

**Iowa Department of Inspections and Appeals
Health Facilities Division
Citation**

Citation Number: #10712				Date: January 14, 2025		
Facility Name: Urbandale Health Care Center				Survey Dates:		
Facility Address/City/State/Zip 4614 NW 84 th Street Urbandale, IA 50322		CP		November 14, 2024 – December 13, 2024		
Rule or Code Section	Nature of Violation			Class	Fine Amount	Correction date

56.12	481—56.12(135C) Class I violation as a result of multiple lesser violations. The director of the department of inspections and appeals may issue a citation for a class I violation when a physical condition or one or more practices exist in a facility which are a result of multiple lesser violations of the statutes or rules, but which taken as a whole constitute an imminent danger or a substantial probability of resultant death or physical harm to the residents of the facility.			
58.21(8) + 58.21(9) + 58.21(14)a, c, d +	481—58.21(135C) Drugs, storage, and handling. 58.21(8) An accurate written record of medications administered shall be made by the individual administering the medication. (III) 58.21(9) Records shall be kept of all medications received and dispensed in accordance with 42 CFR 483.45(b)(2) and federal interpretive guidelines. (III) 58.21(14) Drug safeguards. a. All prescribed medications shall be clearly labeled indicating the resident's full name, physician's name, prescription number, name and strength of drug, dosage, directions for use, date of issue, and name and address and telephone number of pharmacy or physician issuing the drug. Where unit dose is used, prescribed medications shall, as a minimum, indicate	III III	\$5,000.00 HELD IN SUSPENSION	UPON RECEIPT

Facility Administrator

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	<p>the resident's full name, physician's name, name and strength of drug, and directions for use. Standard containers shall be utilized for dispensing drugs. Paper envelopes shall not be considered standard containers. Prescription medications distributed from an AMDS shall follow any labeling standards established by the Iowa board of pharmacy. (III)</p> <p>c. There shall be no medications or any solution in unlabeled containers. (II, III)</p> <p>d. The medications of each resident shall be kept or stored in the originally received containers. (II, III)</p> <p>DESCRIPTION:</p> <p>Based on observation, clinical record review, staff interview and facility policy review the facility failed to follow professional standards of practice as they allowed the Unit Managers/Supervisors to draw up liquid Morphine (pain medication) and Lorazepam (anti-anxiety medication) in one (1) milliliter (ml) syringes and placed them labeled and unlabeled in the medication carts 3 residents (Res #8, #11 and #13). The staff that drew up the medications failed to dispense the medications and were not licensed pharmacists. The facility also failed to provide sufficient detail to enable an accurate reconciliation</p>	<p>II</p> <p>II</p>		
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	<p>and drug records in order to account for all controlled drugs. (Res #2 and #13) The facility identified a census of 83 residents.</p> <p>Findings include:</p> <p>1. During an observation and interview 11.20.24 at 10:10 a.m. revealed a plastic container in the Terrace A and B medication cart contained nine (9) unlabeled Morphine syringes as identified by Staff I, Licensed Practical Nurse (LPN) who confirmed the Nurse Managers/Supervisors drew up liquid Morphine and Lorazepam in unlabeled syringes for 2 months.</p> <p>During an interview 11.20.24 at 10:40 a.m., Staff A, LPN/Nurse Manager/Supervisor confirmed she pre-drew up the liquid Morphine as an estimate to how many a resident may have used in a 24-hour period of time based on the Physician orders. At 10:45 a.m. the staff member confirmed she pre-drew up Resident #13's Morphine syringes, not labeled.</p> <p>During an interview 11.20.24 at 10:40 p.m., the Interim Director of Nursing (DON) confirmed the above described liquid Morphine for Resident #13 had been pre-drawn on 11.17.24 at which time Staff A changed her verbiage and indicated she drew up</p>			
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	<p>resident's Morphine and Lorazepam every 24 hours as needed (PRN).</p> <p>During an interview 11.20.24 at 11:31 a.m., Staff J, LPN verbalized frustration because she had pulled Staff A aside that morning and told her the above documented practice had not been acceptable.</p> <p>An email dated 12.20.24 at 1:15 p.m. addressed Staff A pre-drew up liquid Morphine and/or Lorazepam for Resident #8, #11 and #13.</p> <p>2. Review of the Controlled Drug Record form for Resident #2 with the first date of 11.1.24 revealed several open spaces where staff failed to reconcile Pregabalin (Gabapentin) 100 milligram (mg) tablets delivered on 10.25.24 at a count of 90 pills.</p> <p>According to an email dated 12.13.24 at 12:44 p.m. the Director of Nursing (DON) confirmed the facility staff failed to count the medication with two (2) staff members according to policy and procedure on 11.1.24 ,11.3,11.4, 11.7 thru 11.19, 11.25, 11.29, 11.30 and 12.1 thru 12.4.24.</p> <p>3. Review of the Controlled Drug Record form for Resident #13 with the first date of 12.3.24 revealed several open spaces where staff failed to reconcile</p>			
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	<p>Morphine Sulfate Solution 20 mg/ml. delivered 12.3.24 with the amount of 30 cc/ml in the bottle.</p> <p>According to an email dated 12.13.24 at 3:17 p.m. the DON confirmed the facility staff failed to count the medication with 2 staff members on 12.3 thru 12.12.2024.</p> <p>Review of the Controlled Drug Record form for Resident #13 with the first date of 12.10.24 revealed several open spaces where staff failed to reconcile Fentanyl patches.</p> <p>According to an email dated 12.13.24 at 3:33 p.m. the DON confirmed the facility staff failed to count the medication with 2 staff members 11.23, 11.24, 11.26, 11.27, 11.29, 11.30, 12.1, 12.3, and 12.4.</p> <p>A Storage of Medications policy revised 4.2007 indicated the Policy Statement included the following:</p> <p style="padding-left: 40px;">The facility should have stored all drugs and biological's in a safe secure and orderly manner.</p> <p>The Policy Interpretation and Implementation included the following:</p>			
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	<p>a. Drugs and biologicals should have been stored in the packaging, containers or other dispensed systems in which received. Only the issuing pharmacy had been authorized to transfer medications between containers.</p> <p>b. Drug containers that had missing, incomplete, improper or incorrect labels should have been returned to the pharmacy for proper labels before storage.</p> <p>The facilities Controlled Substances policy revised 12.2021 indicated the Policy Statement included the following:</p> <p style="padding-left: 40px;">The facility complied with all laws, regulations and other requirement related to handling, storage, disposal and documentation of Schedule II and other controlled substances.</p> <p>The Policy Interpretation and Implementation included the following:</p> <p style="padding-left: 40px;">a. The Charge Nurse on duty maintained the keys to the controlled substance containers. The Director of Nursing (DON) would maintain the set of back-up keys for all medication storage areas which included the controlled substance containers.</p>			
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	<p>b. Nursing staff must have counted controlled medications at the end of each shifts. The nurse that came on duty and the nurse that went off duty counted together. They must have documented and reported any discrepancies to the DON.</p> <p>c. The DON maintained and disseminated to appropriate individuals a list of personnel who had access to medication storage areas and controlled substance containers.</p> <p>FACILITY RESPONSE:</p>			
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