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
	S0045	A. BUILDING: _____ B. WING _____	C 07/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD ASSISTED LIVING	**2501 W STATE STREET MASON CITY, IA 50401**

(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: 17 Number of tenants with cognitive impairment: 7 Total census: 24 No regulatory insufficiencies were cited during the investigation of Complaint #116231-C and Complaint #115586-C. The following regulatory insufficiency was cited during the investigation of Incident #115703-I and Complaint #115572-C.	A 000	The Plan of Correction is attached.	
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interviews and record review, the facility failed to follow the established Medication Management policy as written involving 1 of 2 former tenants reviewed (Tenant C1). Findings include: 1. On 7/16/24, a review of Tenant C1's record revealed an admission date of 5/1/2018. Tenant C1's record included an incident report dated 9/14/2023. The incident report and internal investigation revealed on 9/14/2023 at	A 150		

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A 150	Continued From page 1	A 150		

approximately 2:00 pm, the program's former Resident Care Coordinator was doing a shift change audit and, working with staff, made a discovery that three cards of bubble packed medications were altered. There were 137 of 180 tablets of Hydrocodone/Acetaminophen, 7.5-325mg, that had been replaced with over the counter Acetaminophen. Paper tape was used to then re-seal the back of the tablet areas.

The internal investigation revealed Staff B stated that prior to the incident on 9/14/23, he had noticed the altered packaging and discussed it with Staff A and they agreed it looked unusual. Staff B's statement indicated he did not inform the Resident Care Coordinator at that time. The internal investigation revealed that Staff C had also previously noticed the tampered packaging prior to the former Resident Care Coordinator's discovery on 9/14/23.

2. On 7/17/24 at 4:55 am, Staff A stated that prior to the incident on 9/14/23, she had noticed the altered packaging and discussed it with Staff B. They both thought it looked unusual. Staff A stated she did not inform the Resident Care Coordinator at that time.

3. On 7/17/24 at 8:55 am, the Resident Care Coordinator stated the expectation for facility staff administering medications who noticed altered or tampered medication packaging was to immediately report to the Resident Care Coordinator or designee if unavailable.

4. On 7/16/24, a review of facility policy titled MEDICATION: STORAGE OF DRUGS AND BIOLOGICALS revealed staff were to alert the Resident Care Coordinator immediately when suspecting altered or tampered medication

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A 150	Continued From page 2 packaging. 5. On 7/17/24 at 1:15 pm, the Executive Director and Resident Care Coordinator confirmed the above findings.	A 150		

HOMESTEAD

AS S I S T E D L I V I N G

A Member of the Midwest Health Family

Plan of Correction for Homestead of Mason City
Survey Completion Date: 7/17/2024

Al 50 481-67.2(3)

1 . Tenant # Cl has since been discharged from the program.

2. All nursing staff currently employed will be educated to MEDICATION: STORAGE OF DRUGS AND BIOLOGICALS policy. Employees involved at the time of the incident are no longer employed by Homestead.
3. The Resident Care Coordinator or designee, will audit controlled medication count sheet and controlled medications periodically for compliance with pre-stated policy.
4. Date of compliance: October 16th, 2024.

Amy Montgomery, Executive Director

09/27/2024

2501 W State StreetMason City, IA 50401
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