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
	S0079	A. BUILDING: _____ B. WING _____	C 06/18/2024

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. Number of tenants without cognitive impairment: 22 Number of tenants with cognitive impairment: 9 Total census: 31 The following regulatory insufficiencies were cited during the investigation of Complaint #116062-C and the recertification visit conducted to determine compliance with certification of an Assisted Living Program for People with Dementia.	A 000	The Plan of Correction is attached.	
A 160	481-67.3(2) Tenant Rights 481-67.3 Tenant rights. All tenants have the following rights: 67.3(2) To receive care, treatment and services which are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure adequate care and treatment for 1 of 2 discharged tenants reviewed (Tenant C1). Finding follows: Record review on 6/11/24 revealed Tenant C1's occupancy date of 9/19/23. The Health and Functional Assessment dated 9/14/23 noted a	A 160		

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

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A 160	Continued From page 1 Stage 2 pressure ulcer at the sacrum site. The initial service plan, dated 9/14/23, contained no mention of the pressure ulcer. No additional reference to the pressure ulcer could be located in Tenant C1's progress notes, physician's orders or medication administration record (MAR), prior to a hospitalization on 10/06/23. On 6/18/24 the Director provided information via email regarding Tenant C1's pressure ulcer. When questioned about the lack of documentation regarding the pressure ulcer the current Registered Nurse (RN) contacted Tenant C1's physician at the time of occupancy. The physician's office reported the physician prescribed Silver Sulfadiazine cream for the pressure ulcer on 8/28/23 (when Tenant C1 lived at home with her daughter). The Director contacted the former RN who recalled Tenant C1's daughter said she would continue to apply the prescribed cream for her mother after she moved to the program. When interviewed on 6/18/24 at 1:30 p.m. the Director confirmed the information provided in the email. The Director verified Tenant C1's service plan should have contained information regarding the pressure ulcer and the RN should have monitored and documented the status of the pressure ulcer.	A 160		
A 285	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program:	A 285		

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A 285	Continued From page 2 (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to consistently administer medications according to physician's orders for 1 of 4 current tenants reviewed (Tenant #1). Finding follows: 1. Review of Tenant #1's progress notes on 6/11/24 revealed multiple entries over the past three months indicating medications and treatments were not available. Review of the medication administration records (MARs) for March, April, May and June 2024 also indicated multiple missed doses of medications and/or treatments. a. Tenant #1 had a physician's order for Stopain Roll-On External Liquid 8% Menthol (topical analgesic), apply topically four times per day. Progress notes on 3/29/24 and 3/31/24 indicated Tenant #1 was out of the topical medication. - Progress notes in April 2024 indicated at least 15 times throughout the month the Stopain roll-on was not available. The April MAR had entries on 19 days when the treatment was not given. - Progress notes from 6/10/24 to 6/17/24 indicated the Stopain roll-on was not available. The June MAR revealed Tenant #1 did not receive multiple applications of the treatment from 6/10/24 to 6/17/24. - No documentation could be located regarding efforts to obtain additional Stopain roll-on liquid.	A 285		

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A 285	Continued From page 3	A 285		

b. Tenant #1 had an order for Apixaban 5 mg, one tablet my mouth two times per day for atrial fibrillation. Progress notes indicated the medication was not available from 5/21/24 through 5/24/24. The May MAR revealed Tenant #1 did not receive the Apixaban from the evening of 5/21/24 through the morning of 5/24/24.

- A progress note by the Registered Nurse (RN) dated 5/24/24 indicated staff informed her that morning Tenant #1 was out of Eliquis (Apixaban). The RN noted she placed more medication in the med cart.

c. Tenant #1 had an order for Potassium Chloride Extended Release 10 MEQ, three tablets by mouth one time per day for low potassium. Progress notes indicated the medication was not available on 5/91/24, 5/22/24, 5/23/24 and 5/24/24. The May MAR revealed Tenant #1 did not receive the Potassium Chloride on 5/15/24, 5/17/24, 5/18/24, 5/19/24, 5/22/24, 5/23/24 and 5/24/24.

- A progress note by the RN dated 5/24/24 indicated staff informed her that morning Tenant #1 was out of KCL (Potassium Chloride). The RN noted she place more medication in the med cart.

2. On 6/18/24 review of the Medication Management/Treatment policy revealed "medication shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant."

3. On 6/18/24 at 11:50 a.m. the RN confirmed Tenant #1's medications/treatments were not administered per physician's orders. She said Tenant #1's wife provided the over-the-counter Stopain roll-on liquid. The RN acknowledged no documentation of attempts to contact Tenant #1's wife to obtain additional Stopain. The RN

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A 285	Continued From page 4 indicated she didn't know Tenant #1 was out of Apixaban and Potassium Chloride in the med cart until staff informed her on the morning of 5/24/24. She had refills of those medications and put them in the medcart after staff notified her.	A 285		

Department of Inspections and Appeals
Attn: Deb Dixon
6200 Park Avenue Suite 100
Des Moines, Iowa 50321

Dear Ms. Dixon:

On behalf of Jersey Ridge Place, I respectfully submit our Plan of Correction for your approval. This response is specific to the Complaint #116062-C Visit, for the onsite visit 6/11/2024-6/18/2024. 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.

67.3(2) Tenant Rights. All tenants have the following rights: To receive care, treatment and services which are adequate and appropriate.

1. Elements detailing how the Program will correct each regulatory insufficiency
    - Tenants shall be provided services that are adequate and appropriate.
2. Measures taken to ensure the problem does not recur
    - The Director of Nursing was re-educated on tenant rights, and developing individualized service plans for each tenant ensuring services are adequate and appropriate.
3. How the Program plans to monitor performance to ensure compliance
    - The Director of Nursing and/or Designee will complete ongoing monitoring of service plans to ensure treatment and services are adequate and appropriate.
4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before September 19, 2024.

67.5(2)f(4) Medications f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.

1. Elements detailing how the Program will correct each regulatory insufficiency
    - Tenant’s receiving medication/treatments assistance shall be administered as prescribed by the tenant’s physician, advanced registered nurse practitioner or physician assistant.
2. Measures taken to ensure the problem does not recur
    - The Director of Nursing was re-educated on medication and treatment monitoring.
    - The program staff were re-educated, regarding medications and treatments administration and when to notify the nurse.

3. How the Program plans to monitor performance to ensure compliance

- The Director of Nursing and/or Designee will complete ongoing audits to ensure medications are being administered as ordered by the physician, advanced registered nurse practitioner or physician assistant.

4. The date by which the regulatory insufficiency will be corrected
    - The regulatory insufficiency will be corrected on or before September 19, 2024.

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

Respectfully submitted,

Niki Gillies, Director