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
	S0349	A. BUILDING: _____ B. WING _____	C 02/02/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SWAN PLACE	**1024 E 12TH STREET CARROLL, IA 51401**

(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 disorder: 14 Number of tenants with cognitive disorder: 8 Total census: 22 There were no regulatory insufficiencies cited during the investigation of Complaint #105278-C. The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for 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 follow the medication policy regarding narcotic counts for 1 of 1 tenants observed who received narcotics Tenant #1). Findings include: On 2/02/23 at 11:22 a.m. following observation of a medication pass which included the administration of morphine to Tenant #1, it was noted the narcotics inventory sheet was last signed and dated by Staff C on 2/1/23 at 8:00 p.m. at the end of her shift. There was no other signature noted on the log for that timeframe. No a.m. verification of narcotics for 2/2/23 was	A 150	The Plan of Correction is attached	

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

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A 150	Continued From page 1 documented on the inventory sheet. On 2/02/23 a review of the program's Controlled Drugs Management Policy revealed at each shift change the narcotics inventory sheet was to be verified and documented by both the oncoming and outgoing person. On 2/02/23 at 12:45 p.m. the Administrator and the Registered Nurse confirmed these findings.	A 150		

RE: Swan Place Plan of Correction

Enclosed is the required "Plan of Correction" regarding the Re Certification Monitoring Evaluation report at Swan Place which was conducted on February 1st- February 2nd, 2023. Submission of this response of the Plan of Correction is not a legal admission that a deficiency exists, or that the Statement of Deficiencies was correctly cited, and is also not to be constructed as an admission against interest by the residence, or any employees, agents or other individuals who drafted or may be discussed in the response on the Plan of Correction. In addition, preparation and submission of the Plan of Correction does NOT constitute an admission of agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.

IAC r 481-67.2(3) Program Policies and Procedures

On 02/02/2023, CSM corrected Controlled Substances Shift Change log to reflect accurately who was on shift and verified narcotic count.

On 02/02/2023, Care Service Manager (CSM) completed an audit of current resident's narcotic inventory logs to ensure that proper documentation is completed upon medication administration with no additional finding noted.

On 02/02/2023, CSM completed an audit of current month Controlled Substance Shift Change Log to ensure accurate sign-in and sign-off signatures are present, with no additional findings noted.

On 02/02/2023, Regional Director of Care Services (RDCS) provided education to the CSM regarding proper medication administration documentation and proper usage of the controlled substance shift change log.

On 02/02/2023, CSM and ED provided education to current nursing staff on proper medication administration documentation policy and procedure as well as how to properly utilize the controlled substance shift change log.

Beginning 02/02/2023, CSM and/or designee will conduct an audit of 5 resident narcotic inventory logs to ensure proper documentation is completed weekly for four weeks, bi-weekly for one month and one month and monthly for 1 month. Results of the audits will determine if continued auditing is necessary based on 3 consecutive months of compliance.

Monitoring will be on-going.

Date of completion for the Plan of Correction is 3/14/2023.

√ 3/31/23