

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165595	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER AKRON CARE CENTER, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 991 HIGHWAY 3 AKRON, IA 51001		
(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	F 000	It is the policy of this facility to ensure the highest quality of care is afforded by our residents. Consistent with this practice the following has been done.		
	Correction date: <u>5/9/25</u>		In respect to resident #6 and all other residents residing here, the Akron Care Center has completed/will complete the following.		
X DC	The following deficiencies resulted from the facility's annual recertification survey conducted April 28, 2025 to May 1, 2025.				
F 644 SS=D	See the Code of Federal Regulations (42CFR) Part 483, Subpart B-C. Coordination of PASARR and Assessments CFR(s): 483.20(e)(1)(2) §483.20(e) Coordination. A facility must coordinate assessments with the pre-admission screening and resident review (PASARR) program under Medicaid in subpart C of this part to the maximum extent practicable to avoid duplicative testing and effort. Coordination includes: §483.20(e)(1) Incorporating the recommendations from the PASARR level II determination and the PASARR evaluation report into a resident's assessment, care planning, and transitions of care. §483.20(e)(2) Referring all level II residents and all residents with newly evident or possible serious mental disorder, intellectual disability, or a related condition for level II resident review upon a significant change in status assessment. This REQUIREMENT is not met as evidenced by: Based on clinical record review and staff interview, the facility failed to refer 1 resident with a negative Level I result for the PreAdmission Screening and Resident Review (PASRR), who was later identified with newly evident or possible	F 644	Resident #6 had the PASRR reviewed, and a new one was submitted on April 30, 2025 with the missing diagnosis being added. PASRR notified the facility on May 1, 2025, that resident #6 remains at level 1 with no additional recommendations. For ongoing review monitoring MDS coordinator or designee will review PASRR diagnosis with recent progress notes from Primary Care or Telehealth services at quarterly MDS for possible changes and submit new PASRR as indicated by July 31, 2025. Going forward all new admissions will have two (2) staff members review PASRR diagnosis following admission to the care center to audit for all diagnosis' being accurately reflected on the PASRR. Once an initial review of current resident's PASRR/ diagnosis is completed then PASRR and diagnosis will be audited randomly or with significant change in resident condition by MDS coordinator or DON or Designee to help identify any possible changes that may result in a new PASRR being submitted.	Completion Date: 5/09/2025	

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

TITLE

(X6) DATE

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.

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

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FORM APPROVED
OMB NO. 0938-0391

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F 644	<p>Continued From page 1</p> <p>serious mental disorder, intellectual disability, or other related condition, to the appropriate state-designated authority for Level II PASRR evaluation and determination for 1 out of 2 residents reviewed for PASRR requirements, (Resident #6). The facility reported a census of 43 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment dated 1/23/25 for Resident #6 documented diagnoses of anxiety disorder, depression and psychotic disorder. The MDS included a Brief Interview for Mental Status (BIMS) score of 5 indicating severe cognitive impairment.</p> <p>Review of the active diagnosis list in the clinical record revealed the following diagnosis:</p> <ul style="list-style-type: none"> a. Alcohol use, unspecified with alcohol-induced psychotic disorder, unspecified b. Major depressive disorder c. Anxiety disorder <p>Review of the MDS dated 1/23/25 revealed the following diagnosis:</p> <ul style="list-style-type: none"> a. Anxiety disorder b. Depression c. Psychotic Disorder <p>Review of the Physicians Progress Note signed and dated 4/16/25 included:</p> <ul style="list-style-type: none"> a. Alcohol-induced psychotic disorder with delusions b. Generalized Anxiety Disorder c. Other specified depressive episodes <p>Review of the PASRR dated 6/1/2017 lacked inclusion of psychotic disorder.</p>	F 644		

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F 644	Continued From page 2 The clinical record lacked an updated PASRR to include psychotic disorder. Interview on 4/29/25 at 1:47 p.m., with the MDS Coordinator revealed Resident #6 has not had any changes for a while and the diagnosis should have been on the PASRR. The facility does not have a policy and follows the guidelines for PASRR.	F 644			