

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 03/20/2025
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)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25855</p> <p>Based on observations, clinical record review, facility policy review and staff interviews, the facility failed to ensure urinary catheter bags and tubing placed off the floor to minimize the risk of urinary tract infections for 2 of 4 residents reviewed (Resident #37 and Resident #121) with indwelling catheters. The facility reported a census of 66 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 14 out of 15 for Resident #37, which indicated intact cognition. The MDS listed diagnoses included: neurogenic bladder (lose of control of bladder function due to nerve damage) and urinary tract infection. The MDS assessed Resident #37 dependent on staff for all activities of daily living with the exception of eating. The MDS indicated the resident had an indwelling urinary catheter.</p> <p>Review of the Care Plan, Date Initiated: 5/8/24 revealed a Focus area to address Resident requires the use of an indwelling catheter related to neurogenic bladder. Interventions included, in part: Ensure dignity bag remains in place, monitor tubing for kinks and leaks and ensure tubing remains off the floor. Date Initiated: 5/8/24.</p> <p>Review of a Discharge Summary from the Internal Medical provider, dated 12/23/24 Reason for Admission: Septic Shock Secondary to Urinary Tract Infection.</p> <p>During observations:</p> <p>a. On 3/16/25 at 11:21 AM, Resident #37 laid in bed with the dignity cover flap and tubing of the urinary catheter bag resting on the floor.</p> <p>b. On 3/16/25 at 2:06 PM, resident sitting up in bed, watching television with catheter bag and tubing resting on the floor. Staff D, Certified Nursing Assistant (CNA) in room and then exited without repositioning the bag and tubing. sat up in bed watching television. Foley bag and tubing remained on floor, Staff D, CNA left the room without repositioning bag and tubing.</p> <p>c. On 3/17/25 at 7:30 AM, the resident lying in bed with the collection bag, with a dignity cover, resting on the floor.</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 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>d. On 3/17/25 at 7:37 AM, the Director of Nursing (DON) left the room after bringing the resident water. The collection bag remained on the floor.</p> <p>e. On 3/17/25 at 8:18 AM, Staff B, CNA entered the room with breakfast tray. Staff B exited the room without repositioning the collection bag off the floor.</p> <p>2. Review of the Admission Record for Resident #121 revealed an admitted [DATE].</p> <p>Review of the Medical Conditions listed on the March 2025 Medication Administration Record included, in part: type 2 diabetes mellitus, benign prostatic hyperplasia (BPH, meaning an enlarged prostate), and obstructive and reflux uropathy (blockage of urinary tract that hinders urine flow).</p> <p>Review of the Care Plan, Date Initiated: 3/7/25 revealed a Focus area to address Resident requires use of a (indwelling, catheter related to BPH w/Obstructive Uropathy. Intervention included, in part: Endure dignity bag remains in place, monitor tubing for kinks and leaks and ensure tubing remains off the floor. Date Initiated: 3/7/25.</p> <p>During observations:</p> <p>a. On 3/16/25 at 11:35 AM, while Resident #121 in bed, catheter bag and tubing rested on the floor.</p> <p>b. On 3/17/25 at 7:30 AM, while resident slept in be, the catheter bag and tubing rested on floor.</p> <p>c. On 3/18/25 at 6:15 AM, while resident slept in bed, catheter bag and tubing rested on the floor.</p> <p>During an interview on 3/18/25 at 10:10 AM, Staff D, CNA stated if she saw a resident's catheter bag and/or tubing on the floor, she would report it to the nurse so the nurse could change the bag and tubing.</p> <p>During an interview on 3/18/25 at 2:08 PM, Staff A, Registered Nurse stated if a staff member saw a resident's catheter bag or tubing on the floor, she would expect them to pick it up off the floor, perform catheter care and if needed change the bag out. Staff A stated CNAs can change the bag.</p> <p>During an interview on 3/18/25 at 3:46 PM, the Director of Nursing reported if a nurse or CNA found a resident's catheter bag or tubing on the floor, he would expect them to pick it up off the floor and inform the nurse.</p> <p>A review of the facility policy titled: Catheter Care: Indwelling Catheter, reviewed on December 2023 directed staff to:</p> <p>a. Check that tubing is not kinked, looped, clamped, or positioned above the level of the bladder</p> <p>b. Validate drainage bag is off the floor and in a dignity bag.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>48374</p> <p>Based on observations, record review and staff interviews, the facility failed to label and date opened food items in the refrigerator, freezer and dry storage areas in an effort to prevent foodborne illness. The facility reported a census of 66 residents.</p> <p>Findings Include:</p> <p>During the initial kitchen tour with Staff G, [NAME] on 3/16/25 at 10:10 AM, observations included:</p> <p>a. In the cooler, apple sauce, cheese, cabbage, and ranch dressing observed open. No label present or open date indicated.</p> <p>b. In the ice freezer, breadsticks, biscuits and slider rolls observed open. No label present or open date indicated.</p> <p>c. In the 3-door freezer, waffle fries and breaded fish fillets observed open. No label present or open date indicated.</p> <p>d. In the 2-door freezer, two packages of vegetables observed open. No label present or open date indicated.</p> <p>e. In the dry storage room, a box of fruit flavored cereal and bag of toasted flake cereal observed open. No label or open date indicated.</p> <p>When queried about storage of opened food items, Staff G stated food items that had been opened should have been labeled and dated.</p> <p>During an interview on 3/19/25, the Dietary Manager stated any food item opened should be labeled and dated. He stated this is his expectation that kitchen staff indicate the name of a food item and date opened is clearly written on the packaging.</p> <p>Review of the facility policy titled Labeling and Dating, revised on 12/2023 included a Purpose statement which declared To ensure foods stored will be properly labeled according to guidelines. Procedures included, in part:</p> <p>Date Marking for dry storage food items:</p> <p>2. Once a case is opened, the individual food items from the case are dated with the date the items was received into the facility and placed in/on the proper storage unit .</p> <p>Date marking for refrigerated food items:</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>3. Once opened, all ready to eat, potentially hazardous food will be re-dated with a use by date according to current safe food storage guidelines or by the manufacturer's expiration date.</p> <p>Date marking for freezer storage food items:</p> <p>3. Once a package is opened, it will be re-dated with the date the item was opened and shall be used by the safe food storage guidelines or by the manufacturer's expiration date .</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>34821</p> <p>Based on the Center of Medicare and Medicaid Services (CMS) Payroll Based Journal (PBJ) Staffing Data Report (for October 1st to December 31, 2024) review, facility staffing assignments review and staff interview, the facility failed to submit accurate agency staffing data for the PBJ Staffing Data Report. The facility reported a census of 66 residents.</p> <p>Findings include:</p> <p>The PBJ reported for the first fiscal year (FY) 2025, triggered for Excessively Low Weekend Staffing.</p> <p>The Daily Nursing Staffing Schedule for 9/2024, showed a consistent number of staff from the week and the weekends.</p> <p>The Daily Nursing Staffing Schedule for 10/2024, showed a consistent number of staff from the week and the weekends.</p> <p>The Daily Nursing Staffing Schedule for 12/2024, showed a consistent number of staff from the week and the weekends.</p> <p>Review of the Audit for PBJ 10/2024 through 12/31/2024, revealed 20 agency staff not submitted to the BPJ.</p> <p>On 3/19/25 at 3:43 PM, the Administrator reported the data submission for the PBJ and staffing reports were completed by the corporate office.</p> <p>On 03/20/2025 at 8:45 AM, the Administrator revealed she identified twenty nursing staff from agencies that were not included in the PBJ data.</p> <p>On 3/20/25 at 11:52 AM, the Administrator reported the facility failed to use a policy or procedure for the PBJ process.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44512</p> <p>Based on observation, record review and staff interviews, the facility failed to utilize proper infection control methods during the change of a resident's colostomy bag/wafer (Resident #2) for one of one residents reviewed with a colostomy and during wound care for one of three residents reviewed for wound care (Resident #37) and failed to initiate and follow precautions for one of four residents reviewed for Enhanced Barrier Precautions (Resident #121). The facility reported a census of 66 residents.</p> <p>1. The Minimum Data Set (MDS) dated [DATE] for Resident #2 revealed a diagnosis of paraplegia identified a colostomy. The Brief Interview for Mental Status (BIMS) score was 15 that suggested an intact cognition.</p> <p>The Care Plan for Resident #2 directed staff to utilize Enhanced Barrier Precautions (EBP) by wearing a gown and gloves while performing high-contact care activities such as colostomy care due to colonized multidrug-resistant organism (MDRO).</p> <p>A Physician Order, dated 1/19/25 for Resident #2 revealed a colostomy bag and to change the pouch twice a week and as needed (PRN).</p> <p>The General Progress Note, dated 3/14/25 for Resident #2 revealed the resident was noted to have a right abdomen urostomy patient with clear colored urine and noted to have on the left side, a colostomy with brown, semi soft stool.</p> <p>During an interview on 3/17/25 at 1:32 PM, Resident #2 stated the colostomy bag had come off and the nurse was to change it.</p> <p>During an observation on 3/17/25 at 3:02 PM, Staff K Licensed Practical Nurse (LPN) entered Resident #2's room and put on personal protective equipment (PPE), a gown and gloves, and proceeded to gather supplies out of the resident's bed side stand to change his colostomy wafer and bag. Staff K removed the towel covering the colostomy to Resident #2's left abdomen. The previous colostomy wafer was partially pulled away for the resident's stoma (an artificial surgical opening into the body for the purpose of waste removal or drainage) and a small amount of soft bowel movement was coming out. Staff K removed the old wafer and bag and placed in the trash, then pulled wipes from a bag to wipe away the bowel movement. Staff K removed the gloves and put new gloves on then proceeded to place a new wafer on. Staff K then proceeded to replace the urostomy bag (surgical opening to the divert urine from the kidneys to an external bag). Staff K failed to hand hygiene before putting on the PPE, after changing gloves during the procedure, or after securing the colostomy bag and adherence of the oostomy bag.</p> <p>A document titled Treatment Administration Record dated March 2025 for Resident #2 revealed the colostomy bag was marked as changed on 3/17/25.</p> <p>During an interview on 3/17/25 at 4:02 PM, The Director of Nursing (DON) stated his expectation was that the nurse would perform hand hygiene before, during and after procedures such as colostomy cares.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>25855</p> <p>2. The Minimum Data Set (MDS) dated [DATE] identified Resident #37 as cognitively intact with a BIMS (Brief Interview for Mental Status) of 14 and had the following diagnoses: neurogenic bladder (lose of bladder control due to nerve damage), septicemia (blood infection), and urinary tract infection. The MDS also identified Resident #121 had an indwelling urinary catheter.</p> <p>Review of Resident #37 Order Summary Report, dated 3/16/25 revealed an order for Gentamycin Sulfate External Ointment 0.1% (Gentamicin Sulfate (Topical)). Apply to left ischium topically every day and evening shift for Ischial Wound Cleanse with NS (normal saline), paint peri-wound betadine, apply gentamicin to wound bed, cover with alginate AG, cover with gauze dressing, secure with tape. Start Date 1/9/25.</p> <p>During an observation of wound care on 3/17/25 at 1:56 PM, Staff A, Registered Nurse (RN) cleansed the wound to the left ischium, and dabbed with gauze. Without completing hand hygiene or changing gloves, Staff A then used a betadine swab to paint the wound. Staff A then open a package of cotton applicators, and without completing hand hygiene or changing gloves applied gentamicin ointment to the applicator and applied to wound.</p> <p>During an interview on 3/18/25 at Staff A, RN stated when performing wound care she would complete hand hygiene and change gloves in between cleaning the wound bed and applying treatments. Staff A stated she did not do this during the wound care observation on 3/17/25 with Resident #37.</p> <p>During an interview on 3/18/25 at 3:46 PM, the Director of Nursing (DON) stated completing wound care he would expect nursing staff to complete hand hygiene and change gloves when going from cleansing wound and then applying the prescribed treatment, or when going between two different wounds.</p> <p>A review of the facility policy titled: Dressing Change, reviewed November 2023, included a Procedure, which directed, to complete hand hygiene and apply (or change) gloves after: setting up area with supplies and assisting resident to a comfortable position, removing soiled dressing, preparing dressing if needs to be cut to use, after cleaning wound, and after completing the treatment.</p> <p>3. Review of the Admission Record for Resident #121 revealed an admitted [DATE].</p> <p>Review of the Medical Conditions listed on the March 2025 Medication Administration Record included, in part: type 2 diabetes mellitus, benign prostatic hyperplasia (BPH, meaning an enlarged prostate), and obstructive and reflux uropathy (blockage of urinary tract that hinders urine flow).</p> <p>Review of the Care Plan, Date Initiated: 3/7/25 revealed a Focus area to address Resident requires use of a (indwelling, catheter related to BPH w/Obstructive Uropathy. Intervention included, in part: Endure dignity bag remains in place, monitor tubing for kinks and leaks and ensure tubing remains off the floor. Date Initiated: 3/7/25.</p> <p>During an observation on 3/16/25 at 7:30 AM, a lack of a sign on door or within the room to indicate the need for Enhanced Barrier Precautions noted. Gloves noted to be available in the room. Lack of protective gowns outside or inside room noted.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 3/17/25 at 7:43 AM Staff B, Certified Nursing Assistant (CNA) and Staff C, CNA entered Resident #121 with mechanical lift to transfer the resident from his bed to his wheelchair. Neither staff donned a gown prior transferring the resident.</p> <p>During an observation on 3/16/25 at 2:07 PM, Staff D, CNA entered Resident #121 room. Staff D completed hand hygiene and donned gloves prior to emptying Resident #121 urinary catheter bag. Staff D did not don a gown prior to emptying the bag.</p> <p>During an interview on 3/18/25 at 10:10 AM, Staff D, CNA stated that Enhanced Barrier Precautions (EBP) should be in place for anyone who has catheters. She stated EBP required the use of gown and gloves when providing care. Staff D stated no on reported to her that</p> <p>Resident #121 would require gowns and gloves for cares.</p> <p>During an interview on 3/18/25 at 3:46 PM, the Director of Nursing stated EBP should be used for any resident that has a direct line for infection, such as larger wounds, intravenous access, and catheters. He stated should be aware of the need for EBP if they saw a blue caddy on the door with PPE and a sign.</p> <p>A review of the facility policy titled: Enhanced Barrier Precautions, last reviewed March 2024 included a Purpose statement, which declared: To minimize risk of transmission of novel or targeted Multi-Drug Resistant Organisms (MDROs) during high contact resident care activities for residents requiring enhanced barrier precautions (EBP). Procedure directed:</p> <p>1. EBP will be used in conjunction with standard precautions for residents with any of the following (if/when Contact Precaution requirements are not in place):</p> <p>a. Infection or colonization with a CDC-targeted MDRO when contact precautions do not otherwise apply;</p> <p>b. Wounds and/or indwelling medical devices (even if the resident is not known to be infected or colonized with a targeted MDRO).</p> <p>NOTE: Wounds generally include chronic wounds including but not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers. This would not include shorter-lasting wounds, such as skin breaks/tears covered with an adhesive bandage or similar dressing.</p> <p>NOTE: Indwelling medical devices include: central lines/PICC, urinary catheters, feeding tubes, tracheostomy/ventilator (a peripheral intravenous line would not be considered indwelling device for purpose of EBP).</p>		