

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

PRINTED: 08/10/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  166425	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 07/30/2020
NAME OF PROVIDER OR SUPPLIER  ACCURA HEALTHCARE OF CHEROKEE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 921 RIVERVIEW DRIVE CHEROKEE, IA 51012		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  Correction Date: 8/17/20  A COVID-19 Focused Infection Control Survey was conducted by the Department of Inspection and Appeals on 7/27/20 - 7/30/20 along with investigation of complaint #92308-C. The facility was found to be in compliance with CMS and Centers for Disease Control and Prevention (CDC) recommended practices to prepare for COVID-19. The following deficiency is the result of the investigation of complaint #92308. (See Code of Federal Regulations (42CFR) Part 483, Subpart B-C.)  Census was 39 residents	F 000			
F 580 SS=D	Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)  §483.10(g)(14) Notification of Changes. (i) A facility must immediately inform the resident; consult with the resident's physician; and notify, consistent with his or her authority, the resident representative(s) when there is- (A) An accident involving the resident which results in injury and has the potential for requiring physician intervention; (B) A significant change in the resident's physical, mental, or psychosocial status (that is, a deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications); (C) A need to alter treatment significantly (that is, a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or (D) A decision to transfer or discharge the resident from the facility as specified in	F 580			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Administrator

8/17/20

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.



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F 580	<p>Continued From page 1</p> <p>§483.15(c)(1)(ii).</p> <p>(ii) When making notification under paragraph (g) (14)(i) of this section, the facility must ensure that all pertinent information specified in §483.15(c)(2) is available and provided upon request to the physician.</p> <p>(iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <p>(A) A change in room or roommate assignment as specified in §483.10(e)(6); or</p> <p>(B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section.</p> <p>(iv) The facility must record and periodically update the address (mailing and email) and phone number of the resident representative(s).</p> <p>§483.10(g)(15)</p> <p>Admission to a composite distinct part. A facility that is a composite distinct part (as defined in §483.5) must disclose in its admission agreement its physical configuration, including the various locations that comprise the composite distinct part, and must specify the policies that apply to room changes between its different locations under §483.15(c)(9).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on record review and staff interview, the facility failed to notify the residents family of changes in residents condition and new orders for 1 of 4 active residents reviewed, (Resident #2). The facility reported a census of 39 residents.</p> <p>Findings include:</p> <p>1. According to the Minimum Data Set (MDS)</p>	F 580			



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F 580	<p>Continued From page 2</p> <p>assessment, dated 5/13/20, Resident #2 had diagnoses of Cancer, Anemia, nontraumatic intracerebral hemorrhage in brain stem, abnormal coagulation profile and encounter for palliative care. The MDS documented Resident #2 scored 12 on the Brief Interview for Mental Status (BIMS) indicating no cognitive impairment. The resident required extensive assistance with activities of daily living (ADL's) including bed mobility, dressing, and toilet use, transfers and personal hygiene.</p> <p>The Care Plan dated 5/16/20 with a goal target date of 7/28/20, identified Resident #2 with impaired cognitive function/forgetfulness at times. Resident voices needs, feelings, concerns as desires, as able and as health allows. Goal was resident will be able to communicate basic needs as health allows through the review date. Interventions included:</p> <ul style="list-style-type: none"> <li>a. Communicate with the resident/family/caregivers regarding residents capabilities and needs as needed.</li> <li>b. Ask yes/no question in order to determine the residents needs as needed.</li> <li>c. Encourage resident to voice needs as chooses and as able to.</li> <li>d. Observe resident for verbal and nonverbal expressions/communication.</li> <li>e. Present just one thought, idea, question or command at a time as needed.</li> </ul> <p>The Progress Notes dated 6/23/20 at 10:45 a.m., documented the resident had a possible vasovagal episode at the end of shower when staff raised the hoier lift. Resident became weak and nonresponsive to staff. When resident began to come around and have verbalizations and awareness after about 3 minutes resident</p>	F 580			



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F 580	<p>Continued From page 3</p> <p>urgently thought needed a bowel movement and was passing significant gas. Once on the bed pan was not able to have bowel movement. Resident blood pressure is very quiet however and heart rate chronic irregular with atrial fibrillation. Feet were purple and cool but was cold from shower as well. Resident embarrassed by episode and reassurance provided. Resident stated she had never experienced that before.</p> <p>The Progress Notes dated 7/3/20 at 10:24 a.m., documented resident up with assistance with hoyer for shower this a.m. vagal episode noted prior to repositioning back to bed. Episode passed quickly and resident dressed and assisted into wheelchair to visit with family on phone at window. No further episodes noted.</p> <p>The Progress Notes dated 7/4/20 at 2:32 p.m., documented resident repositioned. Resident #2 opened her eyes but did not respond. Breathing is slow and steady. No signs or symptoms of pain or discomfort. Resting in bed at this time.</p> <p>The Progress Notes dated 7/5/20 at 9:14 a.m., documented resident is lethargic this morning, able to answer yes/no questions but speech is garbled with attempts to say more. Resident refused morning scheduled medications.</p> <p>The Progress Notes dated 7/5/20 at 1:43 p.m., documented a verbal order for Tylenol 650 milligrams suppository rectally every 6 hours as needed for pain/fever ordered.</p> <p>The Progress Notes dated 7/5/20 at 8:50 p.m., documented held resident medications this evening because resident was not making sense with words and showed signs of not being able to</p>	F 580			





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F 580	<p>Continued From page 4 swallow very good.</p> <p>The Progress Notes dated 7/6/20 at 1:51 a.m., documented resident was having a hard time breathing, her oxygen level was 86% on room air. Resident still unable to make words that she wants to say and gets frustrated when unable.</p> <p>The Progress Notes dated 7/21/20 at 2:57 p.m., documented received new orders for acetaminophen 1,000 milligrams three times a day oral (2 tablets of 500 milligram) for continued pain, resident is aware.</p> <p>The Progress Notes lacked any documentation regarding the family notification of any of the mentioned new orders or changes in condition.</p> <p>During an interview on 7/29/20 at 4:10 p.m. the Director of Nursing confirmed and verified the clinical record lacked any documentation that the family was notified of the new orders or changes in the residents condition and it was the expectation of the nurses to notify the family of changes or new orders.</p>	F 580			



Accura Healthcare of Cherokee  
921 Riverview Drive  
Cherokee, LA 51012  
Provider number: 165425

**F000**

This Plan of Correction for the Complaint #92308 & Focused Infection Control Survey conducted 07/27-07/30/20 and is submitted as required under Federal and State regulation and statutes applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby specifically denied. The submission of the plan does not constitute an agreement by the facility that the surveyors' findings or conclusions are accurate, that the findings constitute a deficiency, or that the scope or severity regarding any of the deficiencies cited are correctly applied.

Accept this plan as the facility's credible allegation of compliance, all stated deficiencies will be corrected on or before 08/17/20.

**F 580-Notify of Changes (Injury/Decline/Room, etc.)**

1. Accura Healthcare will ensure all residents' family in our facility, including resident # 2's family will be notified of changes in resident condition and new orders.
2. Education provided to nursing staff on 8/3/20.
3. Audits conducted by DON or designee twice a week for 6 weeks to ensure this problem does not recur and all family members are notified of changes in condition and new orders.
4. This plan of correction is integrated into the Quality Assurance Performance Improvement Program (QAPI).

