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
	S0058	A. BUILDING: _____ B. WING _____	C 06/26/2017

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HERITAGE AT NORTHERN HILLS	4002 TETON TRACE SIOUX CITY, IA 51104

(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. Dementia-Specific Program by Definition Number of tenants without cognitive disorder: 52 Number of tenants with cognitive disorder: 11 Total Population of Program at time of on-site: 63 TOTAL census of Assisted Living Program: 63 The following regulatory insufficiencies were cited during the investigation of Incident #67981-C.	A 000	See attached POC 8/21/17	
A 037	481-69.22(2) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(2) Evaluation within 30 days of occupancy and with significant change. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. A program shall also evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional or human service professional. A licensed practical nurse may complete the evaluation via nurse delegation when the tenant has not exhibited a significant change.	A 037		

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

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A 037	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on record review and interview the Program failed to ensure evaluations of tenants with possible change in condition were completed by the Program Registered Nurse (RN). This affected 3 of 8 tenants (Tenants #1, #4, and #6) whose files were reviewed. Findings follow: 1. Review of Tenant #1's file revealed a charting note by the Licensed Practical Nurse (LPN) on 9/23/16 at 3:01 p.m. The tenant went to the office and showed an "open and fleshy" blister on his/her leg. On 1/2/17, charting notes by the LPN stated the tenant complained of a cough and wanted to be seen in the emergency room. The LPN completed a follow up note the next day, 1/3/17, after the tenant complained again of cough and weakness. The LPN went on to note the tenant would be sent to the emergency room. The file did not contain any assessment/evaluation by the RN related to the blister or the cough/weakness. 2. Record review on 6/5/17 of Tenant #4's Quick Notes, dated 4/21/17, revealed the LPN described Tenant #4 as confused and becoming unresponsive and limp. After Tenant #4 "came to" a few minutes later, he/she became unresponsive again. The staff took vital signs, including oxygen (O2) saturations. Eventually, the tenant became responsive. There were no notes in the file to indicate the RN performed any evaluation on Tenant #4. 3. Review of Tenant #6's Quick Notes revealed the following: a. On 1/4/17 at 12:44 a.m., Late entry for 1/3/17	A 037		

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A 037	Continued From page 2 at 12:30 p.m., Tenant was assessed by the LPN due to cough/congestion. Upon assessment there was wheezing noted and Hospice had ordered nebulizer treatments and an antibiotic. b. On 1/4/17 at 12:58 a.m., Tenant's condition declined, pulse -134, respirations-30, and oxygen (O2) saturations 87%. The Hospice nurse was present and received orders for Ativan Intensol, Morphine, Atropine, and Tylenol. Further review of the file revealed no evaluation by the RN. When interviewed on 6/5/17 at 4:00 p.m., the Program's RN said she completed two days of training, but didn't realize she should be performing some of the tasks the LPN completed.	A 037		
A 225	481-69.27(2) Nurse Review 69.27(2) A licensed practical nurse via nurse delegation may complete the tasks required by this rule, except when a tenant experiences a significant change in condition. NOTE: Refer to Table A at the end of this chapter. If the program does not provide personal or health-related care to a tenant, nurse review is not required. This REQUIREMENT is not met as evidenced by: Based on record review and interview the Program Registered Nurse (RN) failed to conduct nurse reviews with change of condition. This affected 3 of 7 tenants (Tenants #2, #4, and #6) reviewed during the investigation. Findings follow:	A 225		

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A 225	Continued From page 3 1. Record review on 6/5/17 revealed Quick Notes for Tenant #2, dated 2/10/17 at 2:12 p.m., written by the Licensed Practical Nurse (LPN), noted the hospice nurse stated the tenant's condition declined. New physician orders were listed, including: Zofran for nausea, Senna for constipation, foley catheter insertion for end of life cares. Hospice would deliver a wheelchair, commode, and catheter supplies. On 2/13/17 at 10:40 a.m., the Program's Registered Nurse (RN) conducted a nurse review stating the tenant had progression of his/her condition and the level of care was increasing. No other nurse review by the RN could be located in the notes between 2/10/17 and 2/13/17. 2. Record review on 6/5/17 of Tenant #4's Quick Notes, dated 4/21/17, revealed a Nurse Review by the LPN described Tenant #4 being confused, went unresponsive and limp. After Tenant #4 "came to" a few minutes later, he/she became unresponsive again. The staff took vital signs including oxygen (O2) saturations. Eventually, the tenant became responsive. There were no other notes regarding a nurse review by the Program RN. 3. Review of Tenant #6's Quick Notes reveled the following nurse reviews conducted by the LPN: a. On 9/27/16, tenant declined in physical abilities and no longer ambulated with walker. He/She required one staff to assist with transfers, staff assistance with grooming. The review also stated this wasn't a change in condition as the tenant was expected to decline due to being on hospice services.	A 225		

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A 225	Continued From page 4 b. On 11/1/16, skin tear to right shin: cleansed and triple antibiotic ointment applied and covered with a Band-Aid. c. On 11/11/16, urine cloudy and urinalysis ordered, as well as Calmoseptine for reddened buttocks. No other notes by the Program RN regarding these concerns could be found in the file. When interviewed on 6/5/17 at 4:00 p.m., the RN said she didn't realize she should be doing the Nurse Reviews the LPN performed.	A 225		

8/16/17 OK 8/16/17

July 21, 2017

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

Re: Heritage at Northern Hills 67981-c

Dear Ms. Kellen:

On behalf of The Heritage at Northern Hills. I respectfully submit our Plan of Correction for your approval. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of insufficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Iowa law.

Evaluation of Tenant - Tag ID A037

Elements detailing how the Program will correct each regulatory insufficiency.

- The community's RN (or designee who is an RN) will complete a health/functional/cognitive evaluation upon admission and annually by 7/21/17 and ongoing.
- The community's RN (or designee who is an RN) will review each residential informational worksheets (ICALS) written by staff to see if a possible change in condition exists. If it is identified that one does exist the R.N. will complete a service plan update to reflect this if indicated. This will be completed by 7/21/17 & ongoing.
- The RN will complete a health/functional/cognitive evaluation within 30 days of move-in as required by regulation by 7/21/17 & ongoing.

What measures will be taken to ensure the problem does not recur.

- The RN & LPN will be educated on regulatory requirements for evaluation of tenants by performing quarterly chart audits to be completed by the Home Office RN to assure compliance.

How the Program plans to monitor performance to ensure compliance.

- The RN and/or designee will audit tenant charts at least every six months to ensure regulatory compliance.

The date by which the regulatory insufficiency will be corrected.

- This regulatory insufficiency will be corrected by Wednesday, August 2nd, 2017.

Nurse Review – Tag ID A225

Elements detailing how the Program will correct each regulatory insufficiency.

- The RN will complete a health/functional/cognitive evaluation for change of conditions.

What measures will be taken to ensure the problem does not recur.

- The RN & LPN will be educated on regulatory requirements for a change of condition and nurse review.

How the Program plans to monitor performance to ensure compliance.

- The RN and/or designee will monitor tenant charts for compliance at least every 6 months.

The date by which the regulatory insufficiency will be corrected.

- This regulatory insufficiency will be corrected by Wednesday, August 2nd 2017

If you have questions, please feel free to contact me at 712-239-9402. Thank you.

Respectfully,

Christy Nikkel
Executive Director
The Heritage at Northern Hills
4002 Teton Trace
Sioux City, IA 51104