2/9/18

FORM APPROVED

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 _____	01/24/2018

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	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: 39 Number of tenants with cognitive disorder: 0 Total Population of Program at time of on-site: 39 TOTAL census of Assisted Living Program: 39 The following regulatory insufficiency was cited during the recertification visit conducted to determine compliance with certification for an Assisted Living Program.	A 000	The enclosed 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.	
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		

2/7/18

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A 096	Continued From page 2 the tenant had new orders to start physical therapy for back pain. There was no subsequent nurse review completed within 90 days of 8-2-17. Record review revealed Tenant #3 was admitted to the Program on 2-14-17 with diagnoses including and had diagnoses of age related osteoporosis, malignant melanoma of the skin, and major depressive disorder. The Service Plan dated 9-10-17 indicated he/she required staff to be present during bathing, administer medications, and monitor for signs and symptoms of depression. A Progress Note dated 9-10-17 revealed a 90 day nurse review was completed. There was no subsequent nurse review completed within 90 days of 9-10-17. Record review revealed Tenant #4 was admitted to the Program on 10-6-15 with diagnoses including age related osteoporosis, chronic kidney disease, bipolar disorder, chronic obstructive pulmonary disease, spinal stenosis, suicidal ideation, alcohol abuse with intoxication, pulmonary hypertension, cardiac pacemaker, and altered mental status. The Service Plan dated 8-14-17 indicated he/she required staff to administer medications and provided stand by assistance during bathing. He/she required staff to monitor for signs and symptoms related to cardiac concerns and history of mental health concerns. A Health and Functional Assessment was completed 8-14-17. There was no subsequent nurse review completed within 90 days of 8-14-17. During an interview on 1-23-18 at 1:17 p.m. the Director confirmed these finding.	A 096	**1.Elements detailing how the program will correct each regulatory insufficiency.** a. The RN will complete a nurse review for Tenants #1, #2, #3,#4. The nurse review will capture the tenant's current health status, recommendations and referrals as appropriate, progress related to previous recommendations and referrals as appropriate, progress related to previous recommendations', review of medication administration, outside services provided (if any), and status of concerns identified in the regulatory report. **2. What measures will be taken to ensure the problem does not recur.** a.The RN has been re-educated on regulatory requirements for completion of Nurse Reviews. This will include reviewing program policy and regulatory requirements. **3. How the program plans to monitor performance to ensure compliance.** a. The RN and/or designee will monitor tenant charts for compliance at least annually. In addition, the RN and/or designee will review tenants charts when completing a 90-day nurse review to ensure services are identified as necessary.	

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A 096	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete a nurse review every 90 days for tenants that received personal or health-related cares. This pertained to 4 out of 4 tenants reviewed (Tenant #1, Tenant #2, Tenant #3, and Tenant #4). Findings follow: Record review revealed Tenant #1 was admitted to the Program on 1-15-17 with diagnoses including hypertension, Alzheimer's Disease and gout. The Service Plan dated 9-6-17 indicated he/she received stand by assistance with bathing due to hip pain and staff were required to monitor for signs and symptoms of cognitive decline. He/she had a history of falls and needed reminders to ask for assistance when gout flared up. Progress Note dated 9-6-17 revealed a Change in Condition/90 Day Nurse Review completed when the tenant returned from a hospital stay. A Functional Assessment was completed but not dated. There was no subsequent nurse review completed within 90 days of 9-6-17. Record review revealed Tenant #2 was admitted to the Program on 1-9-17 with diagnoses including chronic heart disease, obesity, Type II Diabetes, major depressive disorder, and secondary hypertension. The Service Plan dated 8-2-17 indicated he/she required staff to administer medications, monitor for signs and symptoms related to Type II Diabetes and history of depression. The tenant started physical therapy on 8-2-17. A Health and Functional Assessment dated 8-2-17 contained a health review. A Progress Note dated 8-2-17 indicated	A 096	**4. The date by which the regulatory insufficiency will be corrected.** a. Northridge Village will correct the regulatory insufficiency by February 12th, 2018.	