STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165553	A. Building B. Wing	10/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Vistas at Bettendorf	2500 Grant Street 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 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on clinical record review, facility policy review, family and staff interview, the facility failed to notify the family representative of the development of a diabetic foot ulcer for 1 of 3 residents (Resident #1) reviewed for notifications. The facility reported a census of 75 residents.Finding include:The Minimum Data Set (MDS) dated [DATE] identified Resident #1 with a BIMS (Brief Interview for Mental Status) score of 9 out of 15, which indicated a moderate cognitive impairment. The MDS list of diagnoses included unspecified dementia, coronary artery disease and diabetes mellitus. The MDS indicated at the time of assessed Resident #1 did not have any wound or skin problems. Review of the electronic health record (EHR) revealed a [Name redacted} Wound Physician's Initial Wound Evaluation & Management Summary, dated 9/15/25, revealed a Diabetic Wound of the Left, Medial Heel Full Thickness. The summary indicated, in part: Etiology (type) Diabetic; Duration: less than 1 days.Estimated Time to Heal: 2-4 months.Wound Size (L x W x D): 3.0 x 6.0 x 0.1 cm (centimeter). During an interview on 10/22/25 at 10:32 AM, Resident #1 family representative sated the facility did not tell them of the development of the resident's diabetic foot ulcer. They stated they were not aware of the wound, and learned of it when the Wound Care provider came to the resident's room to provide care during their visit. During an interview on 10/23/25 at 10:24 AM, the MDS Coordinator reported the nurse who found the wound first is responsible for notifying the family that same day. During an interview on 10/23/25 at 12:02 PM, the ADON (Assistant Director of Nursing) stated she expected nursing staff to notify the family of any change of condition, new wounds, new medication orders, any new orders, any behavioral changes. She would also expect them to document the notification in the progress notes the same day.A review of the Facility Policy titled: Change in a Resident's Condition or Status, dated as last revised December 2016 and had the following documentation:1. Unless otherwise instructed by the resident, a nurse will notify the resident's representative when:a. The resident is involved in any accident or incident that results in an injury including injuries of an unknown source;b. There is a significant change in the resident's physical, mental, or psychosocial status;c. There is a need to change the resident's room assignment;d. A decision has been made to discharge the resident from the facility; and/ore. It is necessary to transfer the resident to a hospital/treatment center.2. Except in medical emergencies, notifications will be made within twenty-four (24) hours of a change occurring in the resident's medical/mental condition or status.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165553	A. Building B. Wing	10/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Vistas at Bettendorf	2500 Grant Street 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165553	A. Building B. Wing	10/23/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Vistas at Bettendorf	2500 Grant Street 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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review, facility policy review, family and staff interview, the facility failed to complete wound treatments as ordered by the physician for 1 of 3 residents (Resident #1) reviewed for physician orders. The facility reported a census of 75 residents.Findings include: The Minimum Data Set (MDS) dated [DATE] identified Resident #1 with a BIMS (Brief Interview for Mental Status) score of 9 out of 15, which indicated a moderate cognitive impairment. The MDS list of diagnoses included unspecified dementia, coronary artery disease and diabetes mellitus.During an interview on 10/22/25 at 10:32 AM, Resident #1 family representative discussed concerns regarding the wound care her family member is receiving for a diabetic foot ulcer. They stated during a visit on 9/27/25, they observed the dressing on the resident's foot was dated 9/25/25. They stated on 9/28/25 the dressing continued to be dated 9/25/25. The family member stated they asked about when the dressing should be changed and was informed by a Staff G, LPN (Licensed Practical Nurse) the dressing should have been changed on 9/27/25. The family member stated the nurse did change the dressing and stated the dressing should be changed every day or every other day, they were not sure. Review of the September 2025 Treatment Administration Records (TAR) revealed the following orders for wound care:a. Left medial heel - Cleanse wound, apply calcium alginate, and cover with border gauze. Every evening shift for wound care. Start Date: 9/16/25. D/C (discontinue) Date: 9/22/25. Review of the September 2025 revealed no documentation of the above treatment completed on 9/16/25, 9/18/25, and 9/22/25. b. Left medial heel - Cleanse wound, apply lodosorb (a gel that is applied to wounds for absorption of drainage and cleaning out the wound) to wound bed, calcium alginate, 4 x4 , roll gauze and secure with tape. Every day shift for wound care. Start Date: 9/23/25. D/C Date: 10/6/25. Review of the September 2025 revealed no documentation of the above treatment completed on 9/23/25 and 9/27/25. A 2 documented on 9/24/25, 9/26/25, and 9/30/25. Per the TAR Chart Codes, a 2 is used to indicate Drug Refusal. Review of the October 2025 TAR revealed the following orders, in part:a. Left medial heel - Cleanse wound, apply lodosorb to wound bed, calcium alginate, 4 x4 , roll gauze and secure with tape. Every day shift for wound care. Start Date: 10/7/25. D/C Date: 10/13/25. Review of the October TAR revealed no documentation of the above treatment completed on 10/7/25, 10/9/25, 10/10/25, and 10/11/25.b. Left medial heel - Cleanse wound, apply lodosorb to wound bed, calcium alginate, 4 x4 , roll gauze and secure with tape. Every day shift for wound care. Start Date: 10/14/25. D/C Date: 10/20/25.The October TAR indicated the above treatment completed daily as ordered. c. Left medial heel - Cleanse wound, apply lodosorb to wound bed, calcium alginate, 4 x4 , roll gauze and secure with tape. Every day shift for wound care. Start Date: 10/21/25.The October 2025 TAR indicated the above treatment completed on 10/21/22. During an observation on 10/22/25 at 1:06 PM, Resident #1 observed to have an intact dressing on his left foot dated 10/20/25. During an interview on 10/22/25 at 2:40 PM, Staff B, RN (Registered Nurse) reported the date on the dressing today was not dated 10/21/25, he was unsure of the date. He had asked the ADON to change the dressing that day.During an interview on 10/22/25 at 7:43 AM, Staff C, RN reported she worked 10/21/25 and admitted she did not change Resident #1's dressings that day. She was the only nurse for 28 residents during her shift. During an interview on 10/23/25 at 12:15 PM, Staff G, RN stated if medications or treatments were not signed out, it may not have been done or the nurse forgot to sign it out. If the resident refused the treatment or medication, the nurse would need to document this on the TAR and document this a 24-hour nurse's communication log so the nurse on the next shift could complete. During an interview on 10/23/25 at 12:02 PM, the Assistant Director of Nursing reported the following: The only explanation for treatments or medications that were not signed out would be if the resident refused and she would expect the nurse to document why with different numerical codes on the TAR. Review of the facility policy titled Physician Orders, Approval Signature of Administer dated 10/13/25, directed: a. The individual administering the medication must initial the resident's MAR on the appropriate line after administering medications.b. Topical medications used in treatments must be recorded on the resident's treatment record.c. If a drug is withheld, refused, or given at a time other than the scheduled time, the individual administering the medication shall note in the EMAR with the appropriate code and make a progress note as to why med was not given.