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
	S0283	A. BUILDING: _____ B. WING _____	C 12/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
APPLE VALLEY PLACE	300 LYNDALE STREET OSAGE, IA 50461

(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 for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Tenants without cognitive impairment: 31 Tenants with cognitive impairment: 2 Total census:33 The following regulatory insufficiencies were cited during the investigation of Complaint #130931-C.	A 000		
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 observations, interview and record review the Program failed to follow the established narcotic medications policy. This pertained to 1 of 3 tenants reviewed (Tenant #1). Finding follows: Observations on 12/08/25 at 3:40 p.m. revealed a locked cabinet where the Program stored Tenant #1's lorazepam. On 12/09/25 at 11:45 a.m. the Program's nurse confirmed the Program stored Tenant #1's lorazepam in the locked cabinet and staff were required to count medications at the end/beginning of each shift per policy. Record review on 12/09/25 revealed the Program's Narcotic Medications policy effective 10/2024. The policy directed the procedure for counting narcotics included; upon the start of a	A 150		

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A 150	Continued From page 1 staff members shift, the staff member assigned to passing medications would count all narcotics with the previous medication passer prior to the exchange of medication responsibilities and keys. Continued record review of Tenant #1's controlled drug records (October, November and December, 2025) for lorazepam (no specific dosage recorded) revealed Staff A signed as the second signature on 10/26/25, 11/04/25, 11/07/25, 11/09/25, 11/11/25, 11/12/25 and 12/05/25. Further review revealed Staff A had not completed the approved medication training required. Therefore, Staff A could not administer medications. During the exit on 12/09/25 at 11:45 a.m. the administrative team explained the previous management company developed the policy. They acknowledged Staff A had not completed required medication training, therefore, should not have signed as the staff member assigned to pass medications as required by the Program's policy.	A 150		
A 275	481-67.5(2)f(2) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (2) Medications shall be kept in a locked place or container that is not accessible to persons other than employees responsible for the administration or storage of such medications.	A 275		

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A 275	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observations, interview and record review the Program failed to ensure only staff responsible for the medication administration accessed controlled substances/narcotics. This pertained to 1 of 3 tenants reviewed (Tenant#1). Finding follows: Observations on 12/08/25 at 3:40 p.m. revealed a locked cabinet where the Program stored Tenant #1's lorazepam. On 12/09/25 at 11:45 a.m. the Program's nurse confirmed the Program stored Tenant #1's lorazepam in the locked cabinet and staff were required to count medications at the end/beginning of each shift per policy. Record review on 12/09/25 revealed the Program's Medication Management policy revised 9/25/25. The policy indicated medication storage required medications to be stored in a locked and secure area, accessible only to authorized staff. Continued review on 12/09/25 revealed Tenant #1's controlled drug records (October, November and December) for lorazepam (no specific dosage recorded) indicated Staff A signed as the second signature to ensure the correct amount of lorazepam on 10/26/25, 11/04/25, 11/07/25, 11/09/25, 11/11/25, 11/12/25 and 12/05/25. Further review revealed Staff A had not completed the approved medication training required. Therefore, should not have been granted access to the medications per the Program's policy. During the exit on 12/09/25 at 11:45 a.m. the administrative team confirmed Staff A had access to medications although she had not received the	A 275		

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A 275	Continued From page 3 required training.	A 275		