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
	S0394	A. BUILDING: _____ B. WING _____	09/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER RIDGE AND GARDENS AL	420 KENYON ROAD FORT DODGE, IA 50501

(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. Tenants without cognitive impairment: 54 Tenants with cognitive impairment: 0 Total census: 54 The following regulatory insufficiency was cited related to the recertification visit conducted to determine compliance with certification of an Assisted Living Program.	A 000	See attached POC 11/11/25	
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to update service plans as needed and ensure service plans reflected service needs of the tenants. This pertained to 1 of 1 tenant reviewed with more than one fall in the past 90 days (Tenant #5). Finding follows: Record review on 9/18/25 revealed an Incident	A 350		

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A 350	Continued From page 1 Report for Tenant #5, dated 7/22/25, indicated she fell in her bathroom, hit her head and cut the left side of her head. She was sent to the emergency department (ED) and had six staples placed in her head. Continued record review revealed an Incident Report, dated 8/26/25 indicated she lost her balance and fell when she stood up in the exercise room. She sustained a skin tear to the left eye brow and a bruise to the left side of the eye brow. Further record review revealed Tenant #5's service plan failed to reflect Tenant #5's history of falls, including falls with injuries and interventions related to falls. When interviewed on 9/18/25 at 3:41 p.m. the Independent and Assisted Living Director confirmed there were no falls or interventions listed on Tenant #5's service plan.	A 350		

Friendship HAVEN

December 8, 2025

Re: Plan of Correction

Please see the Plan of Correction outlined below as evidence of correction and plans for continued regulatory compliance for River Ridge and Gardens ALP.

Corrective Action Plan

1. **Post-Fall Assessment**
    - Resident's service plan was reviewed and updated with history of falls and education/interventions on **November 11, 2025**.
    - After any resident fall, the nurse will complete a fall risk assessment in the EHR.
    - Based on the assessment, interventions will be recommended.
    - Residents will receive education on these recommendations while maintaining their right to make independent decisions.
2. **Ongoing Monitoring**
    - Service plans for residents with a history of falls will be reviewed monthly from **December 2025 through June 2026**.
3. **Quality Assurance**
    - If service plans consistently document fall history and include appropriate interventions or education, the QA review process will conclude.