

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0200	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 08/27/2025
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

CHAPTERS LIVING OF COUNCIL BLUFFS (ALF **3000 RISEN SON BOULEVARD**
CO BLUFFS, IA 51503

(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. Tenants without cognitive impairment: 0 Tenants with cognitive impairment: 11 Total census: 11 The following regulatory insufficiencies were cited during the investigation of Complaints #128505-C and 129959-C.	A 000		
A 270	481-67.5(2)f(1) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (1) The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa, by an individual who has successfully completed a department-approved medication aide or medication manager course and passed the respective department-approved medication aide or manager examination, or by a physician assistant (PA) in accordance with 645-Chapter 327. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant	A 270		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

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

TITLE

(X6) DATE

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A 270	Continued From page 1 (PA). This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure medications were administered by staff who had successfully completed a department-approved medication aide or medication manager course. This pertained to 1 of 3 staff reviewed (Staff A). Finding follows: Record review on 8/27/25 failed to reveal Staff A's certificate of completion of a state approved medication aide or medication manager training. Continued review of the Program's Medication Administration - General Guidelines policy, dated 12/1/24 directed medications were prepared and administered by licensed nursing, medical, pharmacy or other authorized personnel. When interviewed on 8/27/25 at 1:00 p.m. the administrative staff confirmed the Program failed to ensure documentation of a department approved medication training.	A 270			
A 545	481-69.30(1) Dementia Specific Education for Personnel 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable.	A 545			

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A 545	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure staff received eight hours of dementia-specific education within 30 days of employment. This pertained to 3 of 3 current staff (Staff A, B and C). Findings follow: Record review on 8/27/25 of the Employee List revealed the following: a. Staff A hired on 5/26/25 b. Staff B hired on 2/06/25 c. Staff C hired on 2/06/25 The facility failed to ensure Staff A, Staff B and Staff C completed eight hours of dementia specific training. When interviewed on 8/26/25 at 1:00 p.m. the administrative team confirmed the Program failed to ensure documentation of staff dementia specific training.	A 545		