STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165528	A. BUILDING _____ B. WING _____	C 08/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCURA HEALTHCARE OF SPIRIT LAKE	1912 ZENITH AVENUE SPIRIT LAKE, IA 51360

(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_____. The following deficiencies relate to investigation of Incident #82050-I, #82063-I, and #81673-C completed August 21-27, 2019. Incident #82050-I and #82063-I were substantiated, Complaint #81673-C was not substantiated. (See code of Federal Regulations (42CFR) Part 483, Subpart B-C)	F 000		
F 689 SS=G	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on observation, clinical record review, and interviews the facility failed to ensure one of three residents received adequate supervision to protect against hazards in the environment, (Resident #2).The facility reported a census of 65 residents. Findings include: The Minimum Data Set assessment with a reference date of 7/4/19 for Resident #2 documented a score of 15 on the Brief Interview for Mental Status test which indicated no cognitive impairment. The resident had	F 689		

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

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165528	A. BUILDING _____ B. WING _____	C 08/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCURA HEALTHCARE OF SPIRIT LAKE	1912 ZENITH AVENUE SPIRIT LAKE, IA 51360

(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 689	Continued From page 1	F 689		

diagnoses of Diabetes Mellitus, heart failure, respiratory failure, hip fracture, and left femur fracture. The resident had no falls since reentry.

A PT (Physical Therapy)-Therapist Report dated 3/6/19 directed ambulation with CGA (Contact Guard Assist) of one to two staff.

A Fall Risk Assessment dated 3/5/19 documented a score of 11 which indicated a moderate risk of falls.

A facility incident report documented a witnessed fall on 3/15/19. The report documented Resident #2 was walking with Staff B, Physical Therapy Assistant (PTA) in the main hallway with a front wheeled walker and a gait belt. The report documented Staff B let go of the gait belt to put on the brakes of the wheelchair, when the residents knees buckled causing him to lose his balance and fall forward. Staff B reported the resident landed on his left elbow and left side, hitting his head on the wall. Staff C, Registered Nurse (RN) documented the resident complained of pain to the left knee with notable swelling.

A PT Daily Treatment Note dated 3/15/19, electronically signed by Staff B, PTA documented: Resident #2 ambulated 30 feet twice, CGA with one staff with wheelchair follow for safety. At the end of the second ambulation the resident had a fall. The resident reported he needed to sit down. Therapist let go of the gait belt to put on brakes on wheel chair. Resident's knees then buckled and he lost his balance falling forward. The resident landed on his left elbow and left side.

A Major Injury Determination form dated 3/15/19 and signed by emergency room physician

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165528	A. BUILDING _____ B. WING _____	C 08/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCURA HEALTHCARE OF SPIRIT LAKE	1912 ZENITH AVENUE SPIRIT LAKE, IA 51360

(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 689	Continued From page 2	F 689		

documented the resident was ambulating with therapy with assist of one and with a gait belt, lost balance and fell on left knee and left elbow. Diagnosis: Left tibial fracture. The physician indicated by a check mark the injury the resident sustained was a major injury.

Review of the Emergency Room Report dated 3/15/19 documented Resident #2 was seen for a left tibial fracture, and directed knee immobilizer on and non-weight bearing until can follow up with orthopedic specialist.

Review of the 4/2/19 orthopedic consultation directed Resident #2 to remain in hinged knee brace for 4 weeks, with no weight bearing.

A Fall Scene Investigative Report, signed as completed by Staff D, Registered Nurse on 3/18/19 documented the following conclusion: Resident working with physical therapy in main hallway with assist of one with gait belt and front wheeled walker. Physical therapy let go of resident to put the brakes on wheelchair. The report documented therapy staff had been educated on the proper technique while working with resident with wheelchair use.

In a phone interview on 8/26/19 at 4:32 PM, Staff E, Clinical Director confirmed had provided in-service education on 4/2/19 following review of the fall. Staff E confirmed would expect hand to remain on the gait belt at all times with Contact Guard Assist of 1.

In an interview on 8/26/19 at 3:25 PM, Staff F, PTA Rehabilitation Director stated she had reviewed the documentation and counseled/educated Staff B following the fall.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165528	A. BUILDING _____ B. WING _____	C 08/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCURA HEALTHCARE OF SPIRIT LAKE	1912 ZENITH AVENUE SPIRIT LAKE, IA 51360

(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 689	Continued From page 3 Staff F confirmed would expect PTA doing assist of one with gait belt, when the resident reported needing to sit down, to keep hold of the bait belt while positioning the wheelchair. Further stated, would not have expected to release hold on the gait belt. Staff F provided a written statement dated 3/18/19 that documented she had reviewed the fall with Staff B immediately after the fall on 3/15/19. The written statement documented she had completed staff education about using assistance of 2 staff if resident is feeling weak or not transferring easily. Educated on always holding on to the gait belt, and locking the brakes from standing on the side of the wheelchair rather than letting go of the gait belt and going around the chair to lock the other brake. Interview with Staff B, PTA on 8/27/19 at 9:49 AM revealed Staff B does not routinely work at this facility. Staff B confirmed walking in hallway with Resident #2, using a gait belt and wheelchair to follow. Recalled the resident stated needed to take a break. Staff B stated she let go of the gait belt to place the brakes on the wheelchair. Staff B stated she knew her hand was to be on the gait belt at all times. In an interview on 8/27/19 at 10:04 AM, Resident #2 stated he remembered when he broke his left lower leg. Stated he was walking with therapy and getting stronger. He stated he started feeling weak and needed to sit down. She let go of my gait belt and I fell and broke my leg.	F 689		
F 761 SS=D	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be	F 761		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165528	A. BUILDING _____ B. WING _____	C 08/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCURA HEALTHCARE OF SPIRIT LAKE	1912 ZENITH AVENUE SPIRIT LAKE, IA 51360

(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 761	Continued From page 4	F 761		

labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.

§483.45(h) Storage of Drugs and Biologicals

§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.

§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.
This REQUIREMENT is not met as evidenced by:
Based on clinical record review, staff interview and facility policy review, the facility failed to store schedule II-IV medications (high potential for abuse) in a separately locked, permanently affixed compartment, inaccessible to unauthorized staff. The facility identified a census of 65 residents.

Findings include:

According to a typed statement dated 3/11/19, the Director of Nursing (DON) was notified, at that time, that a Tramadol 50mg, 2 tablet medication card was not able to be located in the medication

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165528	A. BUILDING _____ B. WING _____	C 08/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCURA HEALTHCARE OF SPIRIT LAKE	1912 ZENITH AVENUE SPIRIT LAKE, IA 51360

(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 761	Continued From page 5	F 761		

cart. Investigation by the facility was unable to locate the missing card. Facility investigation determined by the administration record and interview that medication from that particular card had been administered by Staff A, Licensed Practical Nurse on the morning of 3/10/19. It was determined that 5 staff had access to the medication card since had last been administered.

During an interview 8/21/19 at 4:15 p.m. with the DON and Nurse Consultant, the DON stated at the time the medication Tramadol was found to be missing the facility protocol was to store the scheduled Tramadol with all other scheduled medications. The DON confirmed the scheduled Tramadol was not kept in a separately locked compartment within the medication cart and further confirmed the Tramadol was not accounted for by count at the end of each shift. The Nurse Consultant referred to the facility drug book and confirmed Tramadol is a schedule IV medication. The DON stated after the Tramadol had found to be missing a new policy was put into place, Tramadol will be counted and kept in a locked narcotic drawer on the medication cart and count of this medication will be kept on the narcotic count sheet and kept in a binder with all narcotic counts.

During interview, on 8/26/19 at 3:15 pm with the DON and the Nurse Consultant, they confirmed at the time the Tramadol was found to be missing the expectation should have been to store the Tramadol with the narcotics, double locked, and controlled by shift accountability. They confirmed the facility had failed to meet this expectation.

Review of an untitled document dated 3/11/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165528	A. BUILDING _____ B. WING _____	C 08/27/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCURA HEALTHCARE OF SPIRIT LAKE	1912 ZENITH AVENUE SPIRIT LAKE, IA 51360

(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 761	Continued From page 6 noted the facility had implemented a new policy that scheduled Tramadol will be counted and kept in locked narcotic drawer on medication cart. Count of this medication will be kept on the narcotic count sheet and kept in a binder with all narcotic counts. Staff had signed they were educated on the new policy.	F 761		