Citation Numb #10415	er:			Date: June 1 [,]	I, 2024
Facility Name: Accura Healthcare of Lemars				Survey Dates: May 28, 2024 – May 30, 2024	
Facility Address/City/State/Zip 954 7 th Avenue SE					
Lemars, IA 51031		DC			
Rule or Code Section	Natı	ure of Violation	Class	Fine Amount	Correction date

	58.28(3)e	 481—58.28(135C) Safety. The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III) 58.28(3) Resident safety. e. Each resident shall receive adequate supervision to protect against hazards from self, others, or elements in the environment. (I, II, III) Description: Based on clinical record review, observation, resident interview, staff interviews, and facility record review, the facility failed to provide adequate nursing supervision to prevent a fall that caused a distal femur fracture, need for hospitalization, pain control and decline in the resident 's physical ability for 1 of 14 residents reviewed (Resident #29). The facility reported a total census of 41 residents. Past Noncompliance determined during the annual recertification survey of a facility incident that occurred on 1/22/24 regarding deficiency F689 with a scope and severity of a Level G. The facility provided evidence of education to the staff member directly involved in the facility incident that occurred on 1/23/24. The remainder of the nursing staff received education on 1/31/24. 		\$8,500	Upon Receipt
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Facility Administrator

Date

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Citation Numb #10415	er:			Date: June 1	1, 2024
Facility Name: Accura Healthcare of Lemars				Survey Dates: //ay 28, 2024 – May 30, 2024	
Facility Addres 954 7 th Avenue Lemars, IA 510	-				
Lemars, IA 51031		DC			
Rule or Code Natur Section		re of Violation	Class	Fine Amount	Correction date

1		1	II.	nn
	Findings included:			
	The Minimum Data Set (MDS) assessment dated			
	12/15/23 for Resident #29 documented diagnosis of			
	hemiplegia, seizure disorder, traumatic brain injury (TBI). The MDS showed the Brief Interview for Mental			
	Status (BIMS) score of 15, which indicated no			
	cognitive impairment. The MDS identified Resident			
	#29 with limitation in movement and impaired range			
	of motion to one side of the body, upper extremity			
	and lower extremity. The MDS also showed Resident			
	#29 dependent on a helper for all effort, or the			
	assistance of two or more helpers is required for			
	toileting hygiene.			
	The Care Plan dated 10/26/23 for Resident #29			
	identified stand-pivot transfers with assistance of two			
	staff and a gait belt. Do not use his bathroom, use the			
	bedside commode.			
	The Fall Risk Assessment dated 12/26/23 for Resident			
	#29 identified the resident to be a moderate fall risk.			
	The Incident Report dated 1/22/24 at 7:18 PM for			
	Resident #29 identified staff called the nurse to the			
	resident 's room. The nurse observed the resident			
	laying on his left side with legs outstretched. The			
				Page 2 of 14

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Citation Num #10415	ber:			Ē	Date: June 11	l, 2024
Facility Name: Accura Healthcare of Lemars			Survey May 28,	Dates: 2024 – N	lay 30, 2	024
Facility Addre 954 7 th Avenu Lemars, IA 51			-			
Lemais, IA J	001	DC				
Rule or Code Section	Nati	ure of Violation	Class	Fine A	mount	Correction date
	nurse noted the resid	ent's pants were down. The				
		tried to pull up his pants while				
		palance. The resident informed				
	-	ught his leg was broken.				
	The Progress Note da	ted 1/22/24 at 7:25 PM for				
	Resident #29 identifie	ed staff witnessed a fall then				
		e resident. Resident #29				
		ergency Room (ER) by				
	Emergency Medical T	echnicians (EMT).				
	The Emergency Room	n Discharge Plan dated 1/22/24				
		aled an x-ray diagnosis of a left				
		fracture. Resident #29				
	orthopedic services.	ital with a higher level of care for				
	The Hospital Records	dated 1/22/22 at 1:57 AM				

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Facility Administrator

pain in the left leg.

showed Resident #29 admitted for a left distal femur fracture. The History of Present Illnesses explained Resident #29 lost his balance and fell while he attempted to transfer. Resident #29 reported dull

The Orthopedic Consultation dated 1/23/24 at 6:40 AM identified Resident #29 sustained a left intraarticular distal femur fracture. Resident #29 reported pain around the left knee. The orthopedic surgeon

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Citation Numb #10415	er:			Date: June 1 ⁴	1, 2024
Facility Name: Accura Healthcare of Lemars		-	Survey May 28,	Dates: 2024 – May 30, 2	2024
954 7 th Avenue					
Lemars, IA 51031		DC			
Rule or Code Section	Natu	ure of Violation	Class	Fine Amount	Correction date

	recommended surgical management.		
	The Operative Report dated 1/23/24 at 5:28 PM for Resident #29 confirmed the diagnosis of a left intra- articular distal femur fracture, closed, displaced. The post operative plan included non-weight bearing left lower extremity of likely 8 weeks, gentle range of motion for the left knee as pain allows. Post surgery the resident received intravenous (IV) antibiotics and pain medication. The surgeon also ordered apixaban 2.5 mg by mouth twice a day for 30 days to prevent blood clots.		
	The Final Report dated 1/29/24 for Resident #29 identified the discharge orders included the following: Mechanical lift for transfers.		
	Bedrest. Gentle range of motion to left knee as pain allows. No weight bearing to left knee for likely 8 weeks. Physical Therapy and Occupational Therapy consults. Foley Catheter.		
	Surgical dressing instructions. The Discharge Summary dated 1/29/24 for Resident #29 indicated Tylenol and hydrocodone ordered for pain, and apixaban ordered to prevent a blood clot.		
	The Physician Orders for Resident #29 the following		
<u></u>	н	u	Page 4 of 1

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Citation Number: #10415					Date: June 11	1, 2024
Facility Name: Accura Health	care of Lemars		Survey I May 28,		/lay 30, 2	024
Facility Addres 954 7 th Avenue Lemars, IA 510						
		DC				
Rule or Code Section	Natur	e of Violation	Class	Fine A	mount	Correction date
	facility on 1/29/24: Hydrocodone-Acetamir (MG) 1 tablet every fou moderate pain. Hydrocodone-Acetamir (MG) 2 tablet every fou pain. The January 2024 Medi (MAR) revealed Resider for pain as follows: 1/29 tablets, 1/30- 2 times for times for a total of 4 tal The February 2024 Medi (MAR) revealed Resider for pain as follows: 2/19 2/2- 1 time for a total of total of 4 tablets, 2/4-2 2/5-2 times for a total of total of 6 tablets, 2/7-4 2/8- 1 time for a total of total of 6 tablets, 2/10- 2/11- 1 time for a total total of 4 tablets, 2/13- 2/14- 3 times for a total	nophen 7.5-325 milligrams ir hours as needed for severe cation Administration Record nt #29 received hydrocodone 9- 2 times for a total of 2 or a total of 2 tablets, 1/31- 3				

Facility Administrator

Date

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Citation Numb #10415	er:			Date: June 1 ⁴	1, 2024
Facility Name: Accura Healthcare of Lemars			Survey I May 28,	Dates: 2024 – May 30, 2	2024
	Facility Address/City/State/Zip 954 7 th Avenue SE				
Lemars, IA 51031		DC			
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date

8				
	In an interview on 5/28/24 at 1:03 PM, Resident #29 stated, I was standing to use my urinal, one of my legs gave out from underneath me. Resident #29 reported that one Certified Nursing Assistant (CNA) hung onto him as he used the urinal. Resident #29 stated, I fell to the floor, had a dull pain that wasn't sharp.			
	In an interview on 5/28/24 at 1:36 PM, Staff E, CNA reported she assisted Resident #29 to use the urinal while he stood at bedside. When Resident #29			
	finished urinating, Staff E assisted him to pull up one side of his pants. While Resident #29 attempted to pull up the other side of his pants, the resident leaned			
	forward, causing him to fall in a forward direction. Staff E reported Resident #29 hit his head on the bedside commode and complained of left leg pain. Staff E reported to be the only CNA in the room at the			
	time of the fall. When asked if there should have been two CNA 's, Staff E replied, Yes, but my partner was on break and the nurse gets mad, so I didn't ask her. I			
	usually ask for help. When asked if Staff E used a gait belt, she replied, No, he usually refuses, so I didn't ask.			
	In an interview on 5/29/24 at 8:48 AM, Staff F, Licensed Practical Nurse (LPN) reported staff called her to Resident #29 ' s room. Staff F found Resident			
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Citation Numb #10415	er:			Date: June 1	1, 2024
Facility Name: Accura Healthcare of Lemars				y Dates: 3, 2024 – May 30, 2	2024
Facility Address/City/State/Zip 954 7 th Avenue SE Lemars, IA 51031					
		DC			
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date

#2	9 lying on the floor, on his left side, in front of his	
nig	htstand. Resident #29 reported he tried to pull up	
his	pants but fell and suffered from left leg pain. Staff	
	sked Staff E, CNA if she helped the resident. Staff E	
	blied, Resident #29 insisted on pulling up his pants	
	nself. Staff F reported Resident #29 lacked wearing	
	ait belt when she entered the room. Staff F then	
	tructed Staff E to use the gait belt when getting the	
	sident up. Staff F further stated, and I told Staff E to	
	ake sure she used it. When asked if Staff E assisted	
-	e resident to use the urinal alone, Staff F stated,	
ye		
<i>y</i> c.		
In	an interview on 5/29/24 at 3:06 PM, the Director of	
	rsing (DON) reported the facility lacks policies	
	ated to gait belt usage and falls. The facility	
	lowed regulations and standard practices.	
	0	
In	an interview on 5/30/24 at 8:10 AM, the DON	
rep	ported Staff E failed to follow Resident# 29 ' s care	
	an by not waiting for another staff member before	
	e provided Resident #29 with assistance for	
	nding and using the urinal. The DON stated, Staff E	
	is probably trying to help because the resident	
	build have been in a hurry, and probably not wanting	
	wait for another staff member, but Staff E should	
	ve waited until someone was available. The DON	
	ported that she planned to talk to the nurse about	
		Page 7 of <i>'</i>

Facility Administrator

Date

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Citation Numb #10415	er:				Date: June 1 ⁴	1, 2024
Facility Name: Accura Healthcare of Lemars		_		Survey Dates: May 28, 2024 – May 30, 2024		
Facility Address/City/State/Zip 954 7 th Avenue SE Lemars, IA 51031						
		DC				
Rule or Code Nature Section		re of Violation	c	Class	Fine Amount	Correction date

being more approachable, so that others can ask for help when needed. The DON also reported Staff E should have used a gait belt. The DON explained Resident #29 usually refused the gait belt because it was too tight. The DON has since ordered a larger gait belt and educated the resident regarding safety precautions. The DON stated, he 's compliant now.		
The Comprehensive Care Plans policy last revised on 1/30/2024 identified the physician, other practitioner, or professional will inform the resident and/or resident representative of the risks and benefits of proposed care, of treatment, and treatment alternatives/options. The facility will attempt alternate methods for refusal of treatment and services and document such attempts in the clinical record, including discussions with the resident and/or resident representative.		
Facility Response:		

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Citation Numb #10415	er:			Date: June 1 [,]	1, 2024
Facility Name: Accura Healthcare of Lemars				Survey Dates: May 28, 2024 – May 30, 2024	
Facility Address/City/State/Zip 954 7 th Avenue SE Lemars, IA 51031					
		DC			
Rule or Code Section	Natu	re of Violation	Class	Fine Amount	Correction date

58.28(3)f	 481—58.28(135C) Safety. The licensee of a nursing facility shall be responsible for the provision and maintenance of a safe environment for residents and personnel. (III) 58.28(3) Resident safety. f. Residents shall be protected against physical or environmental hazards to themselves. (I, II, III) Description: Based on clinical record review and staff interview the facility failed to appropriately inspect bed rails in the facility for 1 of 1 resident reviewed (Resident #8). The facility reported a census of 41 residents. Past Noncompliance determined during the annual recertification survey of a facility incident that occurred on 12/25/23 regarding deficiency F909 with a scope and severity of a Level G. The facility provided evidence of the bed being changed out with safe bed rails. Findings include: 	\$7,500	Upon Receipt
	Findings include:		
	The Minimum Data Set (MDS) assessment dated 4/12/24 for Resident #8 documented diagnoses of		
	diabetes mellitus, neurogenic bladder and		
	hypertension. The MDS showed the Brief Interview for		

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Facility Administrator

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Citation Number: #10415				Date June	11, 2024
Facility Name Accura Health	: ncare of Lemars		Survey I May 28,	Dates: 2024 – May 30	, 2024
Facility Addre 954 7 th Avenu	ess/City/State/Zip e SE				
Lemars, IA 51	031	DC			
Rule or Code Section	Natur	e of Violation	Class	Fine Amoun	t Correction date
a	<u>u</u>		0	0	
	Mental Status (BIMS) so cognitive impairment.	core of 15, indicating no			
	Interview on 5/28/24 at 11:34 a.m., with Resident #8 revealed her bed rail had been loose and when she was being assisted the side rail broke off of the bed and she fell off of the side of the bed.				
	 and she fell off of the side of the bed. Review of Resident #8 's Progress Notes revealed the following: a. On 12/26/23, Resident #8 being seen after going to the Emergency Room (ER) on 12/23/23 for left shoulder pain and returning to the facility on the same day. While in the ER an x-ray was obtained of the left shoulder which showed advanced degenerative change. Nursing staff also express resident fell out of bed yesterday. b. On 12/27/23 at 10:51 p.m., Resident #8 reports pain to the left shoulder and arm. As needed, tramadol has been effective. Resident #8 is lying in her new bed and it is in the lowest position. c. On 12/28/23 at 11:03 a.m., Resident #8 returns from doctor appointment with order for non-weight bearing to left shoulder. Follow-up with CT scan of left shoulder. d. On 1/17/24 at 1:11 p.m., CT results received impression: Acute intra-articular fracture of the 				

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Citation Number: #10415				Date Jun	e: e 11, 2024
Facility Name: Accura Health	care of Lemars		Survey May 28,	Dates: 2024 – May 3	0, 2024
Facility Addres 954 7 th Avenue Lemars, IA 510					
		DC			
Rule or Code Section	Natur	e of Violation	Class	Fine Amou	nt Correction date
	Nature of Violationdistraction of fracture fragments in the order of 3 mm.e. On 3/28/24 at 10:54 a.m., Resident #8 returns after seeing the doctor with the following noted healed fracture no restrictions.Review of facility provided Incident Report dated 12/25/23 revealed while resident was being repositioned in bed, the side rail became disengaged and resident rolled off side of bed. Resident #8 states while trying to help them change me, I grabbed ahold of the rail as I was turning and I started falling.Review of the facility provided document titled Timeline of Incident revealed on 12/25/23 at 2:05 p.m., Resident #8 was lying in bed while she was being assisted by staff. Staff went to reposition her to her left side, Resident #8 wont to grab her bed rail to hold on to and the bed rail broke apart from the bed frame causing Resident #8 to fall out of bed onto her left side. Staff brought in a replacement bed with functioning bed rails. On 1/17/24 the facility was notified by the physician Resident #8 had an acute fracture.Review of the CT shoulder imaging dated 1/8/24		2		

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Citation Numb #10415	per:				ate: une 11	, 2024
Facility Name Accura Health	care of Lemars			Survey Dates: May 28, 2024 – May 30, 2024		
Facility Address/City/State/Zip 954 7 th Avenue SE						
Lemars, IA 51	051	DC				
Rule or Code Section	Natur	e of Violation	Class Fine Amount Correction date			Correction date
	Licensed Practical Nurse shift when the staff call room. When Staff A ent was laying on the floor broke off of the bed. Re assisted back into bed w Interview on 5/29/24 ar	of 3 mm. t 9:53 a.m., with Staff A, e (LPN) was just coming onto ed her down to Resident #8 ' s tered the room Resident #8 face down with the bed rail esident #8 was assessed and				

Certified Nursing Assistant (CNA) revealed she had assisted Staff C, CNA with Resident #8 into bed to change her brief. Staff B revealed when Resident #8 rolled onto her left side she grabbed the bed rail and the rail broke and Resident #8 fell to the floor. Staff B further revealed she had noticed the bed rail was a little loose but it had been that way for awhile and she didn ' t think it would break. Interview on 5/29/24 at 12:20 p.m., with Staff C, CNA revealed she had been assisting Staff B, CNA with Resident #8. Staff C revealed Resident #8 rolled onto her left side and the side rail on the bed broke and Resident #8 fell out of the bed onto the floor.

Interview on 5/29/24 at 12:41 p.m., with Staff D,

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Citation Number #10415				Date: June 11	I, 2024
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Facility Address/City/State/Zip 954 7 th Avenue SE Lemars, IA 51031					
		DC			
Rule or Code Nature Section		ture of Violation	Class	Fine Amount	Correction date

	Maintenance Director revealed the beds have a tab on			
	the rail that holds them in place and a pin that keeps			
	them locked. The side rail was bad on both sides from			
	what appears to have been bent from a bigger person			
	pulling on the side rails on each side. The tab was bent			
	so much that the pin that keeps the rail in place			
	wasn't able to hold it any longer.			
	Review of facility provided document titled Work			
	History Report with created date of 5/29/24 revealed			
	preventative maintenance with a due date of			
	11/30/24 and 12/31/24 under task completion			
	revealed no action recorded.			
	Review of the facility provided instructions titled			
	Beds- Electric: Inspect Bed Rails dated 5/29/24 at 2:57			
	p.m., revealed items identified as poor condition			
	should be removed from service. Maintenance check			
	included ensuring that the rails engage and lock as			
	specified and tighten, adjust or replace any parts such			
	as end caps, knobs, bolts, screws, ect. that are loose,			
	show signs of wear or are missing.			
	Interview on 5/29/24 at 3:19 p.m., with the			
	Administrator revealed the previous maintenance guy			
	had been doing the bed checks and he retired at the			
	beginning of November and the facility was without a			
	full-time maintenance person. The bed rail inspections			
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Facility Administrator

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Facility Address/City/State/Zip 954 7 th Avenue SE Lemars, IA 51031			-		
		DC			
Rule or Code Nature				Fine Amount	Correction
		re of Violation	Class		date
Section					

did not get done in November or December. After the incident happened, the facility realized the bed rail inspections were not being. The Administrator further revealed he trained the new maintenance guy on how to do the bed rail inspections and they are now being completed.		
Facility Response:		

Page 14 of 14

Facility Administrator

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