STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165280	A. Building B. Wing	01/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bettendorf Health Care Center	2730 Crow Creek Road Bettendorf, IA 52722

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide care and assistance to perform activities of daily living for any resident who is unable.

NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY 26529

Based on clinical record review, facility policy review, and resident and staff interviews, the facility failed to provide resident baths/showers twice weekly or as directed by resident preference for 4 of 5 residents (Resident's #2, #3, #4 and #5) reviewed in the sample. The facility reported a census of 66 residents.

Findings include:

1. The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #2 scored 15 out of 15 on the Brief Interview for Mental Status (BIMS) cognitive assessment, which indicated intact cognition. The MDS diagnoses listed included morbid obesity, depression, and wound infection. The MDS indicated Resident #2 required substantial staff support for bathing.

The Care Plan, initiated on 7/10/23, included a Focus area to address ADL (activity of daily living, meaning showers, toothbrushing, etc.) self-care performance deficit Impaired balance, Limited Mobility. The Focus area included I may refuse baths at times. Please offer me a bed bath if I refuse a bath. Interventions, initiated on 7/10/23, included, in part:

a. Bathing/Showering: Offer Bathing/Showering twice weekly and as necessary .

b. Bathing/Showering: Provide sponge bath when a full bath or shower cannot be tolerated .

During an interview on 1/23/25 at 10:40 a.m., Resident #2 stated he refused a shower on a Monday, over a week ago because he didn't feel well. He stated, otherwise he had not refused baths or showers, and had not been offered another bath or shower since that time. The resident stated there for a while, the shower situation had gotten better, but worse again during the last couple of weeks.

A review of the facility Shower Book on 1/12/25, revealed the Resident #2 refused a shower on 1/2/25, and no other documentation of completed showers or baths or refusals.

2. The MDS assessment dated [DATE] revealed Resident #3 scored 15 out of 15 on the BIMS which indicated intact cognition. The MDS indicated Resident #3 required moderate staff support for bathing. The MDS listed diagnoses included: chronic obstructive pulmonary disease (COPD), generalized muscle weakness, and morbid obesity.

(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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165280	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/23/2025
NAME OF PROVIDER OR SUPPLIER: Bettendorf Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 2730 Crow Creek Road Bettendorf, IA 52722	

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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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The Care Plan, initiated on 1/31/23, included a Focus area to address ADL self-care performance deficit Activity Intolerance. Interventions revised on 12/12/24, included, in part: a. Resident has refusal of bathing/showering cares b. Resident has voiced that she will only take a shower weekly and will wash self in room as needed. During an interview on 1/23/25 at 7:22 a.m., Resident #3 stated the last shower she received was 1 week ago on 1/16/24 [Thursday] and preferred to be showered 1 time a week,. Prior to 1/16/25 she had not had a shower for 5 weeks, she said something about it to therapy staff, thought they alerted nursing management and that was why she was offered a shower last Thursday. When reviewed on 1/12/25, the facility's Shower Book revealed no documentation of any showers or baths completed for the resident. 3. The MDS assessment dated [DATE] revealed Resident #4 scored 15 out of 15 on the BIMS cognitive assessment, which indicated intact cognition. The MDS diagnoses listed included: muscular dystrophy, weakness and type 2 diabetes. The MDS indicated Resident #4 required substantial staff support for bathing. The Care Plan, initiated on 5/10/24, included a Focus area to address ADL self-care performance deficit. Interventions, initiated on 5/10/24 included, in part: a. Bathing/Showering: 2 Assist - includes Transfer to/from shower chair/whirlpool. b. ADL - Bathing 2x/week and as needed. During an interview on 1/22/24 at 10:52 a.m., Resident #4 stated he couldn't remember exactly the last time he had a bath or shower, but thought it was around Christmas time, and knew he had not had a bath or shower since he returned from the hospital. Record review revealed the resident hospitalized from 1/10/25 to 1/15/25 when he returned to the facility. When reviewed on 1/12/25, the facility's Shower Book revealed the resident hospitalized on [DATE], and no documentation of any showers or baths completed for the resident. 4. The MDS dated [DATE] revealed Resident #5 scored 15 out of 15 on the BIMS cognitive assessment, which indicated intact cognition. The MDS listed diagnoses include: immobility syndrome, type 2 diabetes, chronic obstructive pulmonary disease. The MDS indicated Resident #5 required substantial staff support for bathing. The Care Plan, initiated on 4/19/21 included a Focus area to address ADL self-care performance deficit. Interventions included, in part: a. ADL bathing on Wednesdays and Saturdays, 2nd shift and as needed, initiated 5/30/21. (continued on next page)

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	165280	A. Building B. Wing	01/23/2025

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	b. Prefers a bed bath, initiated 11/20/23. c. Provide a sponge bath when a full bath or shower cannot be completed, initiated 12/1/23. During an interview on 1/23/25 at 10:18 a.m., Resident #5 stated she was supposed to get bed baths twice a week on Wednesday and Saturday, usually received them 1 time a week on Wednesday, her last bed bath was on 1/22/25, she seldom received her baths on Saturdays and preferred to have bed baths twice weekly, and it had been several years since she had a shower. When reviewed on 1/12/25, the facility's Shower Book revealed the resident had a bed bath on 1/8/25, and a shower on 1/11/25. During an interview on 1/23/25 at 10:21 a.m., Staff C, Assistant Director of Nursing (ADON) stated she monitored the Certified Nursing Assistants (CNA's) completion of assigned showers, and changed the daily staff assignment sheet to include names of the residents that were scheduled for a bath/shower, and the staff assigned to complete the activity, the change was put into place today. A review of the facility policy, last reviewed on 7/21/22, titled ADL Care Bathing Policy revealed a Policy statement: Nursing staff will assist in bathing Residents to promote cleanliness and dignity. The Charge Nurse will be made aware of Residents who refuse bathing.

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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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26529 Based on observation, clinical record review, resident and staff interviews, the facility failed to answer call lights within 15 minutes, with an observation of a staff response time of 32 minutes. The facility reported a census of 66 residents. Findings include: 1. The Minimum Data Set (MDS) assessment dated [DATE] revealed Resident #2 scored 15 out of 15 on the Brief Interview for Mental Status (BIMS) cognitive assessment, which indicated intact cognition. The MDS diagnoses listed included morbid obesity, depression, and wound infection. The MDS indicated Resident #2 required substantial staff to change positions in bed, transfer to and from bed and chair, dressing toileting and bathing. During an interview on 1/23/25 at 10:40 a.m., Resident #2 stated he used his call light at least 3 or 4 times a day, and staff response times were usually 45 minutes or longer, it didn't matter what time of day or what day of the week. 2. The Daily Assignment Schedule for the Day Shift on 1/14/25 revealed Staff G, Certified Nursing Assistant (CNA), was the CNA assigned to the North Hall. When a call light is activated, a box in the hallway outside of a resident room will illuminate. The call light board by the Nurse's Station will also activate with an illuminated indicator by resident room numbers. A continuous observation on 1/14/25 from 9:54 a.m. to 10:27 a.m. revealed: a. At 9:54 a.m., observed a call light activated by Resident #9 on the North Hall. Resident #9 a resident on the North Hall. Staff D, Registered Nurse (RN), stood at a medication cart for the North Hall, positioned near the Nurse's Station. Staff E, Certified Nursing Assistant (CNA), and Staff F, CNA sat at the Nurses Station. The indicator for the residents who activated illuminated by the resident's room number on the call light board at the Nurse's Station. b. At 9:59 a.m., Resident #9 call light remained activated. Staff E, CNA and Staff F, CNA seated at the Nurses Station. The MDS, dated [DATE], indicated Resident #9 had a BIMS score of 11 out of 15, which indicated a mild cognitive impairment. The diagnoses listed included: chronic obstructive pulmonary disease, psychotic disorder, and non-Alzheimer's dementia. The MDS indicated Resident #9 required assist of one for transfers for chair/bed-to chair, to get on/off toilet, toilet hygiene and mobility. (continued on next page)

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	c. At 10:02 a.m., Resident #9 call light remained activated. Staff D, RN at the medication cart near the Nurse's Station preparing medications. Staff E, CNA and Staff F, CNA seated at the Nurses Station. d. At 10:09 a.m., Resident #9 call light remained activated. Staff E, CNA and Staff F, CNA seated at the Nurses Station. e. At 10:14 a.m., Resident #9 call light remained activated. Staff E, CNA and Staff F, CNA seated at the Nurses Station. f. At 10:19 a.m., Resident #9 call light remained activated. Staff E, CNA and Staff F, CNA seated at the Nurses Station. g. At 10:21 a.m., Resident #9 call light remained activated. Staff D positioned at the medication cart by the Nurses Station. Staff E, CNA and Staff F, CNA seated at the Nurses Station. At 10:21 a.m., 2 call lights activated on the East hall. h. At 10:25 a.m., Resident #9 call light remained activated on the North Hall, and the 2 on the East Hall remained activated. During an interview, Staff D stated Staff G, CNA assigned to the North Hall was on a break. Staff E, CNA observed leaving Nurses Station to go to the East Hall. Staff F, CNA remained at the Nurses Station. i. At 10:26 a.m., Resident #9 call light remained activated. Staff D, RN observed knocking on Resident #9 door and entered the room. The call light turned off and Staff D exited the room at 10:27 a.m. During an interview, Staff D stated Resident #9 requested he be changed as he had been incontinent. Staff D left the room door partially open and went back to her medication cart positioned near the Nurse's Station j. At 10:29 a.m., the door to Resident #9 door remained partially opened and no staff had entered the room. k. At 10:31 a.m., staff entered Resident #9's room and closed the door. From the start of the observation until the time staff entered the resident room [ROOM NUMBER] minutes elapsed. During an interview on 1/14/25 at 11:50 a.m., the Director of Nursing (DON) and the Interim Administrator were asked who answers call lights when the assigned CAN is on break or is assisting with a meal service. The DON stated the nurse, another CNA or any staff in the hallway should answer a call light. The Interim Administrator agreed with the DON. The DON stated staff were expected to answer activated resident call lights in a timely manner.

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 26529 Based on observation, record review, and staff interviews, the facility failed to maintain 3 of 3 Shower Rooms in a functional and sanitary manner. The facility reported a census of 66 residents. Findings include: Observations on 1/12/25 revealed: At 2:12 p.m., the East Hall Shower Room with tiled shower stall that measured approximately 6 feet long by 4 feet wide, with 2 inch square tiles on the floor. Four floor tiles were missing in the shape of a square near the entrance to the stall, 8 floor tiles were missing by the drain in the shape of an L, and 2 floor tiles were missing in a rectangular shape at the rear of the shower stall. The grout between the floor tiles appeared dirty, a dark gray color, and the grout along the floor/wall junction of the left and rear walls with a thick black residue. At 3:03 p.m., the [NAME] Hall Shower Room with tiled shower stall that measured approximately 6 feet long by 4 feet wide, with 2 inch square tiles on the floor that had a dark gray colored build up of residue on the grout between the tiles. The space at the junction between the floor tiles and the left wall had what appeared as caulk that was once white, very dirty in appearance and with orange colored calcium or similar build up that was also present at the floor/wall junction at the rear of the shower stall, and also present from the rear corner to approximately 8 inches of the right wall. The discoloration and build-up was also present on the wall from the floor up to approximately 8 inches high at the 2 rear corners of the stall. At 3:07 p.m., the North Hall Shower Room with tiled shower stall that measured approximately 6 feet long by 4 feet wide, with 2 inch square tiles on the floor, and 6 inch wide by 8 inch high tiles along the wall. The grout between the floor tiles had a dark gray dirty appearance, heavier and black colored in some areas, the area between the floor and right wall appeared to have what was at one time white [NAME], now had several areas of dark gray residue build-up, and a white colored 4 inch high rubber wall base along the right wall had a black colored build up located at the top of it along the front 4 inches of the stall. The wall tiles along the bottom of the wall at the rear and left side of the stall were cut to approximately 3 inches high by 6 inches wide, 3 consecutive tiles were not on the wall at the rear of the stall and laid on the floor, and revealed an exposed crumbling structure that had both black and light colored areas. Six of the wall tiles along the wall/floor junction at the rear of the stall had a thick black residue buildup, and the remaining left wall tiles along the floor either had some black residue, or build up of black residue in the grout areas, or both. The black residue was also present on the floor along the left wall, and measured from 1/2 inch to 1 inches wide. During an interview on 1/12/25 at 2:19 p.m., Staff A, Certified Nursing Assistant (CNA), stated the tiles had been missing from the floor of the East Hall Shower Room for several months, and she thought the Housekeeping Department was responsible for the cleaning required in the Shower Rooms. (continued on next page)

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 1/12/25 at 2:56 p.m., the Interim Administrator stated the previous Administrator said something about tiles missing from the wall by the entrance to the East Hall shower stall. She stated Maintenance Staff were supposed to be working on that, and she had been unaware of the missing floor tiles and condition of the grout/build-up of dark gray residue. After the observation of [NAME] Hall Shower Room on 1/12/25 at 3:03 p.m., the Interim Administrator stated she thought Housekeeping cleaned the tile floor in the Shower Rooms but she would check with Maintenance Staff as far as cleaning the grout and who was responsible for that. During an observation on 1/14/25 at 10:10 a.m., a sign posted on the East Hall Shower Room door stated the room closed for repairs. Repairs observed included: all tiles on the floor of the shower stall replaced, the grout between the floor tiles cleaner, and the black colored residue along the edge of the wall in the stall also appeared much lighter in color and amount. During an observation on 1/14/25 at 10:13 a.m., a sign posted on the North Hall Shower Room door the room was closed for repairs. Repairs observed included: new white colored [NAME] applied to the floor/wall junction along the right wall and the black colored area above the wall base had been removed, a new piece of white rubber wall base approximately 4 inches high had been applied to the rear and left walls of the shower stall, and white [NAME] applied to the floor edge along the wall base. The grout of the shower stall floor appeared cleaner. The black colored areas along the left wall had been removed or covered by the rubber wall base. During an observation on 1/23/25 at 9:41 a.m, the floor grout and lower wall area of the [NAME] Hall Shower Room had been cleaned, with the orange discoloration removed; and the floor gout now a light gray color and previously observed build up removed. During an interview on 1/14/25 at 10:19 a.m., the Interim Administrator stated the repairs to the 3 Shower Rooms had been made the day of the initial observation [1/12/25]. She stated staff could use the Shower Rooms that day once the grout had dried, and able to complete the repairs due to a re-prioritization of needs within the facility. A review of the facility policy, reviewed on 4/28/22, titled Safe Homelike Environment included the following Policy statement: In accordance with residents' rights, the facility will provide a safe, clean, comfortable and homelike environment, allowing the resident to use his or her belongings to the extent possible. This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. The Procedure section directed staff, in part: 3. Housekeeping and maintenance services will be provided as necessary to maintain a sanitary, orderly and comfortable environment.