STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165408	A. BUILDING _____ B. WING _____	04/12/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCURA HEALTHCARE OF BANCROFT	546 EAST RAMSEY STREET BANCROFT, IA 50517

(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: 4/28/23 The following deficiencies resulted from the facility's annual recertification survey conducted on April 10, 2023 to April 12, 2023. See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C.	F 000		
F 657 SS=D	Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii) §483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be- (i) Developed within 7 days after completion of the comprehensive assessment. (ii) Prepared by an interdisciplinary team, that includes but is not limited to-- (A) The attending physician. (B) A registered nurse with responsibility for the resident. (C) A nurse aide with responsibility for the resident. (D) A member of food and nutrition services staff. (E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan. (F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident. (iii)Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review	F 657	F 657 PLAN OF CORRECTION Accura Healthcare of Bancroft denies it violated any federal or state regulations. Accordingly, this plan of correction does not constitute an admission or agreement by the provider to the accuracy of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. Completion dates are provided for procedural processing purposes and correlation with the most recently completed or accomplished corrective action and do not correspond chronologically to the date the facility maintains it is in compliance with the requirements of participation, or that corrective action was necessary. 1. In continuing compliance with F 657, Care Plan Timing and Revision, Accura Healthcare of Bancroft corrected the deficiency by the MDS Coordinator ensuring Res #11, #16 and all like resident's care plans are completed accurately list any high-risk medication for adverse effects with appropriate interventions in place. Education was provided on 4/12/2023 to MDS Coordinator by Regional Clinical Quality Specialist on ensuring care plans are completed accurately and are up to date in accordance with the resident's plan of care.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Autumn Morphew — TITLE: Prov. Administrator — (X6) DATE: 4/28/23

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 657	Continued From page 1 assessments. This REQUIREMENT is not met as evidenced by: Based on clinical record review, document review, resident and staff interviews, the facility failed to revise the care plan to accurately reflect the risks of utilizing high-risk medications for 2 of 5 residents sampled for medication management, (Resident #11 and #16). The facility reported a census of 18 residents. Findings include: 1.The Minimum Data Set (MDS) Assessment for resident #11 dated 3/30/23 showed a Brief Interview for Mental Status (BIMS) score of 15 indicating no cognitive impairment. The MDS documented Resident #11 received an anticoagulant medication (a medication that carries a risk of increased bleeding potential) during the 7 day MDS look back period. The Hospital Discharged Instructions electronically signed by the physician on 3/24/23 documented a physician order for Apixaban 2.5 mg oral tablet give 4 tablets every 12 hours for 1 week then 5 mg twice a day. A review of the Resident's March and April 2023 Medication Administration Records (MARs) completed on 4/11/23 documented Resident #11 received an apixaban oral tablet 2.5 milligrams (mg) give 4 tablets by mouth two times a day from 3/24/23 - 4/11/23. The Resident also received aspirin (medication to minimize blood clotting) enteric coated tablet delayed release 81 mg, give 1 tablet by mouth one time a day for cardiac prevention related to non-st elevation (NSTEM) myocardial infarction from 3/9/21 -	F 657	2. To correct the deficiency and to ensure the problem does not recur all nursing staff were educated on 04/14/2023 on following/updating the comprehensive care plans by the DON. The DON and/or designee will audit resident's care plans to ensure high-risk medication for adverse side effects are listed with appropriate interventions in place for new residents and current residents as orders change for 3x/week for 4 weeks, then 2x/week for 4 weeks, then 1 time per week for 4 weeks, then PRN. 3. As part of Accura Healthcare of Bancroft ongoing commitment to quality assurance, the Director of Nursing and/or designee will report identified concerns through the community's QA Process.	

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F 657	Continued From page 2 3/21/23, 3/25/23 - 4/11/23. A review of the Care Plan with a revised date of 4/11/23 lacked documentation related to the use of anticoagulant medication (Apixaban) and risk factors for use. During an interview on 4/11/23 at 2:20 p.m. Resident #11 reported she is on a blood thinner due to having blood clots. An interview with the MDS Coordinator on 4/11/23 at 3:06 p.m., reported she updates the care plan according to the changes on the MDS. If a new order comes in and the MDS had recently been completed then she would add the changes to the care plan before the next review. During an interview on 4/11/23at 3:09 p.m. with Staff A, Registered Nurse, reported the care plan would have interventions and things to look for regarding medications. An interview with the DON on 4/11/23 at 3:12 p.m., verbalized the initial orders go into a folder that she keeps in her office. She gives the folder to the MDS Coordinator to insure the care plans are updated in the computer. During an interview on 4/11/23 at 3:18 p.m. the DON reported the facility does not have a care plan policy. 2. The MDS Assessment dated 3/18/23 for Resident #16 showed a BIMS score of 15 indicating intact cognition. The MDS identified Resident #16 received an antidepressant medication (a medication that can carry side effects of dizziness, loss of appetite, insomnia	F 657		

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F 657	Continued From page 3 and can alter mood status) during the 7 day MDS look back period. An Office Clinic Note dated 3/22/23 documented a diagnosis of anxiety and depression in which the Lexapro would be used to treat both conditions. A review of the Care Plan with a revised date of 4/3/23 lacked documentation related to the use of an antidepressant medication (Lexapro), the diagnoses of anxiety and depression, side effects to monitor for and psychosocial resident needs. A review of the Resident's March and April 2023 Medication Administration Record (MAR) completed on 4/11/23 revealed the Resident received the Lexapro 10 mg by mouth one time a day for generalized anxiety disorder from 3/1/23 - 4/1/23. The MAR further showed the Lexapro antidepressant medication had a start date of 11/24/22. During an interview on 4/11/23 at 2:30 p.m. Resident #16 reported that she recently started on a medication to help with her depression.	F 657		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary	F 690		

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F 690	Continued From page 4 incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, clinical record review, policy review and staff interview, the facility failed to minimize the risk of infection during the provision of catheter care for 1 of 1 resident reviewed, (Resident #12). The facility identified a census of 18 residents. Findings include: The Minimum Data Set (MDS) Assessment dated 2/16/23 showed a Brief Interview for Mental Status (BIMS) score of 14 indicating intact	F 690	F 690 PLAN OF CORRECTION Accura Healthcare of Bancroft denies it violated any federal or state regulations. Accordingly, this plan of correction does not constitute an admission or agreement by the provider to the accuracy of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. Completion dates are provided for procedural processing purposes and correlation with the most recently completed or accomplished corrective action and do not correspond chronologically to the date the facility maintains it is in compliance with the requirements of participation, or that corrective action was necessary. 1. In continuing compliance with F 690, Bowel/Bladder Incontinence, Catheter, UTI. Accura Healthcare of Bancroft corrected the deficiency ensuring Resident #12 and all like residents have minimal risk of infection during catheter care by providing education on 4/12/2023 to the DON by the Regional Clinical Quality Specialist on the correct practices for proper hand hygiene during catheter cares.	

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F 690	Continued From page 5 cognition. Resident #12 required extensive assistance with bed mobility, transfer, dressing, personal hygiene and toileting. The MDS listed a diagnoses of malignant neoplasm of the prostate and identified Resident #12 utilized an indwelling urinary catheter (a catheter that remains in place in the bladder that drains urine from the bladder into a bag outside of the body). A Physician Order Report signed by the Provider on 1/9/23 documented the following physician orders: a. Replace the Foley catheter every 30 days with a 16 French catheter with a 10 cubic centimeters (cc) bulb one time a day every 30 day(s) for infection control related to malignant neoplasm of the prostate and as needed. Active date 1/10/23. b. Change the catheter drainage bag every 15 days and as needed one time a day every 15 day(s) for infection control and as needed. Active date 1/10/23. A Care Plan Focus revised 11/11/22 by the DON documented Resident #12 had a catheter due to prostate cancer. The Care Plan directed the C.N.A.'s to provide catheter care twice a day and as needed with a care plan goal that Resident #12 would not develop a urinary tract infection due to the catheter use. During an observation on 4/11/23 at 7:32 a.m. the Director of Nursing (DON) assisted Staff B, Certified Nursing Assistant (C.N.A.) with catheter care. The DON stood by the head of the bed. She kicked the trash can toward the bed with her left foot, then bent down and used her right gloved hand to grasp the 1/2 full garbage can by the rim with her gloved thumb, index finger and middle finger to move the trash can by the bed.	F 690	2. To correct the deficiency and to ensure the problem does not recur all nursing staff were educated on 04/12/2023 on catheter care by the DON. The DON and/or designee will audit all nursing staff to ensure compliance with catheter cares for 3x/week for 4 weeks, then 2x/week for 4 weeks, then 1 time per 4 weeks, then PRN to ensure continued compliance. 3. As part of Accura Healthcare of Bancroft ongoing commitment to quality assurance, the DON and/or designee will report identified concerns through the community's QA Process.	

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F 690	Continued From page 6 Observation revealed used Kleenex in the garbage can. The DON directed Staff B to do the catheter care because she had clean gloves on. The DON picked up a package of disposable wipes in her left gloved hand and used her right gloved thumb, index and middle finger to pull a disposable wipe from the package and handed the wipe to Staff B who used the wipe to cleansed around the urinary meatus (tip of penis) head at the catheter insertion site The DON pulled another disposable wipe with the gloved right hand, handing the wipe to Staff B. Staff B took the second disposable wipe and cleansed around the urinary meatus again. The DON pulled two more disposable wipes out of the package with her gloved right hand and handed to Staff B so she could cleanse the left and right groin folds with the disposable wipes. The DON then pulled another disposable wipe from the package with her right gloved hand handing the wipe to Staff B so she could cleanse from the catheter insertion site four inches down the catheter. The DON repeated the process a second time so Staff B could cleanse down the catheter one more time. Both Staff removed their gloves upon completion of the catheter care. During an interview on 4/11/23 at 2:51 p.m. Staff C, C.N.A. reported she had received training on catheter care. She reported she is to use clean gloves to provide catheter care. If she touched something dirty, she would have to change her gloves and do hand hygiene prior to performing catheter care. During an interview on 4/11/23 at 3:33 p.m. Staff D, Registered Nurse (RN) reported she would expect if gloves become contaminated prior or during catheter care, the gloves should be	F 690		

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F 690	Continued From page 7 changed. During an interview on 4/12/23 at 11:40 a.m. the DON reported she expected staff to change gloves if gloves become contaminated and perform catheter care with clean gloves. The Hand Hygiene Policy updated 6/21/21 directed staff should always complete hand hygiene before and after putting on and taking off of gloves and after handling contaminated items and equipment such as dressings, secretions and excretions from residents. The Catheter Care Policy updated 6/21/21 documented a purpose to prevent infection and reduce irritation. The Policy directed to use peri wash, washcloths, towel, gloves and a surface barrier for equipment supplies. The Procedure documented the following steps: a. Wash hands, gather equipment and take to the bedside. b. Provide privacy and explain the procedure to the resident. c. Apply gloves. d. Clean the area at the catheter insertion. Do one side of the area and then using the clean area of the wash cloth do the other side. Be careful not to pull on the catheter or advance it further into the urethra. Make sure all debris is removed from the catheter insertion site. Always clean from the front to the back. For male residents retract the foreskin for thorough cleansing, making sure to pull the foreskin back down when finished. e. Gently pat dry. f. Discard equipment properly. g. Position the resident comfortably with the call light within reach.	F 690		

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F 690	Continued From page 8 h. Wash hands. The Catheter Care Policy failed to direct the staff on when to change to clean gloves if gloves become contaminated by other environmental surfaces. The Standard Precautions Policy updated 6/21/21 directed gloves should be worn when touching blood, body fluids, secretions, excretions, and contaminated items. Gloves should be removed promptly after use and before touching non-contaminated items and environmental surfaces and before going to another resident. Hand washing should be completed after gloves are removed. The Policy indicated Standard Precautions are indicated for all residents. The Policy directed to handle Resident- Care equipment soiled with blood, body fluids, secretions, or excretions to prevent skin and mucous membrane exposure, contaminating of clothing and the transfer of microorganisms to other residents and environments. The Policy direct to clean reusable equipment and discard disposables.	F 690		