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 _____	11/20/2024

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: 48 Number of tenants with cognitive impairment: 15 Total census: 63 The following regulatory insufficiencies were cited during the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000		
A 135	481-69.22(1) 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 (GDS) 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete evaluations to	A 135	The Plan of Correction is attached	

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A 135	Continued From page 1 determine eligibility before signing the occupancy agreement. This pertained to 1 of 1 tenants (Tenant #5) who took occupancy during October 2024. Record review revealed Tenant #5's evaluations (functional, health and cognitive) were dated 10/17/24. Further review revealed Tenant #5's Occupancy Agreement (OA) dated 10/13/24. During the exit on 11/20/24 at 1:00 p.m. the administrative team acknowledged the Program completed evaluations after the tenant had taken occupancy.	A 135		
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 Program failed to complete evaluations as	A 145		

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A 350	Continued From page 3 based on evaluations as required. This pertained 2 of 6 tenants reviewed (Tenants #1, #3). Finding follows: Record review on 11/20/24 revealed the following regarding service plans: The Program completed health and functional evaluations on 9/12/24 for Tenant #1's change of condition (COC) but failed to produce a cognitive evaluation. Record review revealed the effective date for Tenant #1's COC service plan was 9/12/24. The Program completed health and functional evaluations on 11/15/24 for Tenant #3's COC but failed to complete the cognitive evaluation. Record review revealed the effective date for Tenant #3's COC service plan was 11/15/24. During the exit on 11/20/24 at 1:00 p.m. the administrative staff confirmed the Program failed to complete cognitive evaluations as required. Therefore, the Program failed to develop service plans based on all evaluations as required.	A 350		

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A 145	Continued From page 2 needed. This pertained to 2 of 6 tenants reviewed (Tenants #1, #3). Finding follows: Record review on 11/20/24 revealed the following regarding evaluations: The Program completed health and functional evaluations on 9/12/24 for Tenant #1's change of condition but failed to produce a cognitive evaluation. The Program completed health and functional evaluations on 11/15/24 for Tenant #3's change of condition but failed to complete the cognitive evaluation. During the exit on 11/20/24 at 1:00 p.m. the administrative staff confirmed the Program failed to complete cognitive evaluations as required.	A 145		
A 350	481-69.26(1) 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 ensure service plans were	A 350		

February 3rd, 2025

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

Re: The Heritage at Northern Hills Recertification Survey dated 11/18/24-11/20/24

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 A135

Elements detailing how the Program will correct each regulatory insufficiency.

- The community's Executive Director will ensure that the resident does not sign the occupancy agreement before the admission assessment has been completed to ensure that the resident has been determined to be eligible to live in the program effective 2.5.25.

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

- The Executive Director or designee will not create or send the occupancy agreement to the resident or family members until the level of care assessment has been completed.

How the Program plans to monitor performance to ensure compliance.

- The Executive Director or designee will audit files starting 2.5.25 to ensure compliance

The date by which the regulatory insufficiency will be corrected.

- This regulatory insufficiency will be corrected by Friday, February 18, 2025

Evaluation of Tenant - Tag ID A145

Elements detailing how the Program will correct each regulatory insufficiency.

- The community's RN will complete a cognitive evaluation along with the health and functional evaluations when identifying that a resident is in need of a change in condition assessment effective 2/15/25.

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

- The RN will review the regulatory requirements for evaluation of tenants by reviewing DIAL Chapter 69 by 2/21/25

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 Friday, February 18th, 2025

Service Plans - Tag ID A350

Elements detailing how the Program will correct each regulatory insufficiency.

- The community's RN will complete a cognitive evaluation along with the health and functional evaluations when identifying that a resident is in need of a change in condition assessment in order to develop an appropriate service care plan effective 2/15/25.

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

- The RN will review the regulatory requirements for service plans by reviewing DIAL Chapter 69 by 2/21/25

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 Friday, February 21st, 2025

If you have questions or need clarification, 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
cnikkel@heritage-communities.com