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
	S0096	A. BUILDING: _____ B. WING _____	C 05/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WEL-LIFE AT ALTA	705 W 7TH ST ALTA, IA 51002

(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 population served. The census numbers were provided by the Program at the time of the on-site. Tenants without cognitive impairment: 26 Tenants with cognitive impairment: 0 Total census: 26 No regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program. The following regulatory insufficiencies were cited during the investigation of Complaint #130692-C.	A 000		
A 116	481-67.2(2) Program Policies and Procedures 67.2(2) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the the Program failed to follow established policy regarding medication destruction. This pertained to 1 of 1 former tenant (Tenant C5) reviewed. When interviewed on 5/4/26 at 5:30 p.m. the interviewee said a staff at the Program told her the Program's nurse added water to morphine syringes for a tenant on hospice with an order for morphine in May 2025. When interviewed on 5/5/26 at 11:00 a.m. the Director recalled the incident. The Program's	A 116		

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

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A 116	Continued From page 1 former nurse came to her and told her what he had done and they wasted the syringes. The nurse told her none of the diluted morphine had been administered to Tenant C5. She admitted the Program failed to document the incident. She said she observed the nurse waste the morphine syringes. She confirmed the Program had no documentation of the wasted morphine. Record review on 5/4/26 revealed Tenant C5's Medication Administration Record (MAR) for May 2025 included an order for Morphine 5 ml every four hours as needed. Further review revealed the Program's Controlled Drug Disposition form for Tenant C5 for May 2025 revealed no notation of the destruction/disposal of the morphine. The document also lacked a signature of the witness. Record review 5/5/26 revealed the Program's Medication Destruction revised November 2022. The Policy directed, person witnessing the destruction/disposal of drugs must date and sign the drug disposition record. During the exit on 5/5/26 at 2:30 p.m. the administrative team confirmed the Program failed to follow the medication destruction policy.	A 116		