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
	S0475	A. BUILDING: _____ B. WING _____	C 08/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CHAPTERS LIVING OF COUNCIL BLUFFS (ALI	3000 RISEN SON BLVD COUNCIL BLUFFS, IA 51503

(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. Ttenants without cognitive impairment: 10 Tenants with cognitive impairment: 4 Total census: 14 The following regulatory insufficiencies were cited during the investigation of Complaint #128504-C.	A 000		
A 270	481-67.5(2)f(1) 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: (1) The administration of medications shall be provided by a registered nurse, licensed practical nurse or advanced registered nurse practitioner registered in Iowa, by an individual who has successfully completed a department-approved medication aide or medication manager course and passed the respective department-approved medication aide or manager examination, or by a physician assistant (PA) in accordance with 645-Chapter 327. Injectable medications shall be administered as permitted by Iowa law by a registered nurse, licensed practical nurse, advanced registered nurse practitioner, physician, pharmacist, or physician assistant	A 270		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 270	Continued From page 1 (PA). This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently ensure medications were administered by staff who had successfully completed a department-approved medication aide or medication manager course. This pertained to 1 of 3 staff reviewed (Staff A). Finding follows: Record review on 8/27/25 failed to reveal Staff A's certificate of completion of a state approved medication aide or medication manager training. Continued review of the Program's Medication Administration - General Guidelines policy, dated 12/1/24 directed medications were prepared and administered by licensed nursing, medical, pharmacy or other authorized personnel. When interviewed on 8/27/25 at 1:00 p.m. the administrative staff confirmed the Program failed to ensure documentation of a department approved medication training.	A 270		