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
	S0259	A. BUILDING: _____ B. WING _____	C 08/06/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RIVER VALLEY PLACE OF OTTUMWA	173 EAST ROCHESTER STREET OTTUMWA, IA 52501

(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: 21 Tenants with cognitive impairment: 14 Total census: 35 No regulatory insufficiencies were cited during the investigation of Incidents #132280-I, #132338-I, #132635-I, #132651-I. The following regulatory insufficiencies were cited during the investigation of Incidents #132211-I, #132282-I, and #132371-I.	A 000		
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: Based on interview and record review, the program failed to follow established policy related to Incident Reporting for 5 of 9 tenants reviewed (Tenant #2, Tenant #4, Tenant #5, Tenant #6, Tenant #7). Findings follow: Record review on 8/4/26 revealed: 1. The program completed self-reports for three incidents and completed internal investigations, but failed to include an incident report documenting the incident occurrence per the program's policy: a. 5/23/26: Tenant-to-tenant aggression incident between Tenant #5 and Tenant #6. b. 5/24/26: Incident of theft/missing money for	A 116		

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A 116	Continued From page 1 Tenant #2 c. 6/15/26: Incident of theft of personal property for Tenant #4 2. Three months of incident reports reviewed noted the program failed to notify tenant responsible parties/legal representatives per the program's policy related to the following tenants: a. Tenant #6's incident reports dated 7/1/26, 7/17/26, and 7/18/26. b. Tenant #5's incident reports dated 5/9/26, 6/2/26, and 6/9/26. c. Tenant #7's incident reports dated 5/14/26, 6/3/26, 7/2/26, 7/29/26. The program's policy "Incident Reports" (effective/revised date 1/1/26) noted the program "will document any incident occurrences to a resident, visitor, staff, or to the property or grounds." The policy further directed, staff must complete an Incident Report immediately, but no later than the end of their shift whenever an incident occurs. The policy also noted responsible parties/legal representatives must be notified promptly after the incident stabilized. During an interview on 8/5/26 at 2:30pm the Executive Director (ED) acknowledged she could not locate incident reports for the 5/23/26 incident between Tenant #5 and Tenant #6, nor the incident reports for Tenant #2 and Tenant #4. The ED acknowledged the incident report policy and acknowledged the incident reports without responsible party/legal representative notification.	A 116		
A 285	481-69.26(4)a Service Plans 481-69.26(231C) Service plans.	A 285		

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A 285	Continued From page 2 69.26(4) The service plan shall be individualized and indicate: a. The tenant's identified needs and preferences for assistance; This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure service plans were individualized and identified tenant needs and preferences for assistance for 1 of 9 tenants reviewed (Tenant #6). Findings follow: Record review on 8/4/26 and 8/5/26 revealed Tenant #6 had a 30-day service plan dated 5/20/26, a Change of Condition service plan dated5/26/26, a Change of Condition service plan dated 6/9/26, and a Change of Condition service plan dated 7/17/26. Each service plan identified Tenant #6 was a fall risk and noted the need for Fall Risk Interventions. The goal was listed as "Resident will ambulate safely and remain free from falls", and then prompted the program to provide fall risk interventions. The comments line listed the word "Interventions", but did not provide any individualized fall interventions for Tenant #6. Review on 8/4/26 of the program's policy entitled "Service Plans" (effective/revised date 8/1/25) included "The service plan will include measures to promote the resident's safety and well-being, including fall prevention..." During an interview on 8/5/26 at 2:30pm the Executive Director (ED) acknowledged she would assume to see interventions listed on a service plan if the service plan had identified a fall risk.	A 285		