

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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 _____ Investigation of complaint #95017-C and facility reported incident #96017-I was completed 2/24/21-3/9/21. Complaint #95017-C was not substantiated. Incident #96017 was substantiated. (See Code of Federal Regulations (42CFR) Part 483, Subpart B -C).	F 000			
F 689 SS=K	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 observations, staff and resident interviews and clinical record review, the facility failed to ensure 6 of 6 sampled residents received the appropriate diet, (Residents #1, #4, #5, #6, #7 and #8) coupled with adequate nursing supervision while consuming an altered textured diet, (Resident #1). Resident #1 was to receive a mechanical soft diet and was to be supervised while eating due to the altered textured diet. Resident #1 received whole brussel sprouts and although a Certified Nurses Assistant (CNA) assisted Resident #1 to dine, the CNA failed to identify that the resident was on a mechanically soft diet which resulted in Resident #1 pocketing	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.

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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	<p>Continued From page 1</p> <p>the brussel sprouts (keeping the food in her cheeks instead of swallowing the food). Resident #1 choked on the food given to her, resulting in an obstructed airway which resulted in multiple unsuccessful attempts of the Heimlich maneuver during the lunch meal on 2/14/21 and ultimately death. Resident #1 expired within the hour of her airway becoming obstructed. That situation constituted Immediate Jeopardy to resident health and safety. The facility identified a census of 62 residents.</p> <p>Findings include:</p> <p>1. A Minimum Data Set (MDS) with an Assessment Reference Date of 2/3/21, documented Resident #1's diagnoses included non-Alzheimer's disease, aphasia, and cerebrovascular accident (CVA). The resident's Brief Interview for Mental Status (BIMS) score was 99, indicating the resident was unable to complete the interview. The Staff Assessment for Mental Status was recorded at a 2 indicating Resident #1 had moderate cognitive impairment, the resident's decisions were poor and the resident required cues and supervision. Resident #1 required extensive assistance of 1 for bed mobility, transfer, dressing and eating. This resident had a mechanically altered diet which required change in texture of food or liquids.</p> <p>A Care Plan with a focus area dated 10/19/18, documented that Resident #1 had a potential for altered nutrition. This focus area directed staff to monitor for any signs or symptoms of dysphagia, choking, aspiration, or intolerance to diet or liquid texture and report to physician/speech therapist. It directed staff to provide assistance, encouragement, cueing, and/or supervision at</p>	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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	<p>Continued From page 2</p> <p>meals as needed. Staff were to provide a mechanical soft diet with thin liquids.</p> <p>Active Doctor's Orders dated 2/14/21, ordered a regular diet with mechanical soft texture.</p> <p>The facility was unable to produce any Speech Therapy notes for Resident #1.</p> <p>A hospital progress note dated 2/2/20, documented Active Hospital problems included syncope. Under assessment and plan, it listed that this resident had a syncopal episode related to a choking spell.</p> <p>The following progress notes were documented on 2/14/21 by Staff A, Registered Nurse (RN):</p> <p>1. At 12:46 p.m., Staff B, CNA informed Staff A that Resident #1 had pocketed a large amount of food in her mouth and would not swallow, and that resident had grabbed the chocolate milk and started drinking it while mouth was full. Resident #1 was sitting in the dining room at table alert and wheezing with inspiration. Staff noted resident was having a hard time breathing and could not verbally responding. Resident was encouraged to cough and spit out food but was unable to do so. Heimlich maneuver was ineffective. Resident went unresponsive and was cyanotic (blue). Resident was assisted to her room and into her bed. Oxygen was placed for comfort. Hospice and Assistant Director of Nursing (ADON) were notified. Blood pressure was 198/107, respiration rate was labored at 18 breaths per minute, and oxygen saturation reading was at 66 % with oxygen on at 2 liters. Her temperature was 99 degrees Fahrenheit.</p> <p>2. At 1:13 p.m., Resident #1's daughter was</p>	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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	<p>Continued From page 3</p> <p>notified of resident's condition. Resident's respiration rate was at 10 breaths per minute and remained labor. The oxygenation saturation was not registering a percentage. Hospice nurse was on her way.</p> <p>3. At 1:22 p.m., Resident #1 was without vital signs. Hospice was notified and a message was left for the doctor.</p> <p>4. At 2:00 p.m., an order was received to release the body to the funeral home.</p> <p>A meal ticket sheet provided by the facility and dated 2/14/21, showed the main meal for Resident #1 for lunch on 2/14/21 was ground roast pork, mashed potatoes and pork gravy, chopped brussel sprouts, a roll with margarine and pie.</p> <p>A Week 4 Sunday menu provided by the facility for the day of 2/14/21, showed the mechanical soft lunch to be 3 ounces of ground roast pork, #8 scoop of mashed potatoes, 2 ounces of pork gravy, 4 ounces of chopped brussel sprouts, 1 roll, 1 margarine, 1 slice pie, and 8 fluid ounces of milk. The menu was not approved and was not signed by a dietitian.</p> <p>A Progress Note dated 12/17/21 at 2:47 p.m. and written by the facility's dietitian, documented that Resident #1 was tolerating a mechanical soft diet. The resident had lost weight in the prior 6 months but was stable in the last month and that the resident's BMI (Body Mass Index) was within normal limits for this resident's age. There were no recommendations for changes at that time.</p> <p>In an interview on 1/24/21 at 2:45 p.m., the Nursing Home Administrator (NHA), showed the chair that the resident always sat in, in the dining</p>	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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	<p>Continued From page 4</p> <p>room. He said her BIMS was 00. The table was located in back dining room, the facility has 2 dining rooms. The NHA stated that Staff B was assisting Resident #1 to dine. Staff B reported to him that Staff B would scoop up a bite on the fork, and Resident #1 would tap on Staff B's hand to alert Staff B that the resident was ready for another bite. On the day of the incident, Staff B told the NHA that the resident grabbed Staff B's hand instead of tapping it, and when Staff B looked at the resident, Staff B felt the resident was choking. Staff B immediately got the nurse. NHA stated he believed the resident was on a mechanical soft diet and that she had received the correct diet. NHA also stated the resident was on Hospice. On 1/24/21 at 5:00 p.m., the NHA stated he felt Staff B acted as she should have by immediately getting the nurse. The NHA further stated that Staff B had since been terminated for reasons not associated with this incident.</p> <p>In an interview on 2/24/21 at 4:00 p.m., the Food Service Director (FSD), stated she started at the facility on 2/10/21. She was not at the facility during that week due to training in another town and was not in the facility on 2/14/21, the day of the incident. The FSD had just found out about the incident that morning, as the ADON had told her that a self-report had been turned in on Monday. Her staff had not talked about any resident, at least not to her knowledge and no one had said anything about a resident receiving the wrong diet.</p> <p>An observation of supper being served on 2/24/21, revealed residents with a mechanical soft diet were served shredded lettuce.</p>	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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 5 In an interview on 2/25/21 at 12:07 p.m., Staff C, Licensed Practical Nurse (LPN), identified Resident #1 as the resident who had the choking incident. The resident's nurse that night was Staff A. Staff A had sent Staff B to get Staff C from the front hall where Staff C was working. This happened during her noon medication pass. Staff C arrived to the back hall dining room. Resident #1 was very pale and Staff A stated Resident #1 was choking. Staff A had given this resident the Heimlich maneuver and had also tried to clear the resident's mouth. The resident gasped. There was a lot of food in the resident's mouth and Staff A was trying to get it cleared. The resident took in a deep breath and inhaled it again. The resident was sweaty and her lips were cyanotic. There were big pieces of food, halves of brussel sprouts. In Staff C's opinion, they were not appropriate for a resident on a mechanical soft diet. Staff C believed that this resident was on a general diet. Most of this resident's food needed to be cut by staff. This resident was an assist to dine. Doesn't remember what was on her plate. Staff C did remember the brussel sprouts were not soft, they were the dry and they were baked. The resident had half chewed brussel sprouts in her mouth with a bunch of saliva. The resident's teeth were on the plate. Staff C assumed that Staff A had removed them when she was trying to clear the food out of the resident's mouth. Staff A had said to Staff C to look at all of this food. Staff A meant the resident had been fed too much, there was way to much food in the resident's mouth. Staff C stated there was a gob in the resident's mouth, not just a bite. Staff C tried to remove more than a bite of food and that was after Staff A had already taken a mouthful out. Staff C stated she could feel there was more food in the resident's	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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	<p>Continued From page 6</p> <p>mouth even after she had taken what she could out. Staff A and a CNA (unclear on which one) stood the resident up and Staff C tried the Heimlich. The resident passed out. Staff C said this is not working, grab her w/c we got to get her in her bed. Resident was laid onto the bed onto her side. She was gasping and Staff C could tell the resident was obstructed. Staff A said that this resident was a DNR and on Hospice. Staff A and Staff C talked about what they could do for her. Staff A went to call the doctor and Staff C got the crash cart and suctioned the resident and placed oxygen on the resident. The oxygen saturation was in the 80's but was starting to drop. Staff C cleared the resident's nose and placed the oxygen back on the resident. Staff C said the resident's eyes were fixed. The head of the bed was elevated. The resident was gasping and Staff C could hear that the resident was obstructed. Staff C asked the CNA to stay with the resident as she did not want Resident #1 to be alone as she felt the resident was dying. Staff C stated it was terrible. They couldn't do CPR as resident was a DNR. Staff C thought that Staff A was going to contact Hospice as well. Staff C asked her to get a hold of social services, as the resident and the social services staff person had a close relationship. The resident's family lived far away. Staff C said she returned to the front as she had to finish her med passing duties. Staff C stated the whole incident lasted 30-40 minutes.</p> <p>In an interview on 2/25/21 at 1:14 p.m., the NHA stated the dietitian for the facility is contracted and is not fulltime. He has not seen her in the facility since he started in August. The dietitian gets paid for looking over things for the facility.</p> <p>In an interview on 2/25/21 at 1:36 p.m., Staff B</p>	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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 7 stated how she assisted Resident #1 to dine was by cutting her food for her. Staff B stated that technically this resident could eat on her own. The resident tapped on Staff B's hand when she was ready for a bite of food. Staff B stated the resident wasn't on a specific diet that she knew of. That day the resident's meal was pork loin, mashed potatoes, and lemon meringue pie. Staff B said this resident didn't make it to her pie. Staff B reported she cut up the pork loin and the resident ate that and the mashed potatoes fine. Staff B cut up the brussel sprouts for the resident because even Staff B would cut up brussel sprouts for herself to eat. Staff B stated this resident would take breaks while she was eating. Staff B reported that she had a tray as well and was eating the same food that Resident #1 had on her plate. The resident had ground meat one time before, but Staff B felt it was because the meat was tough, not because this resident was on a special diet. Staff B said the resident had polish sausage once and it came out regular, so Staff B cut it up. Staff B stated she had assisted resident to dine 4 to 5 times before the incident and had never had a problem with this resident. Staff B started working at the facility in December of 2020. The pork loin on Staff B's tray fell apart in her mouth. The middle of the brussel sprouts was soft but the outside was crunchy. Staff B thought if the resident would have had problems with anything it would have been the outside of the brussel sprouts. Staff B stated the resident doesn't really open her mouth wide enough for Staff B to see inside. Some days Resident # 1 would feed herself yogurt for a snack after Staff B would give her one bite, but some days she just wouldn't. Staff B stated she did not look inside of the resident's mouth the day of the incident. Staff B thought what happened was that Resident #1	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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 8 was pocketing food at the back of her mouth. Resident #1 grabbed Staff B's hand aggressively and pulled Staff B forward. Staff B tried to give this resident her milk. The resident took a sip but that was it. Staff B stated she ran down the hall and told the RN she thought Resident #1 was choking. Staff A tried to get the resident to cough it up and asked Staff B to get a box of gloves. Staff A then put on gloves and tried to get the food out of the resident's mouth and then tried the Heimlich. Staff A got some of the food out but not all of it. Staff B repeated she thought the resident was pocketing food in the back of her throat. Staff were trying to get the resident to cough it up but she wouldn't. Staff B stated it was weird because right before the resident started choking, the resident had said yes when Staff B asked if she wanted to watch a movie. Staff B stated the resident talked a little but not much. Staff B stated Staff A tried the Heimlich and she thought Staff C tried it too after Staff B had went and got Staff C because Staff A had asked Staff B to get Staff C. Staff A and C continued to try and remove the food. Staff B said they got the resident into the resident's room and tried the Heimlich again. Then Staff B was asked to go help the agency CNA in the back with laying residents down and front staff CNAs said they would stay with the resident. When asked if she would have done anything differently, Staff B stated she would check the resident's mouth between bites but Staff B had never had a problem before. Staff B said she could have given the resident a few seconds more after she tapped her hand to be sure she had gotten the food down. Staff B reported that she looked at the resident when she gave the resident bites of food. Repeated that the resident did not open her mouth very much. Staff B reported she had no	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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	<p>Continued From page 9</p> <p>indication that the resident was pocketing food. Staff B stated if she would have had an indication she would not have given her another bite. Staff B said diets are on slips and kitchen staff prepare the residents' trays. Nursing staff look at the name and take the tray. Staff B stated she knew that certain residents get their food mashed up and which residents eat in the dining room. Staff B stated when she first started at the facility the only thing she was told was when to be there and where. Staff B stated she did not get trained on anything with food, diets, etc. Staff B said the only thing she knew about diets was what she could see. For example, one lady's food was always mashed up. Staff B was certified to become a CNA in November of 2020. Staff B learned different diets and types, what people can and cannot eat on certain diets. She learned how to feed someone and what to do when a resident starts choking. Staff B stated she did everything she was taught to do. Staff B stated she learned about mechanical soft diets but not super in depth. Staff B stated she did not know Resident #1 was on a mechanical soft diet. Staff B said she thought the brussel sprouts should not have had such tough skin on them. Staff B stated she did not know the slips had the diet on them. Staff B had never looked that close at the slips nor had anyone told her to look at the diet slips as the diets were on them. Staff B stated she only had 2 days of orientation. This was her first job after becoming a CNA and because of Covid-19 they had to use mannequins for their training.</p> <p>In an interview on 2/25/21 at 1:27 p.m., Staff A stated the incident happened on a Sunday, Valentine's Day. Staff A was passing noon pills between 12:00 and 12:15 p.m. Staff B came down and told her that Resident #1 was</p>	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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 10 pocketing food. Staff B reported that Resident #1 had grabbed the chocolate milk and started drinking it and her mouth was completely full. Staff A reported this resident's diet was mechanical soft. Staff A remembered seeing round brussel sprouts on the resident's plate. Staff A stated they weren't cut up. Staff A stated the brussel sprouts looked kind of soft but that you can have a mixture of texture with brussel sprouts. Staff B had told Staff A that this resident was having a hard time chewing. Staff A felt that Staff B didn't make it seem like it was a big deal. Staff A was just down the hall outside of a resident's room. Conversation stopped at this time related to another scheduled call. Conversation continued at 2:57 p.m., on the same day. Staff A stated that when Staff B came and got her, Staff A locked her medication cart then went to the south dining room. Staff A sat down across from Resident #1. Staff A reported the resident's lips were pink and the resident was looking at her but this resident was wheezing. Staff A stated she was telling the resident to spit the food out, the resident clenched her teeth. The resident then did the universal sign of choking by putting her hand up to her throat. Staff A got behind her and did the Heimlich. The resident started breathing again but was wheezing badly. Staff A could hear the obstruction. The resident would not open her mouth, she had her teeth clenched shut. This resident has dentures. The resident took a pretty good sized breath in and then started turning blue. Staff A said after the Heimlich she started breathing a little again. The resident's dentures fell out. Staff A was able to get a lot of food out of the side of her mouth. The food was like pudding. There was no liquids in her mouth. Staff C showed up and started working with the	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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 11 resident as well. Staff A then went to the phone and called Hospice. Staff A got a hold of someone at Hospice and they were going to contact family with an update. Hospice said they would send a nurse but it would take 30 minutes. Staff C was suctioning the resident. The pulse oximeter went up to 88-90%, but then started to drop. The resident was in bed at that time and there was nothing in her mouth. Staff A could still kind of hear the wheezing. The doctor was called. The resident was not doing well at all when Staff A returned to the room. Staff A talked with the daughter. Staff A stated the daughter understood the situation and wanted to know how long her mother had to live. Staff A stated she was unable to tell the daughter a time but did tell her it did not look good. The Doctor called back but Resident #1 had already passed away. He gave the order to release the body. Staff A stated Resident #1 had pocketed food. Staff A was unaware of a history of choking. Staff A said Resident #1 didn't pocket food all the time, she thought this resident pocketed the food if she didn't like it. Staff A said that sometimes this resident would tap staff's hand if she wanted a bite or she would occasionally feed herself. Staff A stated this resident had a lot of food in her mouth before the Heimlich was administered. Staff A said she must have taken 4 fingers full of food out of the sides of her mouth, nothing removed from the middle of her mouth. She did not remove any whole brussel sprouts, it was like a paste but took out a lot of chunks. Staff A stated the resident's dentures were kind of rattling in her mouth. When the resident sort of passed out, Staff A was able to remove them. Staff A said there were no liquids at all in the resident's mouth. The resident had chocolate milk in her hand when Staff A walked up to her. Staff A asked the resident for	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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	<p>Continued From page 12</p> <p>the milk and this resident handed it to her. Staff A stated she was trying not to scare the resident and was trying to help her to cough the food out. Staff A stated that sometimes diets come out and they are not right. Staff A stated they normally catch it, and did not know of another resident having a bad outcome from a wrong diet not being caught.</p> <p>In an interview on 3/1/21 at 2:05 p.m., Staff D, CNA, stated she worked the day shift on 2/14/21. She did not assist anyone to dine that day as she was floating and doing showers. Staff D stated there were whole brussel sprouts on Resident #1's plate that day. Staff D stated everything else on the plate was chopped up like it was supposed to be. Staff D did not know if Staff B was cutting the brussel sprouts up before giving them to the resident. Staff D stated that CNA work is just common sense. Staff D felt the whole thing could have been avoided. This resident never pocketed food for Staff D, which told Staff D that Staff B was not giving Resident #1 enough time to chew. Staff D said it was pretty traumatic for her, and that she cannot look at a brussel sprout without thinking of Resident #1. Staff D said it was awful. Staff D assisted with getting Resident #1 into her room, getting the resident cleaned up, and putting the head of her bed up. Staff D reported the resident was suctioned and the resident pinked up but then went back to white again. The staff put on Elvis for the resident. The resident was gasping for air. The resident fought them when they changed her so Staff D felt that the resident was still there. Staff D said her and a peer just had to watch her die. The resident was a DNR and on Hospice so there was nothing anyone could do. Staff D felt that Staff B was very nonchalant about the incident, like Staff</p>	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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	<p>Continued From page 13</p> <p>B did not think it was her fault. Staff D stated she was mad and avoided Staff B. Staff D added she has not seen Staff B since that day so Staff D is pretty sure Staff B was not working there anymore. Staff D did not think the diets were on the diet slips. When shown a diet slip, Staff D acknowledged that the diets were on the slips. Staff D stated she knew Resident #1 was on a mechanical soft diet and she did not understand why the kitchen would put whole brussel sprouts on the plate.</p> <p>In an interview on 3/1/21 at 2:50p.m., Staff E, Cook, stated for mechanical soft diets she would:</p> <ol style="list-style-type: none"> 1. run lettuce through robocoup (food processor) on evenings to give it a good shred 2. if vegetables were soft she would leave them but if they were a little hard she would give them a good chopping up. 3. All meat is chopped up. <p>Staff E stated all food served from the kitchen is per each resident's diet. Staff E would not expect a CNA or nursing staff to cut the food to the right consistency. Staff E stated she had not served brussel sprouts as they are not on the evening shift menus.</p> <p>In an interview on 3/1/21 at 3:12 p.m., the contracted Dietitian stated that she did not know a lot about the event that happened. The Nurse Practitioner (ARNP) had informed her Resident #1 had received brussel sprouts and choked and then eventually passed away. The ARNP had called and notified the Dietitian. The Dietitian stated her first reaction was to question why this resident would have received brussel sprouts when she was on a mechanical soft diet. The Dietitian stated she recently had done an evaluation on this resident as the resident's</p>	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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 14 weight had trended down and the ARNP had requested a review. The resident was on Hospice for maybe over a year. The resident was started on a supplement. The Dietitian said she did not make any recommendations. Resident #1 had been on a mechanical soft diet for a while. The resident did not have any problems with liquids. When asked about whether or not shredded lettuce was appropriate for a resident on a mechanical soft diet, she responded that she didn't particularly care for that and that speech therapy would have to clear a resident to allow shredded lettuce. The Dietitian stated she did a lot of communication over phone with speech therapy and would individually care plan when they would let her know. She stated no residents at this facility were care planned for shredded lettuce. She stated that they should not be serving brussel sprouts at all to residents on mechanical soft diets and this should have been on the spread sheets. She stated that menus used to be sent to her to approve through the mail and she had not received any menus for approval since the new NHA started. Furthermore, she stated the facility would have needed to get new menus to her for approval in the fall. The fall menu was not approved by her and they have been using the menu without approval by her. The last menu she had signed was the spring and summer menu last year. When asked if a resident on a mechanical soft diet should receive garlic bread, she responded they should not have received garlic bread at all. The Dietitian stated that on the National Dysphagia Diet dysphagia-diet.com it stated to avoid brussel sprouts. When asked about nectar consistency liquids, she stated that regular juice should not be given, the juice would need to be thickened. She stated that if she care planned	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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	<p>Continued From page 15</p> <p>food to be cut up, her expectation would be for the kitchen to cut the food up. She had probably done the Spring/Summer review in April as that is when she normally does the review. She stated the facility she was at on day of interview fall menus started in September and will go through April. She stated that it is the facility's responsibility to get the menus to her for approval. The other building she had been working for had mailed her the menus. Resident #1 was doing okay with a mechanically soft diet. The Dietitian said if this resident received food outside the diet prescribed it is definitely a risk.</p> <p>In an interview on 3/1/21 at 4:15 p.m., the ARNP stated that she had a resident early on in her career who choked on broccoli. The ARNP stated she found out that this resident had choked and passed away on Monday (the following day). The ARNP stated her partner released the body. The ARNP received the death certificate. She called the Medical Examiner (ME) office and sent them the resident's Progress Notes. The ARNP stated she was pretty sure the ME's office had already signed the death certificate. This resident was stable on Hospice. The ARNP stated Resident #1 was declining but not at a super-fast rate. This resident was not on thickened liquids and was not on the ARNP's radar at all for a choking incident. The ARNP stated the last time she saw Resident #1, Resident #1 was sitting at the table and doing fine eating. The ARNP stated this resident got on Hospice because she had a hospitalization so they parred her medications all the way down like from 13 to 2. They put her on Hospice, she declined a little bit. The ARNP stated if this resident would not have gotten brussel sprouts she would not have choked. The ARNP stated</p>	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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	<p>Continued From page 16</p> <p>that the other concern she had was when she had contacted the Dietitian, the Dietitian did not know anything about the incident. This resident had mild dysphagia.</p> <p>In an interview on 3/4/21 at 4:40 p.m., the ARNP stated she viewed the Death Certificate and it listed the cause of death as Accidental Asphyxiation related to choking. She stated this is public record and a copy can be requested through Iowa Department of Public Health.</p> <p>In an interview on 3/1/21 at 5:20 p.m., the NHA stated he was unable to come up with any signed approved menus. He had talked with the last Dietary Manager about who reviewed and signed/approved the menus and she said she had the food distribution company do it. He let her know it had to be a Dietitian. The NHA said he was unable to produce approved menus signed by a Dietitian and it had not been done.</p> <p>In an interview on 3/2/21 at 10:34 a.m., Staff F, agency CNA, stated she did not work the day of the incident. When asked where she would find what diet a resident is on, she stated she really didn't know where to find a resident's diet. She stated some residents are on pureed diets and some are on mechanical soft diets. When asked again where she would find the diet order, she stated maybe their pocket care plans? She reached into her pocket and pulled out a pocket care plan and confirmed that yes, the diet was on the pocket care plan.</p> <p>In an interview on 3/2/21 at 10:55 a.m., Staff G, agency CNA, stated she worked the day of the incident. She went to answer a call light and when she returned to the dining room, Staff B</p>	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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 17 was running to get the nurse, who was close, 3-4 rooms away. Staff G stated the resident was on Hospice. Staff G stated she has twins and all she knew was that Resident #1 had way too much food in her mouth, the nurse pulled out way too much food out of this resident's mouth. The RN was like fish hooking and there was 2-3 tablespoons of food that she had pulled out and there was still more in there. Staff G stated the resident really didn't know what to do with the food. The resident tried to breathe and just sucked the food back in. The resident passed out and went limp. The nurse was trying to get food out and was saying try to cough the food out. Staff G state the resident mouthed "I'm trying", but she just couldn't do it. The patient was close to coming out of Hospice, that's what one of the other CNA's had said. Staff G continued on saying it just didn't make any sense. This resident could converse and overall the resident just needed help taking bites. Staff G stated it should have been a couple of bites and then a drink. Staff G stated the food in her mouth was chewed. Staff G stated the brussel sprouts that were served that day were huge. She had to cut them in half and then half again. Staff G said she was assisting a resident to dine who was on a regular diet without thickened liquids but was unable to feed herself. Staff G stated Resident #1 was way more coherent then the resident Staff G was assisting. Staff G said the brussel sprouts were the size of golf balls and honestly they were kind of hard. Staff G said she would have had to cut them into fourths for herself to eat. Staff G was able to tell the resident had pocketed food. Staff G did not think that Staff B knew how to properly assist someone to dine, like give to bites and then a drink. Staff G stated that in CNA class you learn how to assist someone to dine and they	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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	<p>Continued From page 18</p> <p>fed residents and learned. Staff G stated that if Staff B was unable to do that in her training due to COVID then that would have definitely interfered with her ability to learn and know what cues to watch for. Staff G stated if she questioned what diet a resident was on, she would ask a nurse. She was not told where she could find diet orders for residents and did not recall the diets being on sheets. Staff G stated Staff B had told her she had only been a CNA for 2 months and became one in December (2020). Staff B had told Staff G that the resident kept grabbing at the fork, so Staff B would just give her another bite. Staff G thought Staff B did not know to check for pocketed food. Staff B had told Staff G that she had never seen that before. Staff B was a caring CNA and Staff G felt that Staff B knew about the residents' Activities of Daily Living (ADLs) and Staff G hoped Staff B would not get in to trouble. Staff G stated the facility should provide education/training on the residents that need assistance with eating. Staff G stated she could have been Staff B and probably would not have known, because all they do is put food on the tray, hand you the tray and tell you who it is for. They don't tell you to cut it up, or watch for pocketing, or anything like that.</p> <p>In an interview on 3/2/21 at 11:15 a.m., Staff H, CNA, stated she was working that day in the front. Staff B came to her and told her that she needed an oxygen tank. Staff H grabbed the tank and ran to Resident #1's room. The nurses, Staff A and Staff C, were in the room. They put oxygen on the resident, suctioned the resident and were in there for a little bit. Staff H sat with Resident #1 and played Elvis for her until she passed. Staff H stated when she was sitting with this resident, the resident was gasping for air and kind of gurgling.</p>	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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	<p>Continued From page 19</p> <p>Staff H stated she had fed this resident before. Resident #1 had not pocketed any food and would not open her mouth if she did not want any more food. Staff H stated residents' diets might be on the walking care plans and then said she knew they were on the walking care plans. Staff H had not had any problems with diets coming out of the kitchen. Staff H stated if there was garlic bread on plate for a resident on a mechanical soft diet she would cut it up.</p> <p>In an interview on 3/2/21 at 11:30 a.m., Staff I, agency CNA, stated she was really frustrated with this situation. She worked in the back the day before and had no problems at all with assisting Resident #1 to dine. Staff I stated the day of the incident she was taking care of the 400 hall (which connects the front area to the back area with a view of the front and back dining rooms). Staff I stated she looked down the hall and saw Staff B talking on a phone. Staff I watched her as she wondered why Staff B was talking on the phone and noted that Staff B was feeding whole brussel sprouts to Resident #1. Staff I told Staff B to make sure she wasn't giving Resident #1 whole brussel sprouts. Staff I stated Staff B said something like that she knew as she had fed this resident before. Staff I stated that shortly after that, a CNA stated she needed help finding the oxygen because Resident #1 was choking. Staff I stated she felt the CNA was strolling down to get the oxygen without a sense of urgency. Staff I stated she was in the room when they started suctioning the resident. Staff I said there was nothing much anyone could do, the resident was a DNR-comfort measures only. Staff I stated they suctioned the resident and pulled out a horrendous amount of brussel sprouts. Staff I reported she was appalled. Staff I stated she</p>	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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	<p>Continued From page 20</p> <p>heard the resident ask if she was going to make it. Staff I stated that if Staff B would have been monitoring Resident #1 a little closer and not have been on her phone, this incident would never have happened. Staff I stated she reported to the RN (Staff A) and Staff A was going to say something to Staff B about cutting the brussel sprouts up. Staff I said greater than 5 minutes but less than 15 minutes later, Resident #1 started choking. Staff I stated that the diets are on the walking care plans. Staff I believed Resident #1 was on a general diet but required supervision. This resident should have small cut up pieces and Staff I would give her a bite then give her a drink. Staff I did not know she was on a mechanical soft diet. Staff I stated she was told to give Resident #1 small bites from another CNA (Staff H) that Staff I had asked. Staff I stated that at this facility all of the residents who needed supervised were out in the dining room. Staff I stated when the food came out it was not cut up. The food would be put on a tray and then put the tray in front of the residents. Staff I stated they (nursing staff) had to cut it up, with the exception of pureed food.</p> <p>In an interview on 3/2/21 at 3:21 p.m., the Assistant Dietary Manager (ADM), stated she was the Dietary Manager (FSD) and stepped down from the position. The ADM stated she actually never got trained for the position, so the facility thought it would be good to bring somebody else in that was actually trained. She stated she worked as the Dietary Manager for about a year. The ADM stated she worked with the Dietitian a little bit before Covid 19 hit, but the Dietitian hadn't been coming in to the building since March of last year. The ADM stated that if she had questions she would text or call the</p>	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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 21 Dietitian. The ADM said she did not have her dietary manager certificate. She said that they were going to start her in classes but then Covid hit and she never got to school for it and on line classes was never discussed with her. The ADM did not know that she was to have the Dietitian look over the menus and sign them. The ADM thought the menus just came from the food distribution company. The ADM thought the menus probably changed over to the fall menu in September or October. The menus before September or October might have been signed because the former NHA helped her with that, but after the former NHA left she has been on her own. The ADM stated she asked the NHA how to get the menus to change over and the NHA gave her the phone number to the food distribution Dietitian who helped the ADM change it over. There was no discussion with either the NHA or the food distribution company Dietitian about contacting the prior Dietitian. The ADM stated the facility has had Speech Therapists (ST) in the past. She had never spoke to any ST in neither the ADM position nor the Dietary Manager position. The ADM stated she picked up on what diets should look like when she was a dietary aide. When asked about pureed diets, she stated they do not follow a chart, she just followed what previous people had taught her. When asked about brussel sprouts that were being served during an observation of a meal, she stated they should have been cut up more. She said that ususally the cook should chop up the food on the plate as we go for some of it. Otherwise, kitchen staff would grind up the food. We've always served residents on mechanical soft diets lettuce. Can't think of anything we couldn't serve on mechanical soft diets. When asked if brussel sprouts were served on mechanical soft diets on	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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	<p>Continued From page 22</p> <p>the previously approved menu, ADM answered that brussel sprouts were not on the previous menu, but shredded lettuce was. ADM verified that, during the same observation as mentioned above, they were going to serve non thickened liquids to a resident who required thickened liquids. ADM stated that when the NHA started he said he was going to get her some training but it never happened. ADM did not know why the training did not happen, it just didn't.</p> <p>On 3/3/21 at 4:22 p.m., the ADM, when asked about the skin on baked potatoes that were served to residents on mechanical soft diets, stated that normally they would serve mashed potatoes or they should have removed the skin off of the baked potatoes. The ADM verified that they did not serve mashed potatoes on the day before and that they should have removed the skins off of the potatoes. She verified that the menu stated baked potato no skin for mechanical soft diet on the residents' menu/diet menu.</p> <p>In an interview on 3/4/21 at 11:48 a.m., the FSD stated she has been a Certified Dietary Manager for 11 going on 12 years. She stated that she had been in training in another town and started at the facility on the 3/15/21. She stated she has been working on updating diets and making sure that the tray cards match the diet orders. The FSD stated she had not noticed the menus were not signed. The FSD stated now she has a book with the signed menus in it. The FSD has been training her staff on scoop sizes and how to read the spread sheets. Every day she gives the staff the diet roster so they know what the census is and how much mechanical soft and pureed meals to make. She stated that the facility had gone for a while without a Certified Dietary Manager but</p>	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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	<p>Continued From page 23</p> <p>didn't know the circumstances or length of time.</p> <p>In an interview on 3/4/21 at 3:30 p.m., the Reimbursement Nurse Consultant, RN, stated she was acting Director of Nursing (DON) starting on 2/15/21 until the new DON stated on 3/1/21. She stated that she was asked to become the acting DON the day after Staff A the prior acting DON walked out after the choking incident. The Reimbursement Nurse Consultant, RN, stated she was not involved at all with the investigation following the choking incident and honestly did not know much about it. She stated she had only been with this company since December 14th.</p> <p>2. A MDS with an Assessment Reference Date of 12/21/20, documented Resident #4's diagnoses included non-traumatic brain dysfunction, seizure disorder, and Barrett's Esophagus. This resident's BIMS score was 14, indicating the resident's cognition was intact. Resident #4 required extensive assistance of 2 for bed mobility, transfer, dressing and total dependence of one for eating.</p> <p>A Care Plan with a focus area dated 12/15/20, documented that Resident #4 had a potential for altered nutrition. This focus area had a goal that Resident #4 would not exhibit any signs/symptoms of tube feeding intolerance. The focus area had an intervention dated 12/18/20, that directed that ST evaluate as needed and diet advancement per ST recommendation.</p> <p>A Nutrition Data Collection Tool date 12/16/20, documented that Resident #4 was admitted status post hospitalization for subdural hematoma. PEG tube feedings were ordered due to NPO status.</p>	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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	<p>Continued From page 24</p> <p>In a Nutrition/Dietary Note date 1/27/21 at 11:01 a.m., the dietitian documented that resident was to remain NPO (nothing by mouth) and to continue with tube feedings.</p> <p>In a Nutrition/Dietary Note date 2/27/21 at 10:10 a.m., the dietitian documented that resident's diet was advanced to mechanical soft/thin liquids on 2/9/21. Tube feedings were to stay the same per ARNP and that resident had suspected aspiration pneumonia on 2/23/21-2/24/21.</p> <p>Active Doctor's Orders dated 2/25/21, ordered a pureed texture diet, nectar consistency. Safe prescriber swallowing strategies: upright during and 30 minutes after meal. Small bites/sips alternate food/drinks NO STRAWS Effortful Double Swallow Oral Care after meals. The facility was unable to produce any Speech Therapy notes.</p> <p>A ST-Therapist Progress & Updated Plan of Care dated 2/26/21, documented that resident's goal for his ability to swallow liquids was downgraded, his prior level of function was safely swallows 1 tsp thin liquid, and his current level of function was the patient safely swallows 1 tsp nectar thick liquid using compensatory strategies from trained staff or caregivers given no instruction clues.</p> <p>In an observation on 3/1/21 at 12:32 p.m., Staff J, dietary aide and cook, poured thin liquid juice and put on tray to serve resident. When questioned about the nectar consistency, Staff J said "my bad" and added thickener to the juice. Staff J confirmed that she was going to serve the juice unthickened.</p>	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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	<p>Continued From page 25</p> <p>In an interview on 3/4/21 at 1:15 p.m., Resident #4 stated they have been serving him the right diet texture and he has had no issues with meals.</p> <p>3. A MDS with an Assessment Reference Date of 12/10/20, documented Resident #5's diagnoses included depression, gastro-esophageal reflux disease(GERD), and umbilical hernia. This resident's BIMS score was 11, indicating moderate cognitive impairment. Resident #5 required supervision of 1 for bed mobility, transfer, dressing and was independent without setup or physical help from staff for eating. This resident had a mechanically altered diet which required change in texture of food or liquids.</p> <p>A Care Plan with a focus area dated 10/19/18, documented that Resident #5 had a potential for altered nutrition. This focus area directed staff to provide a mechanical soft diet, small portions and diet texture modifications per speech therapy recommendations with a goal that Resident #5 would tolerate current diet texture without difficulty.</p> <p>A Nutrition Progress Note dated 12/11/20 at 1:00 p.m., documented that this resident was tolerating a mechanical soft diet with small portions. The diet was appropriate due to a history of chewing impairment and obesity.</p> <p>Active Doctor's Orders dated 8/31/20, ordered a regular diet with mechanical soft texture, small portions.</p> <p>The facility was unable to produce any Speech Therapy notes.</p> <p>An observation of dining services on 3/1/21 that</p>	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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	<p>Continued From page 26</p> <p>started at 12:00 p.m., revealed brussel sprouts were not all cut up leaving large pieces of brussel sprouts for this resident. When asked if the size of the brussel sprouts were appropriate for this resident's diet, the ADM stated they needed to be cut up more and handed the plate back to the cook. The brussel sprouts were cut up into bite sized pieces. The ADM verified that the brussel sprouts were going to be served to this resident. The ADM was assisting with passing out trays to the residents. Resident received a whole piece of garlic bread.</p> <p>4. A MDS with an Assessment Reference Date of 1/20/21, documented Resident #6's diagnoses included GERD, non-Alzheimer's disease, and schizophrenia. This resident's BIMS score was 13, indicating the resident's cognition was intact. Resident #1 required supervision of 1 for bed mobility, supervision with set up help only for transfer, limited assistance of 1 for dressing and independent with set up help only for eating. This resident had a mechanically altered diet which required change in texture of food or liquids.</p> <p>A Care Plan with a focus area revision dated 1/26/21, documented that Resident #6 is at a nutritional risk due to her diagnoses, dysphagia and edentulous status. This focus area directed staff to report changes in chewing, swallowing ability promptly to physician/ST. Staff were to provide diet as physician has ordered-mechanical soft diet.</p> <p>Active Doctor's Orders dated 4/11/18, ordered a regular diet with mechanical soft texture.</p> <p>The facility was unable to produce any Speech Therapy notes.</p>	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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	<p>Continued From page 27</p> <p>In an observation of meal service on 3/1/21 at 12:35 p.m., a salad was placed on this resident's tray without being shredded during service. It was going to be served. When asked if the salad was appropriate for this resident's diet, the ADM stated it was not, took the salad away and brought back a salad that had shredded lettuce in it. When asked how her meal was, this resident stated she could not eat the garlic bread so had to take the crust off. She stated the lettuce was good.</p> <p>In an observation on 3/2/21 at 12:30 p.m., this resident was served a baked potato with the skin on and not cut up. The menu directed no skin for a mechanical soft diet.</p> <p>5. A MDS with an Assessment Reference Date of 2/5/21, documented Resident #7's diagnoses included non-Alzheimer's disease, CVA and GERD. This resident's BIMS score was 05, indicating the resident's cognition was severely impaired. Resident #6 required extensive assist of 2 for bed mobility, transfer, dressing and is independent with set up help only for eating. This resident had a mechanically altered diet which required change in texture of food or liquids.</p> <p>A Care Plan with a focus area revision dated 5/11/20, documented that Resident #7 is at a nutritional risk due to her diagnoses. An intervention under this focus area dated 3/2/21, directed staff that this resident has a mechanical soft diet.</p> <p>Active Doctor's Orders dated 2/1/21, ordered a regular diet with mechanical soft texture.</p>	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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	<p>Continued From page 28</p> <p>A Speech Therapy Plan of Care dated 2/22/21, documented a diagnosis of dysphagia. The functional deficit other stated oral motor examination presented with right facial droop and weakness. Patient reported sensation consistent with weakness.</p> <p>The facility was unable to produce any Speech Therapy notes.</p> <p>In an observation of meal service on 3/1/21 at 1:16 p.m., lasagna, brussel sprouts, and garlic bread were placed on this resident's tray without being cut into smaller pieces. It was going to be served. When asked if the food was appropriate for this resident's diet, the ADM stated it was not, and handed it back to the cook who cut it up.</p> <p>In an observation on 3/2/21 at 12:30 p.m., this resident was served a baked potato with the skin on and not cut up. The menu directed no skin for a mechanical soft diet.</p> <p>6. A MDS with an Assessment Reference Date of 12/17/20, documented Resident #8's diagnoses included gastroesophageal reflux disease, non-Alzheimer's disease, and anemia. This resident's Brief Interview for Mental Status (BIMS) score was 13, indicating the resident's cognition was intact. Resident #8 required extensive assist of 2 for bed mobility, transfer, dressing and independent with no set up help needed for eating. This resident had a mechanically altered diet which required change in texture of food or liquids.</p> <p>A Care Plan with a focus area revision dated 6/22/20, documented that Resident #8 is at a nutritional risk due to her diagnoses. This focus</p>	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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	<p>Continued From page 29</p> <p>area directed staff to monitor for any signs/symptoms dysphagia, choking, aspiration, or intolerance to current diet; to provide mechanical soft diet with thin liquids as ordered; and for ST to evaluate and treat as needed due to history of dysphagia..</p> <p>Active Doctor's Orders dated 6/17/20, ordered a regular diet with mechanical soft texture.</p> <p>In a ST-Therapist Progress & Discharge Summary dated 10/6/21, documented a diagnosis of dysphagia. The end of goal status stated the patient exhibits safe swallow rating of modified independent using swallow strategies and precautions.</p> <p>In an observation of meal service on 3/1/21 at 12:35 p.m., resident was served salad with shredded lettuce, lasagna and a piece of garlic bread.</p> <p>In an observation on 3/2/21 at 12:30 p.m., this resident was served a baked potato with the skin on and not cut up. The menu directed no skin for a mechanical soft diet.</p> <p>A Diet Type Report dated 2/24/21, documented that 8 residents were prescribed a mechanical soft diet. The facility reported a census of 62. Observations on this date at the facility's evening meal revealed 2 of the 8 residents were served salad with shredded lettuce.</p> <p>A Self Report dated as sent to DIA on 2/15/21, was provided by the NHA when asked for the incident report for this incident. This report documented that Resident #1's care plan at the time of the incident stated resident required assist</p>	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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	<p>Continued From page 30 of 1 with eating and care plan was followed.</p> <p>In an unsigned menu for Week 2 Monday, documented for the noon meal for a mechanical soft diet the brussel sprouts were to be chopped. The date for the menu was 3/1/21. In a signed menu dated 3/3/21, showed/documented brussel sprouts were changed to chopped green beans for a mechanical soft diet. This menu also showed that a tossed greens with dressing was changed to finely shredded lettuce with dressing for a mechanical soft diet. This menu also showed for mechanical soft diet that garlic toast was to be soft and cut up with no crust.</p> <p>In an unsigned menu for Week 2 Tuesday, documented that the baked potato should have no skin on it for a mechanical soft diet. Fried cabbage with no bacon was also on this menu. In a signed menu dated 3/2/21 for Week 2 Tuesday, showed/documented that the mechanical soft diet had 4 ounces of steamed carrots in place of the fried cabbage.</p> <p>The facility was notified of the Immediate Jeopardy on 3/2/21 at 10:00 a.m and given the IJ template at 10:15 a.m.. The facility corrected the Immediate Jeopardy situation on 3/3/21 by having a Registered Dietician review and sign menus, provided education to staff to ensure individual diets are followed per the physician order and dietary department to follow the appropriate menu and correct consistency of diets ordered. Staff serving trays were educated to find a residents diet order on the meal slip provided at mealtimes. All nursing staff were educated on properly assisting residents with dining. At the time of exit, the scope and severity was lowered to an E.</p>	F 689			

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

PRINTED: 03/22/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165423	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 03/09/2021
NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF AMES, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 3440 GRAND AVENUE AMES, IA 50010		
(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