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 _____	C 04/25/2023

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 population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 0 Number of tenants with cognitive impairment: 11 Total census: 11 No regulatory insufficiencies were cited during the investigation of Complaint #109204-C and #111494-C. 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 430	481-69.27(1)c Nurse Review 69.27(1) 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: 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; This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 430	The Plan of Correction is attached.	

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A 430	Continued From page 1 Program failed to ensure comprehensive nurse reviews were completed every 90 days or as needs changed for 1 of 2 tenants reviewed (Tenant #1). Findings follow: Record review on 4/24/23 of Tenant #1's Progress Notes revealed the following: a. On 1/23/23 the tenant received new orders for calmoseptine to the inner buttocks for skin irritation. b. On 1/30/23 she fell and later reported hip pain. Family requested an evaluation at the emergency room and staff called paramedics for transport. She returned the same day with no new orders. c. On 3/5/23 she complained of elbow pain after a fall and staff administered medication for pain. d. On 3/6/23 staff noted she fell twice over the weekend and complained of soreness in her left elbow. Staff administered ibuprofen for pain. e. On 3/8/23 staff administered ibuprofen for hip pain. f. On 3/23/23 she received orders for nystatin powder to be applied twice daily to her abdominal folds for excoriation and calmoseptine to be applied to her inner buttocks twice daily for skin irritation. Review of Tenant #1's 90 Day Health Status Review noted no concerns related to skin issues and documented no visits to the emergency room. The nurse review failed to document and monitor the progress related to the concerns. On 4/24/23 at 3:25 p.m. the Registered Nurse confirmed these findings on 4/24/23 and reported the nurse responsible for the documentation was no longer employed at the Program.	A 430		

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A 545	Continued From page 2	A 545		
A 545	481-69.30(1) Dementia Specific Education for Personnel 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide 8 hours of dementia training within 30 days of employment for 5 of 5 staff reviewed (Staff A, Staff B, Staff C, Staff D, and Staff E). Findings follow: Record review of staff files on 4/20/23 revealed the following: 1. Staff A was hired 9/23/21 and completed 3.5 hours of dementia training within 30 days of employment. 2. Staff B was hired 11/4/21. No dementia training within 30 days of employment could be located. 3. Staff C was hired 7/6/22. No dementia training within 30 days of employment could be located. 3. Staff D was hired 8/8/22 and completed 4.5 hours of dementia training within 30 days of employment. 4. Staff E was hired 11/7/22. No dementia training within 30 days of employment could be located. The Administrator confirmed these findings on	A 545		

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A 545	Continued From page 3 4/25/23 at 10:40 a.m.	A 545		

A 000
PLAN OF CORRECTION
Northridge Village denies it violated any federal or state regulations. Accordingly, this plan of correction does not constitute an admission or agreement by the provider to the accuracy of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. Completion dates are provided for procedural processing purposes and correlation with the most recently completed or accomplished corrective action and do not correspond chronologically to the date the facility maintains it is in compliance with the requirements of participation, or that corrective action was necessary. Overall corrective date 4/26/23.

A 430 Nurse Review

1. The facility corrected the deficiency as related to comprehensive nurse reviews every 90 days on 4/25/23 by educating nurse on requirements for comprehensive 90 day reviews.
2. To ensure all other residents are protected, Director of nursing educated nurse on requirements for comprehensive 90 day reviews on 4/25/2023. Nurse will complete 90-day nurse review quarterly and write review in progress notes of tenants chart.
3. To ensure the problem does not occur again, the Director of Nursing and/or designee will continue to monitor through audits. Audits to include review of any health related changes in the review period and ensure that they are depicted on the review assessments
4. As part of Northridge Village's ongoing commitment to quality assurance, the Director of Nursing and/or designee will report audit findings and identified concerns will be discussed, and action plans created and implemented through the community's QA process.

A 545 Dementia Specific Education for Personnel

1. The facility corrected the deficiency as related to 8 hours of dementia-specific training within 30 days of employment on April 13, 2023 by assigning all current employees 8 hours of dementia training through CE Solutions and hands-on dementia specific training.
2. To ensure all employees are dementia trained within the first 30 days, 8 hours of dementia training are assigned in initial CE solutions to be completed prior to first shift.
3. To ensure the problem does not occur again, employees will not be approved to work the floor until their 8 hours of dementia training is completed.
4. As part of Northridge Village's ongoing commitment to quality assurance, the Maggie's Place Nurse and/or designee will report audit findings and identified concerns will be discussed, and action plans created and implemented through the community's QA process.

√ 5/22/23