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 _____	02/13/2020

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. Number of tenants without cognitive disorder: 34 Number of tenants with cognitive disorder: 0 Total census of Assisted Living Program: 34 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification rules.	A 000		
A 036	481-69.22(1) Evaluation of Tenant 481-69.22(231C) Evaluation of tenant. 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. The evaluation shall be conducted by a health care professional or human service professional.	A 036	Plan of Correction is attached	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Executive Director	2/27/2020

3/2/20

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A 036	Continued From page 1 This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate tenant's functional status prior to admission for 3 of 3 tenants reviewed (Tenant #1, Tenant #2, and Tenant #3). Findings follow: 1. Review of Tenant #1's file on 2-12-2020 indicated an admission date of 11-29-18. No functional evaluation completed prior to admission could be located. 2. Review of Tenant #2's file on 2-12-2020 indicated an admission date of 7-27-19. No functional evaluation completed prior to admission could be located. 3. Review of Tenant #3's file on 2-12-2020 indicated an admission date of 10-5-18. No functional evaluation completed prior to admission could be located. The Director confirmed these findings on 2-12-2020 at 3:28 p.m.	A 036		
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	A 037		

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A 037	Continued From page 2 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to evaluate functional and cognitive status within 30 days of admission and/or annually for 3 of 3 tenants reviewed (Tenant #1, Tenant #2, and Tenant #3). Findings follow: 1. Review of Tenant #1's file on 2-12-2020 indicated an admission date of 11-29-18. No functional or cognitive evaluation completed within 30 days of admission could be located. No annual cognitive evaluation could be located. 2. Review of Tenant #2's file on 2-12-2020 indicated an admission date of 7-27-19. No cognitive evaluation completed within 30 days of admission could be located. 3. Review of Tenant #3's file on 2-12-2020 indicated an admission date of 10-5-18. No functional or cognitive evaluation completed within 30 days of admission could be located. The Director confirmed these findings on 2-12-2020 at 3:28 p.m.	A 037		

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A 083	Continued From page 3	A 083		
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 on required assessments for 3 of 3 tenants reviewed (Tenant #1, Tenant #2, and Tenant #3). Findings follow: 1. Review of Tenant #1's file on 2-12-2020 revealed the Program failed to complete comprehensive assessments prior to occupancy as required by 69.22(1) and failed to complete comprehensive assessments within 30 days of occupancy and annually as required by 69.22(2). As a result, service plans were not developed based on required assessments. 2. Review of Tenant #2's file on 2-12-2020 revealed the Program failed to complete comprehensive assessments prior to occupancy as required by 69.22(1) and failed to complete comprehensive assessments within 30 days of occupancy as required by 69.22(2). As a result,	A 083		

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A 083	Continued From page 4 service plans were not developed based on required assessments. 3. Review of Tenant #3's file on 2-12-2020 revealed the Program failed to complete comprehensive assessments prior to occupancy as required by 69.22(1) and failed to complete comprehensive assessments within 30 days of occupancy and annually as required by 69.22(2). As a result, service plans were not developed based on required assessments. The Director confirmed these findings on 2-12-2020 at 3:28 p.m.	A 083		

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 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.

A036

1. **Elements detailing how the program will correct each regulatory insufficiency.**
   a. The AL nurse has been educated by our Clinical Director on the need to do functional assessments on all tenants prior to admission. The AL Nurse will re-assess and re-write service plans for residents #1, #2 and #3.
2. **What measures will be taken to ensure the problem does not recur.**
   a. Going forward AL nurse and/or designee will evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program.
3. **How the program plans to monitor performance to ensure compliance.**
   a. The AL Nurse and/or designee will monitor tenant's charts for compliance at least annually. In addition the AL Nurse and/or designee will review tenant's charts when completing a review to ensure services are identified as necessary. AL Nurse and/or designee will report findings to the QAPI Committee.
4. **The date by which the regulatory Insufficiency will be corrected.**
   a. Northridge Village will correct the regulatory insufficiency by February 28, 2020.

A037

1. **Elements detailing how the program will correct each regulatory insufficiency.**
   a. The AL Nurse was has been educated by our Clinical Director on evaluations within 30 days of occupancy and significant change. The new AL Director will re-assess and re-write service plans for residents #1, #2 and #3.
2. **What measures will be taken to ensure the problem does not recur.**
   a. Going forward the AL Nurse and/or designee will evaluate every tenant within 30 days of occupancy and with significant change. A functional, cognitive and health status assessment will be completed within 30 days of occupancy and 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.

2/27/20

2/27/20

3. **How the program plans to monitor performance to ensure compliance.**
   a. The AL Nurse and/or designee will monitor tenant's charts for compliance at least annually. In addition the AL Director and/or designee will review tenant's charts when completing a review to ensure services are identified as necessary. AL Nurse and/or designee will report findings to the QAPI Committee.
4. **The date by which the regulatory insufficiency will be corrected.**
   a. Northridge Village will correct the regulatory insufficiency by February 28, 2020.

A083

1. **Elements detailing how the program will correct each regulatory insufficiency.**
   a. The AL Nurse has been educated by our Clinical Director on the development of service plans. The AL Nurse will re-assess and re-write service plans for residents #1, #2 and #3.
2. **What measures will be taken to ensure the problem does not recur.**
   a. Going forward AL Nurse and/or designee shall develop 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 and shall be updated at least annually and whenever changes are needed.
3. **How the program plans to monitor performance to ensure compliance.**
   a. The AL Nurse and/or designee will monitor tenant's charts for compliance at least annually. In addition the AL Nurse and/or designee will review tenant's charts when completing a review to ensure services are identified as necessary. AL Nurse and/or designee will report findings to the QAPI Committee.
4. **The date by which the regulatory insufficiency will be corrected.**
   a. Northridge Village will correct the regulatory insufficiency by February 28, 2020.