DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0390	A. BUILDING: _____ B. WING _____	C 03/19/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VINTAGE HILLS RETIREMENT COMMUNITY AL	604 EAST HILLCREST AVENUE INDIANOLA, IA 50125

(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	Initial Comments 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. Tenants without cognitive impairment: 12 Tenants with cognitive impairment: 36 Total census: 48 No regulatory insufficiencies were cited during the investigation of Complaint #130836-C. The following regulatory insufficiencies were cited during the investigation of Complaint #131020-C.	A 000	see attached POC 4/30/26	
A 285	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interviews and record reviews, the Program failed to ensure medications and treatments were administered as prescribed by the tenant ' s physician. This pertained to 1 of 3 tenants reviewed who received medication management (Tenant #1). Finding follows: Record review on 3/17/26 at 2:15 p.m. revealed	A 285		

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A 285	Continued From page 1 the following medication error reports for Tenant #1: -On 11/19/26 staff could not locate evening medications and notified the nurse by email. The medications not administered included; Donepezil (dementia), Calcium, Atorvastatin (hyperlipidemia), Benazepril (hypertension), and Omeprazole (Gastroesophageal reflux disease (GERD). -On 1/21/26 staff failed to administer Eszopiclone (insomnia) -On 1/23/26 staff failed to administer Atorvastatin (hyperlipidemia) -On 2/7/26 staff failed to administer Atorvastatin for (hyperlipidemia) -On 2/8/26 staff administered Tenant #1's a.m. medications two hours early. The medications included Amlodipine (hypertension), Benazepril (hypertension), Calcium, Potassium Chloride, Escitalopram (unspecified diagnosis), Omeprazole (Gastroesophageal reflux disease (GERD), Vitamin B and Vitamin D. The family requested emergency medical services (EMS) be called. EMS evaluated Tenant #1 but did not transport. When interviewed on 3/17/26 at 2:30 p.m. the Healthcare Coordinator confirmed the staff failed to administer medications as prescribed/ordered. She reported the family notified the Program the tenant had not received the correct number of pills. The family identified the errors due to a video camera in the tenant's apartment. The family contacted the Program regarding the medication errors on 11/19/25, 1/21/26, 1/23/26 and 2/7/26.	A 285		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER/SUPPLIER/CLIA INDENTIFICATION NUMBER: S0390	DATE SURVEY COMPLETED: **3/19/2026**

Tag #	SUMMARY STATEMENT OF DEFICIENTCIES (EACH DEFICIENCY SHOULD BE PRECEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERRED TO THE APPROPRIATE DEFICIENCY	Identify what changes to the provider's systems and practices were made to ensure compliance with the specific statute(s). Include information about how the provider will maintain compliance in the future.	COMPLETION DATE 4/30/2026
Tag #1	**Regulation and Reg Number** 481-67.5(2)f(4) Medications	**Tag #** **A 285**	**What initial correction was made?** 1. Tenant #1 was identified as affected by the deficient practice. Medication administration for Tenant #1 was reviewed. 2. Staff responsible for the medication errors on 1/21/26, 1/23/26, 2/7/26, and 2/8/26 will receive disciplinary action/counseling no later than 4/24/26. 3. All medication managers will be redelegated by 4/30/26. Re-delegation will include ensuring medications are administered as scheduled, within ordered time frames, and according to provider orders. Continued from page 1	**How will we ensure and maintain compliance going forward?** The Healthcare Coordinator, or designee, will complete weekly audits for 4 weeks and monthly audits for 2 additional months to ensure medications are administered as prescribed, as scheduled, and according to provider orders. Any identified concerns will be addressed promptly.	**Implementation Date: 4/16/2026** **Completion Date:** 4/30/2026 **Responsible Party: Healthcare Coordinator, and Director, and/or designee.**

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

			4. All delegated medication staff will be re-educated by 4/30/26 on medication administration policy, timely administration, accurate documentation, appropriate follow up when medications are unavailable, and immediate reporting of medication errors.		

Compliance Date:__4/30/2026__

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