00 PM to 6:00 AM shift that night. She stated after her lunch break she and Staff A went to the resident's room. When they went to the resident's room, she checked his O2 sat and there had been nothing. Staff A went to get the nurse and Staff G stayed in the resident's room. Staff I came in and said the resident was gone then left the room to make phone calls. She stated she did not see Staff I do chest compressions; she did not come back into</p>	F 842			

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F 842	Continued From page 25 the room and was gone quite awhile.  During an interview with Staff I, LPN on 5/4/18 at 2:30 PM she stated she started one or two chest compressions and realized she would have to get on the bed or put the bed way down because the resident had been too large.	F 842			