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 _____	C 11/28/2023

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 impairment: 6 Number of tenants with cognitive impairment: 0 Total census: 6 The following regulatory insufficiencies were cited during the investigation of Complaint #116985-C:	A 000	This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Valley Lodge does not admit that the deficiency listed on this form exist, nor does the facility admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency.	1/12/2024
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 established policies and procedures for personal emergency response and for tenant falls regarding 1 of 1 tenants reviewed who fell and sustained a hip fracture (Tenant#1). Findings follow: Record review on 11/2/23 revealed an Incident Report (IR) for Tenant #1 dated 11/16/23 at 4:00 pm. Tenant #1 was observed on the floor of her room. Tenant #1 said she crouched to get a puzzle piece off the floor and lost her balance. She complained of groin pain and numbness of her leg. Outward rotation of the left foot was observed. When interviewed on 11/28/23 at 9:35 a.m. the Program's delegating nurse explained she arrived	A 150	A150 Program and Policy Tenant 1 is no longer residing at Valley Lodge Current tenants have the potential to be affected Education was provided to nurses on the program and policies of AL Weekly audit x 4 will be completed to include staff interviews on the program and where to find policies for AL to include incident reports and injuries	

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A 150	Continued From page 1 to the Program and observed Tenant #1 in a chair. The nurse from the nursing facility (Nurse A) was attending to her. She was told Tenant #1 got the attention of other tenants who went to the nursing facility to inform staff that Tenant #1 needed assistance since no one had answered her page. The delegating nurse confirmed no one answered Tenant #1's page/personal emergency response pendant for at least 25 minutes. On 11/25/23 review of pendant data provided confirmed Tenant #1's pendant alarmed for 26 minutes. The Program's 24 hour Emergency Response system policy dated 2007 directed all emergency pages should be answered immediately by staff. When interviewed on 11/28/23 at 12:08 p.m. Nurse A admitted she failed to answer a pager that continued to alarm while it laid on the counter. (The pager had been taken to the nursing facility as the Program staff had to leave. The delegating nurse was on her way in to work but had not yet arrived.) Further record review on 11/28/23 revealed the Program's Tenant Falls policy. The policy directed not to move a tenant if their limbs were in an unnatural position. During her interview on 11/28/23 Nurse A admitted she had moved the tenant even though she complained of groin pain and numbness in her leg and she observed an outward rotation of the tenant's leg. The nurse confirmed she was not trained on the Program's policies and procedures.	A 150		

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A 525	Continued From page 2	A 525		
A 525	481-69.29(3) Staffing 69.29(3) The owner or management corporation of the program is responsible for ensuring that all personnel employed by or contracting with the program receive training appropriate to assigned tasks and target population. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure all personnel including contract/agency staff were appropriately trained to meet the tenant needs regarding 1 of 1 tenants reviewed who fell and sustained a hip fracture (Tenant#1). Findings include: Record review on 11/28/23 revealed no training documentation for Nurse A (agency staff). When interviewed on 11/28/23 at 12:08 p.m. Nurse A admitted she had received no training specific to the Program including policies and procedures. When interviewed on 11/2/23 at 9:29 a.m. the traveling administrator confirmed no training documentation for Nurse A could be located.	A 525	A525 Staffing Tenant 1 is no longer residing at Valley Lodge Current tenants have the potential to be affected Education was provided to nurses on the program and policies of AL Weekly audit x 4 will be completed to include staff training on the program and where to find policies for AL to include incident reports and injuries. ✓ 6/27/24	