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 11/09/2023

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	Initial Comments Assisted living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 55 Number of tenants with cognitive impairment: 10 TOTAL census: 65 The following regulatory insufficiency was cited during the investigation of Complaint #111295-C and Complaint #111751-C.	A 000	See Attached POC 2/28/24	
A 145	481-69.22(3) Evaluation of Tenant 69.22(3) Evaluation annually and with significant change. A program shall 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, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change. This REQUIREMENT is not met as evidenced by: Based on interview and record review the	A 145		

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A 145	Continued From page 1 Program failed to evaluate a tenants's functional, cognitive and health status as needed with significant change to determine the tenant's continued eligibility for the program on 1 of 3 tenants reviewed. (Tenant C-1) Findings include: 1. When interviewed on 11/09/23 at 11:20 a.m. Staff D revealed Tenant C-1 would refuse her bath every once in a while. Staff were to reappraoch her later to try again. Staff D reported this was effective at times. They would report her refusals during verbal report and it was documented on bath sheets to show that her bath was or wasn't done. When interviewed on 11/09/23 at 11:38 a.m. Staff C revealed Tenant C-1 was incontinent of urine and would refuse her bath. Staff would need to leave her and reapproach her later to try again. Staff C reported C-1's baths were being documented on bath sheets. Staff C added Tenant C-1 would also cough a lot and make noises like she was going to throw up when eating in the dining room. Staff C reported this bothered the other tenants eating in the dining room. They would take Tenant C-1 to her room to eat for 1:1's with staff. Review of Tenant C-1's bath sheets dated 1/1/23 - 3/4/23 revealed several blanks and some noted refusals. Tenant C-1 was noted as having completed six baths total during this time period. C-1's baths were not noted on task sheets. Documentation to support C-1's bathing twice a week could not be located. 2. Record review on 11/09/23 prior to C-1's admission to the Program she had undergone a Speech Therapy evaluation for dysphagia services on 9/20/22 due to a new onset of	A 145		

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A 145	Continued From page 2 signs/symptoms of dysphagia (i.e. spitting on the floor). The speech therapist noted C-1 demonstrated no overt signs of symptoms of aspiration with solid and liquid trials. C-1 demonstrated timely swallow, adequate mastication, and no oral residue. No further dysphagia treatment indicated. Tenant C-1's 90 day review dated 12/27/22 noted the Speech therapy evaluation in progress. On 11/09/23 at 2:49 p.m. the Resident Care Coordinator confirmed the 90 day review that noted the speech therapy evaluation was in progress should have come off the 90 day review as the speech therapy evaluation had been completed prior to C-1's admission to the Program. Review of Tenant C-1's progress notes revealed on 3/07/23, Tenant C-1 was eating so fast she was throwing up on her plate and trying to eat it. Staff removed Tenant C-1 from the dining room due to family members and other residents. On 3/10/23 Tenant C-1 was noted as throwing up at breakfast. Staff removed her to reduce attention. On 3/12/23 Tenant C-1 ate lunch very fast and started throwing up. Staff had to remove resident as there was family members having lunch with another tenant. 3. Review of Tenant C-1's service plan dated 12/27/22 revealed Tenant C-1's required assistance with cutting food, opening cartons/packages. There was nothing noted concerning Tenant C-1 throwing up at meals and needing to be removed from the dining room. In	A 145		

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A 145	Continued From page 3 addition Tenant C-1's 12/27/22 Service plan revealed Tenant C-1 required assistance with bathing, requires assistance or cueing with parts of bathing including assistance with getting in/out of the tub/shower. whirlpool two times weekly. The reported refusals had not been noted in Tenant C-1's service plan or identified as a change in condition. Tenant C-1's functional, cognitive and health status had not been evaluated, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. 4. On 11/09/23 at 4:00 p.m. the Administrator confirmed these findings.	A 145		

February 14, 2024

Department of Inspections, Appeals, and Licensing
Attn: Catie Campbell/Kristina Dolsen
Adult/Special Services Unit
6200 Park Avenue
Suite 100
Des Moines, Iowa 50321

Re: Heritage at Northern Hills Complaint #111751-C

Dear Ms. Campbell:

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 A145

Elements detailing how the Program will correct each regulatory insufficiency.

- The community's RN (or LPN with R.N. delegation) will complete a health/functional/cognitive evaluation annually by 2/28/2024.
- The community's RN (or designee who is an RN) will review as needed each residential informational worksheet (ICAL) 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 an actual change of condition is warranted. This will be completed by 2/28/2024.
- The RN will complete a health/functional/cognitive evaluation within 30 days of move-in as required by regulation by 2/28/2024.

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 revisiting the last page of DIAL Chapter 69, page 20. It is a decision tree that will help them decipher whether a change of condition is warranted.

How the Program plans to monitor performance to ensure compliance.

- The RN and/or designee/LPN 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, February 28th, 2024.

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

Respectfully,

Christy Nikkel

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