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
	S0166	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

(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. Number of tenants without cognitive impairment: 35 Number of tenants with cognitive impairment: 2 Total census: 37 The following regulatory insufficiencies were cited during the investigation of Complaint #117527-C and the recertification visit conducted to determine compliance with certification of a Dedicated Dementia Specific Assisted Living Program:	A 000	See Attached POC 4/24/24	
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow its policy and procedure related to emergency response. This affected 2 of 3 discharged tenants reviewed (Tenant C1 and Tenant C2) and potentially all tenants (census 37). Findings following: 1. Record review on 12/18/23 revealed Tenant C1's incident reports indicated she fell on 12/2/23, 12/5/23 and 12/6/23. Continued record review revealed the staff communication book indicated Tenant C1 was	A 150		

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

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A 150	Continued From page 1 found on the floor on 12/1/23 and 12/7/23. When interviewed on 12/19/23 at 9:01 a.m. Staff B said the call light system sometimes logged staff out of it. It was dependent on which phone was used. Staff B said staff then logged back into the system. He said about a month ago on first shift at about 6:30 a.m. one time he walked by Tenant C1's apartment and she called out for help. Tenant C1 slipped out of her chair and had no injuries. She used her pendant as it blinked red. Staff B had not received the notification of her pendant and he was logged out. He said Tenant C1 was confused and said she had been there all night. She had no reddened areas. Staff B thought he completed an incident report related to the incident. He said the issue with the logging occurred maybe once to twice per shift. Continued record review revealed Tenant C1's pendant history records from 11/4/23 to discharge reflected the following: a. On 11/4/23 the alarm indicated a reset time of 775 minutes. b. On 11/30/23 the alarm indicated reset times of 22 minutes, 326 minutes and 156 minutes. c. On 12/2/23 the alarm indicated a reset time of 40 minutes, 128 minutes and 101 minutes. d. On 12/3/23 the alarm indicated a reset time of 420 minutes. e. On 12/4/23 the alarm indicated a reset time of 413 minutes. f. On 12/6/23 the alarm indicated reset times of 47 minutes and 185 minutes. g. On 12/8/23 the alarm indicated a reset time of 360 minutes. h. On 12/11/23 the alarm indicated reset times of 339 minutes and 360 minutes.	A 150		

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A 150	Continued From page 2 2. Record review on 12/18/23 of Tenant C2's file revealed the staff communication log revealed on 11/3/23 it was noted Tenant C2 fell out of bed (face first). He called for assistance and waited. When interviewed on 12/18/23 Staff A said she heard Tenant C2 laid on the floor for two hours and called for help. She said Staff I was staff on third shift when it occurred. Tenant C2's spouse, Tenant C1 complained about it several times. She said she did not have training on the pendant system. She did not know what to do if it was broken, except to call the nurses. When interviewed on 12/19/23 at 6:30 a.m. Staff I said there were problems with the pendant system. She said a couple weeks ago about 5:15 a.m. Tenant C1 used her pendant and she said Tenant C2 had been on the floor all night. Tenant C2 recently came back from a procedure and was weak. Tenant C2 was laying on the floor and said he felt weak. Staff I said Tenant C2 had not used her pendant before then. 3. Record review of all tenant pendant history records indicated the following: a. From 11/25/23 to 11/27/23 there were five pendant reset times greater than 30 minutes including one for 312 minutes on 11/25/23. b. From 12/5/23 to 12/7/23 there were eight pendant reset times greater than 30 minutes including a bracelet alarm for 350 minutes on 12/6/23. When interviewed on 12/19/23 at 3:59 p.m. Staff C said in the past in areas of the building it would kick staff out of the system. During that time they	A 150		

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A 150	Continued From page 3	A 150		

would not receive notifications. He checked periodically to ensure he was logged in.

When interviewed on 12/19/23 at 3:35 p.m. Staff H said the phone system sometimes kicked staff out. She said it occurred about once per week and it was a reception issue. She said staff had not received training on the pendant system.

When interviewed on 12/18/23 Staff J said she heard complaints about pendant response on second shift. She heard tenants waited 25 minutes. It was expected pendants be answered in five minutes.

When interviewed on 12/19/23 at 10:17 a.m. the Health and Wellness Director said sometimes the pendants did not shut off. Sometimes the magnet did not reset the pendant. Other times tenants said it was pushed and it not go the phones. She said at least three times a tenant said they pushed their pendant and did not go off. She was not aware of anyone who had laid on the floor due to a pendant not being answered. She said when there was adequate staffing, the pendants were answered in five minutes or less.

Record review of the Program's Emergency Response policy and procedure indicated each tenant had a right to receive a prompt response to emergency calls and assistance. Each building was equipped with emergency call systems. When a tenant made an emergency call all staff would respond in a fashion that indicates that an emergency situation had occurred.

When interviewed on 12/19/23 at 12:30 p.m. the Executive Director said the expectation was five minutes ideally, but less than 10 minutes

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A 150	Continued From page 4 regarding pendant response expectations.	A 150		
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 (PA). This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure medications were administered by a staff who completed a department-approved medication manager course. This pertained to 29 of 29 tenants who received program administered medications (Tenant #1-Tenant #29). Findings follow: When interviewed on 12/19/23 at 6:30 a.m. Staff I said she worked third shift and was not a medication aide. She said she could only give	A 270		

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A 270	Continued From page 5 Tylenol. She administered it for a headache and toothache. She reported it occurred twice. When interviewed on 12/19/23 at the Health and Wellness Director said there were no scheduled medications on third shift. She said the care partners (non-medication manager) could give over the counter medications, like Tylenol. It was documented in the book. She stated staff were able to give the medication if needed. Record review on revealed the staff communication book entry dated 12/17/23 documented one of the tenants would like to have Tylenol/acetaminophen later tonight. It was noted 500 milligram was given with her medications at 7:38 p.m. Record review revealed Staff I's training documents indicated a hire date of 1/16/23. The Nurse Delegation Flow sheet did not reflect nurse delegated training on medication administration. Staff I was a care partner and had not completed a medication manager course. When interviewed on 12/20/23 at 10:16 a.m. the Director of Clinical Services confirmed Staff I was not a medication manager.	A 270		
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	A 285		

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A 285	Continued From page 6	A 285		

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 interview and record review the Program failed to administer medications as prescribed. This pertained to 3 of 5 current tenants reviewed (Tenant #1, Tenant #4 and Tenant #5). Findings follow:

1. Record review on 12/19/23 revealed Tenant #1's November 2023 and December 2023 medication administration records (MARs) reflected the following:

a. On 11/26/23 at 8:00 p.m.. Fluticasone nasal spray, one spray in each nostril, twice daily was not available to administer.

b. On 12/18/23 at 8:00 p.m. acetaminophen (analgesic) tablet 650 milligram (mg) ER, take one tablet twice daily was not available to administer.

c. On 12/18/23 at 8:00 p.m. donepezil (cognition-enhancing) 10 mg tablet, take one tablet, at bedtime was not available to administer.

d. On 12/18/23 at 8:00 a.m. simvastatin (cholesterol) 40 mg, take one tablet, at bedtime was not available to administer.

2. Record review on 12/19/23 revealed Tenant #4's November and December 2023 MARs reflected the following:

a. From 11/26/23 to 11/30/23, meloxicam (non-steroidal anti-inflammatory) 7.5 mg tablet,

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A 285	Continued From page 7 daily, at 8:00 a.m. was not available to administer. b. On 12/13/23 and 12/14/23 at 8:00 a.m. docusate sodium (laxative) 100 mg, take two capsules, daily at 8:00 a.m. was not available to administer. 3. Record review on 12/20/23 revealed Tenant #5's November 2023 and December 2023 MARs reflected the following: a. On 11/6/23 and from 11/8/23 to 11/13/23 duloxetine (antidepressant and nerve pain) 30 mg, take one capsule daily at 8:00 a.m. was not available to administer. On 11/7/23 no doses were documented as administered and no explanation was documented related to the omission. b. On 11/6/23 and from 11/8/23 to 11/13/23 metoprolol tartate (beta blocker) 25 mg tablet, take daily at 8:00 a.m. was not available to administer. On 11/7/23 no doses were documented as administered and no explanation was documented related to the omission. c. From 11/9/23 to 11/30/23 at 8:00 p.m. pravastatin (cholesterol) 40 mg, take 1/2 tablet, daily at 8:00 p.m. was not available to administer. When interviewed on 12/20/23 at 10:16 a.m. the Director of Clinical Services confirmed all MARs were provided for tenants reviewed. She said it was likely an issue with not reordering timely.	A 285		
A 345	481-67.9(4)b Staffing 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified	A 345		

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A 345	Continued From page 8	A 345		

and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following:

b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s).

This REQUIREMENT is not met as evidenced by:
Based on interview and record review the Program failed to ensure staff received training on all tasks within 30 days of employment. This pertained to 3 of 3 staff who assisted with medication administration (Staff B, Staff C and Staff E). Findings follow:

When interviewed on 12/18/23 at the entrance meeting the Director of Clinical Services indicated staff assisted with medications, blood glucose monitoring, insulin administration (pens), eye drop administration, nasal sprays, set up for nebulizers and inhalers.

When interviewed on 12/19/23 the Health and Wellness Director confirmed staff assisted with emptying a catheter bag for Tenant C2.

Record review on 12/18/23 of Staff B's training documents revealed a hire date of 8/17/23. The Nurse Delegation Flow sheet document reflected training completed on 8/17/23. The training did not include all tasks including training on eye drop administration, nasal sprays, catheter care, insulin administration, nebulizer treatments and inhalers.

Record review on 12/18/23 of Staff C's training documents revealed a hire date of 5/19/23. The Nurse Delegation Flow sheet document reflected

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A 345	Continued From page 9 training completed on 5/23/23. The training did not include all tasks including training on eye drop administration, nasal sprays, catheter care, insulin administration, nebulizer treatments and inhalers. Record review on 12/18/23 of Staff E's training documents revealed a hire date of 9/8/23. The Nurse Delegation Flow sheet document reflected training completed on 9/11/23. The training did not include all tasks including training on eye drop administration, nasal sprays, catheter care, insulin administration, nebulizer treatments and inhalers. When interviewed on 12/20/23 at 10:16 a.m. Director of Clinical Services confirmed all delegations were provided for staff reviewed.	A 345		
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete evaluations within 30 days of occupancy. This pertained to 2 of 3 tenants reviewed that had been admitted since September 2023 (Tenant #1 and Tenant #5). Findings follow:	A 140		

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A 140	Continued From page 10 1. Record review on 12/19/23 of Tenant #1's file revealed an admission date of 10/18/23. Preliminary cognitive, health and functional evaluations were completed on 10/4/23. Cognitive, health and functional evaluations were completed on 11/28/23; however, were not completed within 30 days of taking occupancy. 2. Record review on 12/20/23 of Tenant #5's file revealed an admission date of 10/22/23. Preliminary cognitive, health and functional evaluations were completed on 10/4/23. Cognitive, health and functional evaluations were completed on 11/29/23; however, were not completed within 30 days of taking occupancy. When interviewed on 12/20/23 at 10:16 a.m. the Director of Clinical Services confirmed all evaluations were provided for the tenants reviewed.	A 140		
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change.	A 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0166	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

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A 145	Continued From page 11	A 145		

This REQUIREMENT is not met as evidenced by:
Based on interview and record review the Program failed to complete evaluations with a change in condition. This pertained to 3 of 5 current tenants reviewed (Tenant #1, Tenant #4 and Tenant #5) and 3 of 3 discharged tenants reviewed (Tenant C1, Tenant C2 and Tenant C3). Findings follow:

1. Record review on 12/19/23 of Tenant #1's file revealed the staff communication log indicated the following:

a. On Tenant #1 wandered around for "good 20 min before could find her" she was in the west laundry room.

b. On 11/4/23 it was noted Tenant #1 urinated and defecated in the garbage can in the pharmacy (medication room). She was found wandering in the hallway and tried to open the nurse's office door.

c. On 11/9/23 Tenant #1 was found in another tenant's apartment and both were upset. Tenant #1 said the other threatened to kill her if she did not leave.

d. On 11/11/23 it was noted Tenant #1 pulled the fire alarm.

e. On 11/12/23 it was noted Tenant #1 refused to change her cloths and refused assistance in the bathroom.

f. On 12/7/23 it was noted Tenant #1 was in

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A 145	Continued From page 12	A 145		

another tenant's apartment putting on her clothes.

Continued record review revealed evaluations were completed on 10/4/23 and 11/28/23 (initial and 30 day evaluations); however, evaluations were not completed as needed with the behaviors noted above.

2. Record review on 12/19/23 revealed Tenant #4's Occupational Therapy (OT) Discharge Summary indicated Tenant #4 fell when visiting family and had left shoulder dislocation, that was relocated and she was hospitalized from 7/27/23 to 7/31/23. Tenant #4 was at a skilled nursing facility (SNF) and the goal was to return to the Program.

Continued record review revealed evaluations were most recently completed on 5/17/23. Evaluations were not completed as needed, post fall with shoulder dislocation, therapy and SNF stay.

3. Record review on 12/20/23 of Tenant #5's file revealed the staff communication log indicated the following:

a. On 12/14/23 Tenant #5 was very confused. He came out and ate others desserts and took coffee cups and left them in other locations.

b. On 12/15/23 Tenant #5 had been quite aggressive.

c. An entry (undated) indicated staff from the staffing agency indicated Tenant #5 was agitated.

Continued record review revealed evaluations were completed on 10/4/23 and 11/29/23 (initial and 30 day evaluations); however, evaluations

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	S0166	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

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A 145	Continued From page 13	A 145		

were not completed as needed with the behaviors noted above.

4. Record review on 12/18/23 of Tenant C1's file revealed Tenant C1 was discharged on 12/15/23.

Continued record review revealed Tenant C1's incident reports documented she fell on 12/2/23, 12/5/23 and 12/6/23.

Further record review revealed a emergency department (ED) discharge summary indicated Tenant C1 was seen in the ED on 12/3/23. Diagnoses included: COVID-19, head injury and urinary tract infection (UTI). An order was received for Keflex 500 mg (antibiotic) take two tablets, twice daily for seven days.

A timeline of events provided by the Health and Wellness Director indicated on 12/2/23 Tenant C2 tested positive for COVID-19, on 12/3/23 she was sent to the ED related to weakness, fall and COVID. She had falls on 12/5/23, 12/6/23 and went out to the hospital on 12/11/23 per family.

Continued record review revealed the staff communication book indicated the following:

a. On 12/1/23 Tenant C1 was found on the floor, she needed help getting up and getting into her chair and dressed. There were no injuries.

b. On 12/2/23 Tenant C1 fell and was incontinent of bowel movement. There were no injuries.

c. On 12/3/23 Tenant C1 was sent to the ED.

d. On 12/7/23 at 1:00 a.m. staff got paged to Tenant C1's apartment. She was on the floor, two staff picked her up and put her in the chair.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0166	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

(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 145	Continued From page 14 Further record review revealed evaluations were most recently completed on 5/19/23. Evaluations were not completed as needed with Tenant C1's COVID-19 positive status, falls, increased assistance, ED visit and UTI with antibiotic therapy. 5. Record review on 12/18/23 of Tenant C2's file revealed Tenant #C2 was discharged on 12/15/23. Continued record review revealed Tenant C2's incident report indicated he fell on 9/30/23. Further record review revealed the staff communication log revealed the following: a. On 11/1/23 Tenant C2 was staying in the hospital, he had surgery and a catheter was placed. b. On 11/2/23 it was noted Tenant C2 had a catheter until Monday and to check and empty it as needed. c. On 11/3/23 it was noted Tenant C2 fell out of bed (face first). He called for assistance and waited. At 8:45 a.m. Tenant C2 went back to the hospital via ambulance and he was not feeling well. Further record review revealed evaluations were most recently completed on 5/19/23. Evaluations were not completed as needed with Tenant C2's surgical procedure, return to the Program, placement of the catheter and falls. 6. Record review on 12/19/23 revealed Tenant C3's nurse's note dated 11/28/23, indicated	A 145		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0166	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

(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 145	Continued From page 15 Tenant C3 returned from the hospital where she had been admitted from 11/25/23 to 11/28/23. Tenant C3 received new orders related to the hospitalization. The notes indicated on Tenant C3 died on 12/4/23. Continued record review revealed a hospice order indicated an evaluation and admission to hospice was ordered on 12/2/23 and included new orders including for lorazepam and morphine sulfate concentrate. Further record review revealed evaluations were last completed on 10/16/23. Evaluations were not completed as needed with Tenant C3's hospitalization and admission to hospice. When interviewed on 12/20/23 at 10:16 a.m. the Director of Clinical Services confirmed all evaluations were provided for the tenants reviewed.	A 145		
A 290	481-69.25(1)i Tenant Documents 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to document nurse's notes by	A 290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0166	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

(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 290	Continued From page 16	A 290		

exception. This pertained of 5 of 5 current tenants reviewed (Tenants #1 -Tenant #5) and 3 of 3 discharged tenants reviewed (Tenants C1, Tenant C2 and Tenant C3). Findings follow:

1. Record review on 12/19/23 of Tenant #1's file revealed handwritten Resident Notes indicated the last entry was 10/18/23 (admission note). Electronic nurse's notes reflected one entry on 11/28/23 related to the 30 day evaluation.

Continued record review revealed the staff communication log indicated Tenant #1 wandered around for "good 20 min before could find her" she was in the west laundry room. On 11/4/23 it was noted Tenant #1 urinated and defecated in the garbage can in the pharmacy (medication room). She was found wandering in the hallway and tried to open the nurse's office door. On 11/9/23 Tenant #1 was found in another tenant's apartment and both were upset. Tenant #1 said the other threatened to kill her if she did not leave. On 11/11/23 it was noted Tenant #1 pulled the fire alarm. On 11/12/23 it was noted Tenant #1 refused to change her cloths and refused assistance in the bathroom. On 12/7/23 it was noted Tenant #1 was in another tenant's apartment putting on her clothes.

Further record review revealed nurse's notes were not documented by exception for Tenant #1 including with behaviors noted above.

2. Record review on 12/19/23 of Tenant #2's file revealed Resident Notes indicated an entry dated 5/19/23 and the next entry in nurse's notes was dated 12/7/23. The entry dated 12/7/23 indicated Tenant #2 returned from a skilled nursing facility (SNF) stay and would require increased assistance. The note indicated she declined

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0166	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

(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 290	Continued From page 17	A 290		

since she left on 11/2/23, had hip surgery and went to SNF.

Continued record review of the staff communication log (spiral notebook) revealed on 11/2/23 Tenant #2 fell in her apartment by her bed. She was sent out by ambulance due to left side hip pain. It was indicated she "claimed" that she could not move her leg. An additional entry on 11/2/23 indicated Tenant #2 broke her hip and needed hip surgery.

Further record review revealed the staff communication log revealed on 12/8/23 Tenant #2 was very confused. Tenant #2 was worried about her children and where they were located. It was noted Tenant #2 could not get settled.

Continued record review revealed nurse's notes were not documented by exception for Tenant #2, including when she fell and went out to the hospital by ambulance and then transferred to SNF for rehabilitation.

3. Record review on 12/20/23 of Tenant #3's file Resident Notes indicated the most recent entry was dated 10/6/23 regarding a 30 day day assessment being completed. Incident reports indicated Tenant #3 had falls on 9/30/23, 11/21/23 and 12/11/23. On 9/30/23 the incident report noted she was found on the floor, she had low blood pressure and it was 70/42, then 87/43 and 80/42. The last time it was taken it was 86/43.

Continued record review revealed the staff communication log dated 12/2/23 indicated Tenant #3 tested positive for COVID-19. On 12/3/23 it was noted Tenant #3 went to the ED and returned to the program. On 12/5/23 it was noted Tenant #3 was found on her knees and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0166	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

(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 290	Continued From page 18	A 290		

needed assistance getting back into bed. On 12/11/23 it was noted Tenant #3 fell. On 12/17/23 it was noted Tenant #3 lost her balance and staff caught her and assisted her to the floor.

Further record review revealed nurse's notes were not documented by exception for Tenant #3 including when she had falls, including a fall with low blood pressure, had COVID-19, went to the ED and returned.

4. Record review on 12/19/23 of Tenant #4's file revealed the most recent entry in Resident Notes was dated 7/14/23. Incident reports indicated Tenant #4 had falls on 10/1/23, 10/3/23, 10/19/23, 11/6/23 and 12/1/23.

Continued record review revealed an Occupational Therapy (OT) Discharge Summary indicated Tenant #4 fell when visiting family and had left shoulder dislocation, that was relocated and she was hospitalized from 7/27/23 to 7/31/23. Tenant #4 was at a skilled nursing facility and the goal was to return to the Program.

Further record review revealed on 9/19/23 an order was received for cephalexin (antibiotic) 500 milligram (mg) capsule, take one capsule, two times daily.

Continued record review revealed nurse's notes were not documented by exception including related to falls, a fall with injury offsite, hospitalization and SNF stay and a new medication order.

5. Record review on 12/20/23 of Tenant #5's file revealed there were no nurse's notes for Tenant #5. He was admitted on 10/22/23 and there was not an admission note completed or 30 day

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0166	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

(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 290	Continued From page 19	A 290		

evaluation note completed.

Continued record review revealed the staff communication log indicated on 12/14/23 Tenant #5 was very confused. He came out and ate others desserts and took coffee cups and left them in other locations. It indicated on 12/15/23 Tenant #5 had been quite aggressive An entry (undated) indicated staff from the staffing agency indicated Tenant #5 was agitated.

Further record review revealed there were no nurse's notes documented by exception for Tenant #5.

6. Record review on 12/18/23 of Tenant C1's file revealed the last entry in Resident Notes was dated 5/19/23. Tenant C1 was discharged on 12/15/23.

Continued record review revealed incident reports indicated Tenant C1 had falls on 12/2/23, 12/5/23 and 12/6/23.

Further record review revealed a emergency department (ED) discharge summary indicated Tenant C1 was seen in the ED on 12/3/23. Diagnoses included: COVID-19, head injury and urinary tract infection (UTI). An order was received for Keflex 500 mg, take two tablets, twice daily for seven days.

A timeline of events provided by the Health and Wellness Director indicated on 12/2/23 Tenant C2 tested positive for COVID-19, on 12/3/23 she was sent to the ED related to weakness, fall and COVID. She had falls on 12/5/23, 12/6/23 and went out to the hospital on 12/11/23 per family.

Continued record review revealed the staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0166	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

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A 290	Continued From page 20	A 290		

communication book indicated on 12/1/23 Tenant C1 was found on the floor, she needed help getting up and getting into her chair and dressed. There were no injuries. It noted on 12/2/23 Tenant C1 fell and was incontinent of bowel movement. There were no injuries. On 12/3/23 it indicated Tenant C1 was sent to the ED. On 12/7/23 at 1:00 a.m. staff got paged to Tenant C1's apartment. She was on the floor, two staff picked her up and put her in the chair. Nurse's notes were not documented by exception for Tenant C1 including with falls, ED visit with a new order for antibiotic, COVID-19 positive, and discharge from the Program.

7. Record review on 12/18/23 of Tenant C2's file revealed the last entry in Resident Notes was dated 5/19/23. Tenant #C2 was discharged on 12/15/23.

Continued record review revealed an incident report indicated Tenant C2 fell on 9/30/23.

Further record review revealed the staff communication log revealed on 11/1/23 Tenant C2 stayed in the hospital, he had surgery and a catheter was placed. On 11/2/23 it was noted Tenant C2 had a catheter until Monday and to check and empty it as needed. On 11/3/23 it was noted Tenant C2 fell out of bed (face first). He called for assistance and waited. At 8:45 a.m. Tenant C2 went back to the hospital via ambulance and he was not feeling well.

Continued record review revealed nurse's notes were not documented by exception for Tenant C2 including with his surgery and hospitalization, return to the Program, placement of catheter, fall and return to the hospital. Additionally, a nurse's note was not completed with Tenant C2's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0166	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

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A 290	Continued From page 21 discharge from the Program. 8. Record review on 12/19/23 of Tenant C3's file revealed the last entry in handwritten Resident Notes was dated 5/23/23. The next entry in notes (electronic) was dated 10/17/23. Continued record review revealed a nurse's note dated 11/28/23 indicated Tenant C3 returned from the hospital where she had been admitted from 11/25/23 to 11/28/23. Tenant C3 received new orders related to the hospitalization. The notes indicated on 12/4/23, Tenant C3 died. Further record review revealed a hospice order indicated an evaluation and admission to hospice was ordered on 12/2/23. Nurse's notes were not documented by exception related to Tenant C3's hospitalization and admission to hospice. When interviewed on 12/20/23 at 10:16 a.m. the Director of Clinical Services confirmed all nurse's notes were provided for the tenants reviewed.	A 290		
A 320	481-69.25(1)o Tenant Documents 69.25(1) Documentation for each tenant shall be maintained by the program and shall include: o. Incident reports involving the tenant, including but not limited to those related to medication errors, accidents, falls, and elopements (such reports shall be maintained by the program but need not be included in the tenant's medical record)	A 320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0166	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

(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 320	Continued From page 22 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete incident reports. This pertained to 3 of 5 current tenants reviewed (Tenants #1, Tenant #2 and Tenant #3) and 2 of 3 discharged tenants reviewed (Tenant C1 and Tenant C2). Findings follow: 1. Record review on 12/19/23 of Tenant #1's file revealed the staff communication log reflected the following entries: a. On 11/4/23 it was noted Tenant #1 urinated and defecated in the garbage can in the pharmacy (medication room). She was found wandering in the hallway and tried to open the nurse's office door. b. On 11/9/23 Tenant #1 was found in another tenant's apartment and both were upset. Tenant #1 said the other threatened to kill her if she did not leave. c. On 11/11/23 it was noted Tenant #1 pulled the fire alarm. Continued record review revealed incident reports were not documented for Tenant #1's behaviors. 2. Record review on 12/19/23 of Tenant #2's file revealed the staff communication log (spiral notebook) revealed on 11/2/23 Tenant #2 fell in her apartment by her bed. She was sent out by ambulance due to left side hip pain. It was indicated she "claimed" that she could not move her leg. An additional entry on 11/2/23 indicated Tenant #2 broke her hip and needed hip surgery. Continued record review revealed Resident Notes	A 320		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0166	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

(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 320	Continued From page 23	A 320		

indicated on 12/7/23 Tenant #2 returned from a skilled nursing facility (SNF) stay and would require increased assistance. The note indicated she declined since she left on 11/2/23, had hip surgery and went to SNF.

Further record review revealed an incident report was not completed on 11/2/23 related to Tenant #2's fall and hip fracture.

3. Record review on 12/20/23 of the staff communication log revealed on 12/5/23 it was noted Tenant #3 was found on her knees and needed assistance getting back into bed. On 12/17/23 it was noted Tenant #3 lost her balance and staff caught her and assisted her to the floor.

Continued record review revealed incident reports were not completed for Tenant #3's falls/incidents.

4. Record review on 12/18/23 of Tenant C1's file revealed the staff communication book indicated the following:

a. On 12/1/23 Tenant C1 was found on the floor, she needed help getting up and getting into her chair and dressed. There were no injuries. It noted on 12/2/23 Tenant C1 fell and was incontinent of bowel movement. There were no injuries.

b. On 12/7/23 at 1:00 a.m. staff got paged to Tenant C1's apartment. She was on the floor, two staff picked her up and put her in the chair.

Continued record review revealed incident reports were not completed related to Tenant C1's falls.

5. Record review on 12/18/23 of the staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0166	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

(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 320	Continued From page 24 communication log revealed on 11/3/23 it was noted Tenant C2 fell out of bed (face first). He called for assistance and waited. At 8:45 a.m. Tenant C2 went back to the hospital via ambulance and he was not feeling well. Continued record review revealed an incident report was not completed for Tenant C2's fall on 11/3/23. When interviewed on 12/20/23 at 10:16 a.m. the Director of Clinical Services indicated all incident reports were provided for the tenants reviewed.	A 320		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans as needed, failed to base service plans on evaluations and failed to develop service plans that reflected the needs of the tenants. This pertained to 5 of 5 current tenants reviewed (Tenants #1 - Tenant #5) and 3 of 3 discharged tenants reviewed (Tenants C1, Tenant C2 and Tenant C3). Findings follow:	A 350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0166	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

(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 350	Continued From page 25 1. Record review on 12/19/23 of Tenant #1's file revealed the staff communication log indicated the following: a. On Tenant #1 wandered around for "good 20 min before could find her" she was in the west laundry room. b. On 11/4/23 it was noted Tenant #1 urinated and defecated in the garbage can in the pharmacy (medication room). She was found wandering in the hallway and tried to open the nurse's office door. c. On 11/9/23 Tenant #1 was found in another tenant's apartment and both were upset. Tenant #1 said the other threatened to kill her if she did not leave. On 11/11/23 it was noted Tenant #1 pulled the fire alarm. d. On 11/12/23 it was noted Tenant #1 refused to change her clothes and refused assistance in the bathroom. e. On 12/7/23 it was noted Tenant #1 was in another tenant's apartment putting on her clothes. When interviewed on 12/20/23 at 10:16 a.m. the Director of Clinical Services indicated there were frequent checks in the memory care unit and Tenant #1 received checks every 30 minutes. Continued record review revealed the service plans were dated 10/4/23 and 11/28/23 (initial and 30 day); however, the service plan was not updated as needed and did not reflect the behaviors noted above or visual checks. 2. Record review on 12/19/23 of Tenant #2's file	A 350		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0166	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

(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 350	Continued From page 26	A 350		

revealed Resident Notes dated 12/7/23 indicated Tenant #2 returned from a skilled nursing facility (SNF) stay and would require increased assistance. The note indicated she declined since she left on 11/2/23, had hip surgery and went to SNF.

Continued record review of the staff communication log (spiral notebook) revealed on 11/2/23 Tenant #2 fell in her apartment by her bed. She was sent out by ambulance due to left side hip pain. It was indicated she "claimed" that she could not move her leg. An additional entry on 11/2/23 indicated Tenant #2 broke her hip and needed hip surgery.

Further record review revealed the staff communication log revealed on 12/8/23 Tenant #2 was very confused. Tenant #2 was worried about her children and where they were located. It was noted Tenant #2 could not get settled.

Continued record review revealed Tenant #2's service plan dated 12/7/23 did not reflect the recent hip fracture, falls or interventions related to her falls.

3. Record review on 12/20/23 revealed Tenant #3's incident reports indicated she fell on 9/30/23, 11/21/23 and 12/11/23.

Continued record review revealed the staff communication log the following:

a. On 12/2/23 Tenant #3 tested positive for COVID-19.

b. On 12/3/23 Tenant #3 went to the ED and returned to the program.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0166	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

(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 350	Continued From page 27 c. On 12/5/23 Tenant #3 was found on her knees and needed assistance getting back into bed. When interviewed on 12/20/23 at 10:16 a.m. the Director of Clinical Services indicated there were frequent checks in the memory care unit and Tenant #3 received checks hourly. Further record review revealed Tenant #3's service plan dated 9/15/23 did not reflect Tenant #3's falls and interventions related to her safety. It also did not reflect the visual checks completed. 4. Record review on 12/19/23 revealed Tenant #4's Occupational Therapy (OT) Discharge Summary indicated Tenant #4 fell when visiting family and had left shoulder dislocation, that was relocated and she was hospitalized from 7/27/23 to 7/31/23. Tenant #4 was at a skilled nursing facility (SNF) and the goal was to return to the Program. Continued record review revealed Tenant #4's service plans were dated 2/17/23 and 11/1/23. The service plan was not updated post post fall with shoulder dislocation, therapy and SNF stay. The current service plan dated 11/1/23 was not based on evaluations (as they were completed) and did not reflect Tenant #4's history of falls and interventions related to her safety. 5. Record review on 12/20/23 of Tenant #5's file revealed the staff communication log indicated the following: a. On 12/14/23 Tenant #5 was very confused. He came out and ate others desserts and took coffee cups and left them in other locations. b. On 12/15/23 Tenant #5 had been quite	A 350		

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	S0166	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

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A 350	Continued From page 28	A 350		

aggressive.

c. An entry (undated) indicated staff from the staffing agency indicated Tenant #5 was agitated.

Continued record review revealed Tenant #5's service plans were dated 10/4/23 and 11/29/23 (initial and 30 day); however, the service plan was not updated as needed with the behaviors noted above.

6. Record review on 12/18/23 of Tenant C1's file revealed Tenant C1 was discharged on 12/15/23.

Continued record review revealed Tenant C1's incident reports documented she fell on 12/2/23, 12/5/23 and 12/6/23.

Further record review revealed a emergency department (ED) discharge summary indicated Tenant C1 was seen in the ED on 12/3/23. Diagnoses included: COVID-19, head injury and urinary tract infection (UTI). An order was received for Keflex 500 mg (antibiotic), take two tablets, twice daily for seven days.

A timeline of events provided by the Health and Wellness Director indicated on 12/2/23 Tenant C2 tested positive for COVID-19, on 12/3/23 she was sent to the ED related to weakness, fall and COVID. She had falls on 12/5/23, 12/6/23 and went out to the hospital on 12/11/23 per family.

Continued record review revealed the staff communication book indicated the following:

a. On 12/1/23 Tenant C1 was found on the floor, she needed help getting up and getting into her chair and dressed. There were no injuries.

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	S0166	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

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A 350	Continued From page 29 b. On 12/2/23 Tenant C1 fell and was incontinent of bowel movement. There were no injuries. c. On 12/3/23 Tenant C1 was sent to the ED. d. On 12/7/23 at 1:00 a.m. staff got paged to Tenant C1's apartment. She was on the floor, two staff picked her up and put her in the chair. Further record review revealed the service plan was dated 5/19/23. The service plan was not completed as needed with Tenant C1's COVID-19 positive status, falls, increased assistance, ED visit and UTI with antibiotic therapy. 7. Record review on 12/18/23 of Tenant C2's file revealed Tenant #C2 was discharged on 12/15/23. Continued record review revealed Tenant C2's incident report indicated he fell on 9/30/23. Further record review revealed the staff communication log revealed the following: a. On 11/1/23 Tenant C2 stayed in the hospital, he had surgery and a catheter was placed. b. On 11/2/23 it was noted Tenant C2 had a catheter until Monday and to check and empty it as needed. c. On 11/3/23 it was noted Tenant C2 fell out of bed (face first). He called for assistance and waited. At 8:45 a.m. Tenant C2 went back to the hospital via ambulance and he was not feeling well. Further record review revealed the service plan was most recently completed on 5/19/23. The	A 350		

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APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

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A 350	Continued From page 30 service plans were not updated as needed with Tenant C2's surgical procedure, return to the Program, placement of the catheter and falls. 7. Record review on 12/19/23 revealed Tenant C3's nurse's note dated 11/28/23 indicated Tenant C3 returned from the hospital where she had been admitted from 11/25/23 to 11/28/23. Tenant C3 received new orders related to the hospitalization. The notes indicated on Tenant C3 died on 12/4/23. Continued record review revealed a hospice order indicated an evaluation and admission to hospice was ordered on 12/2/23 and included new orders including for lorazepam and morphine sulfate concentrate. Further record review revealed the service plan was last updated on 10/16/23. The service plan was not updated as needed with Tenant C3's hospitalization and admission to hospice. When interviewed on 12/20/23 at 10:16 a.m. the Director of Clinical Services confirmed all service plans were provided for the tenants reviewed.	A 350		
A 355	481-69.26(2) Service Plans 69.26(2) Prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit, a preliminary service plan shall be developed by a health care professional or human service professional in consultation with the tenant and, at the tenant's request, with other individuals identified by the tenant, and, if applicable, with the tenant's legal representative. All persons who develop the plan and the tenant or the tenant's legal representative shall sign the	A 355		

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APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

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A 355	Continued From page 31 plan. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to obtain signed service plans prior to taking occupancy. This pertained to 3 of 3 tenants admitted since September 2023 (Tenant, #1, Tenant #3 and Tenant #5). Findings follow: 1. Record review on 12/19/23 of Tenant #1's file revealed an admission date of 10/18/23. The Resident Service Agreement (occupancy agreement) was signed on 10/18/23. A service plan was dated 10/18/23 and was not signed by a health or human service professional, Tenant #1 or Tenant #1's legal representative. 2. Record review on 12/20/23 of Tenant #3's file revealed an admission date of 9/15/23. The Resident Service Agreement was signed on 9/15/23. A service plan was dated 9/15/23 and was signed by the Director of Clinical Services; however, was not signed by Tenant #3 or Tenant #3's legal representative. 3. Record review on 12/20/23 of Tenant #5's file revealed an admission date of 10/22/23. The Resident Service Agreement was signed on 10/22/23. A service plan was dated 10/23/23; which was after admission and after signing the occupancy agreement. The service plan dated 10/23/23 was not signed by a health or human service professional, by Tenant #5 or Tenant #5's legal representative. When interviewed on 12/20/23 at 10:16 a.m. the Director of Clinical Services confirmed all service	A 355		

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A 355	Continued From page 32 plans were provided for the tenants reviewed.	A 355		
A 385	481-69.26(3)d Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. d. The service plan updated within 30 days of the tenant's occupancy shall be signed and dated by all parties. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to obtain signed service plans within 30 days of taking occupancy. This pertained to 3 of 3 tenants reviewed admitted since September 2023 (Tenant #1, Tenant #3 and Tenant #5). Findings follow: 1. Record review on 12/19/23 of Tenant #1's file revealed an admission date of 10/18/23. A service plan was dated 11/29/23; which was not updated within 30 days of taking occupancy. The service plan was signed by the Director of Clinical Services; however, was not signed by Tenant #1 or Tenant #1's legal representative. 2. Record review on 12/20/23 of Tenant #3's file revealed an admission date of 9/15/23. A preliminary service plan was dated 9/15/23. A service plan was not updated within 30 days of taking occupancy. 3. Record review on 12/20/23 of Tenant #5's file	A 385		

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A 385	Continued From page 33 revealed an admission date of 10/22/23. The service plan was dated 11/29/23; which was not updated was not updated within 30 days of taking occupancy. The service plan was not signed by a health or human service professional or by Tenant #5 or Tenant #5's legal representative. When interviewed on 12/20/23 at 10:16 a.m. the Director of Clinical Services confirmed all service plans were provided for the tenants reviewed.	A 385		
A 430	481-69.27(1)c Nurse Review 69.27(1) If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse: c. To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status; This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete nurse reviews every 90 days and as needed. This pertained 2 of 2 current tenants reviewed that resided at the Program greater than three months (Tenant #2 and Tenant #4) and 3 of 3 discharged tenants reviewed (Tenants C1, Tenant C2 and Tenant C3). Findings follow: 1. Record review on 12/19/23 of Tenant #2's file	A 430		

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A 430	Continued From page 34 revealed a 90 day nurse review was completed on 5/19/23. A change of condition evaluation was completed on 12/7/23. There were no 90 day nurse reviews completed between 5/19/23 and 12/7/23. 2. Record review on 12/19/23 of Tenant #4's file revealed a 90 day nurse review was completed on 5/17/23. There were no 90 day nurse reviews completed after 5/17/23 to the time of the file review on 12/19/23. 3. Record review on 12/18/23 of Tenant C1's file revealed a 90 day nurse review was completed on 5/19/23. There were no 90 day nurse reviews completed after 5/19/23 to the time of Tenant C1's discharge on 12/15/23. 4. Record review on 12/18/23 of Tenant C2's file revealed a 90 day nurse review was completed on 5/19/23. There were no 90 day nurse reviews completed after 5/19/23 to the time of Tenant C1's discharge on 12/15/23. 5. Record review on 12/19/23 of Tenant C3's file revealed a 90 day nurse review was completed on 5/19/23. The next 90 day nurse review was dated 10/16/23. When interviewed on 12/20/23 at 10:16 a.m. the Clinical Services Director confirmed all nurse reviews were provided for the tenants reviewed.	A 430		
A 465	481-69.28(5) Food Service 69.28(5) Personnel who are employed by or contract with the program and who are responsible for food preparation or service, or both food preparation and service, shall have an	A 465		

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A 465	Continued From page 35	A 465		

orientation on sanitation and safe food handling prior to handling food and shall have annual in-service training on food protection.

This REQUIREMENT is not met as evidenced by:
Based on interview and record review the Program failed to provide food safety training prior to handling food and annually. This pertained to 8 of 8 staff reviewed related to food safety (Staff A - Staff H). Findings follow:

1. Record review on 12/18/23 of Staff A's training documents revealed a hire date of 6/19/23. Staff A's food safety training was dated 11/1/23. Staff A's training on food safety was not completed prior to handling food.

2. Record review on 12/18/23 of Staff B's training documents revealed a hire date of 8/17/23. Staff B's food safety training was dated 10/4/23. Staff B's training on food safety was not completed prior to handling food.

3. Record review on 12/18/23 of Staff C's training documents revealed a hire date of 5/19/23. Staff C's food safety training was dated 8/9/23. Staff C's training on food safety was not completed prior to handling food.

4. Record review on 12/18/23 of Staff D's training documents revealed a hire date of 8/8/23. Staff D's food safety training was dated 10/8/23. Staff D's training on food safety was not completed prior to handling food.

5. Record review on 12/18/23 of Staff E's training documents revealed a hire date of 9/8/23. Staff E did not have any food safety training completed at the time of the review.

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APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

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A 465	Continued From page 36 6. Record review on 12/18/23 of Staff F's training documents revealed a hire date of 9/6/23. Staff F's food safety training was dated 11/1/23. Staff F's training on food safety was not completed prior to handling food. 7. Record review on 12/20/23 of Staff G's training documents revealed a hire date of 5/27/20. Staff G's most recent food safety training was dated 2/1/22. Staff G did not have training on food safety annually. 8. Record review on 12/20/23 of Staff H's training documents revealed a hire date of 8/17/22. Staff H's most recent food safety training was dated 8/17/22. Staff H did not have training on food safety annually. When interviewed on 12/20/23 at 10:16 a.m. the Director of Clinical Services confirmed all food safety training was provided for the staff reviewed.	A 465		
A 545	481-69.30(1) Dementia Specific Education for Personnel 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide eight hours of dementia	A 545		

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	S0166	A. BUILDING: _____ B. WING _____	C 12/20/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

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A 545	Continued From page 37	A 545		

specific education for staff. This pertained to 6 of 6 staff reviewed (Staff A - Staff F). Findings follow:

1. Record review on 12/18/23 revealed two certificates were provided, the current Assisted Living Program Certificate issued from the Department was for certification as an Dedicated Dementia Specific Assisted Living Program (ALP-D). It was effective 12/12/23 to 12/22/24. The number of units certified was 59.

The prior Assisted Living Program Certificate issued from the Department was for certification as an Assisted Living Program (ALP). It was effective from 1/3/1/23 to 12/22/24. The number of units certified was 59.

The ALP Monitoring Entrance Form indicated the Program was an ALP-D and had 37 tenants, two tenants had a Global Deterioration Scale of four or greater.

Continued record review revealed a timeline of the change from and ALP to an ALP-D was provided by the Program. The application for the ALP-D certificate was submitted on 6/16/23. The ALP-D certificate was received on 12/12/23 and the memory care unit was secured and staffed after a staff meeting on 12/15/23.

Further record review on 12/18/23 of staff files indicated the following:

a. Staff A's training documents revealed a hire date of 6/19/23. Staff A did not have eight hours of dementia specific education and training.

b. Staff B's training documents revealed a hire date of 8/17/23. Staff B did not have eight hours

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	S0166	A. BUILDING: _____ B. WING _____	C 12/20/2023

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APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

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A 545	Continued From page 38 of dementia specific education and training. c. Record review on 12/18/23 of Staff C's training documents revealed a hire date of 5/19/23. Staff C did not have eight hours of dementia specific education and training. d. Record review on 12/18/23 of Staff D's training documents revealed a hire date of 8/8/23. Staff D did not have eight hours of dementia specific education and training. e. Record review on 12/18/23 of Staff E's training documents revealed a hire date of 9/8/23. Staff E did not have eight hours of dementia specific education and training. f. Record review on 12/18/23 of Staff F's training documents revealed a hire date of 9/6/23. Staff F did not have eight hours of dementia specific education and training. When interviewed on 12/20/23 at the Director of Clinical Services confirmed all dementia training was provided for the staff reviewed.	A 545		
A 635	481-69.32(2) Life Safety - Emergency Policies / Structure 69.32(2) An operating alarm system shall be connected to each exit door in a dementia-specific program. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program failed to have an operating door alarm on each exit door. This potentially	A 635		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE VALLEY PLACE	405 27TH AVENUE SOUTH CLEAR LAKE, IA 50428

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A 635	Continued From page 39 affected 37 of 37 tenants (Tenant #1-Tenant #37). Findings follow: 1. Observations on 12/18/23 and 12/19/23 revealed the doors to memory care unit were alarmed and one exit door (#13) outside of the memory care was alarmed. The remaining exit doors in the building had keypads at the doors; however, they were not alarmed. Further observation on 12/20/23 revealed Tenant #5 was in the foyer between the two double doors at the main entrance. He had a cane and ambulated with a walker. The front door was not alarmed and there were no staff present. When the surveyor approached him, he asked which direction was east. Leadership staff was made aware and responded. Record review on 12/18/23 revealed the Department certified the program as a Dedicated Dementia Specific Assisted Living Program on 12/12/23. When interviewed on 12/20/23 at 10:16 a.m. the Director of Clinical Services said all of the doors had keypads. The main entrance was alarmed until 8:00 p.m. When interviewed on 12/20/23 the Executive Director said the current practice regarding the door was that there was an electronic wandering monitoring device on all exit doors. The doors were locked from the outside at night but were not alarmed.	A 635		

Apple Valley Place of Clear Lake

Plan of Corrections

A150

1) Re-education provided RN with disciplinary actions on 12/23/23, 02-01/24, 02/15/24. Program RN was terminated on 02/23/24. The current program RN was educated on assessment policy and when to complete such assessments. Training was completed on 12/22/24.
2) Staff in-service was completed, with ongoing re-educating on emergency response system including call pendent response time & when to notify Coordinator included in training.

A270

a. Upon being made aware staff education was completed and all staff were informed of medication policies and procedures ie: med managers are the only staff to complete med passes. Once med manager course is completed & program RN delegates staff member, they are then allowed to pass medications in community.

A285

a. Re-education provided RN with disciplinary actions on 12/23/23, 02-01/24, 02/15/24. Program RN was terminated on 02/23/24. Program RN or designee to run report at least 3xs week to compare what medications were ordered vs. what were received. If there are any discrepancies the pharmacy, resident, family, and physician will be notified.

A345

1) Delegation packet updated to include required delegations according to resident care plans. On 4/12/2024 all staff delegations updated to include updated paperwork.

A140

1) Re-education provided RN with disciplinary actions on 12/23/23, 02-01/24, 02/15/24. Program RN was terminated on 02/23/24. The new program RN was trained on 03/25/24 regarding correct way to evaluate resident with assessment schedule.

A145

1) Re-education provided RN with disciplinary actions on12/23/23, 02-01/24, 02/15/24 . Program RN was terminated on 02/23/24. The new program RN was trained on 03/25/24 regarding evaluation of tenant. All staff educated on 4/12/2024 of proper times to call on call nurse. Going forward staff will be educated on expectations upon hire.

A290

1) Re-education provided RN with disciplinary actions on 12/23/23, 02-01/24, 02/15/24 Program RN was terminated on 02/23/24. The new program RN educated on 03/25/24 regarding charting by exception.

A320

1) Re-education provided RN with disciplinary actions on 12/23/23, 02-01/24, 02/15/24. Program RN was terminated on 02/23/24. The new program RN was educated on 03/25/24 regarding incident report completion. All staff were re-educated with ongoing training regarding incident report completion.

A350

1) Re-education provided RN with disciplinary actions on12/23/23, 02-01/24, 02/15/24. Program RN was terminated on 02/23/24. By 4/24/2024 the new program RN will review all current residents service plans to ensure that these match the needs of the resident and current abilities.

A355

1) Re-education provided RN with disciplinary actions on 12/23/23, 02-01/24, 02/15/24. Program RN was terminated on 02/23/24. Going forward the Executive director and program RN or designee will review a sample of 3 files to ensure that this complies. This sample will be completed 3 months from this date and as needed thereafter.

A385

1) Re-education provided RN with disciplinary actions on 12/23/23, 02-01/24, 02/15/24. Program RN was terminated on 02/23/24. The new program RN was educated on 30-day assessments on 03/25/24.

A430

1) Re-education provided RN with disciplinary actions on 12/23/23, 02-01/24, 02/15/24. Program RN was terminated on 02/23/24. The new program RN was educated on proper procedures on 03/25/24.

A465

1) Effective on 04/08/24 all current staff completed Safe Food Handling and Sanitation. All staff will be educated prior to being scheduled to work. This will be completed annually going forward.

A545

1) All current staff will have 8 hours of Dementia training completed by 4/24/2024. Going forward dementia training will be completed within 30 days of hire and is a part of the new hire packet and yearly thereafter.

A635

1) On 12/20/23 all exit doors were properly alarmed. Going forward alarms will be audited a minimum of twice per month by maintenance supervisor or designee.