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PRINTED: 11/04/2025
FORM APPROVED

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
	S0404	A. BUILDING: _____ B. WING _____	09/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENCE VILLAGE OF PELLA AL	2604 FIFIELD ROAD PELLA, IA 50219

See attached POC 11/5/25

(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 visit. Tenants without cognitive impairment: 32 Tenants with cognitive impairment: 5 Total census: 37 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules for an Assisted Living Program.	A 000	A 140 - Insufficiency- The Program's process has been to utilize the 30-Day Move-In Care Review evaluation tool to acknowledge review of service plan and care needs and whether there have been any changes; with any significant change triggering full health/functional and cognitive evaluation tools. Prevent Recurrence (A140): The 30-Day Move-In Care Review evaluation tool has been retired by the Program. The Move-In Care Review tool has been replaced by the full standard health/functional evaluation tool and cognitive evaluation tool as utilized for all other initial, significant change, and routine tenant evaluations by the Program.	
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete functional, cognitive and health assessments within 30 days of occupancy for 2 of 2 tenants reviewed who moved to the program within the prior six months (Tenant #2 and Tenant #3). Findings follow: 1. Record review on 9/16/25 revealed Tenant #2's occupancy dated 5/07/25. Her initial evaluations of cognitive, functional and health status were dated 4/30/25. Assessments completed within 30	A 140	Achieve Compliance (A140): A140 - All tenants whose 30-day evaluations were acknowledged with the Move-In Care Review and service plan review as 'no changes' and have not yet had subsequent cognitive and health/functional evaluations completed will be re-evaluated by the Program by 11/30/25 Timeline: (A140) Retirement of insufficient evaluation tool effective immediately Re-evaluation of tenants to achieve compliance by 11/30/2025 Monitor (A140): Quarterly excellence audits by the Program including review of tenant evaluations RDRN 11/14/2025 Rebeca Knapp RN Wellness Director	11/05/25 11/30/25

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

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A 140	Continued From page 1 days of occupancy could not be located in her record. Change of condition assessments were completed on 6/24/25. During interview on 9/16/25 at 3:40 p.m., the Registered Nurse (RN) confirmed the Program failed to complete cognitive, functional and health evaluations within 30 days of occupancy for Tenant #2. The RN provided a document entitled, "Move-in Care Review" dated 6/02/25, which indicated no changes since the tenant moved in. The one page document failed to assess Tenant #2's needs/status. The RN noted the Program completed new assessments on 6/24/25 after Tenant #2 was diagnosed with cancer. 2. Record review on 9/11/25 revealed Tenant #3's occupancy dated 6/02/25. Her initial evaluations were completed on 5/15/25. The initial assessments indicated Tenant #3 could move about the building without reminders or assistance. Her Global Deterioration Scale score was five, the score indicated moderately severe dementia. Tenant #3's assessments completed within 30 days of occupancy could not be located in her record. A nursing progress note dated 6/27/25, included documentation from a recent visit with the primary care provider (PCP). According to the PCP notes, Tenant #3's spouse reported she wandered during the day as the spouse rested. Staff reported finding Tenant #3 lost (inside the building) and needed redirection to get back to her apartment. On 9/11/24 at approximately 8:30 a.m., Staff A accompanied Tenant #3 from the dining room to her apartment on the third floor before getting Tenant #3's medication from another floor. Tenant	A 140		

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A 140	Continued From page 2 #3 appeared to be confused as Staff A accompanied her to her room. During interview on 9/11/25 at 3:20 p.m., Staff B indicated Tenant #3 was generally dependent on her husband to navigate the building. Staff B said Tenant #3 sometimes left her apartment when her husband napped in the afternoon. Staff B found Tenant #3 wandering in the third floor hallway when she didn't know where her apartment was. During interview on 9/11/25 at 3:30 p.m., the RN confirmed the Program failed to complete cognitive, functional and health evaluations within 30 days of occupancy for Tenant #3. The RN provided a document entitled, "Move-in Care Review" dated 7/08/25, which indicated there were no changes since the tenant moved in. The one page document failed to assess Tenant #3's needs/status. The RN indicated no additional assessments were completed for Tenant #3 until her quarterly assessments dated 9/01/25.	A 140		