		1					
Citation Numbe	er:				Date:		
#6168					August	8, 2023	
Facility Name:			Survey D	ates:			
Accura Healthc	are of Marshalltown						
Facility Address	s/City/State/Zip:	TAG	July 10, 2	2023 - Ju	uly 25, 20	23	
2401 South 2 <sup>nd</sup>	Street						
Marshalltown,	IA 50158						
Rule or				Eino A	Amount	Correction	
Code Section	Natur	e of Violation	Class	The A	linount	date	
code Section	Natur		Class			uate	
		I					
58.28(3)e	481—58.28(135C) Safe	ety. The licensee of a nursing	CLASS I	\$7,250	0.00	UPON	
(-/-	facility shall be respo	onsible for the provision and		<i>,.,</i>		RECEIPT	
	maintenance of a safe	environment for residents and					
	personnel. (III)						
	58.28(3) Resident safet	у.					
	e. Each resident shall	receive adequate supervision					
	to protect against h	azards from self, others, or					
	elements in the enviror	ıment. (I, II, III)					
	DESCRIPTION:						
		review, observations, staff					
	, ,	policy review, the facility failed					
	,	e needs for 1 out of 3 residents					
	-	supervision and care (Resident					
	,	ound outside lying on the					
	ground unsupervised in	-					
		required hospitalization					
		ion and dehydration. The					
	-	d declined and the Care Plan					
	•	ect staff on how to keep					
		acility reported a census of 51					
	residents.						

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If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Numb #6168	er:			Date: August	8, 2023		
Facility Name: Accura Healthc	are of Marshalltown			Survey Dates:			
	s/City/State/Zip:	TAG	July 10, 2	July 10, 2023 - July 25, 2023			
2401 South 2 <sup>nd</sup> Marshalltown,							
Rule or				Fine Amount	Correction		
<b>Code Section</b>	Natur	e of Violation	Class	Class date			
	Findings Include:						

Findings Include:		
A Minimum Data Set (MDS), dated 6/6/23, documented diagnoses for Resident #1 that included early onset Alzheimer's disease, abnormalities of gait and mobility, and heart failure. A Brief Interview of Mental Status (BIMS) revealed a score of 3 out of 15, which indicated severely impaired cognition. The resident required supervision of 1 for locomotion on and off the unit, dressing and toileting.		
An MDS dated 6/9/21, documented Resident #1's BIMS score was a 10 out of 15, which indicated moderately impaired cognition.		
A Care Plan with a Focus Area dated 10/9/19, documented that Resident #1 had an Activity of Daily Living (ADL) deficit due to Alzheimer's disease. An intervention date 6/28/21, directed staff that Resident #1 was now allowed to go out (to) the courtyard with his forward wheeled Walker (FWW) independently. The edge of the sidewalks had been painted yellow to show his boundaries. This resident had been educated on the use of his walkie talkie and to call for assist on channel 6 if he should need help outside. He was to check in with nursing prior to going outside and getting his walkie talkie and then when he came back in, he was to report to the nurse and turn his walkie talkie back in.		

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Facility Administrator

Citation Numbe #6168	er:			Dat Aug	e: gust 8, 2023
Facility Name: Accura Healthcare of Marshalltown			Survey Dates:		
-	s/City/State/Zip:	TAG	July 10, 2023 - July 25, 2023		, 2023
2401 South 2 <sup>nd</sup> Street Marshalltown, IA 50158					
Rule or	Notu	re of Violation	Class	Fine Amou	
Code Section	Natur		Class		date
The above Care Plan Focus Area and intervention were discontinued on 7/5/23. Review of Progress Notes for Resident #1 documented the following: a. On 7/2/23 at 3:43 p.m., another resident went to					

Review of Progress Notes for Resident #1 documented		
the following:		
a. On 7/2/23 at 3:43 p.m., another resident went to		
nursing staff and said that someone was outside with		
their pants down. Resident #1 was standing at the		
tree with pants to his knees. Staff went outside and		
noted this resident's wheelchair was in the grass. Staff		
advised Resident #1 that he could not be outside.		
They were able to get his pants on and get him inside.		
Resident #1 had his coat on and his 2 shirts. Water		
was given and resident was alert and smiling. This		
resident's skin was pink, warm, and dry. There was no		
cyanosis (blueness to skin related to decrease in		
oxygen) noted. Staff advised this resident not to go		
outside without help.		
b. On 7/2/23 at 4:00 p.m., staff had a conversation		
with this resident about not urinating outside. This		
resident verbalized understanding and used the		
restroom indoors.		
c. On 7/4/23 at 6:00 p.m., Resident #1 found outside		
in the courtyard when staff were looking for the		
resident because he did not come out for supper.		
Staff A, Certified Nurse Aide (CNA), found Resident #1.		
The resident was lying face down on his right side with		
feet stretched out in front of him with 1 shoe on and 1		

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Citation Numb #6168	er:				Date: August	8, 2023
Facility Name:			Survey D	ates:	u	
	are of Marshalltown		July 10			
Facility Addres	s/City/State/Zip:	TAG	July 10, 2	2023 - JI	ıly 25, 20	23
2401 South 2 <sup>nd</sup> Street Marshalltown, IA 50158						
Rule or				Fine A	Mount	Correction
Code Section	Natur	e of Violation	Class			date
	noted outside for appro- not move the resident a Nurse (LPN), stayed wit Emergency Medical Ser unable to obtain vital si- turned over it was foun- himself. EMS moved an resident was lying on th his face on the concrete front of him with the w Resident #1 was unable had happened. Residen checked until EMS arrive that he was having pair where it was located. The and he was wearing a chard and dress shoes. The re- with walker and or whe order to go outside to the talkie but didn't have of was sent to the Emerger and treatment. d. On 7/4/23 at 9:50 p.1 Nurse. He voiced that the admitted related to uni-	vices (EMS) arrived. Staff were gns. When the resident was ad he vomited and soiled hd assessed the resident. The he right side of his body with he and his feet stretched out in heelchair behind his head. to give a description of what at #1's range of motion was not red. Resident #1 told the nurse hout wouldn't tell the nurse the resident's skin was warm oat and 2 shirts on with pants esident was to be an assist of 1 eelchair. Resident #1 had an the courtyard with a walkie ne on him today. The resident ency Room (ER) for evaluation m., staff spoke with the ER Resident #1 was being responsive episode. The ER needed to run more tests so hat happened. The Director of				

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Facility Administrator

		1				
Citation Number	er:				Date:	
#6168					August	8, 2023
Facility Name:			Survey D	ates:		
Accura Healthc	are of Marshalltown					
Facility Address	s/City/State/Zip:	TAG	July 10, 2	2023 - Ju	uly 25, 20	23
2401 South 2 <sup>nd</sup>	Stroot					
Marshalltown,						
iviai silantovvii,	IA 30138					
Rule or				Fine A	Amount	Correction
<b>Code Section</b>	Natur	e of Violation	Class			date
				-		
	admission to the hospit	al.				
	e. On 7/5/23 at 5:34 p.i	m., received a call from the				
	hospital and they are keep	eeping the resident for another				
	day. The hospital staff s	stated they are reporting this				
	incident to the Departn	nent of Inspection and Appeals				
	(DIA). Advised the DON	was going to also.				
	f. On 7/8/23 at 9:53 p.n	n., an Admission Assessment				
	documented Resident #	#1 admitted to nursing facility				
	in a wheelchair from th	e hospital. Resident #1 was				
	oriented to facility mea	l times, visiting hours, room				
	and staff. The resident	's ADL needs were extensive				
	assist from staff for bed	d mobility, transfers, dressing,				
	toileting and limited sta	aff assist to complete personal				
	hygiene. Resident #1 w	as oriented to person and				
	disoriented to place, tir	ne, and situation.				
	A Hospital Summary Re	port dated 7/8/23				
	documented the follow	ving diagnoses were noted on				
	7/4/23 and resolved on	7/8/23:				
	a. Encephalopathy acut	e (a disease that affects brain				
	structure or function ar	nd causes altered mental state				
	and confusion).					
	b. Rhabdomyolysis (a breakdown of skeletal m					
	due to direct or indirec	t muscle injury, if not treated				
	immediately if can lead	to kidney damage).				
	c. Heat exhaustion.					
	d. Dehydration.					
	e. Lactic acidosis (condi	tion where there is too much				
	acid in the body).					

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Facility Administrator

Citation Numbe #6168	er:				Date: August	8, 2023
Facility Name:			Survey D	ates:		
	are of Marshalltown	TAC	July 10, 2	2023 - Ji	uly 25, 20	23
Facility Addres	s/City/State/Zip:	TAG				-
2401 South 2 <sup>nd</sup> Street Marshalltown, IA 50158						
Rule or				Fine A	Amount	Correction
Code Section	Natur	e of Violation	Class			date
		ummary of Hospitalization				
		-year-old male with advanced				
		vas apparently found down in cility on a hot day wearing				
		inknown period of time. Upon				
		tient was minimally responsive				
	and febrile to 101 (deg	-				
		ed once the patient was enous (IV) hydration. The				
	•	provide any history due to his				
		he was still at the nursing				
		not remember going outside				
		g at all. Initial Vital Signs (VS)				
		and mild hypoxia (low oxygen				
	a nasal cannula.	needing oxygen at 2 liters per				
	Review of an email sen	t on 7/25/23 at 12:16 p.m., the				
		owa reported the following				
		esponse to a request for the				
		:45 p.m. and for 7/4/23 from				
	4:00 p.m. to 6:00 p.m.:					
	On July 2, 2023: a. Temperature: 85 deg					
	b. Relative humidity: 48					
	c. Heat Index: 86 degre					
	-	rthwest (NW) at 14 miles per				
	hour (mph).					
	e. Mostly cloudy with n	o rainfall detected.				

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Facility Administrator

Citation Numbe #6168	er:				Date: August	8, 2023
Facility Name:	are of Marshalltown		Survey D	ates:		
	s/City/State/Zip:	TAG	July 10, 2	2023 - Ju	uly 25, 20	23
	s/ city/ state/ zip.		-			
2401 South 2 <sup>nd</sup> Street Marshalltown, IA 50158						
Rule or				Fine A	Amount	Correction
Code Section	Natur	e of Violation	Class			date
	On July 4, 2023:					
	a. Temperature: 86-88	degrees F.				
	b. Relative humidity: 48	-				
	c. Heat Index: 92 degre					
	d. Winds out of the Sou	th-Southwest (SSW) to				
	Southerly 7-12 mph.					
	e. Fair conditions with r	no rainfall detected.				
		., no residents were noted to				
		Home Administrator stated				
		Report in today for an incident				
		ek involving Resident #1. She				
		nfusion regarding whether he ne hospital or not, but they				
		tted. When asked how long				
		hospital before they are				
		The Administrator stated it				
	depends-sometimes 24	to 48 hours. She said that				
	Resident #1 had fallen o	outside and went to the				
	hospital.					
	On 7/10/23 at 12:10 p.	m., Staff C, Restorative Aide,				
	stated the door alarm s	ounds at the Nurse's Station.				
	-	rs ago she had to go outside to				
	-	t outside. She knew about the				
		because of the call light				
	'	check, then saw the resident				
	outside. Staff C reporte					
	residents that she has h	had to retrieve since then.				

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Citation Numbe #6168	er:		Date: August	Date: August 8, 2023			
Facility Name: Accura Healthc	are of Marshalltown		-	Survey Dates:			
Facility Address/City/State/Zip:		TAG	July 10, 2	July 10, 2023 - July 25, 2023			
2401 South 2 <sup>nd</sup>	Street						
Marshalltown,	IA 50158						
Rule or				Fine Amount	Correction		
<b>Code Section</b>	Natur	e of Violation	Class		date		

On 7/10/23 at 1:00 p.m., the DON stated that there are no residents in the facility that currently use the Wander guard system (a system that has residents wearing a bracelet which will alert staff when a resident is near an exit door). She stated no other residents have been outside that they have had a concern with. The DON reported she would get the timeline for Resident #1's fall outside. When asked if the door alarm sounded alerting the call light system and staff, the DON stated it would have. The DON stated at that time Resident #1 was able to go outside, so staff would have seen him go out and would not have had a problem with that. She stated that on the day he went outside and fell, Resident #1 had a supplement drink around 4:30 and after passing trays, staff noticed he wasn't in the dining room, so went to find him and found him outside, lying on his side. The DON said they wondered if there was something else going on with him like a potential urinary tract infection (UTI), because he was trying to pee outside and he normally didn't do things like that. The DON said he always wears a coat outside and is one who can get combative if you would try to	
urinary tract infection (UTI), because he was trying to pee outside and he normally didn't do things like that. The DON said he always wears a coat outside and is	
remove his coat. She said he needs help getting over the hump and outside the door usually but on that day, he must have gone over the hump by himself because they could not find any staff that reported	
they helped him outside. The DON stated he no	

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Facility Administrator

Date

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Facility Address	s/City/State/Zip:	TAG	July 10, 2	2023 - Ji	aiy 23, 20	23
2401 South 2 <sup>nd</sup> Street Marshalltown, IA 50158						
Rule or				Fine A	Amount	Correction
Code Section	Natur	e of Violation	Class			date
	1 II.		1			
	longer was able to go o incident.	utside on his own after this				
	Throughout the survey, with all observations so On 7/10/23 at 1:22 p.m got to work a little late anybody (on the day of partner had taken repo bed around 3:00 p.m. H and supper. She stated facility about 2:10 p.m. was supposed to leave was giving report to and what happened during worked. Staff A stated so breakroom when a staff	a., Staff A, CNA stated she had so she didn't take report from the incident). She stated her rt. That day Resident #1 was in He usually was in bed for lunch that day she arrived to the or 2:15 p.m. Staff A stated she that day at 6:00 p.m., so she other CNA and was telling her				
	the other CNA to walk w giving report. Staff A sta in his room and he was resident across the hall	ack to his room. Staff A told with Staff A so she could finish ated that Resident #1 was not not in his bed. Staff A stated a had her curtains open and ir out in the courtyard. Staff A				
	stated they then went of the ground, had the oth Staff A ran to get a nurs	but in the courtyard. Stan A butside, saw Resident #1 on her CNA go check on him while se. Staff B, LPN was the nurse he came right away. Staff A				

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Facility Addres	s/City/State/Zip:	TAG	July 10, 2	2023 - JI	uly 25, 20	23
2401 South 2 <sup>nd</sup>	Straat					
Marshalltown,						
						• ••
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
code Section	Natur		Class			uate
	stated this resident's nu	urse and his other nurse were				
	arguing about who was	going to take care of him.				
		ent #1 seemed to be doing,				
	Staff A stated that Resid	dent #1 was lying on the				
	ground. She stated he	responded to them. Staff A				
	stated she thought Res	ident #1 was hot because it				
	was hot outside. Staff	A stated Resident #1 usually				
	wore about 5 jackets. S	Staff A reported Resident #1				
	<b>.</b> ,	nself. She stated she had seen				
		elf before, but she did not see				
		elf on that day. She said he				
		t area without any obvious				
	-	he Paramedics removed				
	-	er responding quickly after				
	-	dics. Staff A stated she ended				
		p.m. Staff A stated that she				
		Resident #1 left the facility.				
		dics cut off Resident #1's				
		but there for about 10-20				
		that because Resident #1 was				
	, 0 0	ment, Staff B had said she did				
		because of the way he was				
		at half of his face was facing the sunder him, so they didn't				
	-	n arm or anything like that.				
		e said Resident #1's name he				
		baning like he was in pain. Staff				
		#1 was in his room when she				
		d had heard the (door) alarm.				

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Citation Number: #6168					Date: August	8, 2023
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	are of Marshalltown		July 10	2023 - Iu	ıly 25, 20	23
Facility Addres	s/City/State/Zip:	TAG	July 10, 2	2023 - 30	ily 23, 20	25
2401 South 2 <sup>nd</sup> Marshalltown,						
Rule or				Fine A	mount	Correction
Code Section	Natur	e of Violation	Class			date
	not know who shut off was very busy that day on the other side. It wa new residents. She stat who was trying to open that they did not know is at the Nurse's Station few residents who go o nurse that is usually be checking the box. Whe Staff A stated that Resid talkie when he was wal time since he walked. S needed (PRN) so she di had been since he was few months. Staff A sta #1 carry that walkie tall repeated that she last s that day, it was probab supper was served at 5 On 7/10/23 at 2:00 the #1 did not have a walkie Resident #1 probably he time. The Administrator go up to the Nurse's Sta Administrator stated ev	anyone saw him and she did the alarm. Staff A stated that it and she was used to working as different because they have ted they have another resident the door. Staff A repeated who shut off the main box that b. Staff A said the facility had a utside without asking and the hind the desk is supposed to be n asked about a walkie talkie, dent #1 used to carry a walkie king but it had been a long taff A stated she worked as d not know for sure how long it walking, thought it had been a ted she had not seen Resident kie for a long time. Staff A saw him about 3 something ly 3:30. Staff A reported that :00/5:30 p.m. Administrator stated Resident e talkie on him. She stated adn't used a walkie in a long or stated Resident #1 used to ation and ask for a walkie. The veryone should be aware of the nat times the smoke times are.				

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2401 South 2 <sup>nd</sup> Marshalltown,							
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
	a door that triggered ar down the hall to find w staff aren't able to see staff should go into the and make sure all resid stated that the facility r anyone saw him go out Registered Nurse (RN), outside but then when day, Staff D stated she The Administrator stated later that day and they bottom of it, whether of asked about him being Administrator stated sh incident. The Administ has had to be redirecte inappropriately outside was when Resident #1 Administrator stated th urinating inappropriate wheelchair. The Admin say it had been 3 to 6 m been using a wheelchai starting to use his walk	stated she did see him go the DON asked her the next did not see him go outside. ed that Staff D was coming in were trying to get down to the or not Staff D let him out. When outside on 7/2/23, the ne was unaware of this rator stated that Resident #1 d before when he had urinated or The Administrator stated that					

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Facility Addres	s/City/State/Zip:	TAG	July 10, 2	2023 - JI	uly 25, 20	23
2401 South 2 <sup>nd</sup> Marshalltown,						
Rule or		•		Fine A	Amount	Correction
Code Section	Natur	e of Violation	Class			date
	$O_{0} = 7/10/22 + 2.24 +$	Ctoff E DNL stated that (an				
		n., Staff F, RN, stated that (on ent had come to Staff F and said				
		utside by a tree peeing. Staff F				
		d sure enough he was peeing				
		n. She stated they were able to				
	get his pants back up a	nd get him back on to the hard				
		he grass. Staff F stated that				
	0	ne outside for the longest				
	time. Staff F stated she					
	recently gone outside b					
		ng a walkie talkie with him.				
	•	esident #1 all checked out and n clothes on. She said he was				
	acting fine. She stated i					
	-	tated she did look at his Care				
		ould go outside with a radio.				
	-	ted it on to the Night Nurses				
	on the 24-hour report.	Staff F stated that Staff E,				
	Quality Assurance Nurs	e, had to come in because				
	someone called in sick	on the night shift. Staff F stated				
		ff F told Staff E what had				
		ed she had no idea about				
		sounded. Staff F stated she				
	-	was getting ready to chart				
		It came up and told her about a e. Staff F stated she just				
		0 p.m. medications. Staff F				
		rm going off then. Staff F				
		esident #1 would go out with				

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2401 South 2 <sup>nd</sup> Marshalltown,							
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date	
	time ago. Staff F stated On 7/10/23 at 3:15 p.m had only been working and mostly worked day #1 did not really go out hours. Staff G stated w couple of weeks prior a out a few times on that and then let himself ba staff told her that Resid Staff G reported that Re safely when she saw hin On 7/10/23 following th CNA, stated she had wo year. Staff H stated she to the 2-10 shift from n H stated that she heard Staff H stated that Resid and she wouldn't have going outside because h year. Staff G stated she this year though. On 7/10/23 at 3:44 p.m was not working either	ut smoking, but that was a long she worked 3 days a week. h., Staff G, LPN, stated that she at the facility for a short while rs. Staff G stated that Resident side much during the day when she worked a 2nd shift a and Resident #1 went in and shift, he would let himself out ck in. Staff G reported that lent #1 does that all the time. esident #1 opened the door m. he above conversation, Staff H, orked at the facility for over a e had just recently come back ights about a week prior. Staff I about Resident #1 falling. dent #1 used to have a walkie thought anything about him he did that all the time last had not seen him go outside h., Staff I, LPN, stated that she day this resident was found ething he would do fairly					

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	s/ City/ State/ 2ip.	IAG			-	
2401 South 2 <sup>nd</sup> Marshalltown,						
Rule or				Fine A	Mount	Correction
Code Section	Natur	e of Violation	Class			date
	lately, but he had gone Resident #1 was out for if she would have saw h an alarm to her. Staff I outside with another re Resident #1 wears his o when this resident was to get him to come in. wearing a hat and glove off. She stated this reside at night. He wakes up d supplement drink. Staff awake during the day, y Staff I stated as far as g would wait to get up un would go down and pla On 7/10/23 at 4:08 p.m wasn't working when R Staff J stated she worke Resident #1 would norr wouldn't have thought Staff J stated she had w years. Staff J stated tha and out of the door wit reported that she knew the jacket on and it was	a., Staff J, CNA, stated she esident #1 was found outside. ed full time on 2nd shift, and mally go outside so she twice about him going outside. vorked at the facility for 9 t Resident #1 was able to get in				

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If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Numb #6168	er:				Date: August	8, 2023
Facility Name: Accura Healthc	are of Marshalltown		Survey D	ates:	u	
Facility Addres	s/City/State/Zip:	TAG	July 10, 2	2023 - Ju	ıly 25, 20	23
2401 South 2 <sup>nd</sup> Marshalltown,						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Mount	Correction date
	#1 used to use a walkie that had been a while a come up to the Nurse's talkie. Staff J stated the was a few months ago. stopped telling us he w stated she hadn't seen takes care of himself. Si did not know if the whe Resident #1 wanted to On 7/10/23 at 4:23 p.m received a text message DON called the facility b Resident #1 was on the what was going on. The p.m. to 8:00 p.m., and s what had happened. Th said she had seen this r DON stated that Staff D p.m., at the desk when supplement and then a went to look for him an outside. The DON state incident of him urinatin	be in. a., the DON stated she had e saying to call the facility. The back and was told that ground outside and was told e DON came in around 7:40 started her investigation on he DON stated that Staff B, LPN esident around lunchtime. The o said she saw him around 4:30 this resident received a round the 5:40ish p.m., staff ad that's when they found him d she was not aware of the ag outside. The DON stated she and had gotten it all updated.				

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If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

Citation Number #6168	er:				Date: August	8, 2023
Facility Name:			Survey D	ates:		
	are of Marshalltown		July 10	0000 I.	uly 25, 20	10
Facility Addres	s/City/State/Zip:	TAG	July 10, 2	2023 - 30	iiy 25, 20	23
2401 South 2 <sup>nd</sup>	Street					
Marshalltown,	IA 50158					
Rule or				Fine A	Amount	Correction
Code Section	Natur	e of Violation	Class			date
	0=7/10/22=+4-24					
		I., Staff D, RN stated she had nen Resident #1 had fallen.				
		een Resident #1 when he				
		etary supplement). She stated				
		pably the right time as this				
		before supper. Staff D stated				
	she honestly did not kn	ow what time it was, but was				
		er. Staff D reported Resident #1				
		oper and one of the girls was				
		esidents up for supper. Staff D				
		was working also and Staff B				
		taking care of him. Staff D d Staff D were getting ready to				
		e did not see Resident #1 go				
		she honestly did not remember				
		the door and added that it gets				
		goes off all day long. She				
	stated 2 other resident	s go out all the time and they				
	were care planned to g	o out. Staff D stated that if she				
		ion and heard the alarm go off,				
		s going out and if it's okay, then				
		m off. Staff D stated that if				
	-	where the alarm was coming				
		d check to see if someone				
	· ·	Staff D did not think any of business going in or out. She				
		ot have enough staff to ensure				
	-	afe. Staff D stated she did not				
		e Care Planned to go out there				

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If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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Facility Name:			Survey D	ates:	ш	
	are of Marshalltown		July 10. 2	2023 - Ju	uly 25, 20	23
Facility Addres	s/City/State/Zip:	TAG	July 10) 1	-020 70		
2401 South 2 <sup>nd</sup> Marshalltown,						
Rule or				Fine A	Amount	Correction
Code Section	Natur	e of Violation	Class			date
	<ul> <li>#1 was care planned to</li> <li>Directly following this in and the DON stated the with the level of this rest the facility allowing him They acknowledged that been updated to reflect</li> <li>The facility reported the Care Plans, Nursing Sup Resident Checks. The face regulations and Nursing</li> <li>Review of the Missing F policy revised on 7/12/2 Assessment and Identiff Section:</li> <li>a. An elopement risk as upon admission, readme with any significant chat b. Care Plan will be mod assessment.</li> <li>c. You will complete a m form.</li> <li>d. Activities will be in chat</li> </ul>	ey did not have policies on pervision, or Rounding and acility reported they follow g Standards of Practice. Resident/Elopement Process 21, directed staff under the ication of Wandering Residents sessment will be completed ission, quarterly, annually, and				

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Facility Administrator

Citation Numbe	er:		Date:					
#6168				August	8, 2023			
Facility Name:			Survey Dates:					
Accura Healthc	are of Marshalltown							
Facility Address/City/State/Zip:		TAG July 10, 2023 - July 25, 2023						
2401 South 2 <sup>nd</sup>	Street							
Marshalltown, IA 50158								
Rule or		1		Fine Amount	Correction			
Code Section	Natur	e of Violation		date				

first quarter (March 31st).		
Under the Residents identified at Risk for Elopement Section: a. Residents whose assessment identifies them at risk for elopement, the following steps will be taken: i) An alarm bracelet may be placed on the resident to audibly alert the staff of attempts by the resident to exit the facility. ii) The resident's Care Plan shall address behaviors using resident specific goals and/or approaches as assessed by the Interdisciplinary Team (IDT). iii) A current picture of the resident will be maintained in the facility. iv) Facility staff will ensure that all exit alarms are responded to immediately. v) Staff will encourage activities which the resident enjoys in order to occupy/distract the resident.		
<ul> <li>WHEN THE DOOR ALARM SOUNDS; the facility staff shall:</li> <li>a. Check the alarm panel to determine which door has been opened. DO NOT assume someone else has already done this.</li> <li>b. Check the exit door for any existing resident by means of a visual check. Visual check means observing the area around the exit and may require leaving the building.</li> </ul>		

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Facility Name: Accura Healthca	are of Marshalltown		Survey D	ates:				
Facility Address	/City/State/Zip:	TAG	July 10, 2	<sup>,</sup> 10, 2023 - July 25, 2023				
2401 South 2 <sup>nd</sup> S Marshalltown, I								
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date		
	facility. d. Reset the door alarm check that no resident H inappropriately or is ret e. If for any reason, doo staff will continually vis f. If an alarm is discover perform an immediate residents are accounted The Nurse, DON, or Exe staff to determine who and reason for doing so If the Nurse, DON, or Exe did not approve the de- responsible for de-active disciplinary action. Disc occurrence shall be main Executive Director. Elopement Process (Mis 1) When it is determine the following will occur i) Alert the nurse in cha	<ul> <li>ill assist them back into the</li> <li>after it is determined by visual has exited the facility curned to the facility.</li> <li>or alarms are turned off, the ually monitor the door/doors.</li> <li>red de-activated, staff will head count to ensure all d for.</li> <li>cutive Director will question de-activated the door alarm has</li> <li>executive Director in advance for a such a for such and the alarm may face iplinary action issued for such intained by the DON or</li> <li>ssing Resident):</li> <li>ad that a resident is missing, the alarm is missing for th</li></ul>						

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If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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Facility Name:	are of Marshalltown		Survey Dates:					
	s/City/State/Zip:	TAG	July 10, 2	2023 - Ju	)23 - July 25, 2023			
2401 South 2 <sup>nd</sup> Marshalltown,								
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date		
			0.000					
	grounds search of the b following will be immed a) Executive Director/ D b) Family and/or Legal I c) Attending Physician d) Police A complete description police along with a curr Provide law enforceme Identification Form. When the resident is lo procedures will be follo a. Head to toe assessme completed to determin required. Document in Assessment completed b. After assessment is co physician will be notifie reported. The Physician documented in the resi c. The resident's family, notified of the resident d. The resident's condit shift x 72 hours. e. A detailed Incident R	Director of Nursing Representative of the resident will be given to ent photo of the resident. Int the Missing Resident cated, the following wed: ent of the resident will be e if medical attention is Nurse's Notes - Head to Toe and findings. ompleted, the attending id, and results of assessment i's Plan of Care will be dent's record. /legal representative shall be						

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If, within thirty (30) days of the receipt of the citation, you (1) do not request a formal hearing or; (2) withdraw your request for formal hearing, and (3) pay the penalty; the assessed penalty will be reduced by thirty–five percent (35%) pursuant to Iowa Code section 135C.43A (2013).

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Facility Name: Accura Healthc	are of Marshalltown		Survey Dates:			
Facility Address	s/City/State/Zip:	TAG	July 10, 2023 - July 25, 2023			23
2401 South 2 <sup>nd</sup> Marshalltown,						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction date
	<ul> <li>g. The Incident Report of Safety Committee meet OA Committee.</li> <li>Education and Training a. All staff will be educated assessment, and treatment an exit seeking risk. Thi orientation and annual</li> </ul>	nted on proper identification, nent of residents identified as s education will occur during ly thereafter. I will be completed on ALL ntification Form. Resident Investigation.				

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Facility Administrator

Citation Numbe #6168	er:		Date: August	8, 2023	
Facility Name: Accura Healthc	are of Marshalltown		Survey D		
-	s/City/State/Zip:	TAG July 10, 2023 - July			23
2401 South 2 <sup>nd</sup>					
Marshalltown,	IA 50158				
Rule or				Fine Amount	Correction
<b>Code Section</b>	Natur	ure of Violation Class d			

50.7(1)a(2)	<ul> <li>481—50.7(10A,135C) Additional notification. The director or the director's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available (I, II, III):</li> <li>50.7(1) Of any accident causing major injury.</li> <li><i>a.</i> "Major injury" shall be defined as any injury which: (2) Requires admission to a higher level of care for treatment, other than for observation.</li> </ul>	CLASS II	\$500.00	UPON RECEIPT
	DESCRIPTION:			
	Based on clinical record review, observations, staff interview and facility policy review, the facility failed to report a fall a resident incurred requiring a higher level of care for 1 of 1 resident reviewed (Resident #1). Resident #1 fell outside in hot weather wearing 2 shirts and a coat, requiring hospitalization from July 4, 2023 to July 8, 2023. The facility failed to report the incident until 7/10/23. The facility reported a census of 51 residents.			

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Citation Numbe #6168	er:		8, 2023			
Facility Name: Accura Healthc	are of Marshalltown		Survey D			
-	s/City/State/Zip:	TAG	July 10, 2	2023 - July 25, 20	23	
2401 South 2 <sup>nd</sup>	Street					
Marshalltown,	IA 50158					
Rule or				Fine Amount	Correction	
<b>Code Section</b>	Natur	ure of Violation Class dat				

Findings Include:		
A Minimum Data Set (MDS), dated 6/6/23, documented diagnosis for Resident #1 included early onset Alzheimer 's disease, abnormalities of gait and mobility, and heart failure. A Brief Interview of Mental Status (BIMS) revealed a score of 3 out of 15, which indicated severely impaired cognition. The MDS documented the resident required supervision of 1 for locomotion on and off the unit, dressing and toileting.		
An MDS dated 6/9/21, documented Resident #1's BIMS score was a 10 out of 15, which indicated moderately impaired cognition.		
A Care Plan with a Focus Area dated 10/9/19, documented that Resident #1 had an Activity of Daily Living (ADL) deficit due to Alzheimer's disease. An intervention date 6/28/21, directed staff that Resident #1 was now allowed to go out (to) the courtyard with his Forward wheeled Walker (FWW) independently. The edge of the sidewalks had been painted yellow to show his boundaries. Resident #1 educated on the use of his walkie talkie and to call for assist on channel 6 if he should need help outside. He was to check in with nursing prior to going outside and getting his walkie talkie and then when he came		
back in, he was to report to the nurse and turn his walkie talkie back in.		

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Citation Numb	er:	1		[	Date:	
#6168				1	August 8	8, 2023
Facility Name:			Survey D	ates:		
Accura Healthc	are of Marshalltown					
	s/City/State/Zip:	TAG	July 10, 2023 - July 25, 2023			23
2401 South 2 <sup>nd</sup>						
Marshalltown,	IA 50158					
Rule or						
Rule or				Fine Am	nount	Correction
Rule or Code Section	Natur	e of Violation	Class	Fine Am	nount	Correction date
	Natur	e of Violation	Class	Fine Am	nount	

The above Care Plan Focus Area and intervention		
were discontinued on 7/5/23.		
Review of Progress Notes for Resident #1 documented		
the following:		
a. On 7/2/23 at 3:43 p.m., another resident went to		
nursing staff and said that someone was outside with		
their pants down. Resident #1 was standing at the		
tree with pants to his knees. Staff went outside and		
noted this resident's wheelchair was in the grass. Staff		
advised Resident #1 that he could not be outside.		
They were able to get his pants on and get him inside.		
Resident #1 had his coat on and his 2 shirts. Water		
was given and resident was alert and smiling. This		
resident's skin was pink, warm, and dry. There was no		
cyanosis (blueness to skin related to decrease in		
oxygen) noted. Staff advised this resident not to go		
outside without help.		
b. On 7/2/23 at 4:00 p.m., staff had a conversation		
with this resident about not urinating outside. This		
resident verbalized understanding and used the		
restroom indoors.		
c. On 7/4/23 at 6:00 p.m., Resident #1 found outside		
in the courtyard when staff were looking for the		
resident because he did not come out for supper.		
Staff A, Certified Nurse Aide (CNA), found Resident #1.		
The resident was lying face down on his right side with		
feet stretched out in front of him with 1 shoe on and 1		

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Facility Addres	s/City/State/Zip:	TAG				
2401 South 2 <sup>nd</sup> Marshalltown,						
Rule or				Fine A	Amount	Correction
Code Section	Natur	e of Violation	Class			date
	noted outside for appro- not move the resident a Nurse (LPN), stayed wit Emergency Medical Ser unable to obtain vital si turned over it was foun himself. EMS moved ar resident was lying on th his face on the concrete front of him with the w Resident #1 was unable had happened. Residen checked until EMS arriv that he was having pair where it was located. T and he was wearing a c and dress shoes. The re with walker and or whe order to go outside to t talkie but didn't have o was sent to the Emerge and treatment. d. On 7/4/23 at 9:50 p.1 Nurse. He voiced that F	vices (EMS) arrived. Staff were gns. When the resident was d he vomited and soiled and assessed the resident. The ne right side of his body with e and his feet stretched out in heelchair behind his head. e to give a description of what t #1's range of motion was not red. Resident #1 told the nurse of but wouldn't tell the nurse of but woul				

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		1				
Citation Number	er:				Date:	
#6168					August	8, 2023
Facility Name:			Survey D	ates:		
Accura Healthc	are of Marshalltown					
Facility Address	s/City/State/Zip:	TAG	July 10, 2023 - July 25, 2023			23
2401 South 2 <sup>nd</sup>	Stroot					
Marshalltown,						
warshancown,	IA 30130					
Rule or				Fine A	Amount	Correction
Code Section	Natur	e of Violation	Class			date
	admission to the hospit	al.				
	e. On 7/5/23 at 5:34 p.i	m., received a call from the				
	hospital and they are keep	eeping the resident for another				
	day. The hospital staff s	stated they are reporting this				
	incident to the Departn	nent of Inspection and Appeals				
	(DIA). Advised the DON	was going to also.				
	f. On 7/8/23 at 9:53 p.n	n., an Admission Assessment				
	documented Resident #	#1 admitted to nursing facility				
	in a wheelchair from th	e hospital. Resident #1 was				
	oriented to facility mea	l times, visiting hours, room				
	and staff. The resident	's ADL needs were extensive				
	assist from staff for bec	d mobility, transfers, dressing,				
	toileting and limited sta	aff assist to complete personal				
	hygiene. Resident #1 w	as oriented to person and				
	disoriented to place, tir	ne, and situation.				
	A Hospital Summary Re	port dated 7/8/23				
	documented the follow	ving diagnoses were noted on				
	7/4/23 and resolved on					
		e (a disease that affects brain				
	structure or function ar	nd causes altered mental state				
	and confusion).					
	b. Rhabdomyolysis (a b	reakdown of skeletal muscle				
		t muscle injury, if not treated				
	immediately if can lead	to kidney damage).				
	c. Heat exhaustion.					
	d. Dehydration.					
		tion where there is too much				
	acid in the body).					

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Facility Administrator

Citation Numb #6168	er:				Date: August	8, 2023
Facility Name:	are of Marshalltown		Survey Dates:			
	s/City/State/Zip:	TAG	July 10, 2023 - July 25, 2023			23
	s, eity, state, zip.					
2401 South 2 <sup>nd</sup> Marshalltown,						
Rule or Code Section	Natur	e of Violation	Class	Fine A	Amount	Correction
Code Section	Natur		Class			date
	documented that an 83 Alzheimer's dementia w the courtyard of the fac winter clothing for an u arrival to the ER the par and febrile to 101 (degr Responsiveness improv cooled and given intrav resident was unable to dementia and thought home. The resident did wearing winter clothing were positive for fever level) with the resident a nasal cannula. On 7/10/23 at 9:30 a.m be outside of the facilit Administrator stated th Report in on this day fo last week involving Resi some confusion regardi for observation at the h out he was admitted. W resident be in the hosp admitted? She stated in	ed once the patient was enous (IV) hydration. The provide any history due to his he was still at the nursing not remember going outside g at all. Initial Vital Signs (VS) and mild hypoxia (low oxygen needing oxygen at 2 liters per , no residents were noted to y. The Nursing Home ey submitted a Facility Self- r an incident that happened ident #1. She said there was ing whether Resident #1 was in nospital or not, but they found When asked how long can a ital before they are considered t depends-sometimes 24 to 48 sident #1 had fallen outside				

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-	s/City/State/Zip:	TAG July 10, 2023 - July 25, 2023				
2401 South 2 <sup>nd</sup> Marshalltown,						
Rule or		Fine Amount Correct				
Code Section	Natur	are of Violation Class date				

The facility provided a copy of Inspection and Appeals Chapter 50 page 2 dated 5/29/13, for their reporting guidelines. 481-50.7(10A,135C) Additional notification. The director or the director 's designee shall be notified within 24 hours, or the next business day, by the most expeditious means available (I, II, III): 50.7(1) Of any accident causing major injury. a. "Major injury" shall be defined as any injury which: (1) Results in death; or (2) Requires admission to a higher level of care for treatment, other than for observation; or (3) Requires consultation with the attending physician, designee of the physician, or physician extender who determines, in writing on a form designated by the department, that an injury is a "major injury" based upon the circumstances of the accident, the previous functional ability of the resident, and the resident's prognosis.			
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2401 South 2 <sup>nd</sup> Street						
Marshalltown,	IA 50158					
Rule or		8		Fine Amount	Correction	
<b>Code Section</b>	n Nature of Violation		Class		date	

FACILITY RESPONSE:		

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Facility Administrator