

DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: S0437	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/24/2021
NAME OF PROVIDER OR SUPPLIER ASSISTED LIVING AT NORTHCREST COMMUNITY		STREET ADDRESS, CITY, STATE, ZIP CODE 2310 NORTHCREST PARKWAY 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. General Population Program Number of tenants without cognitive disorder: 16 Number of tenants with cognitive disorder: 1 Total Population of Program at time of on-site: 17 TOTAL census of Assisted Living Program: 17 The following regulatory insufficiencies were cited during the initial certification visit conducted to determine compliance with certification of an Assisted Living Program. No regulatory insufficiencies were cited during the onsite infection control survey.	A 000	A 000 PLAN OF CORRECTION 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.	
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. The evaluation	A 135	A 135 In compliance with 481.69-22(1) Evaluation of Tenant, Assisted Living at Northcrest Community completed a comprehensive assessment for functional, cognitive and health status on March 31, 2021 for Tenant #1. On August 2, 2021, Tenant #1 relocated to Northcrest Community's Health Center. In continuing compliance with A 135, Regulation 481-69.22(1) Evaluation Prior to Occupancy, the following measures have been taken to correct the regulatory insufficiency. 1. Performance evaluation and termination of the responsible RN. 2. Hiring of new Director of Assisted Living and experienced RN Coordinator.	Date of Compliance 10/1/21

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Brenda Brouwer, Director of Assisted Living

10/5/21

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A 135	Continued From page 1 shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to consistently evaluate tenants' functional, cognitive, and health status prior to occupancy. This pertained to 1 of 2 tenants reviewed (Tenant #1). Findings follow: Record review of Tenant #1's file on 6-24-21 revealed she was admitted on 2-5-21. No evaluation of her functional, cognitive, or health status could be located. On 6-24-21 at 1:26 p.m. the Assisted Living Manager confirmed these findings.	A 135	3. Education of regulatory compliance in Assisted Living for both Director and RN Coordinator. 4. All tenant charts have been audited to ensure a comprehensive assessment was completed prior to occupancy. If no comprehensive assessment was done prior to occupancy, a full comprehensive assessment was completed. 5. A checklist for assisted living tenants has been developed. Checklist includes a health, cognitive, and functional assessment prior to the tenant's signing the service plan and occupancy agreement. 6. To monitor performance and ensure compliance, an independent consultant will complete tenant chart audits quarterly.	
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 develop service plans based on a tenant's functional, cognitive, and health evaluations as required. This pertained to 1 of 2 tenants reviewed (Tenant #1). Findings follow:	A 350	A 350 In compliance with A 350, Regulation 481-69.26(1) Service Plans, the following measures have been taken to correct the regulatory insufficiency. Following a comprehensive assessment for Tenant #1, a service plan was developed for Tenant #1 on March 31, 2021. On August 2, 2021, Tenant #1 relocated to Northcrest Community's Health Center. In continuing compliance with A 350, Regulation 481-69.26(1) Service Plans, the following measures have been taken to correct the regulatory insufficiency. 1. Performance evaluation and termination of the responsible RN.	Date of Compliance 10/1/21

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A 350	Continued From page 2 Record review of Tenant #1's file on 6-24-21 revealed she was admitted on 2-5-21. No evaluation of her functional, cognitive, or health status could be located. The Program failed to develop a service plan based on the required evaluations. On 6-24-21 at 1:26 p.m. the Assisted Living Manager confirmed these findings.	A 350	2. Hiring of new Director of Assisted Living and experienced RN Coordinator. 3. Education of regulatory compliance in Assisted Living for both Director and RN Coordinator. 4. All tenant charts were audited to ensure a service plan was completed prior to occupancy. If a service plan was not completed prior to occupancy, a service plan was completed following a functional, cognitive and health assessment. 5. A checklist for assisted living tenants has been developed. Checklist includes a signed service plan prior to the tenant's signing the occupancy agreement. 6. To monitor performance and ensure compliance, an independent consultant will complete tenant chart audits quarterly.		