STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165382	A. BUILDING _____ B. WING _____	C 05/24/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCURA HEALTHCARE OF KNOXVILLE, LLC	606 NORTH SEVENTH STREET KNOXVILLE, IA 50138

(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 05/25/18 Complaint 76075-C and facility reported incident 76077-I were investigated on May 23-24, 2018. Both the complaint and the facility-reported incident were substantiated. The following deficiency was identified during the investigation (See Federal Code of Regulations (42-CFR) Part 483, Subpart B).	F 000	This shall serve as an allegation of compliance, all deficiencies will be corrected by the correction date.	05/25/18
F 760 SS=G	Residents are Free of Significant Med Errors CFR(s): 483.45(f)(2) The facility must ensure that its- §483.45(f)(2) Residents are free of any significant medication errors. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure residents are free of significant medication errors (Resident #1). The facility reported census of 43 residents. Findings include: According to the Minimum Data Set (MDS) assessment tool date 4/7/18, Resident #1 had a Brief Interview for Mental Status (BIMS) score of 6 which indicated a severely impaired cognitive status. Resident #1 required extensive assistance with transfers, ambulation (walking), dressing, toilet use and personal hygiene needs. Resident #1's diagnosis included encephalopathy, seizure disorder, and schizophrenia. Progress Notes dated 5/20/18 at 1:25 a.m. written	F 760	Resident #1 remains in the facility and has remains at her prior level of functioning and has not had any long-lasting effects. There have been no other medication errors that have resulted in adverse effects. Staff B was suspended, and then decided to resign from her position. Staff have received education on proper medication administration by 05/25/18. Monitoring has occurred by use of random audits of Med pass to ensure compliance. Any future concerns will be address by the Quality assurance committee.	05/25/18

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Executive Director 7/6/18

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.

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F 760	Continued From page 1	F 760		

by Staff A, Licensed Practical Nurse (LPN) documented at approximately midnight a certified nursing assistant (CNA) summoned her to Resident #1's room because the resident was "breathing funny." Staff A noted Blood pressure 74/37, pulse 89 beats per minute, respirations 24 per minute and shallow, with cool, clammy, gray-colored skin. Oxygen saturation level was 62% on room air and climbed to 71% with 2 liters per minute of supplement oxygen. Resident #1 was unresponsive and eyes rolled back into head upon sternal rub. Staff A received orders to transfer Resident #1 to emergency room for evaluation and treatment. Ambulance arrived at 12:15 a.m. to transport.

A History and Physical final report from the emergency department printed 5/24/18 revealed Resident #1 found unresponsive and was given Narcan at which time Resident #1 awoke immediately. Preliminary urine drug screen positive for Oxycodone, which patient does not normally take.

Clinical Laboratory report dated 5/24/18 noted Resident #1 had urine sample collected on 5/21/18 which indicated the presence of morphine (MS Contin) and Oxycodone.

In an interview on 5/24/18 at 12:01 p.m. Staff B, licensed practical nurse, stated she worked the 2:00 p.m. to 10:00 p.m. shift on 5/19/18 and noted they were very busy that evening. Staff B recalls Resident #1 was her normal self. Resident #1 went to supper and at around 8:45 p.m. to 9:00 p.m. Staff B assisted Resident #1 into bed. Resident #1 was alert at that time, talking normally. Staff B stated Resident #2 is roommates with Resident #1 and Resident #2

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F 760	Continued From page 2	F 760		

takes both MS Contin 60 milligrams (morphine) and Oxycodone 10 milligrams at evening meal. That evening Staff B set up Resident #2's MS Contin and Oxycodone at 4:00 p.m. and when she went to give it Resident #2 was in the bathroom. Staff B stated she returned to the cart, placed tape over the cup, labeled it and placed it back into the medication cart. Staff B stated she forgot about the pills until 6:00 p.m. at which time she delivered the medications to Resident #2. Staff B stated Resident #2 was upset about the delay, but took the pills in her presence. Staff B stated she gave Resident #2's bedtime pills (including Oxycodone) around 9:00 p.m. and remained with her until the medications were ingested. Staff B admitted if Resident #1 had Oxycodone in her system, it was most likely due to her making an error involving Resident #1's roommates medications. Staff B stated she believes the medications were passed correctly.

In an interview on 5/24/18 at 5:03 p.m. the Pharmacist stated MS Contin (morphine) is a slow release medication which enters the system within 30 minutes and has peak effect in 3 to 4 hours. Oxycodone enters the body within 10 minutes and peaks in 30 to 60 minutes. The Pharmacist stated she would expect someone not routinely on MS Contin to have a reaction, but noted it varies per individual.

According to the Minimum Data Set (MDS) assessment tool with assessment reference date of 3/25/18, Resident #2 had a Brief Interview for Mental Status (BIMS) score of 12 which indicated a minimally impaired cognitive status. Resident #2 is independent with mobility, dressing, toilet use and personal hygiene needs. Resident #2's diagnosis included arthritis, diabetes mellitus,

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F 760	Continued From page 3 chronic obstructive pulmonary disease and hypertension. Resident #2's May 2018 medication administration record (MAR) indicated she received MS Contin 60 milligrams three times a day including at the evening meal and Oxycodone 10 milligrams four times per day including at the evening meal and at bedtime. The MAR indicated these medications were given by Staff B on 5/19/18 as ordered. The Controlled Medication Utilization Record for Resident #2's MS Contin indicated Staff B removed a dose at HS (bedtime), when the May MAR indicated the medication was to be given at evening meal. No extra doses of Resident #2's MS Contin supply were removed by Staff B that evening.	F 760		