DEPARTMENT OF INSPECTIONS AND APPEALS

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0079	A. BUILDING: _____ B. WING _____	C 03/14/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JERSEY RIDGE PLACE	5605 JERSEY RIDGE RD DAVENPORT, IA 52807

(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. General Population Number of tenants without cognitive disorder: 28 Number of tenants with cognitive disorder: 8 Total census: 36 There were no regulatory insufficiencies cited during the investigation into Complaint #107821-C. The following regulatory insufficiency was cited during the investigation into Complaint #107690-C.	A 000	See Attached POC 6/30/23	
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to follow the policy on Dependent Adult Abuse for 1 of 3 current tenants reviewed (Tenant #3). Findings follow: Interview and record review on 3/13/23 revealed Tenant #3 scored a three on the Global Deterioration Scale on 12/28/22, 9/30/22 and 6/30/22 indicating mild cognitive decline. When interviewed on 3/13/23 at 12:15 p.m., Staff A reported Tenant #3 had cameras placed in her room by family because the tenant would say people hit her and kicked her. On 3/12/23 Tenant #3's hand was swollen and she said someone	A 150		

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A 150	Continued From page 1	A 150		

grabbed her. Once, after the tenant's shower she had pain in her hip. Staff A applied biofreeze. Tenant #3 told a visitor to the unit Staff A pushed her down. Staff A reported these incidents to the Director of Nursing (DON).

When interviewed on 3/13/23 at 12:40 p.m., Staff B stated Tenant #3 told everyone she was beating her up even though Staff B was not present. Staff B said she was literally on the other side of the building when Tenant #3 accused her of the assault. Tenant #3 said so many things they don't believe her because she accused every staff member of trying to kill her.

When interviewed on 3/13/23 at 3:45 p.m., Staff C reported Tenant #3 said crazy things about every employee. Tenant #3 was prone to bruising and Staff C would ask her what happened. Tenant #3 would say you know what you did.

Record review revealed the Program's Dependent Adult Abuse policy directed all allegations of Resident abuse should be reported immediately to the charge nurse. The charge nurse was responsible for immediately reporting the allegations of abuse to the Director of Nursing, Administrator or designated representative. The Administrator or designee would complete documentation of the allegation of Resident Abuse and collect any supporting documents relative to the alleged incident. The Program's policy further directed immediate notification to the Department of Inspections and Appeals.

Additional record review failed to reveal documentation of Tenant #3's reports of abuse.

When interviewed on 3/14/23 at 11:30 AM, the

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A 150	Continued From page 2 DON confirmed the program did not follow the Dependent Adult Abuse policy for Tenant #3.	A 150		

Department of Inspections and Appeals
Attn: Catie Campbell
Lucas State Office Building
321 East 12th Street
Des Moines, Iowa 50319

Dear Ms. Campbell:

On behalf of Jersey Ridge Place Assisted Living in Davenport, Iowa, I respectfully submit our Plan of Correction for your approval. This response is specific to complaint #107690-C and #107821-C report for the onsite visit 3/13/2023- 3/14/2023. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the alleged facts or conclusions set forth in the statement of insufficiencies. The Plan of Correction is executed solely because it is required by the provisions of Iowa Law.

Service Plans:

1. Elements detailing how the program will correct each regulatory insufficiency.
    - Tenant #3 service plan was updated upon her return from a skilled stay on 4/27/2023 to reflect history of accusations and allegations of abuse.
    - All staff will be provided re-education on program Dependent Adult Abuse policy.
2. Measures taken to ensure the problem does not recur.
    - Should an incident or suspected incident of tenant abuse be reported or observed, the Executive Director or Designee will designate a member of management to investigate the alleged incident.
    - The Executive Director and/or Designee will complete documentation of the allegation of tenant abuse and collect any supporting documents to the alleged incident.
    - The Program will notify the Iowa Department of Inspections & Appeals immediately, and in no event later than twenty-four hours, or the next business day, when an employee reasonably believes that a dependent adult has suffered dependent adult abuse.
3. How the Program plans to monitor performance to ensure compliance.
    - The Executive Director, Director of Nursing, and/or Designee will perform ongoing chart audits at least quarterly for tenants receiving health related care, to ensure service plans are personalized and accurate according to the tenant's assessed needs.
    - The Executive Director or Designee will ensure all staff review the Dependent Adult Abuse policy upon hire and compete Dependent Adult Abuse training within six months of employment and ongoing renewal per regulatory requirements.
4. The date by which the regulatory insufficiency will be corrected.
    - The regulatory insufficiency will be corrected on or before June 30th, 2023.

If you have any questions regarding this plan of correction, please contact me at (563) 355-2027.

Respectfully submitted,
Niki Gillies, Director