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
	S0257	A. BUILDING: _____ B. WING _____	C 09/24/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENCE VILLAGE OF WAUKEE AL	**1654 SE HOLIDAY CREST CIRCLE WAUKEE, IA 50263**

(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: 23 Tenants with cognitive impairment: 5 Total census: 28 The following regulatory insufficiencies were cited during the investigation of Complaint #131803-C and the recertification visit conducted to determine compliance with certification of an Assisted Living Program.	A 000		
A 282	481-69.26(3) Service Plans 481-69.26(231C) Service plans. 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. The service plan shall be signed by all parties, including the tenant or tenant's legal representative. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure service plans were updated within 30 days of occupancy or at least annually for 3 of 4 tenants reviewed (Tenant #C1, Tenant #1, and Tenant #2). Findings follow: Record review on 9/24/26 revealed:	A 282		

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

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A 282	Continued From page 1 1. Tenant #C1 admitted to the program 6/3/26 and had a service plan signed/dated 6/3/26, but no 30-day service plan had been completed as required following 30 days of occupancy. 2. Tenant #1 admitted to the program 10/3/24 and had a pre-admission service plan signed/dated 9/30/24, but no 30-day service plan had been completed as required following 30 days of occupancy, and no annual service plan had been completed as required at least annually in 2025. 3. Tenant #2 admitted to the program 3/3/26 and had a service plan signed/dated 3/2/26, but no 30-day service plan had been completed as required following 30 days of occupancy. During an interview with the Wellness Director (WD) on 9/24/26 at 10:10am, the WD acknowledged no 30-day service plans had been developed for Tenant #C1, Tenant #1, and Tenant #2, and no minimum of an annual service plan had been developed for Tenant #1.	A 282		