

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165609	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/02/2026
NAME OF PROVIDER OR SUPPLIER Newton Village Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 114 N 5th Avenue W Newton, IA 50208	
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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review, staff interview, manufacturer's inserts, and policy review the facility failed to ensure the full dose of insulin was given by failing to hold the insulin pen needle in the skin for the recommended period of time for 1 of 5 residents (Resident #9) observed for medication administration. The facility reported a census of 23 residents. Findings include: 1. The Minimum Data Set (MDS) dated [DATE] revealed Resident #9's diagnosis of diabetes and documented Resident #9's use of insulin. Review of April 2026, Medication Administration Record (MAR) revealed Resident #9's orders to receive Novolog FlexPen (rapid acting insulin) 28 units subcutaneous (under the skin) twice daily and Tresiba FlexTouch pen (long acting insulin) 80 units subcutaneous once daily for diabetes. During an observation on 4/2/26 at 8:01 AM, Staff A, Registered Nurse (RN) prepared Resident #9's Novolog pens, one pen had 6 units remaining and a new pen was used, set for 22 units to total 28 units as ordered and the Tresiba was prepared to administer 80 units. Staff A, RN, administered both Novolog pens to Resident #9's right lower abdomen and the Tresiba to her left lower abdomen removing the pen needles from the skin within 2-3 seconds of injecting the insulin. Review of Novolog FlexPen Manufacturer insert directed after preparing the insulin pen, to insert the needle into the skin, inject the dose by pressing the button all the way in until the dose selector reads 0, then keep the needle in the skin at least 6 seconds while keeping the button pressed all the way in until the needle has been pulled out from the skin. This will make sure that the full dose has been given. Review of Tresiba FlexTouch Manufacturer insert directed after preparing the insulin pen, insert the needle into the skin, press and hold down the dose button until the dose counter shows 0. Keep the needle in the skin after the dose counter has returned to 0 and slowly count to 6. When the dose counter returns to 0, you will not get your full dose until 6 seconds later. In an interview on 4/2/26 at 11:20 AM, the Director of Nursing (DON) reported, when administering insulin pens, nurses need to hold the insulin pen in place for 10 seconds after injection, to ensure the full dose is administered. Review of facility provided Insulin Pen Policy, reviewed 9/30/25, directed staff to inject the insulin by pushing the button on the insulin pen all the way in. Keep the button pressed and count to 10 before removing the needle from the skin.		

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