

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 08/15/2024
NAME OF PROVIDER OR SUPPLIER Bettendorf Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37072</p> <p>Based on observation, staff interview and clinical record review the facility failed to provide adequate nail care for 1 out of 3 residents reviewed for activities of daily living (Resident # 51). The facility reported a census of 61 residents.</p> <p>Findings include:</p> <p>The Minimum Data Sheet (MDS) dated [DATE] for resident #51 documented the presence of short and long-term memory impairment. The MDS revealed Resident #51 moderately impaired decision making. The MDS indicated the resident required substantial to maximum staff assistance for bathing and hygiene. It documented diagnoses including non-Alzheimer's dementia and anxiety disorder.</p> <p>The Care Plan, Intervention, dated 6/21/24, directed staff to offer bathing/showering twice weekly and as necessary. Check nail length and trim and clean on bath day and as necessary. Report any changes to the nurse.</p> <p>During an observation on 08/12/24 at 11:27 AM Resident #51 sitting in wheelchair, toenails on both feet noted long, thick, and yellow in color curled over the top of the toes. The family stated they have asked at least twice to have something done with them and nothing has been done since he was admitted .</p> <p>A review of the clinical record revealed Resident #51 admitted on [DATE].</p> <p>During an interview on 08/15/24 at 12:24 PM, Staff M, Registered Nurse (RN) stated the Certified Nursing Assistants (CNA) are responsible for cutting toenails. If the resident is diabetic the the nurses are responsible the aides should let the nurses know and if need to will get a podiatrist appointment. They have a podiatrist who comes to the facility and will get the resident put on a list if they need to see the podiatrist. Staff M stated I will put it on the communications so the department head is aware. No one has reported to me he has long toenails. I don't know if he is on the list or not.</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
---	-------	-----------

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 08/15/2024
NAME OF PROVIDER OR SUPPLIER Bettendorf Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 08/15/24 at 12:33 PM the Director of Nursing (DON) stated our podiatrist retired and corporate is working on a contract with a new podiatrist. The DON stated she believed it has been since March or April since a podiatrist has been in the facility. If a resident is not diabetic a certified nurse aide can cut the toenails and if they are diabetic then a nurse can cut them. The DON stated she expected staff to check toenails during showers and cut them if needed and if unable they should let the nurse know and she can cut them or add them to the podiatrist list.</p> <p>The facility provided a policy titled Activities Daily Living Care Bathing with a reviewed date of 7/21/22 the policy failed to address toenails as part of the bath.</p>		

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 08/15/2024
NAME OF PROVIDER OR SUPPLIER Bettendorf Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>50874</p> <p>Based on observation, clinical record review, and staff interview the facility failed to follow a physician order to ensure a resident ate meals in a safe manner for 1 of 1 residents reviewed (Resident #38). The facility reported a census of 61.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) assessment, dated 6/18/24, revealed Resident #38 Brief Interview for Mental Status (BIMS) score as 15 out of 15, indicating intact cognition. The MDS documented Resident #38 required supervision or touching assistance (Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently) for eating. The MDS documented Resident #38 required a mechanically altered diet (requiring a change in texture) of foods or liquids. The MDS documented Resident #38 with a swallowing disorder where coughing, choking during meals or when swallowing medications could occur. The MDS listed diagnoses of cerebrovascular accident (CVA), seizure disorder and dysphagia.</p> <p>The Care Plan initiated on 8/29/23 identified Resident #38 documented Resident #38 with a nutritional problem related to CVA requiring a mechanically altered diet due to dysphagia. The Care Plan directed staff Resident #38 eats meals in the dining room.</p> <p>The Care Plan directed staff to monitor/document/report as needed (PRN) any signs or symptoms of dysphagia - pocketing, choking, coughing, drooling, holding food in mouth, several attempts at swallowing, refusing to eat or appears concerns with meals. The Care Plan failed to direct staff on supervision when resident eats meals in her room.</p> <p>A review of the Physician Order Summary dated 7/17/24 revealed Resident #38 has an order to be upright in the dining room supervised for meals.</p> <p>During an observation on 8/12/24 at 12:24 PM, Resident #38 sat in a wheelchair while in her room, ate mashed potatoes. There were no staff members in the room.</p> <p>During an observation on 8/13/24 at 7:56 AM, Staff K, Certified Nursing Assistant (CNA) delivered a room tray to Resident #38 while in her room. Staff K left the room, leaving Resident #38 sitting in her bed with the meal tray placed on her over the bed table.</p> <p>During an interview on 8/14/24 at 11:06 AM with Staff J, Licensed Practical Nurse (LPN) reported Resident #38 has an order to eat in the dining room but has Methicillin-resistant Staphylococcus aureus (MRSA- an infection caused by a type of bacteria which becomes resistant to antibiotics, making infections difficult to treat) in her sputum and has been eating in her room. Staff J, LPN reported Resident #38 has a choking risk.</p> <p>During an observation on 8/14/24 at 11:47 AM, Resident #38 sat in a wheelchair, in her room. A meal tray, with beef tips over noodles, sat on the over the bed table in front of the resident. No staff present in the room.</p> <p>(continued on next page)</p>

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 08/15/2024
NAME OF PROVIDER OR SUPPLIER Bettendorf Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/14/24 at 12:35 PM, the Director of Nursing (DON) reported they do not encourage Resident #38 to eat in her room. Resident #38 is on isolation and is eating in her room. Staff H, DON reported when Resident #38 eats in her room, and one CNA is in the room and stays in the room while Resident #38 eats.</p> <p>During an interview on 8/14/24 at 3:47 PM, Resident #38 stated staff do not stay in her room when she is eating her meals. She stated the staff do come in and out, but do not stay.</p> <p>d</p>		

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 08/15/2024
NAME OF PROVIDER OR SUPPLIER Bettendorf Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<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 observation, record review and staff interview, the facility failed to maintain a Foley catheter bag and tubing off the floor for one of two residents (Resident #18), and failed to provide adequate incontinent care to one out of three residents reviewed (Resident # 2). The facility identified a census of 61 residents.</p> <p>Findings include:</p> <p>1. The Minimum Data Set (MDS) dated [DATE] identified Resident #18 as cognitively intact with a BIMS (Brief Interview for Mental Status) of 12 out of 15. The MDS diagnoses list: atrial fibrillation (an abnormal heart rhythm), obstructive uropathy (a condition in which the flow of urine is blocked). The MDS identified Resident #18 with an indwelling urinary catheter. Per the MDS, Resident #18 totally dependent on staff for toileting, lower body dressing; substantial staff assistance with showers, upper body dressing repositioning and transfers.</p> <p>On 7/22/22, the Care Plan identified Resident #18 with a Focus Area related to an indwelling catheter.</p> <p>An observation on 8/12/24 at 12:00 PM, revealed Resident #18 catheter bag lacked a dignity cover while she ate a meal in the dining room.</p> <p>An observation on on 8/12/24 at 1:16 PM, revealed Resident #18 catheter bag touching the floor while she sat in her wheelchair, in the doorway of her room.</p> <p>An observation on 8/13/24 at 5:52 AM, revealed Resident #18 in bed sleeping, with the tubing of the catheter resting on the floor.</p> <p>An observation on 8/14/24 9:14 AM, revealed Resident #18 catheter bag and tubing on the floor while she participated in an activity. After the activity, while self propelling herself to her room the tubing drug on the floor of the hallway.</p> <p>An observation on 8/14/24 9:22 AM, revealed Staff B, CNA in residents room, and left without repositioning the Foley bag and tubing off the floor</p> <p>During an interview on 8/14/24 at 12:48 PM, Staff B, CNA reported the resident's catheter bag should be below the waist, with a dignity cover and the bag and tubing should never be on the floor.</p> <p>During an interview on 8/15/24 at 10:31 AM, the Director of Nursing reported she would expect staff to ensure the Foley was in a dignity bag and to ensure the bag or tubing never touch the floor.</p> <p>The facility policy titled: Catheter Care dated as last reviewed 7/13/22 failed to address the need to keep the Foley bag and tubing off the floor at all times.</p> <p>37072</p> <p>(continued on next page)</p>		

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 08/15/2024
NAME OF PROVIDER OR SUPPLIER Bettendorf Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0690</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>2. The Minimum Data Sheet (MDS) dated [DATE] for Resident #2 documented the Basic Interview for Mental Status (BIMS) score of 9 which indicates severe cognitive impairment. The MDS indicated the resident required substantial to maximum staff assistance for toileting, bathing and hygiene. It documented diagnoses including aphasia (difficulty speaking) and cerebral vascular accident.</p> <p>The Care Plan had an intervention dated 9/26/23 to direct staff to provide extensive assist of one with toileting incontinent of bladder.</p> <p>During an observation on 08/14/24 at 8:24 AM Staff I, Certified Nursing Assistant (CNA) provided care to Resident # 2. Staff I stated the depend is wet. The staff assisted Resident #2 to remove soiled depend and put new depend on.</p> <p>Staff I washed her hands and put on gloves. The staff offered for Resident #2 to wipe herself, the resident unable to understand. Staff I assisted Resident # 2 to stand up and wiped front to back from behind with disposable wipe. She then used a second wipe to buttocks in a circular motion. Staff I cleaned up the bathroom. The staff did not cleanse the perineal area, abdominal folds, or hips. Staff I, CNA stated only one staff for this hall today and we have multiple mechanical lifts we are not able to provide good care to the residents.</p> <p>During an interview on 08/15/24 at 12:26 PM, Staff M, Registered Nurse (RN) state the CNA should provide incontinent cares. They should cleanse the peri areas and their bottoms and anywhere the urine may have touched. They do have disposable wipes and they also have washcloths with soap and water to complete incontinent cares.</p> <p>On 08/15/24 at 12:30 PM the Director of Nursing (DON) stated she would expect the staff to provide incontinent cares anytime a resident is incontinent they should clean the area with washcloth and soap and water, or the disposable wash cloths. They should wipe front to back and cleanse the abdominal folds the groin, perineal area and the buttocks.</p> <p>The facility provided a policy titled Incontinent Care with last reviewed date 7/21/22 which directed staff to cleanse perineal area with a perineal cleanser. It directed for females: separate labia, cleanse one side and then the other, cleanse center of the labia wiping towards the rectal area. Cleanse perineal area from front to back. Cleanse thighs, rectal area and buttocks.</p>

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 08/15/2024
NAME OF PROVIDER OR SUPPLIER Bettendorf Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50874</p> <p>Based on observation, clinical record review, resident, and staff interviews the facility failed to provide on going assessments and monitoring of a resident condition before and after dialysis treatments for 1 of 1 residents (Resident #38) who receive Dialysis services. Facility reported a census of 61 residents.</p> <p>Findings include:</p> <p>1. Resident #38 Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15 out of 15, indicating intact cognition. The MDS identified Resident #38 receives dialysis services. The MDS listed diagnoses of renal insufficiency, renal failure and end stage renal disease (ESRD).</p> <p>The Care Plan initiated on 8/29/23 identified Resident #38 receives hemodialysis on Monday, Wednesday and Friday, with the goal that the resident will have immediate intervention should any signs or symptoms of complications from dialysis occur through the review date. The Care Plan lacked an intervention to direct staff to assess resident condition before and after dialysis treatment.</p> <p>During an interview on 8/12/24 at 12:24 PM, Resident #38 reported the nurse assesses her condition prior to leaving the facility for dialysis services and documents the assessment on a communication form that is provided to the dialysis center.</p> <p>During an interview on 8/13/24 at 2:28 PM, Staff G, Registered Nurse (RN) reported that she received training to monitor the port site and assess for redness, draining and swelling before and after a resident receives dialysis services. Staff G, RN reported she assesses prior to and after resident received dialysis services. The assessment is documented within the nurse progress notes of the electronic health record.</p> <p>During an interview on 8/14/24 at 12:35 PM, the Director of Nursing (DON) reported training on port care and documentation is provided through the new hire orientation process, completion of new hire checklist and through monthly in-service training. The DON reported that a dialysis communication form is completed by the facility nurse which documents the resident assessment of the port, vitals, weight, medication changes, covid status, cognitive status any changes in medication and any changes in medical condition. The resident vitals are recorded in the electronic health record under the vitals tab. The DON reported upon return from Dialysis services no assessment of the resident condition is completed.</p> <p>A record review of the Nurse Progress notes for the prior month revealed one entry dated on 7/29/24 related to assessment of Resident #38 after returning from Dialysis services. The vitals section of the electronic health record documented 8 entries from 07/01/24 to 08/14/24.</p> <p>Review of facility Dialysis Communication and Transfer failed to include an assessment of resident upon return from dialysis services.</p>		

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 08/15/2024
NAME OF PROVIDER OR SUPPLIER Bettendorf Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0808</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure therapeutic diets are prescribed by the attending physician and may be delegated to a registered or licensed dietitian, to the extent allowed by State law.</p> <p>37072</p> <p>Based on observation, staff interviews and record review the facility failed to properly puree food to a physician ordered texture for 2 out of 2 residents reviewed on a pureed diet. (Resident # 13 and Resident #39). The facility reported a census of 61 residents.</p> <p>Findings include:</p> <p>During an observation on 08/12/24 at 12:10 PM, food served in the main dining room of pork loin, baked potato and broccoli. There was 2 residents being assisted to eat and were served mashed potatoes, ground meat and pureed broccoli.</p> <p>During an interview on 08/12/24 at 12:17 PM, the Dietary Manager stated stated the pureed meat should be a soft texture and it should stay on the spoon. The vegetable pureed and it should be like pudding and the meat should be thick but smooth. Surveyor asked her to look at the meat on Resident #39 & Resident #13 plate and she stated the meat being served is thick and more like ground meat. It should be smooth. The State Agency intervened and asked her to remove plates from residents Resident # 39 & Resident # 13.</p> <p>During an interview on 08/12/24 at 12:21 PM Staff A, Certified Nursing Assistant (CNA) stated we have made several complaints to the administrator about the kitchen and nothing has been done.</p> <p>During an interview on 08/12/24 at 12:43 PM, the Dietary manager returned with two plates of food with pureed meat with gravy on it and pureed vegetable. The appearance was smooth and no visible lumps or chunks in the food the plate also had mashed potatoes on it. The residents had already been removed from the dining room by staff and been taken to their rooms.</p> <p>Review of Resident #13 Physician Order report summary, dated 12/20/22, revealed a diet order of no added salt diet, pureed texture, thin consistency.</p> <p>Review of Resident #39 Physician Order report summary, dated 7/23/24, revealed a diet order of pureed texture, honey consistency, related to dysphagia (swallowing difficulties).</p> <p>The facility policy, dated 10/4/14, titled Pureed Food Guidelines directed staff to ensure residents that are on pureed diet receive food that is prepared in an acceptable manner to enhance tolerance and intake and provide consistency of preparation. The policy directed staff to blend mixture to a smooth consistency and add thickener as needed for a pudding consistency.</p>		

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 08/15/2024
NAME OF PROVIDER OR SUPPLIER Bettendorf Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0865</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Have a plan that describes the process for conducting QAPI and QAA activities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48374</p> <p>Based on the Centers for Medicare and Medicaid Services (CMS) Certification and Survey Provider Enhanced Reporting system ([NAME]), review of the facility Quality Assurance Performance Improvement (QAPI) Plan and staff interview the facility failed to ensure effective measures had been taken to effectively correct deficiencies without repeated citation. The facility reported a census of 61 residents.</p> <p>Findings include:</p> <p>The Centers for Medicare and Medicaid Services (CMS) CASPER reports revealed the following deficiencies had been cited as follows:</p> <ul style="list-style-type: none"> a. F677 Activities of Daily Living in 2022, 2023 b. F689 Free of Accident Hazards/Supervision/Devices in 2023 c. F690 Bowel/Bladder Incontinence, Catheter in 2023 d. F725 Sufficient Nursing Staff in 2020, 2022,2023 e. F865 QAPI Program/Plan, Disclosure/Good Faith Attempt in 2023 <p>All of the above deficiencies are cited in Recertification Survey with an exit date of 8/15/24.</p> <p>During an interview on 08/15/2024 at 1:13 PM, the Administrator reported concerns are brought to the QA Committee through data from numerous sources including input from employees, residents, families, audits and grievances. This information is shared and discussed during morning management meetings and referred to the QAPI committee when a problem is identified. The Administer advised there are monthly QAPI meetings, with the Medical Director and Pharmacist participating in the Quarterly meetings as required. Once a problem is identified, the committee utilizes various methods to help identify the root cause of the problem. As corrective actions are taken, the committee continues to collect and analyze data to determine the effectiveness of any changes. Some current and ongoing projects are falls, showering, and employee retention.</p> <p>A review of the facility QAPI Plan dated 8/20/2020 documented the following:</p> <p>The QAPI Committee will implement and systematically evaluate programs and processes to identified problems in order to proactively improve health care delivery.</p> <p>PURPOSE:</p> <p>1. Identify how Quality Assurance (QA) & Process Improvement activities will be incorporated into the operations of the organization so that all team members recognize the value of participating in activities that improve Resident Care & Quality of Life.</p> <p>(continued on next page)</p>		

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 08/15/2024
NAME OF PROVIDER OR SUPPLIER Bettendorf Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0865</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>2. Create Systems to provide Care & achieve compliance with Nursing Home Regulations.</p> <p>3. Strive to Achieve Improvement in specific Benchmarks, i.e. Falls, Wounds, UTI's (Urinary Tract Infection).</p> <p>4. Utilize data obtained from a variety of sources to identify Quality problems or opportunities for improvement and set priorities for resolution.</p> <p>5. Performance Improvement is a proactive and continuous study of processes with the intent to prevent or decrease the likelihood of problems by identifying areas of opportunity and implementing new approaches to resolve systemic problems.</p> <p>6. Performance Improvement projects may be assigned to focus on a problem in one area of the facility or facility wide.</p> <p>7. Perform Root Cause Analysis, Identify Trends/Patterns, set Targets, & Implement Action Items to Improve the process.</p> <p>PROCEDURE:</p> <p>1. The QAA Committee will Meet Monthly. Team Members: LNHA (Licensed Nursing Home Administrator), DON (Director of Nursing), Medical Director/Designee, Infection Preventionist, SSD (Social Services Director), Activities Director, Environmental Services, Dietary Manager/Designee, Medical Records, Human Resource, & Pharmacy.</p> <p>2. Review results from prior Audits & Identify Action Items for Areas with Opportunity for Improvement.</p> <p>3. Utilize Monthly Facility QA Committee Template for Meeting Minutes. Discuss and Review Items in Template Categories. i.e. Quality Measures, Falls, Wounds, Weight Loss.</p> <p>4. Discuss Concerns Identified by Resident Council, & Grievances.</p> <p>5. Identify Quality Improvement opportunities and assign Committee Members Audits to Areas of Concern.</p> <p>6. Provide Staff Training & Education as needed for Areas of Opportunity.</p> <p>7. Conduct Root Cause Analysis: Identify Trends & Implement Action Items for Improvement.</p> <p>8. Develop a PIP (Performance Improvement Project) for Systems or Processes that need further action.</p>