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
	S0001	A. BUILDING: _____ B. WING _____	C 04/30/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AZRIA HEALTH LONGVIEW ASSISTED LIVING	1010 LONGVIEW RD MISSOURI VALLEY, IA 51555

(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: 15 Number of tenants with cognitive impairment: 0 Total census: 15 The following regulatory insufficiency was cited during the investigation of Complaint #124821-C:	A 000	The Plan of Correction is attached	
A 530	481-69.29(4) Staffing 481-69.29(231C) Staffing. 69.29(4) A dementia-specific assisted living program shall have one or more staff persons who monitor tenants as indicated in each tenant's service plan. The staff shall be awake and on duty 24 hours a day on site and in the proximate area. The staff shall check on tenants as indicated in the tenants' service plans. A non-dementia-specific assisted living program shall have one or more staff persons who monitor tenants as indicated in each tenant's service plan. The staff shall be able to respond to a call light or other emergent tenant needs and be in the proximate area 24 hours a day on site. The staff shall check on tenants as indicated in the tenants' service plans. This REQUIREMENT is not met as evidenced by:	A 530		

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

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A 530	Continued From page 1 Based on interview and record review the Program failed to consistently ensure tenant service plans included information regarding staff checks to ensure tenant safety. This pertained to 1 of 2 tenants reviewed (Tenants #1). Finding follows: Record review on 4/29/25 revealed Progress notes for Tenant #1 indicated on 11/8/25 staff found Tenant #1 on the floor of his bathroom at 7:30 a.m. Staff pulled the call light cord in Tenant #1's bathroom while attempting to notify the attached nursing facility via phone at 7:35 a.m. Staff attempted to contact the nursing facility staff by Whatsapp at 7:37 a.m. The nurse on call directed the staff to go upstairs to the nursing facility and find a staff to assist. When interviewed on 4/29/25 at 2:15 p.m. Tenant #1 said he fell and pulled the cord in his bathroom on a night in November. He said he couldn't find his phone that had landed in the bathtub when he fell. He laid on the floor for the whole night. When interviewed on 4/30/25 at 11:45 a.m. the staff who found Tenant #1 said she found him as she started medication administration. Tenant #1 said he had fallen and laid on the bathroom floor all night. She said Tenant #1 may have pulled the cord but the alam had not been activated. Record review on 4/30/25 revealed Tenant #1's service plan contained no direction to staff regarding safety checks to ensure tenant safety at the time of the incident or since the fall occurred in November. During the exit on 4/30/25 at 2:00 p.m. the Administrative staff confirmed the above findings.	A 530		

Azria Health Longview Assisted Living

1. Elements detailing how the Program will correct each regulatory insufficiency, including at the system level.

   Tenant #1 service plan was updated to reflect staff checks on 4/30/2025 An audit of current tenant's service plans was completed on 5/2/2025, tenants service plans were updated with staff checks as indicated.

2. Measures taken to ensure the problem does not recur

   Education was provided to current staff regarding service plan requirements including staff checks on 5/28/2025.

3. How the Program plans to monitor performance to ensure compliance.

   The program will audit current tenants' service plans to ensure the service plan reflects staff checks weekly x's 4 weeks, then monthly times 3 months.

4. The date by which the regulatory insufficiency will be corrected.

   5/28/2025

✓ 7/28/25