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
	S0140	A. BUILDING: _____ B. WING _____	06/22/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VALLEY LODGE AL	1118 EAST HWY 20 CORRECTIONVILLE, IA 51016

(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 disorder: 4 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 4 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program.	A 000	This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Valley Lodge AL does not admit that the insufficiency listed on this form exists, nor does the Program admit to any statements, findings, facts, or conclusions that form the basis for the alleged insufficiency.The Program reserves the right to challenge in legal and/or regulatory or administrative proceedings the insufficiency, statements, facts and conclusions that form the basis for the insufficiency.	
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 evaluate a tenant's functional, cognitive, and health status as warranted by a significant change of condition for 1 of 1 tenants	A 145		

ok 7/15/22

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A 145	Continued From page 1 reviewed with a change in health status (Tenant #1). Findings follow: Record review on 6-22-22 revealed Tenant #1's Progress Notes dated 5-18-22 revealed she required a port to be placed for chemotherapy treatment for lymphoma. No functional, cognitive, and health evaluation for the change in condition could be located. On 6-22-22 at 9:56 p.m. the Registered Nurse confirmed these findings.	A 145	1. For Tenant #1 the functional, cognitive and health evaluation were completed on 05/18/2022 as a port was being placed. This was done in the form of a quarterly assessment. It was noted that this should have been a Significant Change Evaluation and was completed by RN on 06/22/22. 2. At any time a tenant has a condition that requires a nurse's note, a nurse review will be initiated. The Table A flow chart in Iowa Chapter 69 will be used and subsequent evaluations will be completed if warranted by the flow chart. RN educated on this process on 07/13/2022. 3. Director of Nursing/designee will monitor every nurse review to ensure the proper type of evaluation is being completed. 4. July 13, 2022	