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
	S0074	A. BUILDING: _____ B. WING _____	R-C 10/15/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAWTON SENIOR LIVING	200 E CHAR-MAC DR LAWTON, IA 51030

(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 for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Tenants without cognitive impairment: 13 Tenants with cognitive impairment: 7 Total census: 20 No regulatory insufficiencies were cited during the investigation of #132462-I, #132877-I, #133124-I and #133086-I. The following regulatory insufficiency was re-cited during the revisit (8/5/26).	{A 000}	See attached POC 10/16/26	
{A 152}	481-67.5(2)e(3) Medications 481-67.5(231B,231C,231D) Medications. 67.5(2)?Each program shall follow its own written medication policy, including the following: e. When medications are administered traditionally by the program: (3) Medications and treatments will be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or PA. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to administer medications as prescribed for 1 of 8 tenants reviewed (Tenant #8) for medication administration. Finding follows:	{A 152}		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{A 152}	Continued From page 1 Record review on 10/14/26 revealed Tenant #8's file indicated admission to the program on 6/30/25. Continued record review revealed Tenant #8's physician orders, dated 9/16/26 and signed 9/30/26, ordered Donepezil 10 mg (1 tablet by mouth at bedtime) and Trazodone 50 mg (1 tablet by mouth once daily at bedtime). Further record review revealed Tenant #8's October 2026 Medication Administration Record (MAR) reflected staff failed to administer Donepezil 10 mg and Trazodone 50 mg at 8:00 p.m. from 10/1/26 through 10/7/26, documenting on the MAR the medications were unavailable. Record review on 10/14/26 revealed staff documentation and communication, dated 10/7/26, included the nurse on duty noted the missed bedtime doses. On 10/8/26, the nurse documented she spoke with Hospice on 10/7/26, communicated Tenant #8 had not received Trazodone and Donepezil from 10/1/26 through 10/7/26, and requested the medications be sent to a local pharmacy. Subsequent record review confirmed Tenant #8 received Trazodone and Donepezil on 10/8/26 at 8:00 p.m. When interviewed on 10/14/26 at 11:45 a.m., the Quality Assurance Nurse and Vice President of Clinical Operations confirmed staff failed to administer Tenant #8's Trazodone and Donepezil from 10/1/26 through 10/7/26 due to unavailable medications.	{A 152}		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	LAWTON SENIOR LIVING	DATE SURVEY COMPLETED: 10/15/2026

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
Tag #1	**481-67.5(231B,231C,231D) Medications. 67.5(2)** Each program shall follow its own written medication policy, including the following: e. When medications are administered traditionally by the program: This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to administer medications as prescribed	Tag # 152	T8 passed with hospice services in place. T8 admitted to hospice services in September 2026, this resulted in change of prescription process to the pharmacy and medications not received were due to hospice ordering and communication of these being on 14 day supplies. 10/14/26 Hospice contacted and additionally reviewed the matter and process. Hospice confirmed an update to their process 10/14/26. Review of current medication managed residents to verify medications on hand was completed by 10/15/26. Education was completed with Nurse and applicable staff on medication administration, refill requests, checking in/receiving medications by 10/16/26.	Nurse/Director/Designee will audit medication exceptions at a minimum of weekly for 2 months, biweekly x 1 month and as needed to ensure compliance.	**Implementation Date: 10/14/26** **Completion Date:** 10/16/26

For Any Additional Tags Received, Copy and add additional rows below the above.

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.