DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0098	A. BUILDING: _____ B. WING _____	10/09/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR SUITES OF URBANDALE	4700 84TH ST URBANDALE, IA 50322

(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) COMPLETE DATE
A 000	Initial Comments Assisted living Programs are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 25 Number of tenants with cognitive impairment: 2 Total census:: 27 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program.	A 000		
A 290	481-67.5(2)g Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: g. Narcotics protocol, including destruction and reconciliation, shall be determined by the program's registered nurse. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to follow the medication policy regarding narcotic counts regarding one of one medication carts reviewed. Findings include: On 10/04/23 at 9:36 a.m. review of the Assisted Living Controlled Drugs Count Record used to certify that all scheduled narcotic counts onboard the medication cart were correct revealed Staff F had documented she had completed the 10/04/23 narcotics count at the start of her shift at 6:00 a.m.	A 290	The Plan of Correction is attached	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 290	Continued From page 1 On 10/04/23 at 9:36 a.m. observation revealed a small clear plastic bag marked hydrocodone /APAP 7.5/325mg one tablet every 4 hours hand written on the outside. The bag contained several white caplets and an empty medication bottle with former Resident C-1's name on the bottle's label. A narcotics count sheet for the number of caplets inside the bag could not be located by Staff F at the time of discovery. Staff F confirmed she had not counted the hydrocodone earlier at the start of her shift. On 10/04/23 at 9:36 a.m. the Assistant Administrator confirmed a narcotics sheet could not be located at the time and added the tenant had been gone from the Program for at least three months. Further review revealed Tenant C-1 had been admitted to the hospital on 4/29/23 and had not returned to the Program. On 10/04/23 at 9:15 a.m. review of the Program's medication policy revealed staff were responsible to count the total number of narcotics at the beginning and end of every shift with another Certified Medication Aide or a Nurse. On 10/09/23 at 9:37 a.m. the Director of Nursing (DON) confirmed she had nothing in writing concerning the time frame as to when to destroy the narcotic but the usual would be 30 days and it should have been destroyed. The DON could not explain why the narcotic had been on the cart for that length of time.	A 290		

Plan of Correction 2023
Senior Suites of Urbandale
Assisted Living

67.5(2g) Medications

Program failed to follow the medication policy regarding narcotic counts regarding one of one medication carts reviewed.

1. Corrective action was taken by educating staff on the Medication Controlled Substances Policy on 10/05/2023

2. Continuing education on Policies regarding controlled substances count

3. Director of Nursing will audit controlled substances log to ensure the policy is being followed

4. The date of corrective action was on 10/05/2023