

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(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 Golden Age Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 South 18th Street Centerville, IA 52544	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 [DATE] 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 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.</p>		

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 instructions.) Except for nursing homes, the findings stated above are disclosable 90 days 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 following 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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 165257
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