

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165557	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/25/2024
NAME OF PROVIDER OR SUPPLIER Deerfield Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 13731 Hickman Road Urbandale, IA 50323	

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>48004</p> <p>Based on observation, staff interview, and policy review the facility failed to properly secure medications to minimize loss or access for 1 of 1 medication carts. The facility reported a census of 25 residents.</p> <p>Findings include:</p> <p>During a continuous observation 4/24/24 at 7:05 AM the med cart on the northeast hall of the facility was left unlocked and unattended for 6 minutes by Staff A, Licensed Practical Nurse. In this time several staff (Director of Nursing (DON), and Staff B, Certified Nursing Assistant) walked past the medication cart.</p> <p>During an interview 4/24/24 at 9:20 AM with the DON revealed her expectation is that the med cart be locked when not with the cart.</p> <p>Review of a facility provided policy titled, Medication Provision-Medication Carts, with a review date of 4/26/22 documented:</p> <p>The Cart is to be locked when not attended by staff.</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