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
	S0106	A. BUILDING: _____ B. WING _____	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COBBLE CREEK ASSISTED LIVING	980 OAK STREET SHELDON, IA 51201

(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. Number of tenants without cognitive impairment: 11 Number of tenants with cognitive impairment: 0 Total census: 11 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an ALP.	A 000	See attached POC 7/7/25	
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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the program failed to ensure annual assessments	A 145		

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A 145	Continued From page 1 were completed for 1 of 1 tenants reviewed in placement for over one year (Tenant #2). Findings include: On 6/12/25 record review revealed Tenant #2 was admitted to the program on 2/01/24. Thirty day assessments were completed in March 2024. Annual assessments due in March 2025 could not be located. On 6/12/25 at 11:25 a.m. the Registered Nurse confirmed this finding.	A 145		

ok
7/14/25

Cobble Creek Assisted Living

980 Oak St.

Sheldon, IA 51201

Tel 712-324-7404 Fax 712-324-7405

July 8th, 2025

To whom it may concern,

Plan of Correction

A145- 481-69.22(3) Evaluation of Tenant

Measures taken to ensure the problem does not recur: Moving forward the program nurse will use a calendar to track and ensure that any and all evaluations will be completed on time. This calendar has been placed on the office bulletin board and is readily available to all office staff at all times.

How the program plans to monitor performance to ensure compliance: All office staff to have a weekly meeting to discuss what assessments or evaluations are due that week along with any upcoming assessments or evaluations.

The date by which the regulatory insufficiency will be corrected: Evaluation calendar has been posted in the office and weekly meetings have begun taking place 7/7/2025.

Aimee Mueller, Director

Aimee Mueller 7-8-25

Miranda Scott, RN

Miranda Scott, RN 7-8-25