STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165257	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED 10/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Golden Age Care Center	**1915 South 18th Street , Centerville, Iowa, 52544**

(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) COMPLETION DATE
F0000	INITIAL COMMENTS	F0000		
Ok ✓ Lg	Correction date: 12/17/25			
	The following deficiencies resulted from investigation of complaint #2594081-C and facility reported incident #2646013-I conducted October 20, 2025 to October 21, 2025.			
	Facility reported incident #2646013-I resulted in a deficiency. .			
	See code of Federal Regulations (42 CFR), Part 483, Subpart B-C.			
F0761 = D	Label/Store Drugs and Biologicals	F0761		
	CFR(s): 483.45(g)(h)(1)(2)			
	§483.45(g) Labeling of Drugs and Biologicals			
	Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary instructions, and the expiration date when applicable.			
	§483.45(h) Storage of Drugs and Biologicals			
	§483.45(h)(1) In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.			
	§483.45(h)(2) The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a			

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days ...wing the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation. ✓

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Patricia Smith, LNHA	Administrator	12/15/25

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F0761 SS = D	Continued from page 1 missing dose can be readily detected. This REQUIREMENT is NOT MET as evidenced by: Based on observation, staff interviews, record review and the facility policy review the facility failed to keep all medications in a locked medication cart, inaccessible to unauthorized staff and residents. The facility reported a census of 40 residents. Findings include: The Minimum Data Set (MDS) dated 7/31/25 documented Resident #1 entered the facility on 7/22/22. The MDS also documented a Brief Interview of Mental Status (BIMS) of 09 indicating moderate cognitive impairment. The MDS documented diagnoses of non-Alzheimer's dementia, diabetes, and depression. Review of Resident #1 physician orders revealed Hydrocodone-Acetaminophen (pain medication) tablet 5-325 mg. Give 1 tablet by mouth at bedtime for pain dated 9/5/24. The Care Plan for Resident #1 documented a focus area for pain related to history of back and leg pain at times and usually takes medication at bedtime, date Initiated 11/10/22. Review of document titled "Controlled Drug Receipt/Record Disposition Form" for Resident #1 for Hydrocodone-Acetaminophen tablet 5-325 mg revealed count of -1 tablet entry on 10/11/25 at 8:05 pm with a signature of Staff A, Licensed Practical Nurse (LPN). A review of the facility reported incident revealed Director of Nursing (DON) was notified an incident at the facility that occurred on 10/11/25 around 9 pm, Staff A reported leaving Hydrocodone medication for Resident #1 unattended in her room on the bedside table then stepping out of the room to attend to another task prior to observing Resident #1 swallowing the medication. While Staff A was out of Resident's #1 room she observed Staff B, Certified Nursing Assistant leaving Resident's #1 room. Staff A, LPN went back to Resident's #1 room but the Hydrocodone that was left in a pill cup on the bedside table was not there. After searching the room and trash bins, the medication was not recovered. In an interview with the Director of Nursing on 10/20/25 at 2:35 pm, she stated her expectations were that Staff A should have administered Resident's #1 Hydrocodone right after removing it from a locked	F0761		

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F0761 SS = D	Continued from page 2 medication storage. In an interview with Staff A, LPN, 10/21/25 at 1:31 pm, she stated she was supposed to administer the medication to Resident #1 and observe the medication being taken and not left unattended. In an interview with Staff B, CNA on 10/21/25 at 10:50 am, she denied seeing any medications in Resident's #1 room when she was observed leaving the room. A review of the facility provided policy titled "Medication Administration Times" updated 09/2025 documented the following: The policy of the facility is to provide medications to residents as ordered by the physician. The following medication administration times will be observed unless specifically ordered otherwise by the physician.	F0761		

Plan of Correction

Golden Age Senior Living

Survey: Ending 10/21/2025

✓ **Correction Date: 12/17/2025**

The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction prepared for these deficiencies were executed solely because provisions of State and Federal law require it.

(1. What did you do to fix it for that resident?
(2. What did you do to fix it for all residents?
(3. Education/Policy update/QAPI action plan
(4. Audits
(5. QAPI

F 761: Label/Store Drugs and Biologicals:

1) Resident #1's medications are being stored per facility protocol to ensure medications and treatments are stored in a safe manner. Level II meds continue to be double locked and counted per facility protocol. Resident #1's medications are being administered per the 6 rights of medication administration, which also includes observing Resident #1 taking her medication.
2) Facility reviewed all resident's medication storage to ensure medications and treatment supplies were being stored per facility protocol. All residents are receiving their medications per the 6 rights of medication administration.
3) Staff were educated on 12/11/2025 to 12/17/2025, with PRN staff scheduled for the next shift, on the facility policy for proper drug storage and Medication/treatment administration per facility policy and the 6 rights of medication/treatment administration.
4) Staff will continue to be audited on proper medication/treatment administration by Nurse Management staff. This will continue to include the 6 rights of medication administration along with observing the residents taking their medications/treatments. Nurse management staff will continue to audit medication/treatment storage to assist in ensuring proper medication/treatment storage is maintained.
5) Facility developed a Performance Improvement Plan (PIP) on 12/11/25 to ensure audit continue and residents continue to receive medication per the 6 rights of medication administration and are observed taking their medications along with proper medication/treatment storage. Finding will continue to be discussed as part of required QA/QAPI meetings. This will assist in maintaining compliance with F 761.

Administrator's signature:

Patricia Smith
signed 12/15/25

Date of Compliance.

12/17/25