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
	S0436	A. BUILDING: _____ B. WING _____	12/17/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAGGIE'S PLACE AT NORTHRIDGE VILLAGE	3301 STANGE ROAD AMES, IA 50010

(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 type of population served. The census numbers were provided by the Program at the time of the onsite. Number of tenants without cognitive disorder: 0 Number of tenants with cognitive disorder: 5 Total census: 5 There were no regulatory insufficiencies cited during the onsite infection control survey. The following regulatory insufficiencies were cited during the inital certification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000		
A 083	481-69.26(1) Service Plans 481-69.26(231C) 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 develop service plans based	A 083	Plan of Correction is attached 1/27/21	

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

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A 083	Continued From page 1 the required evaluations and the specific needs of tenants for 3 of 3 tenants reviewed (Tenant #1, Tenant #2, and Tenant #3). Findings follow: 1. Record review on 12-15-2020 of Tenant #1's Medication Administration Records, dated August through December 2020, revealed she received a Fentanyl patch and acetaminophen for chronic back pain. Review of Tenant #1's file on 12-15-2020 revealed a Progress Note dated 10-6-2020 documented an order for compression stockings for her lower extremities. A Progress Note, dated 12-11-2020, documented she received physical (PT) and occupational (OT) therapy. Tenant #1's service plan, dated 9-1-2020, failed to include interventions for pain management and frequency of PT and OT. 2. Review of Tenant #2's file on 12-15-2020 revealed a Functional Assessment, dated 12-1-2020, indicated she required no assistance with dressing, grooming, or toileting. Review of a Service Plan dated 9-1-2020 indicated she required assistance with dressing, grooming, and toileting. On 12-16-2020 at 3:00 p.m. the Director of Nursing confirmed she required no assistance with dressing, grooming, and toileting. Review of Health Status Review, dated 12-1-2020, documented generalized chronic pain. Review of Medication Administration Records, dated August through December 2020, revealed she received ibuprofen as needed for pain.	A 083		

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A 083	Continued From page 2 Review of Tenant #2's Progress Notes, dated 10-23-2020, revealed she could have two ounces of wine each day. Tenant #2's service plan, dated 9-1-2020, failed to be based on the functional evaluation and failed to include interventions for pain management and directions for wine consumption. 3. Review of Tenant #3's file on 12-15-2020 revealed Progress Notes documenting the following: - A note dated 8-18-2020 documented lymphedema to left upper extremity so a blood pressure check was not to be completed on left arm. Also her diabetes was managed by oral medications and required blood sugars to be completed prior to breakfast and supper. - A note dated 9-11-2020 documented she wore a lymph sleeve on left upper arm due to lymphedema. - A note dated 10-6-2020 documented an order for a PT evaluation and to start 650 milligrams of Tylenol to be given three times per day for pain. - A note dated 11-20-2020 documented an order for Flonase nasal spray and Claritin to be administered as needed (PRN) for allergy symptoms. During a tour on 12-15-2020 a loveseat and a recliner were observed in Tenant #3's apartment and no bed was present. Staff A stated on 12-15-2020 at 10:45 a.m. Tenant #3 preferred to sleep on her loveseat. She stated a bed was tried when she moved in but Tenant #3 did not like it. She stated Tenant #3 seemed more calm and relaxed after the bed was removed and she was able to sleep on the loveseat.	A 083		

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A 083	Continued From page 3 Tenants #3's service plan, dated 8-18-2020, failed to include the specific needs related to her lymphedema, diabetes, pain management, PT services, seasonal allergies, and preference to sleep on her loveseat. 4. On 12-16-2020 at 3:10 p.m. the Director of Nursing confirmed these findings.	A 083		
A 092	481-69.26(4)d Service Plans 481-69.26(231C) Service plans. 69.26(4) The service plan shall be individualized and shall indicate, at a minimum: d. For tenants who are unable to plan their own activities, including tenants with dementia, a list of person-centered planned and spontaneous activities based on the tenant's abilities and personal interests. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to include a list of preferred planned and spontaneous activities for 3 of 3 tenants reviewed with a Global Deterioration Scale (GDS) of four or above (Tenant #1, Tenant #2, and Tenant #3). Findings follow: Record review on 12-15-2020 revealed Tenant #1's file included a GDS, dated 10-15-2020. The GDS revealed a score of five and indicated moderately severe cognitive decline. Tenants #1's	A 092		

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A 092	Continued From page 4 service plan, dated 8-24-2020, failed to include a list of preferred planned and spontaneous activities. Record review on 12-15-2020 revealed Tenant #2's file included a GDS, dated 12-1-2020. The GDS revealed a score of five and indicated moderately severe cognitive decline. Tenants #2's service plan, dated 9-1-2020, failed to include a list of preferred planned and spontaneous activities. Record review on 12-15-2020 revealed Tenant #3's file included a GDS, dated 10-15-2020. The GDS revealed a score of six and indicated severe cognitive decline. Tenants #3's service plan, dated 8-18-2020, failed to include a list of preferred planned and spontaneous activities On 12-16-2020 at 1:10 p.m. the Director confirmed these findings.	A 092		
A 096	481-69.27(1)c Nurse Review 481-69.27(231C) Nurse review. If a tenant does not receive personal or health-related care, but an observed significant change in the tenant's condition occurs, a nurse review shall be conducted. If a tenant receives personal or health-related care, the program shall provide for a registered nurse or a licensed practical nurse via nurse delegation: 69.27(1)c To assess and document the health status of each tenant, to make recommendations and referrals as appropriate, and to monitor progress relating to previous recommendations at least every 90 days and whenever there are changes in the tenant's health status;	A 096		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 096	Continued From page 5 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently conduct nurse reviews to assess and document a tenant's health status at least every 90 days or when a change occurred in a tenant's health affecting 2 of 3 tenants reviewed (Tenant #1 and Tenant #3). Findings follow: 1. Record review of Tenant #1's file on 12-15-2020 revealed a Progress Note, dated 10-6-2020, documented an order for compression stockings for her lower extremities. A Progress Note dated 12-11-2020 documented she received physical (PT) and occupational (OT) therapy. A nurse review documenting the change in health status when she required compression stockings and PT/OT could not be located. 2. Record review of Tenant #3's file on 12-15-2020 revealed an admission date of 8-13-2020. Review of Tenant #3's Progress Notes revealed the following: - A note dated 8-18-2020 documented lymphedema to left upper extremity so a blood pressure check was not to be completed on left arm. Also her diabetes was managed by oral medications and required blood sugars to be completed prior to breakfast and supper. - A note dated 9-11-2020 documented she wore a lymph sleeve on left upper arm due to lymphedema. - A note dated 10-6-2020 documented an order	A 096		

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A 096	Continued From page 6 for a PT evaluation and to start 650 milligrams of Tylenol to be given three times per day for pain. - A note dated 11-20-2020 documented an order for Flonase nasal spray and Claritin to be administered as needed (PRN) for allergy symptoms. A nurse review assessing and documenting the health status at least every 90 days and when she required PT and medications for allergies could not be located. 3. On 12-16-2020 at 3:10 p.m. the Director of Nursing confirmed these findings.	A 096		

Northridge
VILLAGE

January 20, 2020

Department of Inspections and Appeals
Attn: Deb Dixon
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Dixon:

On behalf of Northridge Village, I respectfully submit our Plan of Correction for your approval. This Plan of Correction should constitute our credible allegation of compliance and we trust you will find it adequate and acceptable. This Plan of Corrections is submitted as required under State and Federal Law. The submission of this Plan of Correction does not constitute an admission on the part of the Facility as to the accuracy of the surveyors' findings nor the conclusions drawn therefrom. The Facility's submission of this Plan of Correction does not constitute an admission on the part of the Facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied.

A083 – Service Plans

Elements detailing how the Program will correct each regulatory insufficiency.

- Service plans to include interventions for each tenant to include any specific health concerns, pain management, PT/OT, and any other identified areas.
- RN to ensure most recent functional assessments are reflected accurately within individualized service plans.

Measures taken to ensure the problem does not recur.

- AL Director to oversee and monitor service plan creation and modifications.
- AL Director to provide ongoing training as needed to ensure compliance with policy.

How the Program plans to monitor performance to ensure compliance.

- AL Director to conduct periodic audits of service plan accuracy to ensure compliance with policy.
- Audits will be presented at monthly QAPI meetings for review by committee.

The date by which the regulatory insufficiency will be corrected.

- Date corrected 01/17/2021

A092 – Service Plans

1/27/21

Elements detailing how the Program will correct each regulatory insufficiency.

- Individualized preferred planned and spontaneous activities identified for each tenant. These activities were then added to each service plan as required.

Measures taken to ensure the problem does not recur.

- Personalized activities to be added upon service plan creation, reviewed with each service plan review and updated when preferences change or as needed for each tenant.

How the Program plans to monitor performance to ensure compliance.

- Conduct periodic audits of service plans.
- Audits will be presented at monthly QAPI meetings for review by committee.

The date by which the regulatory insufficiency will be corrected.

- Date corrected 01/17/2021

A096 – Nurse Review

Elements detailing how the Program will correct each regulatory insufficiency.

- RN to conduct a nurse review every 90 days and with any change in health status such as requiring PT/OT, increased pain, or other documented change in health.

Measures taken to ensure the problem does not recur.

- AL Director and RN will discuss any and all changes regarding care of tenant utilizing Table A from Ch. 69 regarding nurse reviews.
- Nurse review to be completed when appropriate.

How the Program plans to monitor performance to ensure compliance.

- Audits of medical records will be conducted periodically to ensure compliance.
- Audits will be presented at monthly QAPI meetings for review by committee.

The date by which the regulatory insufficiency will be corrected.

- Date corrected 01/17/2021

This plan of corrections serves as the facilities Credible Allegation of Compliance that effective January 17, 2021 Northridge Village will be in compliance with these regulatory requirements.

If you have questions, please feel free to call me at 515-232-1000. Thank you.

Sincerely,

Gary T. Darr BSN, RN
AL Director