

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165793	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2025
NAME OF PROVIDER OR SUPPLIER The Summit of Bettendorf		STREET ADDRESS, CITY, STATE, ZIP CODE 4699 53rd Avenue 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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observations, and staff interviews, the facility failed to cover food as staff carried it down the halls for 2 out of 2 meals observed. The facility reported a census of 35 residents. Findings include: During an observation on 12/15/2025 at 12:05 PM, Staff E, [NAME] carried a tray with uncovered food out of the kitchen/dining room (DR) to room [ROOM NUMBER]. During an observation on 12/16/2025 at 12:05 PM Staff F, [NAME] placed an uncovered bowl of ice cream on a tray and then at 12:10 PM carried it out of the kitchen/dining room area to the resident's room. During an interview on 12/17/2025 at 1:22 PM, the Certified Dietary Manager (CDM) stated she expected the food to be covered when it left the kitchen/Dining room area to go to a resident's room. She reported the staff needed further education. On 12/17/2025 at 2:45 PM, the CDM reported she provided training to staff on the need for food to be covered when it went out of the kitchen. The CDM reported the facility did not have a policy directing staff to cover food during transportation. On 12/18/2025 at 9:17 AM the Director of Health Services/ Infection Preventionist reported the facility lacked policies to address food distribution related to infection control.		

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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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observations, clinical record review, facility policy review, and staff interviews, the facility failed to implement Enhanced Barrier Precautions (EBP) during high contact care in an effort to reduce exposure to multidrug-resistant organisms (MDRO) for 2 out of 5 residents reviewed (Resident #16 and Resident # 23). The facility reported a census of 35 residents. Findings include: Based on observations, clinical record review, facility policy review, and staff interviews, the facility failed to implement Enhanced Barrier Precautions (EBP, the use of personal protective equipment to be used during high contact activities) during high contact care in an effort to reduce exposure to multidrug-resistant organisms (MDRO) for 2 out of 5 residents reviewed (Resident #16 and Resident # 23). The facility reported a census of 35 residents. Findings include: 1. Review of the Minimum Data Set (MDS) assessment, dated 12/7/25, identified Resident #23 with a Brief Interview for Mental Status (BIMS) score of 14 out of 15, which indicated intact cognition. The MDS list of diagnoses included necrotizing fasciitis (a rapidly spreading bacterial infection that destroys soft tissue), urinary tract infection and diabetes mellitus. The MDS revealed Resident #23 with a surgical wound. Review of Resident #23 Care Plan, dated 12/4/25, revealed a Focus area to address The resident has an ADL (activities of daily living) self-care performance deficit r/t (related to) Activity Intolerance. Interventions included in part: AM/PM CARES: Please assist with wound vac (Vacuum-Assessed Closure - a device/therapy used to promote healing through the use of gentle section to remove excess fluid, reduce infection risk and brings the edges of the wound together) with AM and PM cares. Date Initiated: 12/11/25. The Care Plan failed to address the diagnosis of necrotizing fasciitis and the need for Enhanced Barrier precautions during high contact are activities. Review a document titled, Multi Wound Chart Details, dated 12/15/25, revealed Resident #23 with Wound Location; Abdomen-midline; Wound Type: Sugrical Wound; Wound Condition: Acute; Wound Status: Not Healed; Measurements L x W x D (length x width x depth) (cm - centimeters): 12.7 x 30 x 5. Exudate (drainage) amount: Large; Exudate Type: Sero-sanguineous (body fluid mixed with blood, appears pink or light red in color). S/S (sign/symptoms) of Infection: Yes, Systemic Antibiotics Prescribed. During an observation on 12/16/2025 at 10:05 AM. Resident #23's door and room lacked signage to alert staff for the need to use EBP, and dedicated supplies (typically gloves and gowns) were not readily available outside or inside the room. 2. Review of the MDS assessment for Resident #16, dated 12/6/25, revealed a list of diagnoses which included acute kidney failure, coronary artery disease (CAD) and diabetes mellitus. The BIMS score of 7 out of 15, indicated a severe cognitive impairment. The MDS identified Resident #16 dependent on staff for assistance with showers and repositioning and required substantial/maximal assistance with toileting and dressing. The MDS indicated Resident #16 with one stage 2 pressure ulcer present upon admission. Review of Resident #16 Care Plan revealed a Focus area to address The resident has potential/actual impairment to skin integrity r/t edema, fragile skin. Current skin assessment: stage 2 pressure ulcer left buttock abrasion to left knee skin tear to forehead, left shoulder. Interventions included, in part: Follow facility protocol for treatment of injury. Date initiated: 12/17/25. The Care Plan failed to direct the use of EBP. Review of the December 2025 Treatment Administration Record (TAR) directed left buttock, clean with wound cleanser, pat dry apply petrolatum-impregnated gauze and cover with of silicone-faced foam wound dressings. During an observation on 12/15/2025 at 12:40 PM, Resident #16 door and room lacked signage to direct the use of EBP, and decided supplies were not readily available outside or inside the room. Observation remained unchanged on 12/17/25 at 7:46 AM. During an observation on 12/17/2025 at 8:07 AM, Staff B, Certified Nursing Assistant (CNA) knocked on Resident #16 door, announced cares and entered the room. Without the use of EBP, Staff B brushed Resident #16 hair, and applied foot pedals to the wheelchair. Staff C, Registered Nurse (RN) entered the room and without EBP checked the residents' vitals (temperature and blood pressure). Staff B proceeded to administer oral medications to Resident #16. Staff B, CNA then carried the resident's (continued on next page)		

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	dirty laundry outside of the room. During an observation on 12/17/2025 that started at 12:35 PM, Resident #16 called out for assistance to use the bathroom. Staff B, CNA entered the room, used alcohol-based hand sanitizer (ABHS) told Resident #16 she could help her to the bathroom, Staff B applied gloves. Staff D, CNA entered the room to help take Resident #16 to the bathroom she used ABHS applied and applied gloves. At 12:39 PM, Staff B, CNA and Staff D, CNA informed Resident #16 to pull the light when she is finished and exited the room. Both staff appeared to rub their hands together with ABHS. At 12:49 PM, Staff B, CNA and Staff D, CNA entered Resident #16's room to assist her out of the bathroom. At 12:54 PM, Staff B, CNA and Staff D, CNA left the room. During an interview, Staff B reported she and the other CNA used gloves to care for Resident #16, but denied the use of gowns. Staff B denied the use of EBP for Resident #16 while she's been a resident. Staff B stated they are expected to use EBP for resident with tubes and wounds. During an interview on 12/17/2025 at 1:02 PM, Staff C, RN stated Resident #16 needed EBP due to her pressure area. During an interview on 12/17/2025 at 1:25 PM, the Director of Nursing stated she would expect residents with open wounds to have EBP in place. She said Resident #16 needed EBP. During an interview on 12/17/2025 at 2:00 PM, the DON reported the facility puts signs in the resident rooms that require EBP so it doesn't need to be on the Care Plan. The DON confirmed Resident #16 room failed to hold the EBP sign. Review of the facility policy, titled Enhanced Barrier Precautions, dated 12/2024 revealed a SCOPE & USE section which directed, in part: Enhanced barrier precautions may be used for community residents that have any of the following: a. Infection or colonization with an MDRO when Contact Precautions do not otherwise apply b. Wounds/and/or indwelling medical devices included: central vascular lines (included hemodialysis catheters), indwelling catheters, feeding (enteral or NG (nasogastric) tube) c. Wounds generally include chronic wounds. d. Examples of chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous status ulcers. e. Enhanced Barrier Precautions includes the use of gown and gloves for specific residents during HIGH CONTACT CARE ACTIVITIES. High Contact Care Activities include: Dressing Bathing or Showering Changing a brief or assisting with toileting Direct care of an indwelling device such as urinary catheter, feeding tube, central line or trach Performing wound care on a direct opening to a body that requires a dressing Changing linen Providing hygiene The EHP signage used at the facility directed: STOP EVERYONE MUST: Clean their hands, including before entering and when leaving the room. PROVIDERS AND STAFF MUST ALSO: Wear gloves and a gown for the following High-Contact Resident Care Activities. Dressing Bathing/Showering Transferring Changing Linens Providing Hygiene Changing briefs or assisting with toileting Device care or use: central line, urinary catheter, feeding tube, tracheostomy Wound Care: any skin opening requiring a dressing		