

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

PRINTED: 03/15/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165528	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/08/2022
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NAME OF PROVIDER OR SUPPLIER ACCURA HEALTHCARE OF SPIRIT LAKE	STREET ADDRESS, CITY, STATE, ZIP CODE 1912 ZENITH AVENUE SPIRIT LAKE, IA 51360
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F 000	<p>INITIAL COMMENTS</p> <p>Correction date <u>4-7-22</u></p> <p>A re-certification survey and investigation of complaint #87984-C, #94203-C, #95079-C, #97194-C and #98943-C completed 2/28/22 to 3/8/22 resulted in the following deficiencies.</p> <p>Complaint #87984-C was not substantiated. Complaint #94203-C was substantiated. Complaint #95079-C was not substantiated. Complaint #97194-C was not substantiated. Complaint #98943-C was not substantiated.</p> <p>See Code of Federal Regulations (42CFR) Part 483, Subpart B-C.</p>	F 000		
F 580 SS=D	<p>Notify of Changes (Injury/Decline/Room, etc.) CFR(s): 483.10(g)(14)(i)-(iv)(15)</p> <p>§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-</p> <p>(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</p>	F 580		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jane Smith Administrator</i>	TITLE	(X6) DATE 3.25.22
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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). (ii) When making notification under paragraph (g) (14)(l) 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. (iii) The facility must also promptly notify the resident and the resident representative, if any, when there is-</p> <ul style="list-style-type: none"> (A) A change in room or roommate assignment as specified in §483.10(e)(6); or (B) A change in resident rights under Federal or State law or regulations as specified in paragraph (e)(10) of this section. <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) 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). This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to notify the family of a change in condition and new orders for 1 of 2 residents reviewed (Resident #103). The facility reported a census of 50 residents.</p> <p>Findings include: 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 9/9/20 Resident #103 scored 2 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. The resident required extensive assistance for bed mobility, transfer, dressing, toilet use and personal hygiene. The resident's diagnoses included Alzheimer's disease and benign prostatic hyperplasia (BPH).</p> <p>The Progress Notes dated 10/15/20 at 5:18 a.m. documented the resident's abdomen noted to be firm, and bowel sounds faint x 4. The resident denied discomfort with palpation, and had no facial grimacing when the abdomen palpated. The resident had poor intake, they would continue to monitor.</p> <p>The Progress Notes dated 10/16/20 at 8:23 a.m. documented the resident's abdomen noted to be rounded and hard. The resident was very guarded and stated it was very painful to palpation. The resident's bowel sounds were hypoactive. The facility sent a change in condition form to the physician for further advice.</p> <p>The Progress Notes dated 10/16/20 at 2:05 p.m. documented orders received from the Nurse Practitioner (NP) to give prunes, power pudding, or prune juice daily until the resident's constipation resolved, and start Miralax daily.</p> <p>The clinical record lacked documentation the facility notified the resident's family of the resident's change in condition or new orders.</p> <p>On 3/1/22 at 12:59 p.m. the resident's family member stated they were not notified of the resident's change of condition until 10/19/20.</p>	F 580		

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F 580	<p>Continued From page 3</p> <p>On 3/7/22 at 11:34 a.m. Staff C Registered Nurse (RN) stated she recalled the resident very guarded and his abdomen round and distended. She said if she had contacted the family she would have documented it. She said she would not even think of calling the family for a laxative order.</p> <p>An Employee Corrective Action Form showed Staff C received and signed a written warning on 10/28/20 for not notifying the family of the resident's condition or new orders received.</p> <p>The facility policy, Condition Changes-Managing, defined a condition change as an alteration from normal status. The policy included the licensed nurse notifying the physician and the family.</p>	F 580		
F 684 SS=D	<p>Quality of Care CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, the facility failed to provide adequate assessment and timely intervention for a change in condition for 2 of 2 residents reviewed (Resident #22 and #103). The facility reported a census of 50 residents.</p>	F 684		

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F 684	<p>Continued From page 4 Findings include:</p> <p>1) According to the Minimum Data Set (MDS) assessment dated 1/1/22 Resident #22 scored 6 on the Brief Interview for Mental Status (BIMS) indicating severe cognitive impairment. The resident required extensive assistance for bed mobility, transfer, dressing, toilet use and personal hygiene. The resident's diagnoses included non-Alzheimer's dementia, coronary artery disease, and heart failure.</p> <p>The Care Plan revised 4/15/21 identified the resident needed assistance with all activities of daily living (ADL's) except eating, and at risk for dehydration. The interventions included the nurse to observe for signs and symptoms of dehydration such as poor skin turgor, decreased urinary output and dry mucous membranes. The nurse to alert the physician of any changes.</p> <p>The Progress Notes dated 2/26/22 at 12:54 p.m. documented the resident's temperature 98 (degrees) and she remained on Valcyclovir for probable shingles infection. The resident had not had an appetite, but otherwise had no adverse reaction.</p> <p>The Progress Notes dated 2/26/22 at 9:28 p.m. documented the resident's temperature 97.8 and she laid in bed with her eyes closed. No adverse effects related to antibiotic therapy thus far.</p> <p>The Progress Notes dated 2/27/22 at 5:48 a.m. documented the resident's temperature 97.6 and no adverse reactions related to antibiotic therapy.</p> <p>The Progress notes dated 2/27/22 at 11:40 a.m. documented the residents temperature 100.1 and</p>	F 684		

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F 684	<p>Continued From page 5</p> <p>the resident remained on Valcyclovir for probable shingles. The resident had not been eating or drinking well, or taking medications.</p> <p>The Progress Notes dated 2/27/22 at 3:45 p.m. documented the resident's daughter updated on the status of the resident, informing her of the decrease in appetite, inability to get up for meals, and the encouragement to get out of bed but the resident not responding to staff cues. They repositioned the resident every 2 hours. They completed mouth cares and (incontinent) pad checks. The resident refused medication attempts x 2.</p> <p>The Progress Notes dated 2/27/2022 at 9:32 p.m. documented the resident's temperature 99.1. The resident did not drink adequate, and refused/ not swallowing medications. Reported the family had been notified on the day shift.</p> <p>The Progress Notes dated 2/28/22 at 4:05 a.m. documented the resident's temperature 98.7, the resident rested well, not taking in adequate fluids.</p> <p>The Progress Notes dated 2/28/22 at 1:50 p.m. documented the resident's temperature 98.9. The resident could not swallow medication. The resident remained in bed, and repositioned every 1 -2 hours.</p> <p>The Progress Notes dated 2/28/22 at 1:56 p.m. documented the resident remained in bed, repositioned every hour to 2 hours, not swallowing well, and medication held. The resident voided during the shift. The resident would open her eyes when called her name. See point click care (PCC) for</p>	F 684		
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F 684	<p>Continued From page 6</p> <p>vitals. A Heels up cushion applied under her heels to prevent breakdown.</p> <p>The Progress Notes dated 2/28/22 at 8:31 p.m. documented the resident had no vital signs. The family and physician notified.</p> <p>The pulse summary showed the the resident frequently ran in the 50's and 60's. On 2/27/22 at 1:11 p.m. the resident's pulse 108. On 2/28/22 at 8:30 a.m. the resident's pulse 133 (normal 60-100). The clinical record lacked a follow up the pulse.</p> <p>On 3/7/22 at 12:34 p.m. Staff E Registered Nurse (RN) stated she worked 2 p.m. to 6 p.m. on 2/27/22. She called the resident's family member because she was quite worried about her. They said she had not eaten, and not gotten out of bed. She called and talked to the resident's family member. She told her she had not eaten that day and had not taken her pills. She told her what her vital signs were and that she was concerned about her. The daughter thanked her for calling. She didn't ask for her to be seen or come and see her.</p> <p>On 3/7/22 at 9:41 a.m. Staff F Licensed Practical Nurse (LPN) stated she worked 2/28/22. She kept the resident comfortable, like she would do all residents. She confirmed she had a high pulse and thought that was an indication she was getting worse. She said she did not recheck her vital signs. They had notified the family and they did not come and see her (the 27th). She did not call the family on the 28th. She did not notify the physician.</p> <p>On 3/3/22 at 10:13 a.m. the Director of Nursing</p>	F 684		
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F 684	<p>Continued From page 7</p> <p>(DON) stated the family member came in after the resident passed. The DON said she had called the Physician about the resident the day she died and he would send an order for Morphine the next morning.</p> <p>On 3/7/22 at 11:38 a.m. the Physician stated he was going to call in an order for Roxanol for the resident. It was after hours so he would do it the next morning, but she died. He didn't think she would go down that fast.</p> <p>2) According to the MDS assessment dated 9/9/20 Resident #103 scored 2 on the BIMS indicating severe cognitive impairment. The resident required extensive assist for bed mobility, transfer, dressing, toilet use and personal hygiene. The resident demonstrated incontinence of urine but not bowel. The resident's diagnoses included Alzheimer's disease and benign prostatic hyperplasia (BPH).</p> <p>The Care Plan initiated 5/11/20 identified the resident frequently incontinent of bladder, potential for constipation and urinary tract infection, and he had BPH (overgrowth of prostate tissue pushing against the urethra and the bladder, blocking the flow of urine). The interventions included assisting the resident to the bathroom upon awakening, a.m., p.m., bedtime (HS) and as needed (PRN), the resident did not always voice when he needed to go to the bathroom so please ask or take him to the bathroom, the resident had BPH and received medication for it, he had scheduled medication to manage his bowels and his nurse to administer PRN medication as requested or needed, and the nurse to observe his abdomen for distention,</p>	F 684		

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F 684	<p>Continued From page 8</p> <p>cramping and active bowel sounds as needed. The resident needed assistance with all ADL's except eating and had a potential for dehydration related to medication use.</p> <p>The Progress Notes documented the following:</p> <p>a. On 10/15/20 at 5:18 a.m. the resident's abdomen noted to be firm, and bowel sounds faint x 4. The resident denied discomfort with palpation, and no facial grimacing when the abdomen palpated. The resident had poor intake, they would continue to monitor.</p> <p>b. On 10/16/20 at 8:23 a.m. the resident's abdomen noted to be rounded and hard. The resident was very guarded and stated it was very painful to palpation, bowel sounds hypoactive. The change in condition sent to the physician for further advice.</p> <p>c. On 10/16/20 at 2:05 p.m. documented orders from the Nurse Practitioner (NP) to give prunes, power pudding, or prune juice daily until constipation resolved, and start Miralax daily.</p> <p>d. On 10/17/20 at 10:37 a.m. the resident's abdomen remained rounded and hard. The resident continued very guarded, and complained of pain to the area. The resident's vital signs were stable, and bowel sounds were present, but hypoactive.</p> <p>e. On 10/19/20 at 10:07 a.m. the resident's abdomen had been reported to continue to be distended surrounding the belly button. The nurse palpated with no signs of discomfort. The resident noted sleepy but smiled with his eyes open during the assessment. Bowel sounds were active. The</p>	F 684		

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F 684	<p>Continued From page 9</p> <p>resident's abdomen noted to be approximately same size and firmness as the assessment prior to contacting physician's office, no changes noted. Nursing staff would reassess and contact family with update and if they wanted him seen.</p> <p>f. On 10/19/20 at 12:37 p.m. the resident slept during the shift. The resident's abdomen distended and firm to touch, and the resident remained sleeping while palpating the abdomen. Bowel sounds were present in the left upper quad.</p> <p>g. On 10/19/20 at 2 p.m. staff spoke with 2 of the resident's family members and updated them on the resident's distended abdomen. They wanted him evaluated in the emergency room (ER).</p> <p>h. 10/20/20 at 8:40 a.m. documented on 10/19/20, the resident transferred to the hospital and admitted with acute kidney injury.</p> <p>The hospital History and Physical dated 10/19/20 documented the resident had obstructive uropathy, bladder outlet obstruction, acute kidney injury, and hyperkalemia. The resident had a creatinine of 7.6 (normal 0.7 to 1.3). The resident had chief complaint of urinary retention 800 cc's, with distended abdomen the last few days. The resident brought from the facility with apparently some increasing diffuse abdominal distention. The resident who normally interacted, not really talking. The resident reportedly had no acute symptoms until that day. A review of symptoms included pain and bloating, and urinary hesitancy. The labs also included a white blood count of 22.7 (normal 4.7 to 9.6), potassium 6.3 (normal 3.5 to 5.1), and blood urea nitrogen 204 (normal</p>	F 684			

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F 684	<p>Continued From page 10 7-18)</p> <p>The Nutrition, amount eaten, Report documented the resident ate 26-50% of the breakfast meal and no other meals on 10/16/20, 76-100% of the noon meal and no other meals on 10/17/20, nothing on 10/18/20 or 10/19/20. The resident consumed 480 cc fluids on 10/16/20, 270 cc on 10/17/22, 140 cc on 10/18/22, and nothing on 10/19/22.</p> <p>The Activities of Daily Living (ADL's) Report documented the resident required supervision with eating until 10/15/20 when he required extensive assistance, and dependent at times by 10/16/20.</p> <p>The clinical record lacked documentation between 10/17/20 at 10:37 a.m. and 10/19/20 at 10:07 a.m. regarding the resident's abdominal distention or pain.</p> <p>On 3/7/22 at 10:06 a.m. Staff D Certified Nursing Assistant (CNA) stated the weekend before he went to the hospital the resident had a pretty distended abdomen. He was lethargic and needed checked and changed, when he normally went to the bathroom. He wasn't eating or drinking well. She didn't recall if he complained of pain.</p> <p>On 3/7/22 at 11:34 a.m. Staff C Registered Nurse (RN) stated she recalled the resident very guarded and his abdomen round and distended. She didn't remember if he got up that weekend.</p> <p>On 3/01/22 at 12:59 p.m. the resident's family member stated they were not notified of the resident's change of condition until 10/19/20. If</p>	F 684		

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F 684	Continued From page 11 they had notified them (10/16/20) about his condition they could have had him seen sooner. On 3/7/22 at 12:25 p.m. the Physician stated it would take awhile for the BUN and creatinine to elevate that high. The resident also had hypernatremia, he felt due to his not eating and drinking. Over the course of the hospitalization they corrected the BUN, creatinine and the hypernatremia, but he did not recover. The facility policy, Condition Changes-Managing, defined a condition change as an alteration from normal status. A significant change in resident status referred to observed changes in a resident's condition which warranted immediate licensed nurse assessment, intervention, and appropriate follow-up. Clinical record documentation assessment and follow-up were necessary. Examples of condition changes include a physical decline in a resident's condition. Identification of acute changes include observations by direct care staff, licensed nurses, comments of the resident, review of the resident's history, and the physician. The licensed nurse completed a head to toe assessment to include a full set of vital signs. The licensed nurse notified the physician and the family.	F 684			
F 686 SS=D	Treatment/Svcs to Prevent/Heal Pressure Ulcer CFR(s): 483.25(b)(1)(i)(ii) §483.25(b) Skin Integrity §483.25(b)(1) Pressure ulcers. Based on the comprehensive assessment of a resident, the facility must ensure that- (i) A resident receives care, consistent with	F 686			

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F 686	<p>Continued From page 12</p> <p>professional standards of practice, to prevent pressure ulcers and does not develop pressure ulcers unless the individual's clinical condition demonstrates that they were unavoidable; and (ii) A resident with pressure ulcers receives necessary treatment and services, consistent with professional standards of practice, to promote healing, prevent infection and prevent new ulcers from developing. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, facility policy, and staff interview, the facility failed to follow physician orders for wound care for 1 out of 2 residents reviewed (Resident #5). The facility reported a census of 50 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) dated 11/29/21 for Resident #5 revealed a Brief Interview of Mental Status score of 11 which indicated moderately impaired cognition. The same MDS revealed the resident required the extensive assistance of 2 persons with bed mobility and the total dependence on 2 persons with transfers and toileting. The resident had diagnoses of stage 4 pressure ulcer of sacral region, heart failure, and type 2 diabetes mellitus.</p> <p>Observation on 3/3/22 at 12:39 PM revealed Triad cream and Maxorb extra alginate wound dressing with antimicrobial silver were used during dressing change.</p> <p>The Care Plan revealed an intervention the resident had visits with ET (wound care) nurse due to area to my coccyx regions. See Electronic Treatment Administration Record (ETAR) for</p>	F 686		

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F 686	Continued From page 13 current treatment was dated 12/24/20. The wound care order dated 1/26/22 directed the facility to cleanse coccyx area with wound cleanser/apply calmoseptine around wound/apply Aquacel Ag to wound/cover with abdominal (ABD) pad/secure with Medipore tape. In an interview on 3/3/22 at 1:34 PM, Staff A, Registered Nurse (RN), reported she became aware that she used the wrong cream to the peri wound area and she should have used calmoseptine cream. In the same interview, Staff A reported the resident's dressing change orders have not changed. The resident did not have a wound care visit by the ET nurse on 3/2/22. Staff A also reported the Maxorb extra alginate wound dressing with antimicrobial silver was supplied by the hospice agency the resident was a patient of. In an interview on 3/3/22 at 2:11 PM, the Director of Nursing (DON) reported she would expect nursing staff to follow physician orders.	F 686			
F 761 SS=E	Label/Store Drugs and Biologicals CFR(s): 483.45(g)(h)(1)(2) §483.45(g) Labeling of Drugs and Biologicals Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable. §483.45(h) Storage of Drugs and Biologicals §483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and	F 761			

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F 761	<p>Continued From page 14</p> <p>biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observations, record review and staff interview, the facility failed to address and monitor for the safe refrigerated storage of medications, in accordance with the manufacturers' specifications, for 7 of 7 resident medications reviewed. The facility reported a census of 50 residents.</p> <p>1. An observation of the locked refrigerator storage in the facility's medication storage room revealed a Temperature Log Initiated January 1st of 2022. The log was current thru the date of observation on 3/2/22. Observation revealed the log lacked refrigerator temperature documentation for a total of 7 dates identified as 1/1/22, 1/10/22, 1/24/22, 2/1/22, 2/4/22, 2/21/22 and 2/23/22. Further review revealed the log contained temperatures of 35 degrees Fahrenheit (F) on 1/11/22, 1/29/22, 2/2/22, 2/14/22 and a temperature of 34 degrees F on 2/25/22. The log lacked any guidance for approved storage temperature parameters or instructions for interventions, if temperatures recorded were outside facility policy or manufacturer's</p>	F 761			

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F 761	<p>Continued From page 15 instructions.</p> <p>A review of the facility policy titled Medication Management-Medication Administration, instructs that medications requiring storage at temperatures of 36 degree F to 46 degrees F, are kept in a refrigerator with a thermometer to allow for temperature monitoring. The policy further instructs that medication storage conditions are monitored on a (monthly) basis and corrective action taken if problems are identified.</p> <p>A review of manufacturer's storage instructions listed on their package inserts included:</p> <ul style="list-style-type: none"> a. Teva Neuroscience, Revised August 2016, instructs the medication Glatiramer injectable (used to treat relapsing forms of multiple sclerosis), to be stored at 36 (degrees) (F) Fahrenheit to 46 (degrees) F. The insert further instructs to discard the medication if it freezes. b. Sepracor Inc., dated October 2006, instructs the medication Brovana (arformoterol tartrate) inhalation solution (maintenance treatment of bronchoconstriction in patients with chronic obstructive pulmonary disease (COPD), to be stored at 36 F to 46 F. c. Sanofi Pasteur Limited, with no revision date listed, instructs the medication Tubersol (tuberculin purified protein derivative) (aid in the detection of tuberculosis) stored at 35 F to 46 F and to discard if the product freezes. d. Lilly USA, LLC, revised November 2019, instructs the medication Humulin N (isophane insulin) (intermediate acting insulin) to be stored at 36 F to 46 F when not in use and unopened and to discard if frozen. e. Eli Lilly and Company, with no revision date, instructs the medication Humalog KwikPen (insulin lispro) (rapid acting insulin) to be stored at 	F 761		
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F 761	Continued From page 16 36 F to 46 F and discard if frozen. f. Sanofi-Aventis U.S. LLC, Revised June 2009, instructs the medication Lantus (insulin glargine) (long acting insulin) to be stored at 36 F to 46 F and to discard if frozen. g. Novo Nordisk Inc., Revised January 2012, instructs the medication Levemir (insulin detemir) (long acting insulin) to be stored at 36 F to 46 F and discard if frozen. On 3/2/22 at 10:26 AM, in a joint review of the facilities' medication refrigerator contents and the Temperature Log with the DON, stated she expected refrigeration temperatures to be recorded daily and stated agency staff may be associated with missing temperatures on the log. Stated the temperature monitoring should occur on the day shift. When reviewing what the recommended storage temperatures are and how and when staff should take corrective actions, the DON stated insulin should not be frozen and would require a pharmacy and DON notification for guidance. The DON acknowledged the lack of posted or documented instructions for refrigeration temperature parameters or directions for staff interventions.	F 761			
F 800 SS=E	Provided Diet Meets Needs of Each Resident CFR(s): 483.60 §483.60 Food and nutrition services. The facility must provide each resident with a nourishing, palatable, well-balanced diet that meets his or her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. This REQUIREMENT is not met as evidenced by: Based on observation, resident interview, staff	F 800			

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F 800	<p>Continued From page 17 interview, and facility policy the facility failed to ensure hot foods are held at 135 degrees Fahrenheit or greater on the steam table. The facility reported a census of 50 residents.</p> <p>Findings include:</p> <p>Observation on 2/28/22 at 10:29 AM of the Food Temperature Log showed 5 breakfast, 4 lunch, and 3 supper temperature were missing.</p> <p>The Food Temperature Log for January 2022 was reviewed. In January for pre meal temperatures, 1 breakfast temperature was missing, 4 lunch temperatures were missing, and 6 supper temperatures. In January for post meal temperatures, 9 were missing for breakfast and lunch, none were taken for supper.</p> <p>The Food Temperature Log for February 2022 was reviewed. Pre meal temperatures missing from the log include 5 suppers. Post meal temperatures missing from the log include 7 breakfast, 11 lunch, and none for supper.</p> <p>The Food Temperatures policy dated 2013 directed the temperatures of the food items will be taken and properly recorded for each meal.</p> <p>In a confidential interview with group of residents, 4 of the residents reported meals were not always served warm.</p> <p>In an interview on 3/1/22 at 9:20 AM, the Dietary Manager (DM) reported she was confused with how to use the form. She reported that this was the form used when she started as DM and she had been wanting to revise it. The DM reported that pre meal temperatures were taken on the top</p>	F 800		

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F 800	Continued From page 18 portion of the spreadsheet and post meal temperatures were recorded on the bottom half of the worksheet. She agreed the bottom portion of the form was where puree food temperatures were to be recorded.	F 800		
F 812 SS=E	<p>Food Procurement, Store/Prepare/Serve-Sanitary CFR(s): 483.60(i)(1)(2)</p> <p>§483.60(i) Food safety requirements. The facility must -</p> <p>§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 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.</p> <p>§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, staff interview, and facility policy the facility failed to follow proper sanitizing practices, date dry food in storage, thaw meat below ready to eat food, and store dishes and cookware in a sanitary manner. The facility reported a census of 50 residents.</p> <p>Findings include:</p>	F 812		

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F 812	<p>Continued From page 19</p> <p>Observation on 2/28/22 at 10:29 AM showed the following:</p> <ul style="list-style-type: none"> a. Six grey plastic tubs on wire shelving units uncovered with cups and lids with straws right side up. b. Two stacks of nesting plastic containers on wire shelving unit right side up. c. Raw meat thawing directly over ready to eat hardboiled eggs. d. Flour and sugar storage bins with no date label. <p>In an interview on 2/28/22 at 10:29 AM, Staff A and Staff B, both Dietary Assistants, reported they did not know anything about testing the amount of quaternary level. Staff A brought a disposable thermometer over to the bucket to be tested.</p> <p>In an interview on 3/2/22 at 11:21 AM, the facility Administrator reported the facility does not have a policy about testing the level of quaternary solution.</p> <p>In an interview on 3/1/22 at 9:20 AM, the Dietary Manager (DM) reported she has never had test strips for quaternary solution because it is pre programmed to pour a set amount, we should not have to test it.</p> <p>In an interview on 3/2/22 at 9:55 AM, the DM reported the bowls turned right side up and the uncovered grey tubs were there because they hadn't been moved downstairs yet, she was in agreement that they needed to be covered until they were moved out of the kitchen. In the same interview, the DM reported staff change the solution every 3 hours so sanitizing level should still be high enough. When asked about meat thawing over ready to eat food, the DM reported</p>	F 812			

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F 812	<p>Continued From page 20</p> <p>that this happened on her day off and the staff should know to place thawing meat in location designated for this and not above ready to eat food. The DM shrugged her shoulders when asked about the date the flour and sugar were placed in the plastic storage bins.</p> <p>The Cleaning and Sanitation of Dining and Food Service Areas policy dated 2013 directed the food service staff will maintain the cleanliness and sanitation of the dining and food service areas; that the method and guidelines to be used and agents used for cleaning shall be developed for each task or piece of equipment to be cleaned.</p> <p>The Cleaning Instructions: Floors, Tables and Chairs dated 2013 directed kitchen and dining room floors, tables and chairs will be kept clean and sanitary and dining room tables will be cleaned and sanitized after each meal.</p> <p>The Procedure for Cleaning and Sanitizing Tables important tips included Quat based sanitizers should be at 200 part per million (ppm) and chlorine based should be between 50-100 ppm. Appropriate test strips should be available to test for proper ppm of the solution. The solution should be tested often because the ppm will drop throughout the day.</p> <p>The Food Storage policy dated 2013 directed that cooked foods must be stored above raw foods to prevent contamination. Raw animal foods will be separated from each other and stored on lower shelves (below cooked foods or raw fruits and vegetables) and in drip proof containers. Plastic containers with tight-fitting covers must be used for storing cereals, cereal products, flour, sugar, dried vegetables, and broken lots of bulk foods.</p>	F 812		
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F 812	Continued From page 21 All containers must be legible and accurately labeled and dated.	F 812			

PLAN OF CORRECTION

Accura Healthcare of Spirit Lake 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.

F 580 Notify of Changes

1. In continuing compliance with F580, Notify of Changes (Injury/Decline/Room, etc.) Accura Healthcare of Spirit Lake corrected the deficiency by providing Staff C 1:1 education on 10.28.2020 by DON for Resident #103 and all like residents on changes of resident condition and any new orders to ensure families get notified in a timely manner.
2. To correct the deficiency and to ensure the problem does not recur all nurses were educated by 3.25.2022 on timely notification to families of resident condition changes and new orders by DON. The DON and/or designee will audit hot charts for condition changes and new orders 3x/weekly x 4 weeks, then 2x/weekly x 2 weeks, then PRN to ensure continued compliance.
3. As part of Accura Healthcare of Spirit Lake's ongoing commitment to quality assurance, the DON and/or designee will report identified concerns through the community's QA Process.

F 684 Quality of Care

1. In continuing compliance with F 684, Quality of Care, Accura Healthcare of Spirit Lake corrected the deficiency by reviewing all residents progress notes to ensure that adequate assessments and timely interventions had been completed on any residents with documented changes of condition and new orders. Residents #22 and #103 no longer resident at the facility.
2. To correct the deficiency and to ensure the problem does not recur all nurses were educated on 3.21.2022 on ensuring adequate assessment and timely intervention on residents experiencing a change in condition by DON. The DON and/or designee will audit hot charts and new orders 3x/weekly x 4 weeks, then 2x/weekly x 2 weeks, then PRN to ensure continued compliance.
3. As part of Accura Healthcare of Spirit Lake's ongoing commitment to quality assurance, the DON and/or designee will report identified concerns through the community's QA Process.

F 686 Treatment/Services to Prevent/Heal Pressure Ulcer

1. In continuing compliance with F 686, Treatment/Svcs to Prevent/Heal Pressure Ulcer Accura Healthcare of Spirit Lake corrected the deficiency by providing Staff A 1:1 education on following physician orders for wound care for resident #5 and all like residents on 3.3.2022 by DON.
2. To correct the deficiency and to ensure the problem does not recur all nurses were educated on 3.21.2022 on following physician orders for wound care by DON. The DON and/or designee will audit treatments 3x/weekly x 4 weeks, then 2x/weekly x 2 weeks, then PRN to ensure continued compliance.
3. As part of Accura Healthcare of Spirit Lake's ongoing commitment to quality assurance, the DON and/or designee will report identified concerns through the community's QA Process.

F 761 Label/Store Drugs and Biologicals

1. In continuing compliance with F 761, Label/Store Drugs and Biologicals Accura Healthcare of Spirit Lake corrected the deficiency by the DON checking all med storage refrigerators to ensure all medications being stored were being stored at the appropriate temperatures and that logs were in place for documentation on 3.3.2022
2. To correct the deficiency and to ensure the problem does not recur all nurses were educated on 3.21.2022 on recording refrigerator temperatures daily, temperature parameters, and instructions on what to do if temperatures our outside the parameters by DON. The DON and/or designee will audit refrigerator temperature logs 3x weekly x 4 weeks, then 2x/weekly x 2 weeks, then PRN to ensure continued compliance.
3. As part of Accura Healthcare of Spirit Lake's ongoing commitment to quality assurance, the DON and/or designee will report identified concerns through the community's QA Process.

F 800 Provided Diet Meets Needs of Each Resident

1. In continuing compliance with F 800, Provided Diet Meets Needs of Each Resident, Accura Healthcare of Spirt Lake corrected the deficiency by providing the Dietary Manager 1:1 education on ensuring temperatures of food items are being taken with meals, being recorded properly with meals, and where to document the temperatures at on 3/7/22 by Administrator.
2. To correct the deficiency and to ensure the problem does not recur all cooks to be educated by 4/7/22 on proper procedure on recording hot food temperatures after they are placed in the steam table pre/post serving by the Dietary Manager. The Dietary Manager and/or designee will audit

temperature logs 3/weekly x 4 weeks, then 2x/weekly x 2 weeks, then PRN to ensure continued compliance.

3. As part of Accura Healthcare of Spirit Lake's ongoing commitment to quality assurance, the Dietary Manager and/or designee will report identified concerns through the community's QA Process.

F 813 Food Procurement, Store/Prepare/Serve-Sanitary

1. In continuing compliance with F 812, Food Procurement, Store/Prepare/Serve--Sanitary, Accura Healthcare of Spirit Lake corrected the deficiency on 2/28/2022 by moving the raw meat that was thawing directly over the ready to eat eggs to the lower rack. On 3/1/2022 by placing six grey plastic tubs with uncovered cups/lids face down, cups lids removed and placed face down, two stacks of nesting plastic containers right side up were placed face down. On 3/16/2022 the flour/sugar bins with no date label were dated by Dietary Supervisor.

2. To correct the deficiency and to ensure the problem does not recur all dietary staff to be educated by 3/7/22 on proper sanitizing practices, dating dry food in storage, thawing meat to below ready to eat food, storing dishes and cookware in a sanitary manner, and use of quaternary solution/testing strips for cleaning bucket containing table sanitizer by the Dietary Manager. The Dietary Manager and/or designee will audit dry food storage dating/meat thawing practices/storing dishes/cookware in a sanitary manner 3x/weekly x 4 weeks, then 2x/weekly x 2 weeks, then PRN to ensure continued compliance.

3. As part of Accura Healthcare of Spirit Lake's ongoing commitment to quality assurance, the Dietary Manager and/or designee will report identified concerns through the community's QA Process.