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
	S0356	A. BUILDING: _____ B. WING _____	C 05/11/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MANNING SENIOR LIVING	203 11TH STREET MANNING, IA 51455

(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. Tenants without cognitive impairment: 25 Tenants with cognitive impairment: 5 Total census: 30 No regulatory insufficiencies were cited during the investigation of #130616-C, #131866-C, #131907-C , #132025-I and 132083-M. The following regulatory insufficiencies were cited during the investigation of Complaints #131264-C and #131451-C.	A 000	see attached POC 6/12/26	
A 150	481-67.5(2)e(1) Medications 481-67.5(231B,231C,231D) Medications. 67.5(2) Each program shall follow its own written medication policy, including the following: e. When medications are administered traditionally by the program: (1) The administration of medications will 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	A 150		

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A 150	Continued From page 1 481-Chapter 781. Injectable medications will be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or PA. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure staff who administered medications had completed department-approved medication training. This pertained to 2 of 3 staff (Staff A and B) who administered medication to 4 of 4 tenants reviewed for medication administration. Finding follows: 1. Record review on 5/11/26 revealed Certificates of Completion for Medication Management Course for Staff A revealed Staff A completed the course on 5/6/26. Record review on 5/11/26 revealed Staff A administered medications on the following dates (examples included but were not limited to the following): Tenant #1 - 3/22/26, 4/4/26, 4/13/26, 4/19/26, 4/25/26 Tenant #2 - 3/5/26, 3/22/26, 3/27/26, 4/5/26, 4/13/26, 4/19/26, 4/25/26 Tenant #3 - 3/8/26, 3/13/26, 3/30/26, 4/10/26, 4/14/26, 4/24/26, 4/27/26, 4/28/26 Tenant #4 - 3/5/26, 3/22/26, 3/27/26, 4/3/26, 4/13/26, 4/19/26, 4/25/26 2. Record review on 5/11/26 revealed Certificates of Completion for Medication Management Course for Staff B. The certificate revealed Staff B completed the course on 3/31/26.	A 150		

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A 150	Continued From page 2 Record review on 5/11/26 revealed Staff B administered medications on the following dates (examples included but are not limited to the following): Tenant #1 - 2/3/26, 2/9/26, 2/15/26, 2/18/26, 3/1/26, 3/13/26, 3/14/26, 3/28/26 Tenant #2 - 2/3/26, 2/9/26, 2/15/26, 2/18/26, 3/1/26, 3/4/26, 3/6/26, 3/13/26, 3/14/26, 3/16/26, 3/26/26, 3/28/26 Tenant #3 - 2/3/26, 2/9/26, 2/15/26, 2/18/26, 3/9/26,3/14/26, 3/16/26, 3/24/26, 3/27/26 Tenant #4 - 2/3/26, 2/4/26, 2/9/26, 2/15/26, 2/18/26, 3/6/26, 3/10/26, 3/13/26, 3/14/26, 3/16/26, 3/26/26 3. During the exit on 5/11/26 at 3:00 p.m. the administrative team noted staff members had completed the required tasks to obtain their certificates at earlier dates but failed to upload the necessary documentation. The administration acknowledged the Program had ultimate responsibility to ensure all staff are properly trained and the appropriate documentation is maintained.	A 150		
A 152	481-67.5(2)e(3) Medications 481-67.5(231B,231C,231D) Medications. 67.5(2)?Each program shall follow its own written medication policy, including the following: e. When medications are administered traditionally by the program: (3) Medications and treatments will be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or PA.	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A 152	Continued From page 3 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure medications were administered as ordered. This pertained to 1 of 4 tenants reviewed for medication administration (Tenant #4) . Finding follows Record review on 5/11/26 revealed Tenant #4's Medication Administration Record (MAR) for February 2026. The MAR included the following notations for Tenant #4's Oxybutynin Chloride ER(extended release): Did not administer (DNA) on 2/1/26, 2/3/26, 2/5/26, 2/6/26, 2/7/26, 2/8/26, 2/9/26, 2/11/26, 2/12/26, 2/13/26, 2/14/26, 2/15/26, 2/16/26. No notation on 2/17/26. Discontinued 2/18/26-2/27/26. Further review revealed an order dated 2/17/26 from Tenant #4's physician to discontinue Oxybutynin Chloride. Record review on 5/11/26 revealed Tenant #4's Service Plan (SP) signed dated 11/5/25. The SP directed staff to assist with ordering medications and administering Tenant #4's medications. During the exit on 5/11/26 at 3:00 p.m. the administrative staff acknowledged per Tenant #4's service plan the Program had responsibility to ensure tenant medications were available for staff. The Program's nurse at the time failed to ensure Tenant #4 received medication as ordered due to it not being available.	A 152		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: Manning Senior Living	DATE SURVEY COMPLETED: 5-11-2026

Tag #	SUMMARY STATEMENT OF DEFICIENTCIES (EACH DEFICIENCY SHOULD BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY	Identify what changes to the provider's systems and practices were made to ensure compliance with the specific statute(s). Include information about how the provider will maintain compliance in the future.	COMPLETION DATE
Tag #1	**Regulation and Reg Number** **481-67.5(2)e(1) Medications** **481-67.5(231B,231C,231D) Medications.** **67.5(2) Each program shall follow its own written medication policy, including the following:** **e. When medications are administered traditionally by the program:** **(1) The administration of medications will 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 with481-Chapter 781. Injectable medications will be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or PA.**	**Tag # A 150**	**What initial correction was made?** **Staff A and Staff B received their medication manager certificate by May 6, 2026. All staff files were audited on 5-11-2026 to ensure all staff had medication manager certificates.**	**How will we ensure and maintain compliance going forward?** **Monthly audit for all medication managers to ensure certificate is onsite. Monthly audit on MARs to ensure only medication managers are documenting medication pass.**	**Implementation Date:** **5/11/2026** **Completion Date:** 5/11/2026. **Responsible Party:** **Director/HCC and or designee.**
Tag #2	**Regulation and Reg Number** **481-67.5(2)e(3) Medications**	**Tag # A152**	**What initial correction was made?**	**How will we ensure and maintain compliance going forward?**	**Implementation Date:**

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

	481-67.5(231B,231C,231D) Medications. **67.5(2)?Each program shall follow its own** **written medication policy, including the following:** **e. When medications are administered** **traditionally by the program:** **(3) Medications and treatments will be administered as prescribed by the tenant's physician, advanced registered nurse practitioner** **or PA.**		**All resident's orders were checked for accuracy on 6-12-2026.**	**Nurse will audit resident's orders monthly to ensure medications are being given as ordered by physician.**	**6/12/2026** **Completion Date:** Ongoing audit. **Responsible Party:** **HCC or other designee.**

Compliance Date:_6-12-2026_____

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