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
	S0328	A. BUILDING: _____ B. WING _____	C 02/04/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HOMESTEAD OF SHENANDOAH	601 HARRISON STREET SHENANDOAH, IA 51601

(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 for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 30 Number of tenants with cognitive impairment: 11 Total census: 41 There were no regulatory insufficiencies cited during the investigation of Complaint 122278-C. The following regulatory insufficiency was cited during the investigation of Incident #121290-I and the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program for People with Dementia.	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 interview and record review the Program failed to follow the established narcotics control policy regarding 1 of 1 tenants reviewed who received morphine (Tenant #1). Findings include:	A 290	1. All medication managers were re-educated and re-delegated on narcotic count. 2.RN work to discontinue medications that have not been used in 30 days or more. 3. RN continues periodic narcotic count audits.	Started delegations 05/31/2024 Completed 06/15/2024

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A 290	Continued From page 1 On 1/29/25 review of the narcotics control policy revealed all narcotics would be counted by two nursing staff at each shift change. The on-coming nursing staff would count the narcotics and the off-going nursing staff would verify the count from the individual narcotic count sheets. Both nursing staff would sign the narcotics control record in the appropriate spaces. Both nursing staff would visualize the narcotics and the count sheet, checking it for accuracy. On 1/29/25 review of a Medication Variance document dated 5/31/24 revealed staff for the day and evening shift were completing a controlled medication count and approached the nurse to report a discrepancy. Tenant #1's liquid morphine should have 18ml (milliliters) remaining, however the bottle was empty. The medication box was checked for leaks and a small amount was noted on the side. The locked narcotic box was checked for leaked medication. None was noted. Review of Tenant #1's Individual Narcotic Count Sheet for 5/31/24 revealed Staff C documented there was 18ml of morphine at the 6:00 a.m. check. Staff E signed off as the witness. At 2:00 p.m. Staff E documented there was 18ml of morphine in the bottle. There was no witness signature. A note dated 5/31/24 at 2:00 p.m. documented the bottle was empty with a scant amount of blue liquid remaining. On 1/30/25 at 6:35 a.m. interview with Staff C revealed she worked the overnight shift and was there the morning of the day the morphine was noted missing. Staff E was scheduled to arrive at 6:00 am. Prior to Staff E arriving, Staff C took Tenant #1's morphine out of the locked box in the refrigerator, counted the milliliters remaining inside the bottle, noted it as 18ml on Tenant #1's	A 290		

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A 290	Continued From page 2 narcotics inventory form and put the morphine back inside the refrigerator. Staff C confirmed she did not complete the count with the oncoming staff to verify her count per policy. She stated she was in a hurry trying to get things done before the end of her shift. On 1/30/25 at 7:48 a.m. Staff D stated he was the oncoming second shift worker on 5/31/24. He confirmed being the staff who found Tenant #1's morphine bottle empty during the 2:00 p.m. narcotic count. He had refused to sign off on Staff E's documentation of 18 milliliters of morphine being present on the count sheet and reported the issue to the nurse. Staff E no longer worked at the Program. On 1/30/25 at 4:06 p.m. the Administrator confirmed the narcotics control policy had not been followed by staff.	A 290		

03/06/2025

Homestead of Shenandoah has taken the following steps to ensure that policy and procedures are followed by all staff.

Staff were trained and delegated according to our policy and procedure. The Resident Care Coordinator and Executive Director are available 24/7 to direct all concerns.

- On 05/31/2024, staff involved were issued a verbal warning by Resident Care Coordinator on proper narcotic count procedure.
- On 05/31/2024, re-delegation and re-education of narcotic count for all medication managers initiated. Completed 06/15/2024.
- Resident Care Coordinator works to discontinue all medications that have not been used in 30 days or more.
- Resident Care Coordinator continues periodic narcotic count audits.
- Homestead of Shenandoah will continue to be diligent in providing exceptional care to all residents.