

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/26/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165813	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/19/2021
NAME OF PROVIDER OR SUPPLIER NORTHRIDGE VILLAGE			STREET ADDRESS, CITY, STATE, ZIP CODE 3300 GEORGE WASHINGTON CARVER AVENUE AMES, IA 50010	
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F 000	INITIAL COMMENTS SB Correction Date: <u>5-13-21</u>		F 000	This plan of corrections serves as the facilities Credible Allegation of Compliance that effective May 13, 2021 Northridge Village will be in compliance with these regulatory requirements.
F 658 SS=D	<p>Total residents: 33</p> <p>Onsite dates: 04/12/2021 - 04/19/2021</p> <p>Facility Reported Incident and Complaint #'s reviewed:</p> <p>#96665-C not substantiated #96719-I not substantiated</p> <p>Services Provided Meet Professional Standards CFR(s): 483.21(b)(3)(i)</p> <p>§483.21(b)(3) Comprehensive Care Plans The services provided or arranged by the facility, as outlined by the comprehensive care plan, must-</p> <p>(i) Meet professional standards of quality. This REQUIREMENT is not met as evidenced by: - Based on observation, manufacturer instructions for use review and staff interviews, the facility failed to provide services that met professional</p>		F 658	<p>See attached Plan of Corrections</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Angie Dawson
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Executive Director

5/4/2021

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F 658	<p>Continued From page 1</p> <p>standards of quality while administering medication for 1 of 5 residents reviewed (Resident #27). The facility reported a census of 33 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) completed 3/18/21 listed diagnoses of diabetes mellitus and depression. The MDS documented the resident received insulin injections in the last 7 days. The MDS documented a Brief Interview of Mental Status (BIMS) score of 15 out of 15 indicating intact cognition.</p> <p>Review of physician orders dated 12/10/20 revealed insulin glargine solution 100 unit/milliliters inject 5 units subcutaneously two times a day related to diabetes mellitus with other specified complication.</p> <p>Review of care plan with a revision date of 3/26/21 directed the following:</p> <p>Diabetes medication as ordered by the doctor. Monitor/document for side effects and effectiveness.</p> <p>Monitor/document/report as needed any signs/symptoms of hyperglycemia (high blood sugar): increased thirst and appetite, frequent urination, weight loss, fatigue, dry skin, poor wound healing, muscle cramps, abdominal pain, Kussmaul (deep and labored) breathing, acetone breath (smells fruity), stupor, coma.</p> <p>Monitor/document/report as needed any signs/symptoms of hypoglycemia (low blood sugar): sweating, tremor, increased heart rate, pallor, nervousness, confusion, slurred speech, lack of coordination, staggering gait.</p>	F 658		

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F 658	<p>Continued From page 2</p> <p>During an observation of medication administration on 4/15/21 at 8:25a.m., Staff C, Licensed Practical Nurse (LPN) administered 5 units of insulin glargine solution subcutaneously into Resident #27 utilizing a Basaglar Kwikpen. Observation following administration of the insulin utilizing the Kwikpen revealed Staff C, LPN kept the Kwikpen in place for a count of 2 seconds following administration. Staff C, LPN revealed the Kwikpen was to remain in place for 3-5 seconds following administration.</p> <p>Review of manufacturer instructions for the Basaglar Kwikpen revealed the following instructions regarding administration of insulin:</p> <ol style="list-style-type: none"> 1. Insert the needle into the skin 2. Push the dose knob all the way in 3. Continue to hold the dose knob in and slowly count to 5 before removing the needle <p>On 4/15/21 at 1:41 PM., the Director of Nursing (DON) revealed it would be an expectation that staff follow the manufacturer's instructions when administering insulin with the Kwikpen.</p> <p>-</p>	F 658		
F 688 SS=D	<p>Increase/Prevent Decrease in ROM/Mobility CFR(s): 483.25(c)(1)-(3)</p> <p>§483.25(c) Mobility. §483.25(c)(1) The facility must ensure that a resident who enters the facility without limited range of motion does not experience reduction in range of motion unless the resident's clinical condition demonstrates that a reduction in range of motion is unavoidable; and</p>	F 688		

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F 688	<p>Continued From page 3</p> <p>§483.25(c)(2) A resident with limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion.</p> <p>§483.25(c)(3) A resident with limited mobility receives appropriate services, equipment, and assistance to maintain or improve mobility with the maximum practicable independence unless a reduction in mobility is demonstrably unavoidable. This REQUIREMENT is not met as evidenced by:</p> <ul style="list-style-type: none"> - <p>Based on clinical record review, observation and staff interview, the facility failed to assure that a resident with limited range of motion (ROM) received appropriate treatment and services to increase ROM and/or prevent further decrease for 2 of 2 current residents reviewed (Residents #14 & #19). The facility reported a census of 33 residents.</p> <p>Findings include:</p> <ol style="list-style-type: none"> 1. The Minimum Data Set (MDS) assessment dated 2/17/21 for Resident #14 identified a Brief Interview for Mental Status (BIMS) score of 15, which indicated resident had no cognitive impairment. The MDS revealed the resident required the extensive physical assistance for bed mobility, transfers, and personal hygiene. The MDS documented diagnoses that included cancer and inclusion body myositis (muscle disease). The MDS indicated resident had impaired range of motion in both upper and lower extremities and did not receive range of motion as indicated on the plan of care. 	F 688		

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F 688	<p>Continued From page 4</p> <p>Facility clinical document (untitled) indicated Resident #14 required nursing rehabilitation and restorative exercise 3-6 times a week. Reviewed 3/17/21 - 4/13/21 nursing rehabilitation and restorative exercise plan and revealed the following:</p> <ol style="list-style-type: none"> 1. 3/21/21-3/27/21 resident received plan on 3/24/21 for five minutes and on 3/27/21 for 15 minutes 2. 3/28/21-4/3/21 resident received plan on 3/30/21 and 3/31/21 each time for 15 minutes 3. 4/4/21-4/10/21 resident did not receive plan, documented resident refused on 4/8/21. <p>Facility clinical document Care Plan admitted date of 2/10/20 indicated Resident #14 Nursing Rehab/Restorative included active range of motion on bike 3-6 times a week and pulleys for 3 minutes without resistance 3-6 times a week or upper body range of motion.</p> <p>On 4/14/21 at 1:07 PM. Staff A, restorative aide/certified nursing assistant, stated there has been times he has not been able to complete the restorative/range of motion programs due to being pulled to the floor and having to work a hall.</p> <p>On 4/14/21 at 2:09 PM. Staff B, Occupation therapist, stated that resident was to be offered isometric exercises(exercises that involved static contraction of a muscle) and dressing was only to be counted as part of range of motion plan when resident would not participate.</p> <p>On 4/14/21 at 2:19 PM., the Director of Nursing stated she would expect the range of motion plan to be offered as indicated.</p>	F 688		

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F 688	<p>Continued From page 5</p> <p>During review of Policy titled Restorative Nursing Services revised July 2017 revealed resident's will receive restorative nursing care as needed to help promote optimal safety and independence.</p> <p>2. The MDS assessment dated 3/5/21 for Resident #19 identified a BIMS score of 15, which indicated no cognitive impairment. The MDS revealed the resident required the extensive physical assistance for bed mobility and personal hygiene, and total dependent on staff for transfers. The MDS documented diagnoses that included cerebral palsy and quadriplegia. The MDS indicated resident had impaired range of motion in both upper and lower extremities and did not receive range of motion as indicated on the plan of care.</p> <p>Reviewed 3/17/21-4/13/21 nursing rehabilitation and restorative plan resident was to self-propel in wheelchair in hallway up to 50 feet two times 6-7 times a week. The documentation revealed the following:</p> <ol style="list-style-type: none"> 1. 3/21/21 -3/27/21 resident received plan on 3/24/21, 3/26/21 and 3/27/21 2. 3/28/21 -4/3/21 resident received plan on 3/29/21, 3/30/21, 3/31/21, and 4/1/21 3. 4/4/21-4/10/21 resident received plan on 4/5/21, and 4/7/21 <p>Facility clinical document Care Plan admitted date of 8/26/19 indicated Resident #19 nursing rehab/Restorative included self-propel in wheelchair in hallway up to 50 feet twice a day 6-7 times a week.</p> <p>Interview on 4/12/21 at 11:30 AM Resident #19 stated was not getting restorative plan as much as she should, stated only getting the plan about</p>	F 688		

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F 688	Continued From page 6 once to twice a week. Interview on 4/14/21 at 3:10 PM. Director of Nursing stated that surveyor would not find all the ROM documented, she acknowledged that it was not done as ordered. -	F 688		

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 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.

F658

1. The Facility will continue to meet professional standards of quality by following manufacturer's recommendations for use of Kwikpen for resident #27.
2. To correct the deficiency from re-occurring the Director of Nurses or designee will hold an in-service for all nurses on May 11th and 12th. This In-service will go over manufacturer's recommendations for the Kwikpen.
3. As part of Northridge Village ongoing commitment to quality assurance the Director of Nurses or designee will randomly audit the use of the Kwikpen.
4. Director of Nurses or designee will bring audits to our QAPI meeting for continued compliance.

F688

1. The facility will continue to assure that residents with limited range of motion will receive appropriate treatment. Resident #14 will incorporate range of motion plan in A.M. and H.S. cares. Resident #19 therapy to review and change residents restorative plan to meet the needs of the resident as a change in condition does not allow this resident to self-propel by feet.
2. To correct the deficiency from re-occurring, therapy and Director of Nurses or designee will review all restorative plans for being appropriate for each resident on a restorative plan. Therapy will give an in-service on restorative programs and requirements to all CNA's on May 11th and 12th.
3. As part of Northridge Village ongoing commitment to quality assurance, the management team will review restorative plans for 2 months and then randomly as required.
4. The Director of Nurses or designee will report these findings to our QAPI meeting for continued compliance.