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
	S0190	A. BUILDING: _____ B. WING _____	07/10/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MURPHY PLACE ASSISTED LIVING	620 EAST MONROE CORYDON, IA 50060

(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: 9 Number of tenants with cognitive impairment: 0 Total census: 9 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program	A 000	see attached POC 8/1/25	
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	A 145		

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

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 145	Continued From page 1 program failed to evaluate the health and functional condition of 2 of 3 tenants reviewed (Tenant #2, Tenant #3). Findings follow: Record review on 7/7/25 revealed Tenant #2 had an annual service plan dated 11/22/24. The program nurse completed the annual cognitive evaluation on 11/23/24, but not the health and functional evaluations. Tenant #3 had an annual service plan dated on 4/15/25. The program nurse completed the annual cognitive evaluation on 4/15/25, but not the health and functional evaluations. During an interview with the Administrator on 7/7/25 at 1:45 PM, she confirmed the program nurse failed to conduct health and functional evaluations for Tenant #2 and Tenant #3.	A 145		

ok
7/28/25

Murphy Place Assisted Living
620 East Monroe
Corydon, IA 50060
S0190

07/22/2025

A145
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: A 145 Based on interview and record review, the program failed to evaluate the health and functional condition of 2 of 3 tenants reviewed (Tenant #2, Tenant #3). Findings follow: Record review on 7/7/25 revealed Tenant #2 had an annual service plan dated 11/22/24. The program nurse completed the annual cognitive evaluation on 11/23/24, but not the health and functional evaluations. Tenant #3 had an annual service plan dated on 4/15/25. The program nurse completed the annual cognitive evaluation on 4/15/25, but not the health and functional evaluations. During an interview with the Administrator on 7/7/25 at 1:45 PM, she confirmed the program nurse failed to conduct health and functional evaluations for Tenant #2 and Tenant #3.

Murphy Place Assisted Living Administrator will conduct a monthly audit of all tenant service plans and scheduled assessments to ensure all health and functional assessments are completely timely by the program nurse.