PRINTED: 04/02/2019 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	1		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		165435	B, WING_			03/	15/2019
	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE 800 INDIAN HILLS DRIVE		
ACCURA	HEALTHCARE OF SIOUX	CITY, LLC		s	IOUX CITY, IA 51104	.,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL, REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD I			(X5) COMPLETION DATE
F 000	Correction date 3/20/2019  The following deficiencies were identified during investigation of mandatory report # 81232-M.  See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C.  F 606 SS=D  F 607  F 608  F 608  F 608  F 608  F 609  F		F	000	This Plan of Correction is for a self report investigation # 81232-M. Preparation and/or execution of this Plan of Correction does not constitu admission agreement by this provid the truth of the facts alleged or concept forth in the statement of deficien The Plan of Correction is prepared	te er of lusions	
			F	606	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.		
	individuals who- (i) Have been found g exploitation, misappro mistreatment by a cor (ii) Have had a finding nurse aide registry co exploitation, mistreatm misappropriation of th (iii) Have a disciplinar or her professional lic body as a result of a f exploitation, mistreatm misappropriation of re §483.12(a)(4) Report registry or licensing at has of actions by a co employee, which wou service as a nurse aid This REQUIREMENT by: Based on personnel if review and interview,	gentered into the State ncerning abuse, neglect, nent of residents or eir property; or y action in effect against his ense by a state licensure inding of abuse, neglect, nent of residents or esident property.  to the State nurse aide uthorities any knowledge it			1. Staff member K's backgroucheck was conducted on 5/3/2. Prior to hire, background chell be conducted on all staff to Business Office Manager / de to ensure that all staff are cleawork.  3. Administrator / designee winew employee files to ensure background checks have been completed.  4. Concerns will be discussed monitored by the QAPI Comm	18. necks by signed ared to II audir n and nittee.	

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:F4EH1

Facility ID: 1A0444

OF DEFICIENCIES F CORRECTION PROVIDER OR SUPPLIER	(X1) PROVIDER/SUPPLIER/CLIA' IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION		
PROVIDER OR SUPPLIER	405425			(X3) DATE SURVEY COMPLETED	
ROVIDER OR SUPPLIER	165435			0	C 3/15/2019
ACCURA HEALTHCARE OF SIOUX CITY, LLC  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CODE 3800 INDIAN HILLS DRIVE SIOUX CITY, IA 51104		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOU		(X5) COMPLETION DATE
a background check particular temployees reported a census of Findings include:  1. The personnel file assistant (CNA) docu 12/18/17. The person criminal and abuse at Staff K prior to hire.  The Direct Care Workstate of lowa verified background and abuse until 5/3/18.  During interview on 3 Administrator stated of done last spring and so they completed it at The facility's Abuse P Investigation and Reg 4/14/17 directed the formal control of the state of the state of lowards and the state of lowards and state of lowards and set of lowards and set of lowards and set of lowards and set of lowards and lowards and lowards and lowards and lowards and lowards and lowards are lowards and lowards and lowards and lowards are lowards and lowards and lowards are lowards and lowards and lowards are lowards and lowards and lowards and lowards are lowards and lowards and lowards are lowards and lowards and lowards are lowards and lowards and lowards and lowards are lowards and l	orior to hire for one of seven viewed (Staff K). The facility 34 residents.  for Staff K, certified nursing mented a hire dated of anel file failed to contain a couse registry checks for over (DCW) registry for the the facility did not do a se registry checks on Staff K  //15/19 at 3:10 PM the employee file audits were found it had not been done, at that time.	F 60			
potential employees to neglect, exploitation, or mistreatment of reaccomplished through maintaining document. The facility will conrecord check and depregistry checks on all other individuals engagesidents, prior to hire under 481 lowa Admits angles.	for a history of abuse, misappropriation of property sidents. This will be the the following (including station of such results): aducted an lowa criminal pendent adult/child abuse prospective employees and aged to provide services to e, in the manner prescribed	· F 6	34		
	Continued From page a background check particles.  Current employees re reported a census of Findings include:  1. The personnel file assistant (CNA) docu 12/18/17. The person criminal and abuse all Staff K prior to hire.  The Direct Care Workstate of lowa verified background and abuse until 5/3/18.  During interview on 3 Administrator stated done last spring and so they completed it at 1 The facility's Abuse P Investigation and Reg 4/14/17 directed the semployees of the potential employees of the potential employees of the potential employees of the facility will contend the potential employees of the facility will contend the facili	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1 a background check prior to hire for one of seven current employees reviewed (Staff K). The facility reported a census of 34 residents.  Findings include:  1. The personnel file for Staff K, certified nursing assistant (CNA) documented a hire dated of 12/18/17. The personnel file failed to contain a criminal and abuse abuse registry checks for Staff K prior to hire.  The Direct Care Worker (DCW) registry for the state of lowa verified the facility did not do a background and abuse registry checks on Staff K until 5/3/18.  During interview on 3/15/19 at 3:10 PM the Administrator stated employee file audits were done last spring and found it had not been done, so they completed it at that time.  The facility's Abuse Prevention, Identification, Investigation and Reporting Policy effective 4/14/17 directed the following: Employee Screening: The facility shall screen all potential employees for a history of abuse, neglect, exploitation, misappropriation of property or mistreatment of residents. This will be accomplished through the following (including maintaining documentation of such results):  1. The facility will conducted an lowa criminal record check and dependent adult/child abuse registry checks on all prospective employees and other individuals engaged to provide services to residents, prior to hire, in the manner prescribed under 481 lowa Administrative Code 58.11(3).	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1 a background check prior to hire for one of seven current employees reviewed (Staff K). The facility reported a census of 34 residents.  Findings include:  1. The personnel file for Staff K, certified nursing assistant (CNA) documented a hire dated of 12/18/17. The personnel file failed to contain a criminal and abuse abuse registry checks for Staff K prior to hire.  The Direct Care Worker (DCW) registry for the state of lowa verified the facility did not do a background and abuse registry checks on Staff K until 5/3/18.  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CENTER	S FOR MEDICARE &	MEDICAID SERVICES		,		OMB NO. 0938-0391			
STATEMENT (	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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ACCURA	HEALTHCARE OF SIOU)	COITY, LLC			IOUX CITY, IA 51104				
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F 684	C. di F	2		004					
	Continued From page	; :		684			•		
\$S=J	CFR(s): 483.25			ļ					
	§ 483.25 Quality of ca								
		ndamental principle that					}		
		nt and care provided to			·				
•		ed on the comprehensive dent, the facility must ensure							
	1	treatment and care in							
	1			į					
	accordance with professional standards of practice, the comprehensive person-centered				·				
	care plan, and the res								
		is not met as evidenced							
	by:								
	Based on clinical rec	ord review and staff			Past noncompliance: no plan of				
	interviews, the facility	failed to ensure Resident			correction required.				
	#1 received an appro	priate food texture. Resident			-				
	#1 had a history of ch	oking on peanut butter							
	sandwiches and the	care plan directed staff to not							
	1 ·	ches. Resident #1 received							
	1 *	dwich on 2/3/19, choked					ļ		
		arrest, which resulted in an							
		o resident health and safety.	1						
		d of four total residents. The							
	facility identified a cer	nsus of 34 residents.							
	Findings include:								
	1 The Minimum Dat	a Set (MDS) assessment							
	dated 1/16/19 docum	. ,							
		eal dysphagia (characterized							
		a swallow and may be							
		opharyngeal regurgitation,							
		sation of residual food							
		ynx), bipolar disorder and							
		se stage 5. The MDS also							
		nterview of Mental Status							
	(BIMS) score of 7 wh	ich indicated moderate							
		. Resident#1 required							
	extangly accietance	with transfer ambulation	1		1		1		

PRINTED: 04/02/2019 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X3) DATE SURVEY (X1) PRÓVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING\_ 165435 03/15/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3800 INDIAN HILLS DRIVE ACCURA HEALTHCARE OF SIOUX CITY, LLC SIOUX CITY, IA 51104 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 1D (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) F 684 Continued From page 3 F 684 dressing and toilet use and oversight, encouragement, cueing and set-up for eating. The assessment documented he experienced coughing or choking during meals or when swallowing medications and received a mechanically altered diet. The care plan problem revised 5/24/17 identified the resident with a nutritional problem or potential nutritional problem related to a history of choking. The care plan instructed staff that Resident #1 could not have peanut butter sandwiches due to history of choking on one on 9/23/17. The Visual/Bedside Kardex Report, which is accessible to certified nursing assistants (CNA's), also contained the directive to not give the resident peanut butter sandwiches due to history of choking under the Safety and Eating/Nutrition sections. A Progress Notes entry dated 9/27/17 at 11:53 PM documented the resident was given a peanut butter sandwich while in bed with the head of the bed up. The CNA across the hall heard him

1/14/19. The SLP (Speech/Language Pathologist)

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airway.

choking, transferred him to the wheelchair and performed the Heimlich maneuver which resulted in a piece of sandwich being cleared from his

A Progress Notes entry dated 1/11/19 at 9:54 PM documented the resident appeared to be choking at 7:15 PM. Staff assisted the resident and he coughed up a piece of chicken, measuring approximately 1" x 1" (inch). Staff requested an order for a speech therapy evaluation on 1/12/19 and the physician approved the request on

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CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMR MC	) <u>. 0938-0391</u>	
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILC		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		165435	B. WING	B. WING			03/15/2019	
NAME OF P	ROVIDER OR SUPPLIER			\$	TREET ADDRESS, CITY, STATE, ZIP CODE		,, <u>,, , , , , , , , , , , , , , , , , </u>	
ACCURA HEALTHCARE OF SIOUX CITY, LLC					800 INDIAN HILLS DRIVE			
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)			(X5) COMPLETION DATE	
F 684	documented a Clinica Swallowing: Neuroma which assessed the refunctional limits for or phase and mild impaid phase and no signs of dysphagia present.  The Objective Tests/f Analysis of SLP asseresident exhibited recinattention to bolus (chewed food right bedischarged the resided directed resident condict with regular liquic occasional supervision completed by Staff A. (LPN) documented slat 7:30 PM at which the propelling himself in limit choking, I'm choland performed the Helessesses and the resident complete states at 7:30 PM at which the propelling himself in limit choking, I'm choland performed the Helessessessessessessessessessessessesses	Treatment dated 1/16/19 al Bedside Assessment of uscular/Anatomic Disorders esident to be within all prep phase and oral irment in the pharyngeal or symptoms of esophageal essment documented the duced attention to task and the rounded mass of fore swallowing). The SLP and from care on 1/25/19 and tinue on a mechanical soft its as previously ordered with on and to cue the resident to any dated 2/3/19 at 9:34 PM licensed practical nurse he was at the nursing desk ime Resident #1 was his wheelchair and stating ding." Staff A yelled for help elmilich maneuver without	F	684				
·	performed the Heimli called 911 and transfi to start CPR (cardiop The fire department r performance as Resinon-responsive and thospital.	hen transferred him to the	The second secon					
	documented the resid	and Physical dated 2/3/19 lent brought to the ause it was reported the				į		

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CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A, BUILDING \_\_\_\_\_ C 165435 B. WING 03/15/2019

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

3800 INDIAN HILLS DRIVE

CCURA I	HEALTHCARE OF SIOUX CITY, LLC	· ·	3800 INDIAN HILLS DRIVE SIOUX CITY, IA 51104				
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F 684	Continued From page 5	F 68	4				
	resident was given a peanut butter sandwich,						
	which he was not supposed to have, and it						
ļ	appeared he choked and aspirated. EMS						
	services reported the resident had no heart						
	rhythm enroute to the hospital and advanced						
	cardiac life support (ACLS) protocol was initiated						
	and the patient regained spontaneous circulation.						
	Resident #1 admitted to the intensive care unit						
	(ICU) due to his cardiac arrest.						
-	A computerized axial tomography (CT) report						
	dated 2/3/19 documented the following:						
	1. Complete collapse to the left lung with						
	significant right-to-left shift of the mediastinal structures. Suspect food impacted within the			•			
	proximal left mainstern bronchus based on						
	provided clinical history.	Ì					
	Malpositioned enteric tube terminating within						
	the upper esophagus						
į	3. Displaced fractures of the right 3rd through 6th						
	and left 3rd through 7th ribs.						
	4. Scattered ground-glass and dense						
	consolidation throughout the right lung, aspiration						
	pneumonitis versus possible developing infection.						
}	A bronchoscopy was performed and pieces of						
	sandwich were removed from the resident's						
	bronchus. The resident expired in the hospital on						
	2/8/19.			*			
	During interview on 2/7/19 at 3:29 PM Staff A						
	stated she is usually assigned to the hall where						
	the resident resided and was aware he could not			1			
	have peanut butter sandwiches because it was			-			
	on his care plan as he had experienced choking	-		}			
	spells on them in the past. Resident #1's wife						
	had told her in the past she did not think he	1					
	should have peanut butter. After supper on						
	2/3/19 Resident #1 and two other residents sat in	1					
	the lounge next to the nursing desk watching TV.	}					

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(UMILE OI.)	TOTIONITO OF COURT			1	3800 INDIAN HILLS DRIVE		
ACCURA HEALTHCARE OF SIOUX CITY, LLC			i	SIOUX CITY, IA 51104			
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F 684	Continued Cram need			co.	4		
, 004	Continued From page		L.	684	4	•	
		snacks to all residents and					
		the lounge area. Staff B left					
		down the 200 hallway when					
		himself around the fireplace					
		i "I'm choking, I'm choking".					1
		's lips were blue in color and					
	she yelled for help. T						
		attempted the Heimlich					
		ccess. Staff C responded to					
		d 911 also attempted the rithout success. Staff D,			1		
		the Heimlich maneuver					
		and Staff E, CNA, lifted					
		wheelchair to the floor and			·		
		sions and she used the			•		
-	Ambu bag to support				+		
	emergency managem	•					
		d cleared the resident's					
	•	ibated him and took over		•		•	
		also responded to her call					
		she had given the resident					
		jelly sandwich. Staff A					
1		id a tendency to put too					
		th and sometimes staff had					
	to remind him not to t				****	•	
	During interview on 2	/7/19 at 2:20 PM Staff B					
ļ		acks to the residents after					ļ
		e snack cart contained a					
		dent #1. She offered it to					
-		s and encouraged him to			**		
		a peanut butter and jelly					
		peanut butter and jelly					
.		ack cart and she gave him					
	1/2 of one. She sat in		1				
		dent to eat a snack and					
	Resident #1 was eati	ng his sandwich just fine.					]
		nts in the founge were done					
		left the area to go down a			1		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	4 ' '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 684	desk and she heard she responded. Star maneuver but it did r she gave him a pear Staff B stated she had butter sandwiches to had any problems with but she thought she was not to have then During interview on 2 stated she was not a have peanut butter s recent SLP evaluation or could not have peanut butter s recent SLP evaluation or could not have peanut butter s recent stated she had the resident could not sandwiches. She stated she had the resident could not sandwiches. She stated her for one but with the charge nurse During interview on Director of Nursing (I cared for the resident to staff at resident's care plan a peanut butter sand choking. She expect information contained each resident but the directs staff to routine directs staff to routine she she with the directs staff to routine she she with the directs staff to routine she she with the directs staff to routine she resident but the directs staff to routine she with the she with the directs staff to routine she with the she wit	st gone around the nursing the nurse yell for help and if tried to do the Heimlich not work. She told the nurse nut butter and jelly sandwich. It digiven the resident peanut to times before and he never the them. She was not sure, did not know the resident not.  27/19 at 3:07 PM Staff C ware the resident could not andwiches and the resident's in did not address if he could anut butter.  2/8/19 at 11:45 AM, Staff F, anot been aware of the fact at have peanut butter atted the resident had never atted the resident had never atted the resident had never atted the she would check to first to get approval.  2/7/19 at 1:36 PM the DON) stated Staff B routinely and all CNA's have access (Kardex) plan on the tablets any time. She stated the stated that he could not have wich due to his history of its CNA's to know the did on the point of care plan for a facility has no policy that ely review the resident care see any changes to them are	F 684				
	The facility abated th	e immediate jeopardy					

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(X4) ID PREFIX TAG	(EACH DEFICIENC	(ATEMENT' OF DEFICIENCIES SY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETION	
F 684	a. Staff education or allergies and food re b. Staff response whitems they are restrict c. Nursing education receive restricted food. Posting residents restrictions and allergies.	arough the following actions:  a all resident diet orders, strictions, nen residents request food sted from eating, n for residents who wish to ads.  current diet orders, gies on the snack cart.	F 68			
F 729 SS=D	CFR(s): 483.35(d)(4) §483.35(d)(4) Regist Before allowing an ir aide, a facility must r that the individual ha requirements unless (i) The individual is a training and compete approved by the Stat (ii)The individual can recently successfully competency evaluati evaluation program a has not yet been incl Facilities must follow individual actually be §483.35(d)(5) Multi-5 Before allowing an ir aide, a facility must s State registry establi (2)(A) or 1919(e)(2)(	ry verification. Idividual to serve as a nurse eceive registry verification is met competency evaluation. If full-time employee in a ency evaluation program te; or a prove that he or she has a completed a training and on program or competency exproved by the State and luded in the registry. If up to ensure that such an ecomes registered. State registry verification, adividual to serve as a nurse seek information from every shed under sections 1819(e) A) of the Act that the facility information on the individual.	F 72	<ol> <li>1. A Direct Care Worker Recheck was completed on 05 or staff member K.</li> <li>2. Business Office Manager will perform a Direct Care Will Registry check, prior to hirecertified nursing assistants.</li> <li>3. Administrator / designee audit new employee files to a Direct Care Worker Regishas been completed.</li> <li>4. Concerns will be discussimonitored by the QAPI Con</li> </ol>	5/03/18 f / designee Vorker , for all will ensure try check	
	If, since an individua	red retraining. I's most recent completion of etency evaluation program,				

PRINTED: 04/02/2019 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING\_ 165435 B WNG 03/15/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3800 INDIAN HILLS DRIVE ACCURA HEALTHCARE OF SIOUX CITY, LLC SIOUX CITY, IA 51104 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (FACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY F 729 Continued From page 9 F 729 there has been a continuous period of 24 consecutive months during none of which the individual provided nursing or nursing-related services for monetary compensation, the individual must complete a new training and competency evaluation program or a new competency evaluation program. This REQUIREMENT is not met as evidenced by: Based on personnel file reviews, facility policy review and interview, the facility falled to perform a Direct Care Worker Registry check prior to hire for one of five current certified nursing assistants (CNAs) reviewed (Staff K). The facility reported a census of 34 residents. Findings include: 1. The personnel file for Staff K, certified nursing assistant (CNA) documented a hire dated of 12/18/17. The personnel file failed to contain an Iowa Direct Care Worker (DCW) registry check of Staff K's eligibility to be employed as a CNA prior to hire. The DCW registry for the state of lowa verified the facility did not check Staff K's eligibility to be employed as a CNA until 5/3/18, During interview on 3/15/19 at 3:10 PM the Administrator stated employee file audits were done last spring and found it had not been done so staff completed it at that time. F 730 Nurse Aide Peform Review-12 hr/yr In-Service F 730 SS=D CFR(s): 483.35(d)(7)

§483.35(d)(7) Regular in-service education. The facility must complete a performance review

		X1) PROVIDER/SUPPLIER/CLIA (X2) MULT IDENTIFICATION NUMBER: A. BUILDII			CONSTRUCTION	l	LETED
		165435	B. WING			C 03/15/2019	
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MANITO 1-1	TOWNER OR SUPPLIER				100 INDIAN HILLS DRIVE		
ACCURAI	HEALTHCARE OF SIOUX	( CITY, LLC			OUX CITY, IA 51104	<del></del>	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD			(XS) COMPLETION DATE
F 730	education based on the reviews. In-service to requirements of §483 This REQUIREMENT by:  Based on personnel interview, the facility frantual performance of certified nursing assisted employed one year of facility reported a central fill the facility reported a central fill facility reported a hire data fill failed to contain an evaluations.  The personnel fill documented a hire data personnel fill contain performance evaluations.  During interview on 3. Administrator stated to previously cited for facility requirements.	t least once every 12 by ide regular in-service the outcome of these alining must comply with the .95(g). is not met as evidenced file reviews and staff failed to completed an eview for two of four stants (CNA's) sampled or more (Staff H and K). The sus of 34 residents.  for Staff H, CNA, the of 3/6/17. The personnel annual performance  for Staff K, CNA the of 12/18/17. The ed an undated annual on.  /15/19 at 2:50 PM the the facility had been ilure to do employee annual ght they had brought all	F 7	'30	1. Staff members H and K's a performance evaluations were completed on 3/18/19. 2. Employee files were audited date of last completed performeval. 3. A performance review dated database will be maintained k Business Office Manager / deto ensure annual performance are completed as required for nurse aide. 4. Concerns will be discussed onitored by the QAPI Commit	re ed for mance by esigned revie each	e ws

STATEMENT	MENT OF INSPECTION OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. DOILDING.		С	
		IA0444	B, WING		03/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DORESS, CITY, ST	ATE, ZIP CODE		
ACCURA	HEALTHCARE OF SIOU	CCITY LLC	IAN HILLS DRI ITY, IA 51104	VE .		
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L 190	for each facility. Persithe following requirer a. Employees shall he and tuberculin test be.  This Statute is not m. Based on personnel to the facility failed to as examination prior to the status of the facility failed.	neral policies. be written personnel policies onnel policies shall include nents: ave a physical examination ofore employment; (I, II,III) et as evidenced by: file reviews and interview, ssure all staff had a physical hire for five of five current G, H, J, K and L). The facility	L 190	This Plan of Correction is for a se investigation # 81232-M. Preparation and/or execution of the Plan of Correction does not constant admission agreement by this provide the truth of the facts alleged or consecuted for the Plan of Correction is prepared executed solely because provision and state law require it.  This Plan of Correction constitute credible allegation of compliance stated deficiencies will be corrected the dates specified.	nis itute ider of nclusions encies. d and or ns of federal s my and all	
	Findings include:  1. The personnel file assistant (CNA) docuted 4/14/17. The person documentation of a phire.  2. The personnel file documented a hire defiled to contain dexamination prior to It.  3. The personnel file documented a hire depersonnel file failed to physical examination.  4. The personnel file documented a hire depersonnel file failed to personnel file failed to personnel file failed to physical examination.	for Staff G, certified nursing imented a hire date of nel file failed to contain hysical examination prior to for Staff H, CNA ate of 3/6/17. The personnel locumentation of a physical nire.  If or Staff J, CNA ate of 5/14/18. The ocontain documentation of a prior to hire.  If or Staff K, CNA ate of 12/18/17. The ocontain documentation of a		1. Physicals were completed G, H, J, K, L and all like staf 2. Employee files were audit current physical examination will have a physical examina and tuberculin test prior to hi 3. Administrator / designee wnew employee files to ensure physical examination has be 4. Concerns will be discusse monitored by the QAPI Com	f. 3/20/19 ed for . All staff tion re. vill audit e a en completed. d and	
DIVISION OF	HEALTH FACILITIES STA					
		SUPPLIER REPRESENTATIVE'S SIGNATUL	RE _	mre	(XB) DATE	

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POC accepted

1/12/19 VVirin

(XB) DATE 4/12/19

f continuation sheet 1 of 3

DEPARTMENT OF INSPECTIONS AND APPEALS (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A, BUILDING: \_\_\_\_\_ C 03/15/2019 IA0444 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3800 INDIAN HILLS DRIVE ACCURA HEALTHCARE OF SIOUX CITY, LLC SIOUX CITY, IA 51104 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) L 190 Continued From page 1 L 190 Aide, documented a hire date of 3/2/19. The personnel file failed to contain documentation of a physical examination prior to hire. During interview on 3/15/19 at 3:00 PM the Administrator stated physical examinations for new employees had not been completed as directed and he was not sure why the facility stopped obtaining them. L 191 58,10(3)b General policies L 191 1. Physicals were completed for staff 3/20/19 C, I, and all like staff 3/20/19. 481-58.10(135C) General policies. 2. Employee files were audited for 58.10(3) There shall be written personnel policies date of last completed physical, all for each facility. Personnel policies shall include staff will have a physical completed the following requirements: every four years. b. Employees shall have a physical examination A physical examination database at least every four years. will be maintained by Business Office Manager / designee to ensure physical examinations are completed at least every four years for all staff. This Statute is not met as evidenced by: 4. Concerns will be discussed and Based on personnel file reviews and interview, monitored by the QAPI Committee. the facility failed to assure employee receive a physical every 4 years for two of two employees sampled employed four years or more (Staff C and I). the facility reported a census of 34 residents. Findings include: 1. The personnel file for Staff C, licensed practical nurse (LPN) documented a hire date of 7/19/10. The filed failed to contain documentation of a physical examination since the one done 7/19/10. 2. The personnel file for Staff I, registered nurse (RN) documented a hire date of 12/12/11. The

DEPARTMENT OF INSPECTIONS AND APPEALS (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ С B. WNG 03/15/2019 IA0444 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 3800 INDIAN HILLS DRIVE ACCURA HEALTHCARE OF SIOUX CITY, LLC SIOUX CITY, IA 51104 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION COMPLETE DATE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) L 191 Continued From page 2 L 191 filed failed to contain documentation of a physical examination since the one done 12/9/11. During interview on 3/15/19 at 3:00 PM the Administrator stated physicals for employees had not been completed as directed and he was not sure why the facility stopped obtaining them.

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### F606-

- 1. Staff member K's background check was conducted on 3/15/19.
- 2. Prior to hire, background checks will be conducted on all staff by Business Office Manager / designee to ensure that all staff are cleared to work.
- 3. Administrator / designee will audit new employee files to ensure background checks have been completed.
- 4. Concerns will be discussed and monitored by the QAPI Committee.

## F684-

1. Past noncompliance: no plan of correction required.

### F729-

- 1. A Direct Care Worker Registry check was completed on 3/15/19 for staff member K.
- 2. Business Office Manager / designee will perform a Direct Care Worker Registry check, prior to hire, for all certified nursing assistants.
- 3. Administrator / designee will audit new employee files to ensure a Direct Care Worker Registry check has been completed.
- 4. Concerns will be discussed and monitored by the QAPI Committee.

## F730-

- 1. Staff members H and K's annual performance evaluations were completed on 3/18/19.
- 2. Employee files were audited for date of last completed performance eval.
- 3. A performance review date database will be maintained by Business Office Manager / designee to ensure annual performance reviews are completed as required for each nurse aide.
- 4. Concerns will be discussed and monitored by the QAPI Committee.

### L190-

- 1. Physicals were completed for staff G, H, J, K, L and all like staff.
- 2. Employee files were audited for current physical examination. All staff will have a physical examination and tuberculin test prior to hire.
- 3. Administrator / designee will audit new employee files to ensure a physical examination has been completed.
- 4. Concerns will be discussed and monitored by the QAPI Committee.

### L191-

- 1. Physicals were completed for staff C, I, and all like staff 3/20/19.
- 2. Employee files were audited for date of last completed physical, all staff will have a physical completed every four years.
- 3. A physical examination database will be maintained by Business Office Manager / designee to ensure physical examinations are completed at least every four years for all staff
- 4. Concerns will be discussed and monitored by the QAPI Committee.

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