

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165553	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER The Vistas at Bettendorf		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>49976</p> <p>Based on record review, staff and resident interviews, and policy review the facility failed to follow the rehabilitation directives and provide sufficient services to residents in need of their services for 1 of 4 residents reviewed (Resident #9). The facility reported a census of 63 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) report dated 7/31/24 indicated Resident #9 had a Brief Interview for Mental Status (BIMS) score of 15/15, indicating no cognitive impairment. The MDS further indicated diagnoses including: Multiple Sclerosis, paraplegia (inability to move part of the body), and epilepsy. It documented the resident needed partial/moderate assistance for upper body dressing, complete dependence on staff for lower body dressing, and complete assistance for transfers.</p> <p>The Care Plan initiated 11/29/22 instructed restorative therapy staff to provide bilateral lower extremity range of motion (ROM), bilateral upper extremity ROM, and all extremity stretching 1-5 times per week.</p> <p>A review of the Restorative Nursing Flow Sheets from June to August 2024 revealed restorative staff failed to provide programming for five weeks during that timeframe.</p> <p>In an interview on 8/26/24 at 12:07 PM, Resident #9 noted she should be receiving restorative care but there was only one restorative person for the whole building so it was not happening.</p> <p>In an interview on 8/28/24 at 10:01 AM, Staff A, Certified Nursing Aide (CNA)/Restorative Nursing Aide (RNA) reported she was pulled to work on the floor as a CNA today. Restorative care does not get done when she is pulled. She explained she was the only staff doing restorative care. She exclusively completed programming for Resident #9 as the resident was so contracted and wants only her to do it. She noted maybe once per week she gets to see her residents.</p> <p>In an interview on 8/28/24 at 10:32 AM, the Director of Rehab explained she expected the frequency of restorative care ordered to be followed. It must be completed at least one time per week if it is written that way.</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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 8/29/24 at 9:26 AM, the Director of Nursing explained they used to have two people running restorative care but right now they only have one. Unfortunately Staff A has been getting pulled to work the floor quite a bit and has not been meeting her frequencies due to this. She noted she was aware this was a problem.</p> <p>The facility policy titled Restorative Program, dated 10/02/18 instructed restorative care to be performed by the certified rehabilitation aides as ordered by Therapy Director/Occupational Therapist/Physical Therapist/Attending Physician, depending on availability of staffing. The facility must provide adequate resources for the completion of the programs developed for each resident, including but not limited to staffing and education.</p>		