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 04/28/2026

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: 32 Tenants with cognitive impairment: 2 Total census: 34 The following regulatory insufficiencies were cited during the investigation of Complaint # 131670-C.	A 000	See attached POC 6/30/26	
A 137	231C.5 2a Written occupancy agreement required 231C.5 Written occupancy agreement required. 2. An assisted living program occupancy agreement shall clearly describe the rights and responsibilities of the tenant and the program. The occupancy agreement shall also include but is not limited to inclusion of all of the following information in the body of the agreement or in the supporting documents and attachments: a. A description of all fees, charges, and rates describing tenancy and basic services covered, and any additional and optional services and their related costs. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program failed to include a description of additional services and their related costs on the occupancy agreement for 1 out of 3 tenants reviewed who received Consumer-Directed Attendant Care (CDAC) funding (Tenant C2). Finding follows:	A 137		

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A 137	Continued From page 1 Record review on 4/27/26, revealed Tenant C2's admission date was 10/07/25. Tenant C2's occupancy agreement signed by her Power of Attorney (POA) on 10/07/25 reflected the following charge for monthly rent and board as $1050.00. The occupancy agreement lacked any rates or fees for additional services. Tenant C2's record showed a billing statement for October and November 2025 with the following charges besides the basic rent and board charges: a. 10/01/25-10/31/25 - care level two charge of $1000.00 b. 11/01/25-11/30/25 - care level two charge of $1000.00 Tenant C2's occupancy agreement failed to include the care level two charges. When interviewed on 4/28/26 at 8:00 a.m., the Regional Director of Operations confirmed Tenant C2 had no care/service charges identified on her occupancy agreement because she received CDAC funding and the Program typically had not displayed those charges for that reason. When interviewed on 4/28/26 at 1:30 p.m., the Regional Director of Operations, the Health and Wellness Director, and the Corporate Director of Operations confirmed the above findings.	A 137		
A 116	481-67.2(2) Program Policies and Procedures 67.2(2) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by:	A 116		

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A 116	Continued From page 2 Based on interview and record review, the Program failed to follow policies related to medication management and on-call nurse communication for 1 out of 6 tenants reviewed (Tenant C2). Findings follow: 1. Record review revealed Tenant C2 had diagnoses including hypertensive urgenency, acute cystitis, nausea with vomiting, diabetes mellitus type 2, mild cognitive impairment, chronic kidney disease, Aicardi-Goutieres syndrome, presbycusis, major depressive disorder, and edema. Tenant C2's service plan, dated 11/26/25, noted Tenant C2 had a Global Deterioration Scale (GDS) score of 2 and required assistance with medication ordering, storage, and administration. The service plan further noted Tenant C2 required staff assistance with injectable medication and communication with primary care physician. 2. Record review on 4/27/26, revealed Tenant C2 had a physician's order dated 11/6/25 for the following medication: torsemide 20 (milligram) mg daily to address fluid retention. Tenant C2's November 2025 medication administration record (MAR) lacked documentation the medication was given 11/06/25 through 11/10/25. The Health and Wellness Coordinator documented an administration of the medication on 11/11/25 although Tenant C2 was hospitalized on this day. A hospital discharge report obtained from the hospital on 4/29/26, revealed Tenant C2 was initially admitted to the hospital due to acute congestive heart failure with preserved ejection fraction exacerbation 11/10/25. On 11/14/25, Tenant C2 was transitioned to skilled care to address ongoing issues with fluctuations in blood sugars, kidney function, and blood pressure until 11/26/25.	A 116		

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A 116	Continued From page 3 Tenant C2's nurse's notes revealed the following documentation: a. 11/06/25 - The Health and Wellness Director confirmed Tenant C2 had a doctor appointment on 11/06/25 and returned with the following orders: Stop humalog insulin 75/25 twice daily and start tresiba insulin 25 units nightly, start novalog insulin 6 units three times a day before meals, check blood sugars before meals and at night, check basic metabolic panel in one week. Check weight every three days in the morning. Send blood pressure, blood sugars and blood pressure to the physician in one week. The Health and Wellness Director's documentation failed to include the order for the torsemide 20 mg daily. b. 11/10/25 - The Health and Wellness Director noted Tenant C2 had edema in her face and lower extremities with increased blood pressure. Tenant C2's daughter was called and Tenant C2 was taken to the emergency room to get evaluated. c. 11/10/25 - The Health and Wellness Director received a call Tenant C2 was admitted to the hospital due to fluid retention. d. 11/10/25 through 11/26/25 Tenant C2 was hospitalized. Continued record review on 4/27/26, revealed the Program's Medication Management policy, dated 9/25/25, indicated each administration of medication must be documented in the resident's medication administration record (MAR), including the date, time, dosage, and the name of	A 116		

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A 116	Continued From page 4	A 116		

the staff member administering the medication.

When interviewed on 4/28/26 at 9:01 a.m., the Health and Wellness Director indicated she believed the order for torsemide 20 mg was for three days a week at that time and that was why it had not been given between 11/06/25 through 11/10/25 as well as the fact Tenant C2 refused to take the medication for staff which was documented in nurse's notes on 10/30/25.

3. Record review on 4/27/26, revealed a physician's order and nurse's note dated 10/22/25, to increase Tenant C2's metoprolol succinate to 150 (milligram) mg daily and increase 70/30 insulin to 30 units in the a.m. and 28 units in the p.m.

Tenant C2's October 2025 medication administration record revealed Tenant C2's blood sugar reading was 56 on the morning of 10/23/25 and no reading was completed on 10/26/25 in the p.m.

A fax document to Tenant C2's physician from the Health and Wellness Director, dated 10/27/25 revealed the following: Tenant C2's blood sugar dropped to 49 on 10/24/25 and and to 54 on 10/23/25 (which was likely the reading of 56 on 10/23/25).

Nurse's notes reflected no documentation by on-call nurse that staff reported unusually low blood sugar levels at any time between 10/22/25 through 10/26/25.

Nurse's notes dated 10/27/25 revealed a new order for Tenant C2's 70/30 insulin to increase to 32 units in the a.m. and 25 units in the p.m.

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A 116	Continued From page 5 Record review on 4/28/26, revealed the Program's policy titled: Call the on-call Nurse for, revised 9/21/25, directed staff to call the on-call nurse for elevated or low blood sugars. When interviewed on 4/28/26 at 10:30 a.m., the Health and Wellness Director reported she was on vacation the week staff indicated Tenant C2 had low blood sugar levels. She was not sure why staff reported different numbers than what was documented. The Health and Wellness Director confirmed she was told about the low blood sugar levels on 10/27/25 when she returned from vacation. The Health and Wellness Director indicated she immediately notified the physician and received a new order. She confirmed staff should have called the on-call nurse at the time the low blood sugars were observed. 4. When interviewed on 4/28/26 at 1:30 p.m., the Regional Director of Operations, the Health and Wellness Director, and the Corporate Director of Operations confirmed the above findings.	A 116		

PLAN OF CORRECTION

Community Name: Apple Valley Place of Osage

Plan of Correction Date: 6/2/2026

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS	PROVIDER INDENTIFICATION NUMBER/LICENSE NUMBER: S0283	DATE SURVEY COMPLETED/TYPE OF SURVEY: 04/28/2026

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A137	*231C.5 Written occupancy agreement required.* Program failed to include a description of additional services and their related costs on the occupancy agreement for 1 out of 3 tenants reviewed who received Consumer-Directed Attendant Care (CDAC) funding (Tenant C2)	A137	Program implementing new Occupancy Agreement for new CDAC residents being admitted to the program by 6/8/26. Program implementing addendum for existing CDAC residents at the community on 6/8/26.	All existing residents at the program will complete the addendum by 6/30/26. All new CDAC residents at the program will complete the CDAC specific occupancy agreement. Audits will be completed by June 30th for existing residents and annually thereafter to ensure compliance.	Implementation Date: 6/8/26 Completion Date: 6/30/26 and ongoing Responsible Party: Executive Director or Designee
A116	*67.2(2) The program shall follow the policies and procedures established by the program.* Program failed to follow policies related to medication management and on-call communication for 1 out of 6 tenants reviewed (Tenant C2).	A116	Staff did notify the on-call RN, which was the VP of clinical operations. The VP of clinical operations failed to respond to the community and therefore is no longer with Better Living.	A nurse will be available on-call 24/7 for staff assistance and resident emergencies per policy. If the program nurse is not available, the corporate or regional nurse will provide coverage for on-call. Staff educated that if nurse can not be reached, to contact Executive Director or Designee. Staff	Implementation Date: 04/13/26 Completion Date: 06/30/26 and ongoing Responsible Party:

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of regulatory insufficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of state law.

				in-service providing education to all staff to be completed by 6/22/26.	Executive Director or Designee

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