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 02/01/2024

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 impairment: 30 Number of tenants with cognitive impairment: 3 Total census: 33 The following regulatory insufficiencies were cited during the investigation of Complaint 118525-C:	A 000		
A 515	481-69.29(1) Staffing 69.29(1) Each tenant shall have access to a 24-hour personal emergency response system that automatically identifies the tenant in distress and can be activated with one touch. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure the personal emergency response system (pendant) functioned properly and identified tenants in distress. This pertained to 1 of 1 tenants reviewed who received no personal care services. Finding follows: Record review on 1/31/24 revealed an Incident Report (IR) dated 12/31/23 at 5:00 pm. The report revealed Tenant #1's family came to check on her and found her door locked. Staff and family went to Tenant #1's apartment and found her on the floor next to her bed. Tenant #1 said she thought she broke her ribs.	A 515	The Plan of Correction is attached.	

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 515	Continued From page 1 When interviewed on 1/31/24 an interviewee said Tenant #1 returned to the Program after shopping at approximately 5:00 p.m. on Friday 12/29/23. Several attempts to contact the tenant over the weekend by cell phone went unanswered. The interviewee went to the Program on Sunday 12/31/23 to check on Tenant #1. Staff and the interviewee discovered Tenant #1 on the floor next to the bed. She said she thought she broke her ribs. Tenant #1 went to the hospital where the diagnosis included dehydration, seven cracked ribs and atrial fibrillation. Due to Tenant #1's pain she moved to a hospice house where she later passed away. When interviewed on 1/31/24 at 1:27 p.m. the Director said Tenant #1 administered her own medications and often chose to cook and eat in her apartment. She said Tenant #1 completed tasks independently and liked to spend time alone in her apartment. The Director also explained once the pendant was brought in and tested the Program realized it did not alarm/function properly. After research, it was determined the pendant had been deactivated by mistake. The Program could not determine the exact time and date the pendant had been deactivated but estimated it happened sometime after Christmas. Review of Tenant #1's record on 1/31/24 revealed an admission date of 10/20/2023. Her service plan signed on 11/17/23 revealed she was independent with all cares including medication administration. Her laundry was washed weekly and her apartment was cleaned weekly by program staff. She had no routine checks included in her service plan.	A 515		

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A 515	Continued From page 2 The Program was unable to locate a policy regarding personal emergency response systems when requested.	A 515		

F 000
PLAN OF CORRECTION
Northridge Village denies it violated any federal or state regulations. Accordingly, this plan of correction does not constitute an admission or agreement by the provider to the accuracy of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of corrections is prepared and/or executed solely because it is required by the provisions of federal and state law. Completion dates are provided for procedural processing purposes and correlation with the most recently completed or accomplished corrective action and do not correspond chronologically to the date the facility maintains it is in compliance with the requirements of participation, or that corrective action was necessary. Overall corrective date of 1/2/24.

A 515: 481-69.29(1) Staffing 69.29(1) Each tenant shall have access to a 24-hour personal emergency response system that automatically identifies the tenant in distress and can be activated with one touch.

1. The facility corrected the deficiency as related to the emergency response system deactivated pendant by auditing all personal pendants to ensure proper working order on 1/2/24.
2. To ensure all other residents are protected, the concierge will audit the pendant assignments after each new admission to assisted living.
3. To ensure the problem does not occur again, the pendant assignments will be audited monthly by both the Marketing Director and Concierge after each new tenant moves in and out, on a monthly basis.
4. As part of Northridge Village's ongoing commitment to quality assurance, the Assisted Living Director and/or designee will report audit findings and identified concerns will be discussed, and action plans created and implemented through the community's QA process.

✓ 4/17/24