STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165386	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/19/2026
NAME OF PROVIDER OR SUPPLIER: Colonial Manor of Elma		STREET ADDRESS, CITY, STATE, ZIP CODE: 407 9th Street Elma, IA 50628	

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)
F 0602 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from the wrongful use of the resident's belongings or money. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on record review, staff interviews, and policy review the facility failed to protect 1 of 2 resident's rights to be free from misappropriation of their opioid pain medication patches (fentanyl) (an extremely potent, synthetic (lab-made) opioid used for pain) (Resident #42). The facility reported a census of 36 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] for Resident #42 documented a Brief Interview for Mental Status (BIMS) of 9, indicating moderate cognitive impairment. The MDS included diagnoses of low back pain, age related osteoporosis, and limitation of activities due to disability. The MDS reflected she took an opioid medication during the lookback period.Resident #42's Order Summary Report signed by her doctor on 10/24/25 included an order for a fentanyl patch 25 milligrams (mg) with a start date of 10/1/25. Resident #42's Orders in her Electronic Health Record (EHR) included an order for a fentanyl patch 25 mg with a start date of 10/1/25 and an end date of 12/2/25. Review of the facility's undated Investigation: Criminal Act - Medication Diversion, Final Report revealed a concern was identified for Resident #42's fentanyl pain medication. Staff N, Registered Nurse (RN), identified on 11/9/25 she found two (2) fentanyl patch packages empty. The packages looked like they were cut, the patch removed, and placed back into the box with tape on them. The facility started an investigation into the misappropriation of Resident #42 missing fentanyl pain medication. The facility notified local law enforcement on 11/9/25 and started an investigation. The facility implemented the following action plan:a. Thorough narcotic medication and record audit completed.b. Nursing staff re-education completed. Education included updated narcotic count process to ensure patch pouches are intact, patch placement location documented in the medication record, and narcotic policy review.c. Resident #42 pain assessment conductedd. A six-week narcotic count audit will be conducted bi-weeklyOn 2/19/26 at 9:52 AM the Director of Nursing (DON) reported the facility identified Resident #42 had 2 missing fentanyl patches back in November 2025. She added the facility never had anything like that happen. She explained since then, they changed how they count the fentanyl patches. Instead of just looking at the patches, they pull them out and actually look at them to see if someone tampered with them.In an interview on 2/19/26 at 1:52 AM the Administrator reported their system worked, they always counted the fentanyl patches; however, they identified Resident #42 had 2 fentanyl patches missing from their packaging and taped shut. They now verify they are sealed, not cut open and taped shut. The facility's Patient Protection Guidelines Abuse Prevention, Reporting, and Investigation policy reviewed September 2025 defined misappropriation of resident property as the deliberate misplacement, exploitation, or wrongful, temporary, or permanent use of a patient's belongings or money without the patient's consent. The facility will upon receiving a report of an allegation of resident abuse, neglect, exploitation, injuries of unknown origin or misappropriation, immediately implement measures to prevent further potential abuse of residents from occurring while the facility investigation is in process.

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