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 _____	C 09/01/2020

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: 32 Number of tenants with cognitive disorder: 1 Total census of Assisted Living Program: 33 The following deficiencies were cited during the investigation of Complaint #92780-C. An onsite infection control survey was conducted at the time of the investigation. No deficiencies were cited during this survey.	A 000	See attached	
A 039	481-67.5(7) Medications 481-67.5(231B,231C,231D) Medications. Each program shall follow its own written medication policy, which shall include the following: 67.5(7) Narcotics protocol shall be determined by the program's registered nurse. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow the internal policy that outlined narcotics reconciliation. Findings include: On 8/25/20 at 8:56 AM, the Assistant Director of Nursing stated the Director told her that morning he had discovered tenant narcotics were counted in June and July of 2020, but no August counts existed.	A 039	V, 11/5/20	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: BSN, RN | (X6) DATE: 10-29-2020

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A 039	Continued From page 1 On 8/25/20, a review of narcotic count sheets revealed data sheets for June and July 2020. June 2020 had 18 out of 30 days missing signatures acknowledging a controlled drug count was completed on that day/shift. July 2020 had 22 out of 31 days missing signatures acknowledging a controlled drug count was completed on that day/shift. No signature sheet for August could be located. On 8/25/20, Staff D stated she did not know counting narcotics was required. Staff D stated staff used to do the counts every shift, but suddenly the narcotic signature sheets disappeared and they stopped documenting them. On 8/25/20 at 10:25 AM, Staff C stated they used to do narcotic counts with both staff signing off but felt the previous Director had not really cared if they were completed or not. A review of the Program's policy on narcotic protocol titled "Narcotic Policy" revealed the following: "Schedule II narcotics are counted between outgoing and incoming shift to verify accuracy of remaining pills. The care partner from off-going and on-coming shifts will visualize each individual package of narcotics. On-coming shift care partner will pick up each individual narcotic package and read the resident name, drug name, dose, and amount remaining. Off-going shift care partner will verify the numbers on count sheets. The off-going care partner will verify resident name, drug name, dose on top of count sheet and verify the amount remaining is correct. Both care partners will sign the narcotic sheet, verifying the information and amount remaining is the same."	A 039		

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A 039	Continued From page 2 For the month of June and July 2020, the staff signatures/confirmation documentation was not consistent. There was no August 2020 staff signatures/confirmation documentation for narcotic counting. On 8/26/20 at 9:30 AM, the Director and Assistant Director of Nursing confirmed the above findings.	A 039		
A 058	481-67.9(4)a Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: a. The program's newly hired registered nurse shall within 60 days of beginning employment as the program's registered nurse document a review to ensure that staff are sufficiently trained and competent in all tasks that are assigned or delegated. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the Program's registered nurse (RN) failed to review delegations within 60 days of his hire for 4 of 9 staff reviewed to ensure they could meet the needs of tenants (Staff D, Staff F, Staff J, and Staff K). Findings include: On 8/25/20, the Assistant Director of Nursing (ADON) stated that in February of 2020, Staff L	A 058		

DEPARTMENT OF INSPECTIONS AND APPEALS

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A 058	Continued From page 3 left his position as Director. Since then there had been three different Directors. The Director of the Program was also the delegating RN. On 8/25/20, record review with the ADON revealed Staff D and Staff J had no delegations on file. Staff F and Staff K were last delegated by Staff L prior to February 2020. The two Directors hired after Staff L did not review Staff F or Staff K's delegations within 60 days of their hire. No records were available for these delegations as they were thrown away after the current Director re-delegated the two staff. On 8/26/20 at 9:30 AM, the Director and ADON confirmed the above findings.	A 058		
A 060	481-67.9(4)c Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: c. Training for noncertified staff shall include, at a minimum, the provision of activities of daily living and instrumental activities of daily living. This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review the Program's registered nurse (RN) failed to ensure uncertified staff were trained to meet the needs for 1 of 1 tenants observed receiving insulin (Tenant # 7). Findings include:	A 060		

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A 060	Continued From page 4 On 8/20/20 at 12:05 PM, medication administration for Tenant #7 was observed. Staff M checked Tenant #7's blood sugar which read 163. Staff M drew up 2 units of Humalog insulin and asked the tenant if she wanted to inject her own insulin. When the tenant declined Staff M administered the insulin to her. On 9/1/20 a review of Tenant #7's record revealed an admission date of 10/5/15. Tenant #7's most recent physician's orders dated 4/10/20 revealed the following order: HumaLOG solution 100 unit/ml to be injected subcutaneously three times a day related to type 2 diabetes mellitus with hyperglycemia per the following sliding scale: 0-150 blood sugar = 0 units; 151-200 blood sugar = 2 units; 201-250 blood sugar = 4 units; 251-300 blood sugar = 6 units; etc. On 8/25/20 at 10:12 AM Staff M stated she was delegated in another building but not in the assisted living program. Staff M stated that the new Director had completed her assisted living delegations that morning. On 8/25/20 at 10:25 AM Staff C confirmed she administered medications for tenants. She stated she was delegated about insulin by reading through the packet with an RN but had never actually observed anyone giving insulin or instructed on how to do so in person. On 8/25/20 a review of the Program's nurse delegation for insulin titled "Insulin Pen Preparation" was reviewed. The nurse delegation procedures only addressed the insulin pen preparation but did not include any delegation or instruction on how to administer the actual insulin.	A 060		

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A 060	Continued From page 5 On 8/25/20 at 8:56 AM, the Assistant Director of Nursing confirmed the insulin delegations lacked the procedures for the actual administration of the insulin. No staff prior to the new Director being hired on 8/17/20 had been delegated on actual insulin administration by an RN.	A 060		

Northridge
VILLAGE

October 27, 2020

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

Dear Ms. Dixon:

On behalf of Northridge Village, I respectfully submit our Plan of Correction for your approval. This 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.

A039 – Medications V 11/5/20

Elements detailing how the Program will correct each regulatory insufficiency.

- Narcotic count sheets replaced in count book, with August sheet initiated on 8/25/20.
- All staff meeting conducted on 09/02 and 09/03 in which a review of our narcotic policy and retraining of staff was conducted.

Measures taken to ensure the problem does not recur.

- AL Director to oversee and monitor narcotic count documentation to ensure policies and protocols are being practiced.
- AL Director to provide ongoing training as needed to ensure compliance with policy.

How the Program plans to monitor performance to ensure compliance.

- AL Director to conduct periodic audits of narcotic count forms as well as observe random narcotic counts to ensure compliance with policy.
- Audits will be presented at monthly QAPI meetings for review by committee.

DD 11/4/20

The date by which the regulatory insufficiency will be corrected.

- Date corrected 09/05/2020

A058 – Staffing

Elements detailing how the Program will correct each regulatory insufficiency.

- All completed delegations will be kept on file in employee file.
- Delegations to be completed prior to current AL Director's sixty (60) days of employment.

Measures taken to ensure the problem does not recur.

- Within 30 days of employment staff will receive training by the programs registered nurse including completed delegations..

How the Program plans to monitor performance to ensure compliance.

- Conduct periodic audits of delegation files to ensure compliance with regulations.
- Audits will be presented at monthly QAPI meetings for review by committee.

The date by which the regulatory insufficiency will be corrected.

- Date corrected 09/09/2020

A060 – Staffing

Elements detailing how the Program will correct each regulatory insufficiency.

- Delegation for insulin titled "Insulin Administration" was created and all staff to be trained and delegated on Insulin administration prior to completing this intervention.

Measures taken to ensure the problem does not recur.

- All staff to be trained and all patient care tasks to be delegated prior to completing task for tenant.
- When a new task / intervention from a tenant occurs, delegation review process to be completed to ensure task is able to be delegated and that proper training / delegation of staff has been completed prior to staff completion of task for tenant.

How the Program plans to monitor performance to ensure compliance.

- Delegations to be reviewed at least annually to ensure all tasks are delegated properly and documentation of training and delegation exists.
- Audits will be presented at monthly QAPI meetings for review by committee.

The date by which the regulatory insufficiency will be corrected.

- Date corrected 09/09/2020

This plan of corrections serves as the facilities Credible Allegation of Compliance that effective September 10, 2020 Northridge Village will be in compliance with these regulatory requirements.