

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165049	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Ridgecrest Village		STREET ADDRESS, CITY, STATE, ZIP CODE 4130 Northwest Boulevard Davenport, IA 52806	

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)
<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>45775</p> <p>Based on observations, clinical record review, and staff interviews, the facility failed to ensure staff assisted 3 of 6 residents (Resident #5, #6, and #8) to eat in a dignified manner, and promoted their individuality while during a meal service. The facility reported a census of 61 residents.</p> <p>Findings include:</p> <p>1. The 2/12/25 Minimum Data Set (MDS) assessment tool revealed Resident #5 diagnoses included: cerebrovascular accident (a stroke), non-Alzheimer's dementia, anxiety and malnutrition. Resident #5 Brief Interview for Mental Status (BIMS) exam result of 5 out of 15 indicated a severe cognitive impairment. The MDS indicated the resident dependent on staff for most activities of daily living (ADL's) and required staff supervision or touch assistance for eating.</p> <p>Review of the Care Plan revealed a Focus area to address [Name redacted] has an ADL self-care performance deficit r/t Dementia, Fatigue, Impaired balance. Date Initiated: 10/6/23; Date Revised: 11/15/24. Interventions included, in part:</p> <p>a. [Name redacted] needs x1 assist for dining. Needs cueing as well as physical assist .Date Initiated: 10/6/23; Date Revised: 11/15/24.</p> <p>During an observation on 3/12/25 at 12:31 p.m., during the lunch meal, Resident #5 sat in a Broda Chair (name brand of a type of wheelchair that reclines). Staff B, Certified Nursing Assistant (CNA) stood next to the resident and fed her 4 bites, and assisted the resident take a drink. Staff B then walked away from the table.</p> <p>During an observation on 3/18/25 at 9:10 a.m., during breakfast Staff D, CNA, stood next to Resident #5, who sat at the table in a Broda Chair in the Station 2 Dining Room. Staff D fed the resident her breakfast. Staff D walked away at 9:13 a.m., leaving Resident #5 and one other resident alone at the table.</p> <p>During the same meal, at 9:17 a.m., Staff C, CNA stood next to Resident #5 and fed her with a spoon until Staff D, CNA returned at 9:23 a.m. Staff D then proceeded to stand next to Resident #5 and assisted her to eat.</p> <p>(continued on next page)</p>

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
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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/18/25 at 12:50 p.m., the Director of Nursing (DON) stated she expected nursing staff to sit next to a resident while providing assistance to eat rather than stand over the resident. She stated she expected staff to interact with the resident while providing eating assistance.</p> <p>2. The 2/19/25 MDS assessment Tool revealed Resident #6 had diagnoses that included Alzheimer's disease, anxiety and glaucoma, had severe cognitive impairment. The MDS indicated Resident #6 dependent on staff for to eat.</p> <p>Review of the Care Plan revealed a Focus area to address [Name redacted] has an ADL self-care performance deficit r/t Dementia. Date Initiated: 7/31/23; Date Revised: 11/20/24. Interventions included, in part:</p> <p>a. EATING: Set up Assist x1 for direct eating assistance. Date Initiated: 3/1/25; Date Revised: 3/1/25.</p> <p>During an observation on 3/17/25 at 11:35 a.m., Resident #6 sat in a Broda Chair, asleep in the Station 3 Dining Room. The resident remained reclined as meals were served to other seated residents.</p> <p>At 12:07 p.m., 2 staff repositioned the resident in the chair, the resident remained reclined as staff C, CNA stood next to the resident, held the resident's beverage and offered a drink at 12:08 p.m., and the resident coughed. Staff C then lifted the back of the Broda Chair to position the resident more upright. Staff C continued to stand as she fed the resident with a spoon.</p> <p>At 12:11 p.m., Staff C called the resident's name and stated you need to wake up (resident's name redacted). Staff C repeated the statement two more times, then walked away from the resident at 12:12 p.m. During a continuous observation, at 12:23 p.m., the resident had not had any additional feeding assistance, and remained asleep in the Broda chair as other residents ate their meal.</p> <p>During an observation on 3/18/25 at 11:48 a.m., Resident #6 at a Station 3 Dining Room table for the noon meal. The resident sat in a reclined position in a Broda chair, asleep. At 12:09 p.m. the resident remained at the table, asleep in the Broda Chair. At 12:29 p.m., the resident remained asleep and reclined and had ate very little of her meal.</p> <p>3. The 12/10/24 MDS Assessment Tool revealed Resident #8 had diagnoses that included Alzheimer's disease, anxiety, severe cognitive impairment. The MDS indicated Resident #8 dependent on staff for all ADL care that included feeding assistance.</p> <p>Review of the Care Plan revealed a Focus area to address [Name redacted] has an ADL self-care performance deficit r/t dementia Fatigue, Limited Mobility, Musculoskeletal impairment. Date Initiated: 6/25/23; Date Revised: 9/19/24. Interventions included, in part:</p> <p>a. EATING: The resident is totally dependent on x1 staff for eating. Date Initiated: 6/25/23; Date Revised: 7/11/23.</p> <p>(continued on next page)</p>		

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<p>F 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 3/12/25 at 11:33 a.m., Resident #8 positioned reclined in a Broda Chair, asleep in the Station 3 Dining Room for the lunch meal with 15 other seated residents. The resident remained asleep in the Broda Chair as the lunch meal was delivered to her table and left uncovered at 12:19 p.m. At 12:26 p.m. Staff C, CNA came to the resident's table, lifted the back of the Broda Chair to position the resident more upright, and stood by the resident as she fed her with a spoon.</p> <p>The facility's Certified Nursing Assistant Job Description dated August, 2022 stated the CNA was to provide personal care to residents in a manner conducive to their safety and comfort, consistent with the facility policy. and demonstrate competency in skills mandated by required education and training.</p> <p>The facility's Assistance with Meals policy, dated revised March, 2022, directed:</p> <ol style="list-style-type: none"> 1. Residents shall receive assistance with meals in a manner that meets the individual needs of each resident. 2. Residents who cannot feed themselves will be fed with attention to safety, comfort and dignity, for example: <ol style="list-style-type: none"> a. not standing over residents while assisting them with meals; b. keeping interactions with other staff to a minimum while assisting residents with meals. 		