Number 5995				Report Februa	date ry 7, 2023
Facility name Accura Healthcare ff Ames, LLC			Survey dates 01/23/2023 - 01/26/2023		
Facility address 3440 Grand Aven	ue				
City Ames,		JB			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
58.19(2)b	residents. The residents. The residents and provide, as a nursing services un qualified nurses with these rules:  58.19(2) Medicatifus. Provision of the of wounds, included healing, prevent in from developing;  DESCRIPTION  Based on clinical restaff interviews, the residents did not off of 1 of 1 resident #8 received a facily started as a blister pressure ulcer. The lacked documentation prevent the development of the wound declined the started as a blister prevent the development of the wound declined the started as a blister prevent the development of the wound declined the started as a blister prevent the development of the wound declined the started as a blister prevent the development of the wound declined the started as a blister prevent the development of the wound declined the started as a blister prevent the development of the wound declined the started as a blister prevent the development of the wound declined the started as a blister prevent the development of the wound declined the started as a blister prevent the development of the wound declined the started as a blister prevent the development of the wound declined the started	Required nursing services for ident shall receive and the facility ppropriate, the following required nder the 24-hour direction of with ancillary coverage as set forth on and treatment.  The appropriate care and treatment ing pressure sores, to promote infection, and prevent new sores (I, II)  The facility failed to ensure that develop avoidable pressure ulcers a reviewed (Resident #8). Resident ity acquired pressure ulcer that ity acquired pressure ulcer that it and deteriorated to a stage III are reviewed of the resident's record ation of any interventions to opment of a pressure ulcer or the Registered Dietitian until after and to a stage III pressure ulcer.  The facility failed to ensure that ity acquired pressure ulcer or the ereview of the resident's record ation of any interventions to opment of a pressure ulcer or the ere according to a stage III pressure ulcer.  The facility failed to ensure that ity acquired pressure ulcer or the eregistered Dietitian until after end to a stage III pressure ulcer.  The facility failed to ensure that ity acquired pressure ulcer or the erection of any interventions to opment of a pressure ulcer or the erection of a stage III pressure ulcer.  The facility failed to ensure that ity acquired pressure ulcer or the erection of any interventions to opment of a pressure ulcer or the erection of a stage III pressure ulcer.		\$5000 Held in Suspension	Upon Receipt

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).

2/17/2023

Facility Administrator

Date

Number 5995					eport ( ebruar	date y 7, 2023
Facility name Accura Healthcar	e ff Ames, LLC		Survey dates 01/23/2023		2023	
Facility address 3440 Grand Aven	ue					
City Ames,		ЈВ				
Rule or Code Section		lature of Violation	Class	Fine Amour	nt	Correction Date
	of intact skin Intace non-blanchable endifferently in dark blanchable erythetemperature, or for changes. Color changes. Color changes. Color changes. Color changes are pressure in Stage 2 Pressure I with exposed denor red, moist, and ruptured serumfivisible and deepe Granulation tissue present. These in adverse microclin pelvis and shear in be used to describe	njury: Non-blanchable erythema of skin with a localized area of rythema, which may appear sly pigmented skin. Presence of ema or changes in sensation, irmness may precede visual anges do not include purple or tion; these may indicate deep jury.  Injury: Partial-thickness skin loss mis Partial-thickness loss of skin mis. The wound bed is viable, pink I may also present as an intact or illed blister. Adipose (fat) is not r tissues are not visible.  In slough and eschar are not juries commonly result from the heel. This stage should not be moisture associated skin including incontinence associated intertriginous dermatitis (ITD), related skin injury (MARSI), or so (skin tears, burns, abrasions).  Injury: Full-thickness skin loss Fullskin, in which adipose (fat) is r and granulation tissue and bound edges) are often present. Schar may be visible. The depth of				

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	- Charles - Char
Facility Administrator	Date

Number 5995				I -	rt date
					ary 7, 2023
Facility name Accura Healthcare ff Ames, LLC			Survey dates 01/23/2023		3
Facility address 3440 Grand Avenue					
City Ames,	***	JB		···	
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	of significant adipundermining and muscle, tendon, linot exposed. If sloextent of tissue lo Injury.  Stage 4 Pressure I tissue loss Full-thiexposed or directl ligament, cartilage and/or eschar manand/or tunneling canatomical location	ries by anatomical location; areas osity can develop deep wounds. tunneling may occur. Fascia, gament, cartilage and/or bone are ough or eschar obscures the ss this is an Unstageable Pressure injury: Full-thickness skin and ckness skin and tissue loss with y palpable fascia, muscle, tendon, e or bone in the ulcer. Slough y be visible. Epibole, undermining often occur. Depth varies by on. If slough or eschar obscures e loss this is an Unstageable			
	thickness skin and tissue loss in whic within the ulcer ca obscured by sloug removed, a Stage be revealed. Stabl without erythema ischemic limb show Deep Tissue Press blanchable deep r	tire Injury: Obscured full- tissue loss Full-thickness skin and the extent of tissue damage annot be confirmed because it is the or eschar. If slough or eschar is 3 or Stage 4 pressure injury will e eschar (i.e. dry, adherent, intact or fluctuance) on the heel or uld not be softened or removed. ure Injury: Persistent non- ed, maroon or purple			

withdraw ive percent

If, within thirty (30) days of the receipt of the your request for formal hearing; and (3) pay the (35%) pursuant to		
Facility Administrator	Date	Page 3 of 20

Number 5995				l l	Report Februai	date ry 7, 2023
Facility name Accura Healthcare ff Ames, LLC			Survey dates 01/23/2023 - 01/26/2023			
Facility address 3440 Grand Aven	ue		'			
<b>City</b> Ames,		JB	/			
Rule or Code Section	N	lature of Violation	Class	Fine Amo	unt	Correction Date
	maroon, purple di separation reveali filled blister. Pain precede skin colorappear differently injury results from pressure and sheat interface. The wo the actual extent without tissue lost tissue, granulation underlying structure thickness pressure Stage 4). Do not ustraumatic, neuropersonal for the modern march of the assistance of one personal hygiene, persons for transithat Resident #8 corridor. The MD prior hip fracture depression, and tindicated that sheat assistance of the prior hip fracture depression, and tindicated that sheat assistance of the prior hip fracture depression, and tindicated that sheat assistance of the prior hip fracture depression, and tindicated that sheat assistance of the prior hip fracture depression, and tindicated that sheat assistance of the prior hip fracture depression, and tindicated that sheat assistance of the prior hip fracture depression, and tindicated that sheat assistance of the prior hip fracture depression, and tindicated that sheat assistance of the prior hip fracture depression, and tindicated that sheat assistance of the prior hip fracture depression, and tindicated that sheat assistance of the prior hip fracture depression, and tindicated that sheat assistance of the prior hip fracture depression, and the prior hip fracture depression and the prior hip fr	non-blanchable deep red, iscoloration or epidermal ing a dark wound bed or bloodand temperature change often richanges. Discoloration may in darkly pigmented skin. This in intense and/or prolonged ar forces at the bone-muscle und may evolve rapidly to reveal of tissue injury, or may resolve is. If necrotic tissue, subcutaneous in tissue, fascia, muscle or other ures are visible, this indicates a full is injury (Unstageable, Stage 3 or is DTPI to describe vascular, pathic, or dermatologic conditions.  Interly Minimum Data Set (MDS) is 10/20/22 identified a Brief intal Status (BIMS) score of 11, erate cognitive impairment. The is resident required an extensive person for bed mobility and and extensive assistance of two fers. In addition, the MDS revealed did not walk in her room or in the is included diagnoses of diabetes, Parkinson's disease, prior stroke, raumatic brain injury. The MDS is did not have a risk for pressure thave one or more unhealed				

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 Administrator	Date

Number 5995				l l	port date bruary 7, 202	3
Facility name Accura Healthcar	e ff Ames, LLC		Survey dates 01/23/2023 - 01/26/2023			
Facility address 3440 Grand Avenue						
City Ames,		JB				
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correct Date	tion
	·	juries. Resident #8 had moisture mage with nutrition or hydration				
	· ·	ve Care Plan revealed a Focus area aily Living (ADL) deficit, revised				
	Resident #8's Impa decreased mobilit The Care Plan faile	us dated 12/6/22 regarding aired Skin Integrity related to y ed to direct the staff regarding positioning for Resident #8.				
	to the presence of	e Plan lacked interventions related f a pressure ulcer identified on e revision on 1/23/22.				
	revealed documer 15, indicating a lov pressure ulcers (A severe risk. A scor risk. A score of 13- of 15-18 indicates	for Predicting Pressure Sore Risk netation that the resident scored a wrisk for the development of score of 9 or less indicates a e of 10-12 indicates a moderate -14 indicates a mild risk. A score a low risk. A score of 19 or higher at is not considered at risk for velopment).				
	12/6/22 revealed	on-ulcer Assessment dated that Resident #8 had a ruptured heel. The assessment included	,			

vithdraw ive percent

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Facility Administrator	Date	Page 5 of 20		

Number 5995 Facility name Accura Healthcare ff Ames, LLC Facility address 3440 Grand Avenue					port date bruary 7, 202	23
			Survey dates 01/23/2023 - 01/26/2023			
City Ames,		JB				
Rule or Code Section	Λ	lature of Violation	Class	Fine Amoun	Correct Date	tion:
	The Skin Sheet, N 12/14/22 docume The Skin Sheet, U documented that pressure ulcer to documented the acquired with me 0.3 cm. Additiona yellow drainage v having granulatio shiny, moist appe					
	documented the increased to 2.5 cdescription include wound base having moist appearance scant yellow and wound base having that adheres to the is mucinous).  The Skin Sheet, Udocumented the measurements of	lcer Assessment dated 1/4/23 pressure ulcer measurements had cm x 2.5 cm x 0.6 cm. Further ded scant yellow drainage with the ng pink or red tissue with a shiny, e. The wound appeared to include brown odorous drainage with the ng slough (yellow or white tissue he ulcer bed in strings or clumps or electrons or lcer Assessment dated 1/11/23 pressure ulcer as a stage III with f 2.2 cm x 2.2 cm x 0.2 cm. Further ded scant serosanguineous				

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Facility Administrator	Date

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Facility name Accura Healthcar	e ff Ames, LLC		Survey dates 01/23/2023 - 01/26/2023		3
Facility address 3440 Grand Avenue					
City Ames,		JB			
Rule or Code Section		ature of Violation	Class	Fine Amount	Correction Date
	presence of small the wound base h shiny, moist appear appeared to have odorous drainage slough (yellow or ulcer bed in string)  The Weekly Weight 12/7/22, 12/15/22 documentation of during any of the word of the string of the physician dated 10 assessed Resident weight and supples of the string	O pm, the Director of Nursing facility only had three meetings in the holidays.  document titled Dietitian fax to D/28/22 revealed the Dietitian #8 on 10/28/22 regarding herements.  etitian Report dated 1/16/23 Dietitian assessed Resident #8 on itian recommended to continue skin healing.			

raw ercent

If, within thirty (30) days of the receipt of the citation, you: (1) do not request a formal hearing or; (2) your request for formal hearing; and (3) pay the penalty, the assessed penalty will be reduced by thirty—f (35%) pursuant to Iowa Code section 135C.43A (2013).		
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Facility name Accura Healthcare	e ff Ames, LLC		Survey date 01/23/2023		26/2023	
Facility address 3440 Grand Avenu	ne				· · · · · ·	
City Ames,		JB		<b></b>	·	
Rule or Code Section	N	lature of Violation	Class	Fine Amo	e ount	Correction Date
	Nurse (LPN), docu wound and that si b.1/9/23 at 10:48 Nursing (ADON) ro a new order for al cellulitis to her rig c.1/12/23 at 9:20 a recommendatio liquid protein) to 2 pressure ulcer. d.1/23/23 at 4:03 Resident #8 receive wound clinic.  The Nurse Practiti 12/19/22 revealed pressure ulcer to slough.  The Nurse Practiti documented a Standard appeared.	om Staff A, Licensed Practical Imented a noted decline to the he notified the physician. am the Assistant Director of ecorded that Resident #8 received n antibiotic due to possible				

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 Administrator	Date	
, married , territories and at		Page 8 of 20

Number 5995				II -	rt date Jary 7, 2023
Facility name Accura Healthcare ff Ames, LLC			Survey date: 01/23/2023	3	
Facility address 3440 Grand Aven	ue			,	
City Ames,		JB			
Rule or Code Section	N	ature of Violation	Class	Fine Amount	Correction Date
	recliner wearing h On 1/25/23 at 10:	1 am witnessed Resident #8 in her eel protectors on both feet.  42 am noticed Resident #8 lying in			
	On 1/26/23 at 9:1 in her wheelchair and a slipper on h protectors in place				
	On 1/24/23 at 12:34 PM, Staff I, Licensed Practical Nurse (LPN), MDS Coordinator stated she is new to the role of MDS Coordinator in the facility. She voiced she is currently going through the Care Plans of all of the residents and updating them as she felt they lacked accuracy at the time she began the position.				
	primary person wi facility. She said sl wound training, Sl have a wound Nur stopped perhaps I beginning of Dece it slowly declined, it went back and f explained that she a couple of weeks	08 am, the ADON stated she is the ho manages wounds in the he has received no specialty he added that the facility used to ree Practitioner but those visits ast summer. She stated in the mber the staff found a blister and The ADON reported that she felt orth in wound healing. She a talked to the Registered Dietitian earlier about a dietary hat the resident is diabetic. She			

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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y will be reduced by \ (2013).

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Rule or Code Section	N	lature of Violation	Class	Fine Ame	ount	Correction Date
	wound on 12/19/19 protocol for wound a week unless she wound. She reporresident who need should be assisted.  On 1/25/23 at 1:3 (DON) stated that #8's wound, the indevelopment of a whatever was on a pressure reducing stated the resider mattress on her befacility are considered assisted with report and the report and the resider was a policy regard to the report of	Nurse Practitioner assessed the 22 and 1/23/23. She voiced her ads is that she assesses them once is informed of a decline in the ted that she expected that a ds assistance to be repositioned devery 2-3 hours.  1 pm, the Director of Nursing prior to the discovery of Resident and the terventions for prevention of a pressure ulcer would include ther care plan. She stated she had ang cushion on her recliner. She at did not have a specialty the dot all of the mattresses in the ered pressure reducing the eported that Resident #8 at the erector and then she would be a bed or recliner after meals. She station as the residents should be existed in the erector of the				

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Facility Administrator	Date	
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Number 5995					t date ary 7, 2023
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Rule or Code Section	N	lature of Violation	Class	Fine Amount	Correction Date
	Care Plans is an in expressed her exp be updated quarte She stated they for instrument (RAI) properties further stated the updates the Care incidents filed in F	0 pm, the DON stated updating sterdisciplinary approach. She sectation that Care Plans should erly and with significant changes. Ellow the Resident Assessment process for Care Plan reviews. She ADON is the person who typically Plans for any skin issues or any Risk Management (a portion of the Record for incident reports such es, etc.).			

If, within thirty (30) days of the receipt of the cita your request for formal hearing; and (3) pay the pe (35%) pursuant to lo		reduced by thirty-five percen
Facility Administrator	Date	Page 11 of 20

Number 5995 Facility name Accura Healthcare ff Ames, LLC					eport ebrua	date ry 7, 2023
			Survey date 01/23/2023		/26/2023	
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City Ames,		JB				
Rule or Code Section		Nature of Violation	Class	Fine Amour	nt	Correction Date
	or state regulation does not constitut provider to the ac set forth in the state correction is prepared by the property of accomplished compliance with corrective action F686  In continuing comprevent/Heal Preserviewed Resident ulcers to ensure a care planned update of resident Brades those who have a interventions in professure ulcers. To correct the definitive recur, the DO education to ensure on 2/1/2023 by the and/or designee with a weekly for 4 withen 1x weekly and commitment to questions to the action of the state of Accurate commitment to questions and the state of the state o	e of Ames denies it violated any federal s. Accordingly, this plan of correction e an admission or agreement by the curacy of the facts alleged or conclusions tement of deficiencies. The plan of ared and/or executed solely because it is ovisions of federal and state law. are provided for procedural processing elation with the most recently completed corrective action and do not correspond to the date the facility maintains and is in the requirements of participation, or that				21117023

QA Process.	
your request for formal hearing; and (3) pay the	citation, you: (1) do not request a formal hearing or; (2) withdraw e penalty, the assessed penalty will be reduced by thirty–five percent o lowa Code section 135C.43A (2013).
Facility Administrator	Date

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Number 5995				Report Februar	date ry 6, 2023
Facility name Accura Healthcare of Ames, LLC			Survey dates 01/23/2023 - 01/26/2023		
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<b>City</b> Ames		JB			
Rule or Code Section	N	lature of Violation	Class	Fine Amount	Correction Date
58.20(1)	supervisor. Every service supervisor	e implementation of the	Ī	\$4000 Held in Suspension	Upon Receipt
	review, staff, Phan Nurse Practitione failed to provide 3 #34, and #50) wit 4/13/22 Resident medications. Resi hospitalization dureceiving the medication on 1/26/22 during an excess of an arm The facility also failed by crush the release time of reported a census Findings include:				
		quarterly Minimum Data Set t dated 4/7/22 documented a			

) withdraw -five percent

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Rule or Code Section	N	lature of Violation	Class	Fine Amo	unt	Correction Date
	indicating no cognerovealed she is incommented a dialindicated that Resmedication for se lookback period.  Resident #19's Cli 4/13/22 she went 4/14/22 to the fact that at approximate received medication proximately 7:3 Staff H, Licensed I morning medication administered the #19.  a. Fetzima 120 mi medication) b. Jardiance 25 mc. Metformin XR 1 d. Zyprexa 2.5 mge. Perphenazine 2 The document ins Resident #19 fam	Mental Status (BIMS) score of 14, nitive impairment. The MDS dependent with bed mobility, and eating. The MDS agnosis of schizophrenia. The MDS sident #19 use an antipsychotic even out of seven days in the mical Census identified that on to the hospital and returned on cility.  The ment titled, Self-Report, dated ent #19 documented on 4/13/22 ately 7:58 AM, Resident #19 ions not prescribed for her at L5 AM. The form listed that while Practical Nurse (LPN), did her ion pass, she mistakenly following medications to Resident Illigrams (mg) (antidepressant g (diabetic medication) (antipsychotic medication) at mg (antipsychotic medication) structed the facility notified ily, psychiatric nurse, Nurse Poison Control. Poison Control				

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	1-1-1-1	
Facility Administrator	Date	
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Facility name Accura Healthcar	re of Ames, LLC		Survey date 01/23/2023		2023	
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Rule or Code Section	N	lature of Violation	Class	Fine Amoun		Correction Date
	emergency room, approximately 10 facility, Staff F, Ad Practitioner (ARNI #19 to the Emerge pain. Resident #19 hospital from the The History and Phospital dated 4/3 got evaluated at the she did have palpibeating, fluttering left-sided chest did no vomiting.  On 1/26/23 at 12 explained that the received in error Perphenazine, mare reported that he explained that have he medication error on 1/26/23 at 12 error happened did same first name at that Resident #19 she consulted and	at Resident #19 went to the but she refused. At a 40 AM, while onsite at the land Registered Nurse P), gave an order to send Resident ency Department (ED) for chest P got admitted to the local ED for nursing observation.  hysical (H&P) from the local L3/22 documented Resident #19 he local ED and is doing well, but litations (feelings of having a fast-ty, or pounding heart) and some secomfort with some nausea, but L32 PM Staff G, Pharmacist, e medications Resident #19 on 4/13/22, Zyprexa and any cause some drowsiness. He could speculate other side effects appened, but he believed that could cause those side effects.  L36 PM Staff F revealed that the ue to Resident #19 having the as another resident. She added also has a psychiatric doctor that if decided to keep her at the aptoms occur. She explained that				

If, within thirty (30) days of the receipt of the cita your request for formal hearing; and (3) pay the per (35%) pursuant to Io	· · · · · · · · · · · · · · · · · · ·	reduced by thirty-five percent
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	was expressing sy time, they decided F revealed that Redue to her anxiety On 1/26/23 at 12: administered Resion 4/13/22. She reperson she gave rethe medications win the cart with that she immedia Resident #19's vit made the error. So the nurse manage #19. After Resident for chest pain, Staff Resident #19 to the received education facility fired her later than the facility fired her later than the facility for the resident #19 to the facility for the facility for the resident #19 to the facility for the facility for the resident #19 to the facility for th	39 PM Staff H verified that she ident #19 the wrong medications eported Resident #19 as the first nedications to that morning and were right next to another resident it is same first name. She expressed tely called the ARNP and checked als when she realized that she he expressed that she also called er on call and informed Resident in the first farrived to the facility and sent in the local hospital. She revealed she in on the situation and that the				

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Rule or Code Section	N	ature of Violation	1 1	Fine Amount	Correction Date
Jettion	appeared to hold equaling 1000 mg Resident #34's Jar Administration Relevetiracetam 750 3. During this contwatched Staff C promedications, inclurelease (a blood pafter Staff C prepamedications, she pouch, including the medications using crushed medications. Plea ordered.  The document lab	cord (MAR) listed an order for mg by mouth two times a day.  cinuous observation on 1/26/23 repare Resident #50's ding metoprolol 25 mg, extended ressure medication).  ared all of Resident #50's coured his medications into a he metoprolol, and crushed the a pill crusher. Then she mixed the cons with pudding. Staff C reported all of the medications.  blem dated 11/10/22 indicated had a risk for adverse side effects sk medications. The included d 11/10/22 instructed the staff takes anti-hypertensive se administer them to him as		AINOUIL	Date
	regarding Control	ed 11/10/21 included a section led release medications. The hat these medications are			

regarding Controlled release medications. The section directed that these medications are		
thirty (30) days of the receipt of the citation, you: (1) do not rec st for formal hearing; and (3) pay the penalty, the assessed pena (35%) pursuant to lowa Code section 135C.4	alty will be reduced by thirty-five per	

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Rule or Code Section	N	lature of Violation	Class	Fine Amo		Correction Date
	period to allow less Crushing may meas slow-release table or halved, but not XL (metoprolol su (carbidopa and less Carbidopa at 12s knew that metopos that she did it by for liquid medication cup and An undated document and an undated document and less Carbidopa general medications:  a. Note any allergoresident may have b. Oral medication amount directly in the medication amount directly in some some subsections.	18 am, the Pharmacist Consultant rolol extended release should not 103 pm, Staff C explained that she rolol should not be crushed and mistake. She stated her procedure tions is to look at the lines on the nd measure it.  In titled Medication rocedures directed the staff procedures to follow for all ties or contraindications the eprior to drug administration				

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<b>City</b> Ames		JB				
Rule or Code Section	1	Nature of Violation	Class	Fine Amou	ınt	Correction Date
	Significant Med Err terminated the empl Accura Healthcare of C, CMA on administ and that those medical 1/26/2023 by the DO provided 1:1 education of administering liqued DON.  To correct the deficit not recur, all license the correct way to accurate medications to administering them at DON. An audit was to crush medications that cannot be crushed will be addeduct alert Nursing Staff to 1/30/2023 by the DO audit medication pass for 4 weeks, and there to ensure continued of the As part of Accura He commitment to quality.	diance with F760, Residents are Free of ors, Accura Healthcare of Ames oyment of Staff H, LPN on 4/13/2022. If Ames provided 1:1 education to Staff tering Extended Release medications sations should not be crushed on DN. Accura Healthcare of Ames on to Staff C, CMA on the correct way aid medications on 2/1/2023 by the ency and to ensure the problem does do nurses and CMA's were educated on laminister liquid medications and to hat cannot be crushed when are not crushed on 2/1/2023 by the completed on all residents with orders to ensure they are not on medications and dand/or medications to MAR to not crush those medications on N. The DON and/or designee will as 3x weekly for 4 weeks, 2x weekly 1x weekly for 4 weeks, 2x weekly				21112023

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 lowa Code section 135C.43A (2013).								
Facility Administrator	Date	Page 19 of 20						

Number 5995					date ry 6, 2023
Facility name Accura Healthcare of Ames, LLC			Survey dates 01/23/2023 - 01/26/2023		
Facility address 3440 Grand Aven	ue				
City Ames		JB		'	
Rule or Code Section	N	lature of Violation	Class	Fine Amount	Correction Date
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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 Administrator	Date