

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/18/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SENIOR SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 4700 84TH ST URBANDALE, IA 50322
--	--

(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	<p>Initial Comments</p> <p>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.</p> <p>Number of tenants without cognitive disorder: 24 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 25</p> <p>The following Regulatory Insufficiency was cited during the recertification conducted to determine compliance with certification for an Assisted Living Program. There were no RI's cited during the onsite infection control survey.</p>	A 000	The Plan of Correction is attached.	
A 150	<p>481-67.2(3) Program Policies and Procedures</p> <p>67.2(3) The program shall follow the policies and procedures established by the program.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow its medication policy regarding narcotic counts for 1 of 1 tenants reviewed who received a schedule II narcotic (Tenant #1). Findings include:</p> <p>On 11/22/21 at 11:19 a.m. review of Tenant #1's Controlled Drug record revealed Staff D had not completed a count of the narcotics at the start of her shift. Staff D reported her shift started at 5:00 a.m. on 11/22/21. Staff D's count of Tenant #1's Schedule II narcotic Hydrocodone 5/325 mg. had not been counted until 9:35 a.m.</p> <p>On 11/22/21 at 11:31 a.m. review of the</p>	A 150		

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

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0098	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/18/2021
--	--	---	---

NAME OF PROVIDER OR SUPPLIER SENIOR SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 4700 84TH ST URBANDALE, IA 50322
--	--

(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 150	<p>Continued From page 1</p> <p>Program's medication policy revealed staff were to count and record the total number of narcotics at the beginning and end of each shift.</p> <p>On 11/22/21 at 11:31 the Director of Nursing confirmed Staff D had not followed facility policy.</p>	A 150		

Plan of Correction:

67.2(3)- Program Policies and Procedures

Program failed to follow its medication policy regarding narcotic counts for 1 of 1 tenant reviewed who received a schedule II narcotic.

1. Corrective action was taken by reviewing and educating all Certified Medication Aides (also known as Team Leaders) on the facility's Medications- Controlled Substances Policy and Procedures.
2. To monitor compliance that the Medications- Controlled Substances Policy is being followed, the Director of Nursing will audit the narcotic count log book 2 times per week.
3. The date of correction for all Certified Medication Aides to follow the Facility Policy and Procedures for Medications- Controlled Substances Policy was completed on 11/22/21.

ok 3/4/22