Citation Number: #9082 Facility Name: Accura Healthcare of Knoxville Facility Address/City/State/Zip: 606 North Seventh Street					Date: Ap	oril 2, 2021	
			_	Survey Dates:			
		JS VW	February 22, 2021 to March 11, 20				
Knox	cville, IA 50138						
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date	
58.43	resident shall receive ki at all times and shall be sexual, and verbal abus physical injury. Each re- chemical and physical r when authorized in writing by period of time; when ne protect the resident from others, in which case re by designated profession report the action taken the case of an intellectually ordered in writing by a p designated qualified intellectually ordered to use dur sessions. Mechanical supports us achieve proper body po be considered to be a re DESCRIPTION: Based on record review failed to ensure residen 1 of 12 sampled (Resider Resident #8's soiled brid Resident #8's face. Resident	authorized in writing by a physician for a specified period of time; when necessary in an emergency to protect the resident from injury to the resident or to others, in which case restraints may be authorized by designated professional personnel who promptly report the action taken to the physician; and in the case of an intellectually disabled individual when ordered in writing by a physician and authorized by a designated qualified intellectual disabilities professional for use during behavior modification sessions. Mechanical supports used in normative situations to achieve proper body position and balance shall not be considered to be a restraint. (II) DESCRIPTION: Based on record review and staff interviews, the facility failed to ensure residents remained free from abuse for 1 of 12 sampled (Resident #8). Staff C removed Resident #8's soiled brief and threw the brief in Resident #8's face. Resident #4 had a history of touching other residents. Resident #4 hugged		\$500 (Colle	ct)	Upon Receipt	

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Facility Administrator

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				Survey Dates: February 22, 2021 to March 11, 2021			
		JS VW		ary 22, 2	.021 to M	arch 11, 2021	
		re of Violation	Class	Class Fine Amount		Correction date	
	#4 cried out and reported census is 49.	ed it hurt. The reported facility					
	Findings include:						
	10/7/21, Resident #8 ha Status (BIMS) score of impaired cognition. Re assistance of others with dressing, toilet use and Resident #8 had diagno	imum Data Set (MDS) dated ad a Brief Interview for Mental "5", indicating a severely sident #8 required extensive th transfers, ambulation, I personal hygiene needs. oses of impaired intellectual nia and seizure disorder.					
	(Certified Nurse Aide) r B (Certified Nurse Aide Aide) completed incont Staff C removed Reside the brief in Resident #8 piece of the torn brief a head. Resident #8 did	2/22/21 at 4:46 p.m., Staff A eported on 2/6/21 Staff A, Staff ), and Staff C (Certified Nurse inence cares for Resident #8. ent #8's soiled brief and threw b's face. Staff C picked up a nd placed it on Resident #8's not respond. Staff A did not ent and reported the incident to of Nursing.					
	(Agency Certified Nurse shift at the facility due to on 2/6/21. Staff C (Cert to Staff B of being anno- assisted Staff C with Re Staff C removed Reside	2/22/21 at 2:04 p.m., Staff B e Aide) stated she worked one o the concerns she witnessed tified Nurse Aide) complained oyed by Resident #8. Staff B esident #8's incontinence cares ent #8's soiled brief and forcibly ent #8's face. Staff C removed					

Facility Administrator

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Rule or Code Natur Section		e of Violation	Class Fine Amount		Correction date			
	<ul> <li>hair. Resident #8 did no Nurse Aide) witnessed from. Staff A stated her incident.</li> <li>2. According to the MDS Resident #4 had a BIMS cognitive impairments. dependence on others of dressing, toilet use and had diagnoses of traum seizure disorder and sc</li> <li>Resident #4's Care Plan Behavior/Altered coping which included touching and staff inappropriately to provide close monitor room (2/19/17), do not I residents (2/19/17), to b wheelchair out of room bedroom door when in w wanderguard sensor to room (7/19/20) and 15 m .</li> <li>According to Close Obs checks), the staff failed whereabouts on 7/19/20 6:15 p.m. to 6:45 p.m.</li> </ul>	personal hygiene. Resident #4 atic brain injury, hemiplegia, hizophrenia. In revealed a Potential for g with identified behaviors g and grabbing female residents y. The Care Plan directed staff ring when escorted to and from eave alone with female be within site when in (2/19/17), motion sensor at wheelchair (2/19/17), alert staff when resident exits minute checks 96/22/20). Servation Flow Sheet (15 min to document Resident #4's 0 2:15 p.m. to 5:45 p.m. and Notes dated 10/28/17 Resident						

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Facility Administrator

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Rule or		e of Violation	Class Fine Amount		Correction date		
	<ul> <li>inappropriately. A resident yelled out and alerted the staff that Resident #4 had his hand under another Resident shirt touching her breast. The staff separated the residents, educated Resident #4 and placed an alarm on Resident #4's door.</li> <li>According to the Incident Report dated 6/22/20, Resident #4 observed hugging Resident #8 and grabbed Resident #8's breast during supper. The residents were immediately separated and the incident reported. Both residents were placed on 15 minute checks.</li> <li>According to the Incident Report dated 7/19/20, Resident #4 observed hugging Resident #8 and grabbed Resident #8's breast at supper. The staff immediately separated the residents.</li> <li>During an interview on 2/25/21 at 11:54 a.m., Staff E (Certified Nurse Aide) stated on 7/19/20 she entered the Dining Room and observed Resident #4 at Resident #8's table. Resident #4 at Resident #8's breast. Staff E separated them immediately. Resident #8 breast. Staff E separated them immediately. Resident #8 breast and hurt her. Staff E informed the Nurse and removed Resident #4 from the dining room. Staff E stated she was the only staff in the Dining Room at the time and did not know who brought Resident #4 to the dining room and left him unsupervised.</li> <li>During an interview on 2/25/21 at 12:56 p.m. Staff F (Agency Certified Nurse Aide) stated she worked the</li> </ul>						

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		WV 2L		· · · · · · · · · · · · · · · · · · ·				
	ville, IA 50138							
Rule or Code Section	Nature of Violation		Class	Fine Amount	Correction date			

	500/400 halls on the evening of 7/19/20. Before supper Staff E approached Staff F and reported Resident #4 touched Resident #8's breast in the dining room. Staff F reported the incident to the Nurse and separated the residents. Resident #4 denied touching Resident #8's breast. However, Resident #8 stated Resident #4 touched her breast. Staff F did not recall Resident #8 crying. Staff F did not know who placed Resident #8 in the dining room. Staff F stated the motion alarm on the top of Resident #8's door is often shut off, because his roommate is independent and activates it. Staff F stated since the incident a wanderguard type alarm was placed in the hallway to alert staff when Resident #8's wheelchair is in the vicinity. FACILITY RESPONSE:				
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