

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165033	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/02/2025
NAME OF PROVIDER OR SUPPLIER Harmony Davenport		STREET ADDRESS, CITY, STATE, ZIP CODE 815 East Locust Street Davenport, IA 52803	
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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. (continued on next page)		

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility policy review, family representative and staff interviews, the facility failed to treat each resident with dignity and respect when a staff member made a resident condition statement in the presence of a family member for 1 of 9 resident records reviewed (Resident #7). The facility reported a census of 64 residents. Findings include: Review of the electronic health record (HER) revealed Resident #7's admitted to the facility on [DATE] with diagnoses that included pulmonary fibrosis, chronic respiratory failure with oxygen dependence, adult failure to thrive, peripheral vascular disease, diabetes and dementia, and hospice services in place. A Nursing Care Plan problem initiated 6/25/25, included a Focus area to address Resident has complaints of pain described as chronic > (greater than) 3 months, related to osteoarthritis, peripheral vascular disease and wounds. Interventions directed staff to, in part: a. Administer pain medication per physician orders, initiated 6/25/25. b. Encourage/assist to reposition frequently to position of comfort, initiated 6/25/25. c. Evaluate efficacy of pain management, initiated 6/25/25. d. Evaluate pain level as ordered, initiated 6/25/25. e. Observe for non-verbal signs of pain, initiated 6/25/25. f. Non-pharmacological intervention - encourage socialization or time alone, initiated 6/25/25. g. Non-pharmacological intervention - family visits, initiated 6/25/25. During an interview 9/30/25 at 5:24 p.m., a family member of Resident #7's stated when she was in the hallway near the Nurse's Station she heard Staff A, Licensed Practical Nurse (LPN) say to the staff present go check on her [NAME] to see if he was alive. The family member stated at the same time she observed another employee motion to Staff A to stop talking, a family member was present, then the family member told Staff A they were the resident's family member. The family member stated the remark was completely unprofessional, unkind, and the residents there shouldn't have to tolerate that. During an interview 10/2/25 at 12:08 p.m., Staff A, LPN, stated she thought she was relating to the Certified Nursing Assistants (CNA's) on duty when she referred to the resident as a [NAME], asked them to check on the resident, didn't realize any family was present, what she said was disrespectful and she shouldn't have said it. She felt horrible when she realized the family heard what she said and reported it to the on-call manager (Staff B, Registered Nurse) right away. Staff A stated she made arrangements for the other nurse on duty to take care of the resident before she called the manager on-call, Staff B supported that action and counselled her at that time about professional conduct and respectful care of the residents. During an interview 10/2/25 at 11:50 a.m. Staff B, RN and Unit Manager stated when she was the manager on-call she received a call from Staff A, LPN who reported she said something she shouldn't have in front of a family member, thought she was speaking to the aides, didn't realize anyone else was around, Staff B counselled and educated Staff A on professional conduct, not to make inappropriate remarks about the resident's that they care for and to always treat residents and their family's respectfully. Staff A had already arranged for the other nurse on duty to assume care of the resident, Staff B contacted the resident's responsible party to address the matter and they were satisfied with change of staff assignment and staff education related to the incident. The facility's policy, titled Resident Rights - Dignity and Respect, dated 4/2024 included a Purpose statement, which declared To lay the foundation for treating all residents with dignity and respect and maintaining and enhancing his or her self-esteem and self-worth. The Procedure section directed, in part: a. Each Resident has the right to considerate and respectful care and to be treated with honesty, dignity, respect and with reasonable accommodation of individual needs except where the health, safety, or rights of the resident or other individuals in the facility would be endangered.</p>		