IOWA DEPARTMENT OF
INSPECTIONS & APPEALS

HEALTH FACILITIES DIVISION
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TERRY E. BRANSTAD
GOVERNOR

KIM REYNOLDS
LT. GOVERNOR

RODNEY A. ROBERTS, DIRECTOR

February 8, 2016

Ms. Jayce Esslinger, Director
Northridge Village Assisted Living
3300 George Washington Carver Avenue
Ames, IA 50010

RE: Final Initial Certification Monitoring Evaluation Report – Northridge Village, Ames, IA

Dear Ms. Esslinger:

Enclosed is the **Final Initial Certification Monitoring Evaluation Report** completed by the Department of Inspections and Appeals (DIA) in accordance with Iowa Code chapter 231C and Iowa Administrative Code (IAC) chapters 481—67 and 481—69, following a survey by DIA on **February 1, 2016.** The Report notes a Regulatory Insufficiency in the area(s) of: Tenant Rights.

Each Regulatory Insufficiency requires that the Program submit a written Plan of Correction (POC).

In preparing the POC, please use the tenant identifiers from the Report, i.e. Tenant #1, when reference is made to specific tenants. If your response includes a specific tenant's assessment or service plan, it is the Program's responsibility to conceal the tenant's name in order to maintain the tenant's anonymity. Your response shall include the following:

1. Elements detailing how the Program will correct each regulatory insufficiency.
2. What measures will be taken to ensure the problem does not recur.
3. How the Program plans to monitor performance to ensure compliance.
4. The date by which the regulatory insufficiency will be corrected.

Please note that all regulatory insufficiencies must be **corrected within 30 days of the date of the exit conference**; however, there may be situations where the timeframe may be shortened or lengthened, at the discretion of the department.

The POC must be submitted/emailed to DIA to my attention within ten (10) working days of receipt of this letter. It may be necessary for DIA to revisit the Program to confirm progress in fulfilling the POC's corrective measures.

As provided by IAC rule 481-67.14, you are afforded one opportunity to refute cited regulatory insufficiencies through the informal conference process. A request for an informal conference or a contested case hearing must be made within 20 working days of the notice or service of this letter and the final report. Please refer to rule 67.14 for more information.

If you have any questions in regard to this report, please contact me at 515/281-7039 or **Rose.Boccella@dia.iowa.gov**.

Sincerely,

Rose Boccella

Rose Boccella
Program Coordinator
Adult Services Bureau

Enclosure

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
	S0353	A. BUILDING: _____ B. WING _____	02/01/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NORTHRIDGE VILLAGE	3300 GEORGE WASHINGTON CARVER AVENUE 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	481-67 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. General Population Program Number of tenants without cognitive disorder: 26 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 27 TOTAL census of Assisted Living Program: 27 The following regulatory insufficiency was cited during the initial certification conducted to determine compliance with certification for an Assisted Living Program:	A 000		
A 013	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview, policy review, occupancy agreement and tenant handbook review, the Program did not provide tenants with care, treatment and services which were adequate and appropriate. The Program relied upon emergency personnel for lifting assistance. 1. After the tenant meeting held during the onsite	A 013		

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A 013	Continued From page 1 visit, Tenant #4 approached the monitor and reported falling in October 2015. Tenant #4 reported difficulty in getting off the floor. Staff provided encouragement in getting off the floor, but did not provide assistance. Tenant #4 reported staff stated they could not assist Tenant #4 in getting off of the floor. After Tenant #4 got self off the floor and incurred pain in Tenant #4's arthritic knees in doing so, staff stated 911 could be called for lift assistance. Tenant #4 also reported sustaining a bruise to the eye during the fall. Tenant #4 was concerned that staff did not provide assistance following a fall, and stated the Program had not informed Tenant #4 at move-in that staff did not provide assistance for getting off of the floor after a fall. The Program provided a staff communication report which documented Tenant #4 fell at 4:45 p.m. on 10-7-15. The communication documented Tenant #4 had a bruise under the eye. On 2-1-16, the registered nurse (RN) was interviewed and stated staff did not lift tenants off of the floor. Emergency services (911) were called to get tenants off of the floor, or tenants had to get themselves up. Staff A, Universal Worker (UW), was interviewed on 2-1-16 and stated 911 was called to get persons off the floor. Staff could not assist tenants, 911 was always called. Staff A confirmed she had called 911 to get persons off the floor. Staff B, UW, was interviewed on 2-1-16 and stated staff was not allowed to touch tenants, 911 was called for lift assistance. Staff would	A 013		

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A 013	Continued From page 2 encourage a tenant to get up. The Program provided incident reports which documented the following: 10-28-15 at 1:40 p.m. which documented Tenant #5 was on the floor. Tenant #5 was unable to get self off the floor and 911 was called to lift. 11-6-15 at 8:30 p.m. which documented Tenant #6 was sitting on the floor. Tenant #6 could not get into a position to lift self up. Tenant #6 was alert and had no pain, 911 was called for a "non-emergency" fall. Emergency personnel lifted Tenant #6 to a standing position. 12-17-15 at 7:45 p.m. which documented Tenant #7 used the call pendant and was found on the floor of the bathroom. Tenant #7 was able to move arms and legs and denied pain. Tenant #7 requested 911 be called for lift assistance. Emergency personnel arrived and brought Tenant #7 to a standing position. Tenant #7 then walked with a cane as usual. Tenant #7 reported no pain. A review of Tenant #4's occupancy agreement, staffing policy, revealed staff was available 24 hours a day to respond to emergencies and staff was available to help with personal care. The occupancy agreement referenced the tenant handbook. The tenant handbook, emergency response, revealed if the staff determined emergency assistance was necessary, 911 would be called. The policy for falls, stated the Program did not lift tenants if they had fallen. If tenants were not able to get up on their own, 911 was to be called.	A 013		

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A 013	Continued From page 3 The policy did not differentiate between emergent and non-emergent. The Program utilized 911 in non-emergent situations as documented on incident reports. The occupancy agreement revealed staff was to assist with personal care and respond to emergencies, although staff interview revealed staff did not assist tenants who had fallen. The Program failed to provide care, treatment and sevices to tenants that are adequate and appropriate.	A 013		

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Northridge Village Assisted Living Fall Policy

Approach the tenant in a calm manner.

Follow the following steps:

Ask if the tenant is okay?

Can you tell me your name?

What is today's date?

Do you know where you are right now?

Can you tell me what happened?

Take a set of vitals on the tenant.

Please ask these questions to the fallen tenant:

1. **Did you lose consciousness before you fell?**
2. **Did you hit your head?**
3. **Do you have a headache?**
4. **Are you in any pain? (If no, please move to question 5)**
    a. **Where is the pain?**
    b. **What would you rate this pain on a scale of 0-10? 10 being the worst pain you have ever experienced.**
5. **Do you feel dizzy?**
    a. **Are you having any vision problems or trouble seeing?**
6. **Do you feel weak?**

Do you feel like you are able to get up on your own?

If so, let them get up, once they are up, take another set of vitals. Make sure the tenant is stable on their feet before leaving them. Make sure they have their emergency pendant on in case they need help again.

Ask the tenant if they feel that they should be seen by a doctor. If so, please contact their primary contact person to assistance to the doctors. If the tenant requests that 911 be notified, please follow the tenant's wishes.

If they cannot get up on their own, and they answered yes to any of the above questions, please call and notify the Assisted Living nurse. If the Assisted Living nurse **is not available**, please notify the Director of Nursing in health care, the Assisted Director of Nursing in health care, or a nurse from health care using the walkie talkie. This would be counted as an emergent fall and further assessment needs to be conducted. If a nurse believes that 911 needs to be called, they will make that determination and instruct the Care Partner to call 911.

An incident report needs to be filled out into full detail of the incident. All of the above information needs to be included in the incident report.