STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165516	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jackson Ridge Healthcare Center	1015 Wesley Drive Maquoketa, IA 52060

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, staff interview, and facility policy, the facility failed to provide professional standards of quality by not following physician orders for blood sugars to be completed upon admit for 1 of 3 residents reviewed (Resident #2). The facility reported a census of 58 residents.Findings include:Resident #2's Minimum Data Set (MDS) assessment dated [DATE] documented the resident had a Brief Interview for Mental Status (BIMS) score of 2 out of 15, which indicated severely impaired cognition. Resident #2 was able to be understood and understood others, and had no behaviors. Per the MDS, the resident admitted to the facility on [DATE] from a short term general hospital. The resident required substantial to maximal assistance with toileting, transfers, dressing, and personal hygiene. The MDS included diagnoses of heart failure, diabetes mellitus, non-Alzheimer's dementia, and depression. The Care Plan initiated 7/29/25 indicated Resident #2 had diabetes mellitus that was managed with diet control and injectable hypoglycemic medications. The interventions included, part, the following: I need staff to administer my diabetes medication as ordered the doctor, and to monitor/document for side effects and effectiveness (intervention date 7/29/25). I need the staff to obtain Blood Sugar checks as ordered by the doctor, and alert my primary care physician (PCP) to any significant findings/trends (intervention dated 7/30/25).The Order Summary Report signed and dated by the Primary Care Provider on 7/17/25 instructed to check blood sugars twice a day for diabetes mellitus.The Medication Administration Record (MAR) dated 7/1/25-7/31/25, instructed staff to check blood sugars twice a day for diabetes mellitus. Review of the July MAR, revealed blood sugars were not checked on 7/17/25 at 9:00 PM, and on 7/18/25 at 8:00 AM and 9:00 PM. On 6/3/26 at 1:45 PM, the facility Director of Nursing (DON) was not able to explain why the blood sugars were not checked upon admit with Resident #2 and that the expectation of the staff was to follow the physician's orders as written and the facility policy/procedure. The Physicians Orders Policy dated 3/25, revealed that the purpose was to ensure that all physician orders were accurately received, verified, implemented, documented, monitored, and followed in a timely manner to promote resident health, safety, and quality of care in accordance with federal regulations, and facility standards. The Policy further noted, Physician orders shall be carried out accurately, completely, and within the time frame specified by the ordering practitioner .New orders received as a result of monitoring shall be implemented without delay.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165516	A. Building B. Wing	06/05/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jackson Ridge Healthcare Center	1015 Wesley Drive Maquoketa, IA 52060

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, staff interview, record review, and facility policy review, the facility failed to ensure that records including dishwashing, refrigerator, and food temperatures logs were consistently documented, completed, and monitored. The facility reported a census of 58 residents.Findings include: On 5/28/26 at 1:00 PM, observation revealed that the facility lacked documentation of appropriate sanitizing of the dishwashing machine, and food and refrigerator temperature logs. Review of the Dishwashing Record, Low-Temperature/Chemical Log for May 2026 indicated staff were instructed to report in parts per million (ppm) is less than (space left blank) ppm. Report if temperature is less than (space left blank) Fahrenheit. The following dates failed to have any temperature or chemical sanitization ppm documented:a. All three meals on: 5/2/26, 5/3/26, 5/11/26, 5/17/26, 5/22/26, 5/25/26, 5/29/26, 5/30/26, 5/31/26.b. Lunch and Dinner meals on: 5/10/26, 5/16/26, 5/24/26, and 5/28/26.c. Dinner meals on: 5/1/26, 5/4/26-5/9/26, 5/13/26-5/15/26, 5/18/26-5/20/26, 5/26/26-5/27/26. Review of the Food Temperature log for May 2026 revealed the following dates and meals lacked documentation of food temperatures taken:a. Lunch meal on: 5/18/26 and 5/19/26 b. Dinner meal on: 5/17/26, 5/22/26, 5/27/26, and 5/28/26c. Breakfast and lunch meal on 5/26/26 Review of the Refrigerator/Freezer logs for May 2026 revealed the following dates failed to have the temperatures recorded:a. 5/26/26, 5/29/26, 5/30/26, and 5/31/26. On 6/3/26 at 11:17 AM, Staff A, Dietary Aide, confirmed the expectation of the staff was to take the dishwashing machine temperatures/sanitizing strip checks at breakfast, lunch, and dinner meals and record on the Dishwashing machine log. On 6/3/26 at 11:17 AM, Staff B, Cook, confirmed the expectation of the staff was to take food temperatures at all meal times and to record on the food temperature log. On 6/3/26 at 3:53 PM, the facility Administrator confirmed the expectation of the staff was to do the food temperatures and dishwashing machine temperature/sanitizing strip checks and record/document on the log sheets. The Low-Temperature Dishwasher Policy, undated, documented the purpose was to ensure that all dishes, utensils, cookware, and food-contact surfaces are properly cleaned and sanitized using the low-temperature machine in compliance with health department regulations and food safety standards, and to record the results on the Dishwasher Log each meal. The Food Temperature policy, undated, documented that the temperatures of the food items will be taken and properly recorded by the cook. These temperatures will be recorded on the food temperature log.