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	02/16/2026

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review, facility policy review, consulting pharmacy staff interviews and staff interviews, the facility failed to complete disposition of medications by destruction in the facility or return to the pharmacy upon a resident death, resident discharge or change in medication regime for 3 of 4 residents (Resident #6, Resident #7, and Resident #9) reviewed. The facility reported a census of 54 residents. Findings include: Review of a Facility Self-Reported incident, dated [DATE], revealed the facility received an anonymous call placed to their corporate compliance office regarding an alleged theft of resident medications. The facility Five Day Follow-up Investigation determined the facility was unable to determine staff accused of theft removed narcotics, insulin or a blood sugar monitoring device from the facility for her personal or family use. The facility did identify concerns related to facility practices regarding the destruction of discontinued resident medications. Review of the facility consulting providers revealed Pharmacy A discontinued services at the facility on [DATE], and Pharmacy B started on [DATE]. During an observation on [DATE] at 11:52 AM, resident medications dispensed via blister-pack cards. Each card held up to 30 doses, and each individual blister sealed with foil. All medications stored in one of three locked medication carts, with narcotic medications stored in a separate compartment under a double lock system. Other medications stored in a locked medication room. During an interview on [DATE] at 3:21 PM, Staff B, former Assistant Director of Nursing (ADON), explained when a resident is discharged or the resident had a medication change, Staff A, the former Director of Nursing (DON) put the medications in an unlocked cupboard in the DON office. Staff B stated this had been the practice for 2 to 3 years. Staff B stated there had been at least 30 medications in the cupboard. Staff B stated Staff A had said they may as well keep them since they wouldn't get any credit from the pharmacy when returned. Staff B stated Staff A gave the medications to staff when they didn't have insurance, and talked about helping a family member with the medications. Staff B stated she had not seen Staff A take the medications out of the facility. Staff B stated when Staff A was on vacation in December, 2025, Staff B destroyed all the medications stored in the cupboard with Staff L, LPN. Staff B stated when Staff A returned from vacation, she was angry the medications were destroyed. Staff B stated Staff A also kept discontinued narcotics in the top left drawer of the DON desk, which had been kept locked. Staff B stated there was no count of those narcotics, and she thought only Staff A had the key to her desk. However, Staff B explained when Staff A was on vacation the Human Resources (HR) Manager needed documentation regarding employee discipline and used his key to unlock the desk and found the narcotics stored in the desk. Staff B stated she and the HR Manager informed the Administrator of the narcotics in Staff A's desk. During an interview on [DATE] at 1:28 PM, Staff H, LPN, stated some narcotics were kept in the left-hand drawer of the DON's desk, and discontinued resident medications were kept in a cupboard behind the DON's. Staff H stated she is not sure why the discontinued medications (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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