

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>065318</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/07/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>IRONDALE POST ACUTE</b>		STREET ADDRESS, CITY, STATE, ZIP <b>7150 POPLAR ST COMMERCE CITY, CO 80022</b>	
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  F 0761	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm</b> - Minimal harm or potential for actual harm</p> <p><b>Residents Affected</b> - Few</p>	<p><b>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.</b></p> <p>Based on record review, observations and interviews, the facility failed to ensure all drugs and biologicals were stored in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys. Specifically, the facility failed to ensure medication and treatment carts were locked when the nurse was not present. Findings include: I. Facility policy The Medication Access and Storage policy was provided by the nursing home administrator (NHA) on 7/7/2020 at 2:30 p.m. It read, in pertinent part: It is the policy of this facility to store all drugs and biologicals in locked compartments under proper temperature controls. The medication supply is accessible only to licensed nursing personnel, pharmacy personnel, or staff members lawfully authorized to administer medications. II. Observations On 7/7/2020 at 1:38 p.m. two nurses were observed sitting at the nurses station charting on computers. -At 1:41 p.m. the medication cart and treatment cart on the unit were observed to be unlocked and unattended. An unwrapped (nicotine-later confirmed see interview below) patch dated 7/7/20 was observed on top of the cart. -At 1:43 p.m. an ambulatory resident came out of his room walked past the medication and the treatment carts down to the nurses' station then returned to his room. -At 1:44 p.m. a resident and therapy staff member walked down the hall to the resident's room. -At 1:48 p.m. licensed practical nurse (LPN) #1 and resident walked down the hall to the resident's room. On their way down the hall, the nurse locked the treatment cart and then the medication cart and she took the dated patch off the top of the medication cart. III. Interviews LPN #1 was interviewed on 7/7/2020 at 1:53 p.m. She stated the medication and treatment carts should always be locked if they are not in use. She stated the carts should be locked so residents and unauthorized staff do not have access to the medications. She stated she had forgotten to lock them before going to the nurses' station to document and complete a laboratory requisition. She was unsure how long she had been away from the carts. She stated the patch on the medication cart was a nicotine patch and she applied it to the resident when she walked him to his room. The NHA was interviewed on 7/7/2020 at 2:00 p.m. He stated the medication and treatment carts should always be locked if they were not in use by the nurse and there should not be medications of any kind left on top of the cart.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

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.