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
	S0083	A. BUILDING: _____ B. WING _____	12/06/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE VALLEY PLACE	801 BLUNT PKWY #39 CHARLES CITY, IA 50616

(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. General Population Program Number of tenants without cognitive disorder: 24 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 24 TOTAL census of Assisted Living Program: 24 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program.	A 000	The preparation of the following POC for thes deficiencies does not constitute and should not be interpreted as the validity or accuracy of the statements alleged or conclusion set forth in this statement of deficiencies,	
A 380	481-67.9(6) Staffing 67.9(6) Dependent adult abuse training. Program staff shall receive training relating to the identification and reporting of dependent adult abuse as required by Iowa Code section 235B.16. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide 2 hours of dependent adult abuse training within 6 months of employment. This pertained to 4 of 4 staff reviewed (Staff A, Staff B, Staff C, and Staff D). Findings follow: Chapter 235B.16 requires that employees complete two hours of training relating to the identification and reporting of Dependent Adult Abuse within six months of initial employment and	A 380	Employee file audit tool implemented, and necessary training will be completed within required timelines,	

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A 380	Continued From page 1 at least two hours of additional dependent adult abuse identification and reporting training every three years thereafter. Record review of staff files on 8/16/23 revealed the following: 1. Staff A was hired 10/13/22. No dependent adult abuse training completed within 6 months of employment could be located. 2. Staff B was hired 12/27/22. No dependent adult abuse training completed within 6 months of employment could be located. 3. Staff C was hired 3/20/23. No dependent adult abuse training completed within 6 months of employment could be located. 4. Staff D was hired 1/17/23. No dependent adult abuse training completed within 6 months of employment could be located. On 12/6/23 at 12:14 p.m. the Director of Clinical Services confirmed these findings.	A 380	Staff A is Compliant with Dependent Adult Abuse. Staff B is Compliant with Dependent Adult Abuse. Staff C produced proof of compliance; the course was completed on 2/25/21. Staff D voluntary resignation prior to Completion of Dependent Adult Abuse.	2/22/24 12/06/24 2/25/21
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	A 140		

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A 140	Continued From page 2 by: Based on interview and record review the Program failed to evaluate tenant's functional, cognitive, and health status within 30 days of occupancy for 2 of 4 tenants reviewed (Tenant #1 and Tenant #2). Findings follow: Record review of tenant files on 12/6/23 revealed the following: 1. Tenant #1 was admitted on 6/3/22. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. 2. Tenant #2 was admitted on 6/16/23. No functional, cognitive, or health assessments completed within 30 days of occupancy could be located. On 12/6/23 at 12:14 p.m. the Director of Clinical Services confirmed these findings.	A 140	Education completed regarding assessment of functional, cognitive, and health assessments, All will be completed initially, prior to moving in, at 90 days or COC's as needed, Vitals software program is used to monitor assessments and weekly reports received to ensure all ~~staff~~ current are Tenant 1 was admitted prior to new management that took effect 2/1/23, Previous files were put in storage by previous management, Tenant 1 is currently in Compliance with the most recent assessment completed on 1/16/24 Tenant 2 is currently in Compliance with assessments with the most recently completed on 1/24/24	1/16/24 1/24/24
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 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 training on safe food handling and sanitation prior to serving food. This pertained to 4 of 4 staff reviewed (Staff A, Staff B,	A 465	Employee files will be audited on a routine basis to ensure that assigned education modules are completed. The new employee orientation includes food handling and sanitation completed prior to staff working with food, New hire audit tool will ensure that this is being completed	

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A 465	Continued From page 3 Staff C, and Staff D). Findings follow: Record review of staff files on 12/6/23 revealed the following: 1. Staff A was hired on 10/13/22 and no training on safe food handling and sanitation could be located. 2. Staff B was hired on 12/27/22 and no training on safe food handling and sanitization could be located. 3. Staff C was hired on 3/20/23 and no training on safe food handling and sanitation could be located. 4. Staff D was hired on 1/17/23 and no training on safe food handling and sanitization could be located. On 12/6/23 at 12:14 p.m. the Director of Clinical Services confirmed these findings.	A 465	POC 3/1/24 Staff A compliant on food handling and safety staff B compliant with food handling and safety Staff C is no longer employed at this company Staff D is no longer employed at this company	2/21/24 3/1/24