STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165613	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Northridge Village	3300 George Washington Carver Avenue Ames, IA 50010

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48886 Based on clinical record review, staff interviews and policy review, the facility failed to develop and implement a comprehensive person-centered Care Plan for 2 of 11 residents reviewed for Care Plans (Resident #1 and Resident #35). The facility reported a census of 36 residents. Findings include: 1. Resident #35's Minimum Data Set (MDS) assessment dated [DATE] included diagnoses of depression, fractures, and other multiple trauma. The MDS reflected Resident #8 took an antidepressant during the lookback period. Resident #35's Medical Diagnoses reviewed on 1/8/25 listed a diagnosis of depression, unspecified. Resident #35's January 2025 Medication Administration Record (MAR) included an order dated 11/15/24 for mirtazapine Oral Tablet 7.5 MG, give 1 tablet by mouth one time a day related to depression, unspecified. Resident #35's Care Plan with a target date of 2/15/25, lacked information related to their mood or antidepressant medications. During an interview on 1/8/25 at 3:25 PM, the Administrator, MDS coordinator, and Director of Nursing (DON), stated they expected the Care Plan to contain a Focus and Interventions for Resident #8's antidepressant medications, mood, and behaviors. The DON stated the Care Plan should include that, but verified it didn't. Review of the Care Plans, Comprehensive Person-Centered policy, revised July 2024, directed Care Plans must include measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs. 40905 (continued on next page)

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165613	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Resident #1's MDS assessment dated [DATE], identified a Brief Interview for Mental Status (BIMS) score of 7, indicating moderately impaired cognition. The MDS included diagnoses of atrial fibrillation (heart rhythm disorder where chambers of heart beat irregularly and rapidly), urinary tract infection (UTI), and heart failure. The MDS documented Resident #1 received the following high-risk medications: an antibiotic, anticoagulant (blood thinner), and diuretic (depletes fluid buildup). Resident #1's Physician Order Summary report dated 1/8/25 documented they received the following medications: a. Amoxicillin (antibiotic) 50 milligrams (mg) a day for urinary tract infection. b. Bumetanide (diuretic) 2 mg. a day for atrial fibrillation. c. Spironolactone (diuretic) 25 mg. a day for atrial fibrillation. d. Eliquis (blood thinner) 5 mg. 2 times a day for atrial fibrillation. Resident #1's Care Plan initiated 10/19/24, lacked documentation and monitoring of high-risk medications. On 1/8/25 at 3:38 PM, the DON stated they expected the Care Plan to address those medications.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48886 Based on observation, clinical record review, staff interview and policy review, the facility failed to use appropriate infection control practices to help prevent the development and transmission of communicable diseases and infections during catheter care for 2 of 2 residents reviewed (Resident #7 and Resident #24). The facility reported a census of 36 residents. Findings include: 1. Resident #7's Minimum Data Set (MDS), dated [DATE], indicated they had an indwelling catheter. The MDS included diagnoses of medically complex conditions, cancer, and neurogenic bladder (a condition that causes a person to lose bladder control due to damage to the brain, spinal cord, or nerves). The MDS indicated Resident #7 had septicemia (a life-threatening infection that occurs when bacteria, viruses, or fungi enter the bloodstream) and urinary tract infection (UTI) in the last 30 days. Resident #7's Care Plan Focus revised 7/7/23, indicated they had a urinary catheter. The Interventions instructed the staff the following: a. Maintain enhanced barrier precautions when providing resident care. b. Monitor and document output and signs/symptoms of UTI. During an observation 1/7/25 at 1:20 PM, watched Staff A, Certified Medication Aid (CMA), enter Resident #7's room to empty the urinary catheter bag and provide catheter care. Staff A washed her hands, put on (donned) a gown and gloves in Resident #7's bathroom, located within their room. Staff A then retrieved the graduate (container to collect the urine) from a trash bag hanging from the wall in the bathroom, then took a roll of trash bags off the shelving unit in the bathroom, unrolled a new trash bag, put the roll back on the shelf, then retrieved two packets of alcohol swabs from the shelving unit in the bathroom. Using the same gloved hands, Staff A moved Resident #7's walker to another location in the room, touched the floor and placed the clean trash bag on the floor with the graduate inside the bag. Staff A then touched Resident #7's clothing and leg strap for the catheter bag. Using the same gloved hands, Staff A retrieved an alcohol swab, cleaned the drainage tube, and emptied the urine into the graduate, squeezing the urine bag. Using the same gloved hands, Staff A cleaned the drainage tube with another alcohol swab, reattached the leg strap, and carried the graduate into the bathroom. Staff A measured the urine output, emptied the urine into the toilet, cleaned out the graduate container with water from the shower nozzle, and returned the graduate to the bag hanging from the wall in the bathroom. 2. Resident #24's MDS, dated [DATE], indicated they had an indwelling catheter. The MDS included diagnoses of medically complex conditions and obstructive uropathy (a condition that occurs when urine flow is blocked, causing urine to back up and potentially damage the kidneys). Resident #24's Care Plan Focus revised 9/19/24, reflected they had a urinary catheter. The Intervention instructed to maintain enhanced barrier precautions when providing resident care. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on 1/7/25 at 1:50 PM, watched Staff B, CMA, enter Resident #24's room to empty the urinary catheter bag and perform catheter care. Staff B washed her hands then donned a gown and gloves. Staff B then retrieved a roll of trash bags from the shelving unit in Resident #24's bathroom, rolled off a new trash bag and then retrieved the graduate out of a trash bag hanging on the wall in the bathroom. Staff B retrieved 2 alcohol swab packets from the shelving unit, carried the trash bag and graduate container to the side of Resident #24's bed. Staff B placed them on the floor and then with the same gloved hands, removed the drainage tube from the catheter bag hanging off the side of Resident #24's bed and cleaned the drainage tube with an alcohol swab. Without changing gloves or performing hand hygiene, Staff B emptied the catheter bag of urine into the graduate, cleaned the drainage tube with another alcohol swab, and closed the port. On 1/7/25 at 2:10 PM, the Administrator reported they expected the staff have clean gloves on prior to emptying the catheter bag and cleaning the drainage tube. The Administrator added the facility had a policy on catheter care and they used a competency sheet. During an interview on 1/7/25 at 2:40 PM, the Administrator and Director of Nursing (DON) stated with Enhanced Barrier Precautions (EBP) protocol they trained the staff to put on their gloves in the bathroom prior to doing the care, to protect the resident. The DON stated an expectation staff have clean gloves prior to starting catheter care and touching/cleaning the drainage tube. Review of the facility Catheter Care, Urinary policy, revised August 2022, defined the purpose of the procedure is to prevent urinary catheter-associated complications, including urinary tract infections and use aseptic (clean) technique when handling or manipulating the drainage system. Review of the facility Competency Assessment Catheter Care, Urinary, revised September 2014, instructed to use standard precautions when handling or manipulating the drainage system and maintain clean technique when handling or manipulating the catheter, tubing, or drainage bag.