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
	S0232	A. BUILDING: _____ B. WING _____	C 01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REGENCY ASSISTED LIVING	815 HIGH STREET NORWALK, IA 50211

(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: 24 Number of tenants with cognitive impairment: 1 Total census: 25 No regulatory insufficiencies were cited during the investigation of Incident 121687-I. The following regulatory insufficiency was cited during the investigation of Complaint #121471-C and the recertification visit conducted to determine compliance with certification of an Assisted Living Program.	A 000		
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 interview and record review the Program failed to consistently follow policy and procedure for disposal of medications. This pertained to 1 of 4 tenants reviewed (Tenant 3). Finding follows: Record review on 1/7/25 revealed a text message dated 6/14/24 from the former delegating nurse. The former Director confirmed the Program used a deceased tenant's medication for Tenant #3. The text explained due to financial concerns the	A 150	A150 Tenant #3 remains in the assisted living at this time and receives medications as ordered and filled by the pharmacy. A meeting was held with administration on 1/10/2025 related to the medication disposal policy and expectations for following. An audit was completed by the manager on 1/8/2025 to ensure that there were no medications that had not been destroyed. Staff education was provided by the Program Manager 1/10/2025 thru 1/28/2025 to medication managers related to the facility policy, Medication Disposal. The Program Manager will continue to monitor when medication orders are discontinued and residents expire. Any negative findings will be corrected immediately with education/re-education as needed. Compliance date: 1/28/2025	

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A 150	Continued From page 1 nurse at the time utilized a deceased tenant's medication as it was the same dosage Tenant #3 used. Record review on 1/8/25 revealed the Program's Medication Disposal policy (undated). The policy directed the community shall dispose of any remaining medications upon termination of the service agreement and/or death. Upon disposition the community must document in the tenant's record the disposition including the medication's name, strength, quantity, date of disposition and names of the staff and other individuals involved in the disposition. During the exit on 1/9/25 at 1:00 p.m. the administrative staff confirmed the Program failed to follow the Medication Disposal policy. They confirmed using medication from another tenant was inappropriate.	A 150		