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	165425	A. BUILDING _____ B. WING _____	07/13/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ACCURA HEALTHCARE OF CHEROKEE, LLC	921 RIVERVIEW DRIVE CHEROKEE, IA 51012

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F 000	INITIAL COMMENTS	F 000	F657: Care Plan Timing and Revision PLAN OF CORRECTION Accura Healthcare of Cherokee 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.	
X DC	Correction date: 7/25/23 The following deficiencies resulted from the facility's annual recertification survey conducted on July 10, 2023 to July 13, 2023. See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C.			
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	In continuing compliance with F657, Care Plan Timing and Revision. Accura Healthcare of Cherokee corrected the deficiency by Director of Nursing reviewing and revising the care plan for resident #13 on 7/10/2023 and #30 on 7/13/202.The facility will ensure that care plans are properly reviewed and revised for resident #13, #30, and all like residents. To correct the deficiency and to ensure the problem does not recur nurse management staff were educated on 7/14/2023 on Care Plan timing and revision by the Director of Nursing. The Director of Nursing and/or designee audited all care plans by 7/20/2023.Then 4 care plans per week x4 weeks; then 3 care plans per week x4 weeks; then 2 care plans per week x2 weeks; then 1 care plan per week x2 weeks; then PRN. As part of Accura Healthcare of Cherokee's ongoing commitment to quality assurance, the Director of Nursing and/or designee will report identified concerns through the community's QA Process.	7/20/2023

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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assessments.
This REQUIREMENT is not met as evidenced by:
Based on observation, facility record review, resident and staff interview, the facility failed to review and revise the plan of care for 2 of 14 residents reviewed (Residents #13 & #30). The facility reported a census of 36 residents.

Findings include:

1. The Minimum Data Set (MDS) assessment dated 7/3/23, documented Resident #13 had a Brief Interview for Mental Status (BIMS) score of 12 which indicated Resident had moderate cognitive impairment. The MDS also documented Resident #13 had diagnoses of peripheral vascular disease (narrowing or blockage of blood vessels), stroke, pseudomonas (a type of bacteria), ulcerated varicose veins, cellulitis (skin infection), and chronic venous insufficiency (damage to leg veins).

Observation on 7/10/23 at 11:10 AM revealed a sign hung on Resident #13 ' s door indicating that she was on Transmission Based Precautions (TBP) and a plastic storage cart with a bottle of hand sanitizer and box of gloves on top and isolation gowns, and wound supplies in the drawers.

Observation on 7/10/23 at 12:30 PM revealed Resident #13 sitting in her wheelchair at a table in the dining room with 3 other ladies finishing lunch.

Clinical record review of resident ' s Progress Notes revealed the following:
On 5/31/23 staff educated the resident on the

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contradiction of using Imodium with C-difficile (a bacteria that causes diarrhea).
On 6/6/23 staff received signed lab orders from the physician indicating that the stool sample was positive for C-difficile.

Review of the readmission Care Plan with an initiation date of 6/29/23 failed to identify a problem focus area or directives to address the resident having C-difficile and being on TBP.

In an interview with the consultant Director of Nursing (DON) on 7/13/23 at 1:05 PM stated that he would expect that the care plan would have been updated immediately on learning resident was C-diff positive.

2. The MDS assessment dated 4/25/23 for Resident # 30, documented diagnoses of anemia, hypotension (low blood pressure), depression adrenocortical insufficiency (not enough of certain hormones), pulmonary embolism (blood clot in lung), acute respiratory failure, weakness, diarrhea, and abnormal weight loss.

Review of residents clinical record Skin Assessments revealed the following:
On 5/23/23 documentation of 1cm x 1cm shearing wound to right buttock that was first noted 5/16/23. A check mark that the care plan was current and up-to-date with wound interventions.
On 5/30/23 documentation of 0.5cm x 1.6 cm shearing wound to right buttock. There was a check mark that the care plan was current and up-to-date.
On 6/6/23 documentation of 0.5cm x 1.6 cm shearing wound to right buttock. There was a check mark that the care plan was current and

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up-to-date.
On 6/13/23 documentation of 1cm x 2 cm shearing wound to right buttock. There was a check mark that the care plan was current and up-to-date.
On 6/20/23 documentation of 0.5cm x 2.2 cm shearing wound to right buttock. There was a check mark that the care plan was current and up-to-date.
On 6/27/23 documentation of 0.5cm x 2.2 cm shearing wound to right buttock. There was a check mark that the care plan was current and up-to-date, and the physician was contacted for new orders.
On 7/11/23 documentation of 0.2cm x 1cm shearing wound to right buttock. There was a check mark that the care plan was current and up-to-date. There was also documentation that the physician was contacted with an update of some improvement noted to the area, however, a new area on his lower right buttock has developed.

Review of residents clinical record Progress Notes revealed the following:
On 6/14/23 open area on right buttock from shearing is getting worse. Resident sits in his recliner all the time and refuses to sleep in his bed. No signs or symptoms of infection noted. Fax sent to physician to get order for Tegaderm foam dressing.
On 6/20/23 the wound is stable. Physician notified of status and request for new treatment orders.
On 6/27/23 the wound is in decline and physician notified of status and request for new treatment orders. Resident has 3 new open areas on his right buttock due to shearing and 1 on his left buttock.

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F 657	Continued From page 4 Review of residents clinical record Orders revealed the following: Tegaderm foam to right buttock, change every Tuesday, Friday and PRN with start date of 6/16/23 and end date of 6/29/23. Cleanse wounds on buttocks with wound wash, apply skin prep and cover with foam dressing every Tuesday and Friday with a start date of 6/30/23. Review of residents Care Plan, with a revision date of 4/30/23 revealed a focus area of potential impairment of skin integrity due to fragile skin, weakness, incontinence and lack of mobility. The goal was to maintain or develop clean and intact skin by target date of 7/31/23. The care plan lacked documentation of resident ' s wounds and changing treatments. In an interview with the consultant Director of Nursing (DON) on 7/13/23 at 1:05 PM he stated that he would expect that the care plan would have been updated with wound changes and treatments as they occurred.	F 657	In continuing compliance with F812 Food procurement, Store/Prepare/Serve-Sanitary, Accura Healthcare of Cherokee corrected the deficiency by Dietary Manager cleaning the kitchen hood on 7/13/2023. The stainless-steel table top/bottom and robo coupe were cleaned on 7/11/23, the door by the freezer was cleaned and free from dirt and grit on 7/11/23. The Vinyl baseboard was fixed and replaced by maintenance on 7/20/23. The shelving in the storeroom was cleaned on 7/11/23. The top of the trash receptacle was cleaned on 7/11/23. Staff C was educated on hair net use on 7/25/2023 by the Dietary Manager. The facility will ensure food is stored, prepared, and distributed in accordance with professional standards.	7/25/2023
F 812 SS=E	Food Procurement,Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2) §483.60(i) Food safety requirements. The facility must - §483.60(i)(1) - Procure food from sources approved or considered satisfactory by federal, state or local authorities. (i) This may include food items obtained directly from local producers, subject to applicable State and local laws or regulations. (ii) This provision does not prohibit or prevent facilities from using produce grown in facility	F 812	To correct the deficiency and to insure the problem does not recur, by 7/25/23 Dietary Staff were provided education on hair net use and jewelry while working by Dietary Manager. The dietary Manager has updated cleaning schedule to include removal of items to ensure cleaning and sanitation and compliance practices, as well as cleaning of the hood monthly. The dietary manager and//or designee will audit for compliance with kitchen sanitation 3 times weekly for 4 weeks, twice weekly for 4 weeks, weekly for 4 weeks, and then as needed to ensure continued compliance. As part of Accura HealthCare of Cherokee's 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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gardens, subject to compliance with applicable safe growing and food-handling practices.
(iii) This provision does not preclude residents from consuming foods not procured by the facility.

§483.60(i)(2) - Store, prepare, distribute and serve food in accordance with professional standards for food service safety.
This REQUIREMENT is not met as evidenced by:
Based on observation and staff interview, the facility failed to store, prepare, distribute and serve food in accordance with professional standards for food service safety. The facility reported a census of 36 residents.

Findings include:

1) During initial tour of the kitchen on 7/10/23 at 10:47 a.m. the Dietary Supervisor (DS) worked in the kitchen. The following were noted:
a. A stainless steel table where the robo coupe sat had multiple papers and binders with crumbs around and under the items.
b. The shelf underneath had pans sitting upside down on it and the shelf had a dusting of a white substance.
c. The door by the freezer had dirt and grit around the baseboard and the bottom of the door frame on both sides.
d. Vinyl baseboard loose and not adhering to the wall intermittently from the doorway of the store room around to the area where the 3 compartment sink sat.
e. The storeroom had a white sheeting on the shelves that appeared to be worn in places and unsanitizable. Some areas where items sat were sticky.
f. The top of the hand washing trash receptacle

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was dirty.

g. The oven hood did not appear to be free of grease, and the dietary supervisor said it looked like it needed some attention.

On 7/12/23 after the noon meal service the DS got a flashlight to better visualize the stove hood. It revealed a thick buildup of grease throughout. The DS stated since they had someone cleaning it she didn't think about it and never looked up.

On 7/13/23 at 10:14 a.m. the Administrator stated she had not looked at the stove hood. She provided a bill showing the hood cleaned 4/20/23. She said they could have it cleaned more often if necessary.

On 7/13/23 at 11:20 a.m. the DS had cleaned the kitchen hood and said she had to scrub it to get it clean. It then appeared free of grease.

A Fire Suppression Systems: Hoods and/or Rooms report dated 2/13/23 documented inspection of the kitchen hood. The hood was last steam cleaned 10/2022 and was free of a buildup of grease.

An invoice with a service date of 4/20/23 indicated the kitchen hood exhaust system, 1 fan, duct work, 1 hood inside and out were cleaned. Due to revised EPA regulations, they no longer cleaned filters. They recommended putting them in the dishwasher or handwashing in a dish sink.

A Kitchen Hood Exhaust System Cleaning report documented the next service (not) due (until) November 2023.

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F 812	Continued From page 7 2. On 7/12/23 at 11:34 a.m. Staff C Dietary Aide (DA) had her front hair out of the hair net. She also wore a thick band of bracelets on each wrist and several rings, one larger and more protruding. On 7/12/23 at 12:01 p.m. the DS started serving in the main dining room. The DA assisted with the noon service with the front of her hair hanging out of the hair net. The 2017 food Code included: 4-202.18 Filters or other grease extracting equipment should be designed to be readily removable for cleaning and replacement if not designed to be cleaned in place. 2-402.11 Food employees should wear hair restraints such as hats, hair coverings or nets, beard restraints, and clothing that covered the body hair, that were designed and worn to effectively keep their hair from contacting exposed food, clean equipment, utensils, and linens; and unwrapped single service and single use articles. 2-303.11 Except for a plain ring such as a wedding band, while preparing food, food employees may not wear jewelry including medical information jewelry on their arms and hands.	F 812		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program	F 880		

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F 880	Continued From page 8 designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the	F 880	In continuing compliance with F880, Infection Prevention and Control. Accura Healthcare of Cherokee corrected the deficiency by providing education to all staff on Transmission Based Precautions for residents with C. Diff as of 7/20/2023, to ensure standards of care are followed for Resident #13 and all like residents. To correct the deficiency and to ensure the problem does not recur all staff were educated on 7/20/2023 on Infection Prevention and Control by the Director of Nursing. The Director of Nursing and/or designee will audit hand washing practices of employees 4 times per week x4 weeks; then 3 times per week x4 weeks; then 2 times per week x2 weeks; then 1 time per week x2 weeks; then PRN. As part of Accura Healthcare of Cherokee's ongoing commitment to quality assurance, the Director of Nursing and/or designee will report identified concerns through the community's QA Process.	7/20/2023

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least restrictive possible for the resident under the circumstances.
(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and
(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.

§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.

§483.80(e) Linens.
Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.

§483.80(f) Annual review.
The facility will conduct an annual review of its IPCP and update their program, as necessary.
This REQUIREMENT is not met as evidenced by:
Based on observations, staff interviews, Centers for Disease Control and Prevention (CDC), and policy review, the facility failed to follow the standards of care for providing proper care of 1 of 1 residents reviewed (Resident #13) with Clostridioides difficile (C.diff). The facility reported a census of 36 residents.

Findings include:

The Minimum Data Set (MDS) assessment dated 7/3/23, documented Resident #13 had a Brief Interview for Mental Status (BIMS) score of 12 which indicated Resident had moderate cognitive impairment. The MDS also documented Resident

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#13 had diagnoses of peripheral vascular disease (narrowing or blockage of blood vessels), stroke, pseudomonas (a type of bacteria), ulcerated varicose veins, cellulitis (skin infection), and chronic venous insufficiency (damage to leg veins).

Observation on 7/10/23 at 11:10 AM revealed a sign hung on Resident #13 ' s door indicating that she was on Transmission Based Precautions (TBP) and a plastic storage cart with a bottle of hand sanitizer and box of gloves on top and isolation gowns, and wound supplies in the drawers.

Observation on 7/10/23 at 12:30 PM revealed Resident #13 sitting in her wheelchair at a table in the dining room with 3 other ladies finishing lunch.

In an interview on 7/11/23 at 9:50 AM, the resident stated staff wear gowns and rubber gloves when caring for her. When asked about washing their hands, the resident stated she thinks that they mostly use hand sanitizer.

In an interview on 7/11/23 at 12:30 PM Staff B, housekeeping stated he was not really doing anything different to clean Resident #13 ' s room. He stated he used a disinfectant that they have been using since COVID and that it is used in all the rooms.

Review of facility document titled Clostridium Difficile (C. Diff), updated 10/19/23, revealed that a resident with C. diff. should be placed in a private room and that gloves and gowns should be worn on entering the resident ' s room. It also stated that hands must be washed immediately

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with an antiseptic soap (rather than hand sanitizer). Lastly, the document indicated that equipment and room must be cleaned with bleach 10/1 ratio.

Review of CDC guidelines revealed that to clean the C.diff germs, a mixture of 1 part bleach to 9 parts water should be used.

On 7/11/23 at 12:45 PM Interviewed ICP who stated that Resident #13 should have been put in a private room, but for whatever reason the admission team did not. She stated that housekeeping is to be cleaning this resident's room last and using a bleach solution to clean. She stated she was aware that resident is going out to the dining room to eat, but that she knows she is to be washing her hands. She stated staff are using bleach wipes to clean the toilet/bathroom when resident uses the toilet. She stated her expectation was that staff would follow the guidelines and policy.