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
	S0139	A. BUILDING: _____ B. WING _____	C 03/25/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GARDENS AT RIDGECREST VILLAGE	4130 NORTHWEST BLVD DAVENPORT, IA 52806

(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. Tenants without cognitive impairment: 0 Tenants with cognitive impairment: 14 Total census: 14 The following regulatory insufficiencies were cited during the investigation of Incident #131465-I.	A 000	see attached POC 4/30/26	
A 102	481-67.2(1)a Program Policies and Procedures 67.2(1) A program's policies and procedures must meet the minimum standards set by applicable requirements. All programs shall have policies and procedures related to the following: a. Reporting of incidents, including allegations of dependent adult abuse on incident report forms to provide a detailed incident report completed at the time of the incident and include statements from individuals, if any, who witnessed the incident. The program will identify in the program's policy who of the program staff is responsible for completion of the initial report. The report will remain accessible for a minimum of three years. All accidents or unusual occurrences within the program's building or on the premises that affect tenants will be reported as incidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure an incident report was completed following an injury suffered by 1 of 1 discharged tenants (Tenant C1). Finding follows:	A 102		

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A 102	Continued From page 1 Record review on 3/24/26 revealed the Program's Staff to Staff Communication sheet, dated 11/16/25, identified Tenant C1 had a fall during the third shift from 11:00 p.m. on 11/16/25 to 7:00 a.m. on 11/17/25. A progress note dated 11/17/25 detailed the registered nurse contacted the hospital and learned Tenant C1 was admitted for a fractured right wrist and a fractured pelvis. The Program's policy, Accident and Incidents, revised 2/16/2026 indicated an accident referred to any unexpected or unintended incident which may or may not result in an injury to a tenant. Regardless of how minor an accident or incident may be, staff were to fill out an incident report. During an interview on 3/24/25 at 3:00 p.m. the Village Home Services Director explained there was limited information available on what occurred the day of Tenant C1's fall. She confirmed the program failed to have an incident report and witness statements available for review related to Tenant C1's fall.	A 102		
A 282	481-69.26(3) Service Plans 481-69.26(231C) Service plans. 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. The service plan shall be signed by all parties, including the tenant or tenant's legal representative. This REQUIREMENT is not met as evidenced	A 282		

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A 282	Continued From page 2 by: Based on interview and record review the Program failed to update the service plan for 1 of 1 discharged tenants when she experienced a significant change (Tenant C1). Finding follows: Record review on 3/24/26 revealed the following progress notes for Tenant C1: - On 6/17/25 Tenant C1 acted very anxious and agitated at 3:00 p.m. Staff attempted to redirect her and provided 1:1 supervision. After an hour, she was still crying, shaking and inconsolable. Staff administered Lorazepam, an anti-anxiety medication. - On 6/20/25 she expressed concern about her husband throughout the overnight shift. Staff provided reassurance but it was not helpful. Staff gave her anti-anxiety medication. - On 6/25/25 Tenant C1 was worried about another tenant before supper and became agitated. She slammed her hands on the table which upset others. Staff provided her with Lorazepam. - On 8/21/25 Tenant C1 and her husband met with a nurse practitioner at the neurologist's office. Her husband reported she was experiencing increased agitation and insomnia. Tenant C1 was prescribed an increased dose of Sertraline, a medication used to treat depression. - On 9/7/25 at 2:03 p.m., Tenant C1 was observed on the floor in her apartment. She was unable to describe what happened. - On 9/9/25, she was observed laying on the bathroom floor at 10:50 a.m. She was unable to describe the incident but reported pain to the right hip when bearing weight. Her primary care provider wanted her evaluated at the emergency room. Tenant C1's husband took her to the emergency room. When they learned the CT machine was broken, they had lunch and	A 282		

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A 282	Continued From page 3	A 282		

returned to the building.
- On 11/17/25 the Registered Nurse (RN) contacted the hospital and learned Tenant C1 was admitted for a fractured right wrist and fractured pelvis. She would not require surgery to treat the fractures but was non-weight bearing. When Tenant C1 was cleared to leave the hospital, she required skilled nursing care (there was no note or incident report documenting the fall/injury).

A Nursing Health Assessment was completed on 12/4/25 prior to Tenant C1 returning to the Program from a skilled nursing facility. The nurse documented Tenant C1 was difficult to assess due to her aphasia. She was tired from her morning physical therapy which would continue after her return to the Program on 12/5/25. Tenant C1 had a hard cast to the right upper forearm. She was recovering from a right pelvic fracture. Tenant C1 would need temporary 1:1 assistance with transfers and ambulation. She used a wheelchair for locomotion. Tenant C1 would need help cutting up food and eating. Tenant C1 was right handed and with the cast being on this arm may have additional difficulties.

Tenant C1's service plan was updated on 12/4/24 and 12/5/25. The 2024 plan identified staff would manage behavior episodes such as wandering and tearfulness, but the Program nurse failed to make updates when Tenant C1 demonstrated increased anxiety, agitation and insomnia during the summer of 2025. Tenant C1's 2024 plan noted she was at risk for falls due to dementia but it was not updated with interventions after her falls in September, 2025.

The nursing assessment from 12/4/25 identified Tenant C1 had a cast and needed assistance with

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A 282	Continued From page 4 transfers and ambulation; she used a wheelchair; tenant C1 needed assistance with eating, but neglected to make these updates to the service plan. The Program nurse updated the plan on 12/5/25 to note Tenant C1 was intermittently incontinent of bowels and would need assistance with changing her briefs and doing peri-care. During an interview with the Village Home Services Director and the Director of Nursing on 3/25/26 at 1:15 p.m. they confirmed the Program failed to update Tenant C1's service plan when she experienced significant changes in her condition.	A 282		

Plan of Correction

Gardens at Ridgecrest Village

License #: S0139

Survey Date: 3/23/26 to 3/25/26

Tag #131465-1

Deficiency Statement: A 282 481-69.26(3) Service Plans

1. Corrective Action for Residents Affected

- The identified resident's service plan was updated to include individualized fall interventions and prevention strategies based on current needs.
- Staff were educated on the requirement to update service plans timely following a change in condition, including falls.

2. Corrective Action for Residents Potentially Affected

- A comprehensive audit of all resident service plans is being conducted by the DON or designee to ensure fall prevention interventions are in place where indicated.
- All service plans will be reviewed for accuracy, completeness, and alignment with current resident needs by April 30, 2026.
- Any identified deficiencies will be corrected at the time of review.

3. Systemic Changes to Prevent Recurrence

- The DON or designee will complete a review of service plans at least every thirty (30) days to ensure they reflect current care needs and interventions.

4. Monitoring and Quality Assurance

- The Director or designee will audit 10% of resident service plans monthly for a period of six (6) months to ensure compliance with service plan requirements.
- If compliance falls below 100%, immediate corrective action, including re-education and increased monitoring, will be implemented.
- Monitoring will continue until sustained compliance is achieved.

5. Completion Date

- April 30th, 2026

Deena Dhuse 4/10/26

Deena Dhuse, Director

Kim Dominguez 4/10/26

Kim Dominguez, DON

Plan of Correction

Gardens at Ridgecrest Village

License #: S0139

Survey Date: 3/23/26 to 3/25/26

Tag#131465-1

Deficiency Statement: A 102 481-67.2(1)a Program Policies and Procedures

1. Corrective Action for Residents Affected

- All staff have been re-educated on the requirement for timely and complete incident report documentation following any fall.
- Any identified missing incident reports have been completed and reviewed by the DON/Designee.

2. Corrective Action for Residents Potentially Affected

- A 60-day retrospective audit of all falls was completed by the DON/designee to ensure incident reports were completed appropriately.
- Any discrepancies identified were corrected at the time of audit.

3. Systemic Changes to Prevent Recurrence

- A standardized process has been implemented requiring completion of an incident report immediately following any fall.
- The DON/designee will review all fall incidents within two business days to ensure compliance with documentation requirements.
- Staff will receive ongoing education during orientation and as needed.

4. Monitoring and Quality Assurance

- The Director or designee will audit 50% of all fall incidents monthly for six (6) months to ensure compliance.

5. Completion Date

- April 8, 2026

Deena Dhuse 4/10/26

Deena Dhuse, Director

Kim Dominguez 4/10/26

Kim Dominguez, DON