DEPARTMENT OF INSPECTIONS AND APPEALS

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	S0453	A. BUILDING: _____ B. WING _____	C 03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SUMMIT OF BETTENDORF MC	4699 53RD AVE BETTENDORF, IA 52722

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 000	Initial Comments Assisted Living Programs for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 4 Number of tenants with cognitive impairment: 13 Total census: 17 No regulatory insufficiencies were cited during the investigation into Incident #124675-I. The following regulatory insuffiencies were cited during the investigation into Complaint #124583-C and Complaint #124221-C.	A 000	SEE ATTACHED DOCUMENTATION FOR PLAN OF CORRECTION.	
A 135	481-69.22(1) Evaluation of Tenant 69.22(1) Evaluation prior to occupancy. A program shall evaluate each prospective tenant's functional, cognitive and health status prior to the tenant's signing the occupancy agreement and taking occupancy of a dwelling unit in order to determine the tenant's eligibility for the program, including whether the services needed are available. The cognitive evaluation shall utilize a scored, objective tool. When the score from the cognitive evaluation indicates moderate cognitive decline and risk, the Global Deterioration Scale (GDS) shall be used at all subsequent intervals, if applicable. If the tenant subsequently returns to the tenant's mildly cognitively impaired state, the program may discontinue the GDS and revert to a scored cognitive screening tool. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to complete evaluations prior to	A 135		

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A 135	Continued From page 1 admision for 1 of 1 former tenants reviewed (Tenant C1). Findings follow: Record review on 2/26/25 revealed Tenant C1 moved to the program on 10/1/24. The program did not assess the tenant's health, cognitive and functional needs prior to her admission. The Assistant Director of Health confirmed the program did not assess the needs of Tenant C1 prior to admitting her to the program on 2/26/25 at 4:12 PM.	A 135		
A 350	481-69.26(1) Service Plans 69.26(1) A service plan shall be developed for each tenant based on the evaluations conducted in accordance with subrules 69.22(1) and 69.22(2) and shall be designed to meet the specific service needs of the individual tenant. The service plan shall subsequently be updated at least annually and whenever changes are needed. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to ensure service plans were based on health, functional and cognitive assessments for 1 of 1 former tenants reviewed (Tenant C1). Findings follow: Record review on 2/26/25 revealed Tenant C1 moved to the program on 10/1/24. The program developed a service plan on 10/1/24 identifying	A 350		

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A 350	Continued From page 2 her service needs, but there were no assessments in her record. The Assistant Director of Health confirmed the program did not base the service plan on an assessment of needs prior to admitting her to the program on 2/26/25 at 4:12 PM.	A 350		
A 360	481-69.26(3) Service Plans 69.26(3) When a tenant needs personal care or health-related care, the service plan shall be updated within 30 days of the tenant's occupancy and as needed with significant change, but not less than annually. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to update service plans following a significant change to ensure their needs were met for 2 of 2 former tenants reviewed (Tenant C1 and Tenant C2). Findings follow: 1) Record review on 2/26/25 revealed the program completed a functional, cognitive and health quarterly assessment on 10/29/24 noting Tenant C1 had no significant changes during that reporting period. A service plan update on 11/1/24 identified Tenant C1 was noted to use a wheelchair for most mobility. Staff were to use a gait belt for transfers. Tenant C1 was referred for physical and occupational therapy on 10/22/24 due to a	A 360		

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A 360	Continued From page 3	A 360		

mobility decline. She was physically able to transfer to the toilet independently and complete toileting without assistance.

An incident report dated 10/31/24 noted while team members were assisting Tenant C1 with toileting care, she displayed weakness and had to sit down several times. During the transfer she was unable to bear her weight and had to be lowered to the floor. She required the assistance of two staff to stand up from the ground. A progress note also revealed Tenant C1 complained of pain to the right side of her ankle with touch or movement. Her doctor was called for recommendations.

Tenant C1 had an x-ray and learned on 11/1/24 it was negative for a fracture. The program was to ice her ankle as needed and wrap her right foot and ankle as tolerated. On 11/4/24, the program again contacted Tenant C1's doctor noting they were administering hydrocodone to the tenant each shift. They noted she had a change in her transfer status and was requiring more assistance daily.

A physical therapy evaluation conducted on 11/6/24 noted Tenant C1 required two staff to safely assist her with standby pivot transfers. She required two staff to assist her with all other transfers. She discharged from physical therapy on 11/29/24 at the same level of assistance.

Occupational therapy notes revealed the following:
- On 11/8/24, the Occupational Therapist (OT) noted Tenant C1 required 2 staff for standing assistance.
- On 11/11/24, Tenant C1 was a maximal 2 assist during sit to stand transfers with the grab bar

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A 360	Continued From page 4 from the toilet. She required total assistance for peri cares when standing with one person holding her up and another providing incontinence cares as Tenant C1 was unable to stand long and required rest breaks. - On 11/20/24, Tenant C1 was able to complete sit to stand transfers from the wheelchair to a walker. She was able to stand for less than 15 seconds before sitting down. - On 11/26/24, the OT noted Tenant C1 was a 2:1 assist for transfer. When the OT helped Tenant C1 with activities of daily living, she noted the tenant required maximal assistance with toileting. - On 11/26/24, staff reported improved ease with transfers. - On 11/29/24, the OT documented Tenant C1 could complete sit to stand exercises with minimal to standby assistance. She still required total assist for toileting care. Tenant C1's service plan was updated on 10/23/24 to indicate she received orders for physical therapy and occupational therapy associated with transfer and weight bearing issues. The service plan did not identify two staff were to assist Tenant C1 with transfers for her safety. The plan noted Tenant C1 needed assistance toileting and peri care as she was incontinent of bowel and bladder at times, however the plan noted she was physically able to transfer to the toilet independent and complete toileting without assistance, which was not substantiated in the therapy evaluations. On 3/5/25 at 11:00 AM, the Registered Nurse confirmed Tenant C1's service plan was not updated to reflect her need to have two staff assist her with transfers for her safety. 2) Review on 2/26/25 of progress notes for	A 360		

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A 360	Continued From page 5 Tenant C2 revealed the following: - The program received an order from the hospice/MD on 8/12/24 for Tenant C2 to follow a mechanical soft diet due to problems chewing and swallowing. - Completed a service plan update on 9/3/24 due to Tenant C2's change of condition as she had a decline in all aspects of physical function. - Spoke with hospice on 10/2/24 related to Tenant C2's snack and food intake related to her mechanical soft diet. Her husband wants to continue to bring in snacks that include fruit, which are not mechanical soft in texture. Her doctor provided an order for pleasure snacks as desired. - On 10/14/24, Tenant C2 was lowered to the floor using a gait belt when she attempted to sit before she was over the toilet. Staff reported the tenant was getting weak during transfers. Staff were educated on how to properly complete pivot transfers. - Tenant C2 received new orders for a pureed diet and nectar thick liquids due to issues with swallowing on 10/21/24. - Staff noted Tenant C2 was not wearing her tubigrips on 10/25/24. - Tenant C2 passed away on 10/26/24. A review of Tenant C2's service plan, which was updated on 7/6/23, 8/28/24, 9/5/24 and 1024/24, found it identified Tenant C2 as being independent with meals and required no assistance from staff. It did not mention her following a mechanical soft diet, pureed diet or needing nectar thick liquids or preferences for pleasure snacks. The plan noted Tenant C2 could transfer independently, even though the program trained staff on how to properly use a gait belt with Tenant C2. There were no directions for staff to assist Tenant C2 with tubigrips. The plan did	A 360		

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A 360	Continued From page 6 not identify Tenant C2 received hospice, stating she had no assistance from outside providers. On 3/5/25 at 11:00 AM the Registered Nurse confirmed Tenant C2 had identified needs related to receiving hospice services, a special diet, transfer status and tubigrips which were not reflected on her service plan.	A 360		

PLAN OF CORRECTION
This plan of correction does not constitute an admission or agreement by The Summit of Bettendorf Assisted Living program to the accuracy of the facts alleged or conclusions set forth in the statement of insufficiencies.The plan of correction is prepared and/or executed solely because the provisions of federal and state law require it. Completion dates are provided for procedural processing purposes and correlation with the most recently completed or accomplished corrective action and do not correspond chronologically to the date the facility maintains it is in compliance with the requirements of participation or that corrective action was necessary.

Insufficiencies

A135 – Evaluation of Tenant
Corrective actions which will be accomplished for those tenants found to have been affected by the identified insufficiency.

- **Outline the elements how the Assisted Living Program will correct each regulatory insufficiency; including at the system level.**

  Education provided to Assisted Living Director (and all AL Directors organization-wide) responsible for completion of evaluations that inter-building/across household transfers require an assessment on 03/19/2025 (documentation attached)

  Tenant C1 has had subsequent assessments completed dated 12/18/2024 and 03/20/2025.

- **Measures taken to ensure the problem does not recur**

  Will audit all admissions to S0453 monthly x3 months to ensure pre-assessment and assessment are completed as directed.

  Audit completed 03/31/2025 for March 2025 admissions: no admissions.

- **How the Program plans to monitor performance to ensure compliance.**

  Will audit all admissions monthly x3 months to ensure pre-assessment and assessment are completed as directed.

  Audit completed 03/31/2025 for March 2025 admissions: no admissions.

- **The date by which the regulatory insufficiency will be corrected.**
  Immediate; insufficiency has been corrected.

A350 – Service Plans
Corrective actions which will be accomplished for those tenants found to have been affected by the identified insufficiency.

- **Outline the elements how the Assisted Living Program will correct each regulatory insufficiency; including at the system level.**

  Education provided to Assisted Living Director (and all AL Directors organization-wide) responsible for completion of evaluations that inter-building/across household transfers require an assessment and associated service plan implemented on 03/19/2025 (documentation attached)

  Tenant C1 has had subsequent assessments and updated service plan completed dated 12/18/2024 and 03/20/2025.

- **Measures taken to ensure the problem does not recur**

  Will audit all admissions monthly x3 months to ensure service plan associated with pre and initial assessment is completed as directed.

  Audit completed 03/31/2025 for March 2025 admissions: no admissions.

- **How the Program plans to monitor performance to ensure compliance.**

  Will audit all admissions monthly x3 months to ensure service plan associated with pre and initial assessment is completed as directed.

  Audit completed 03/31/2025 for March 2025 admissions: no admissions.

- **The date by which the regulatory insufficiency will be corrected.**
  Immediate; insufficiency has been corrected.

A360 – Service Plans
Corrective actions which will be accomplished for those tenants found to have been affected by the identified insufficiency.

- **Outline the elements how the Assisted Living Program will correct each regulatory insufficiency; including at the system level.**

  Tenants no longer reside in this unit.

Completed an audit of all tenants in this household on 03/31/2025 to ensure service plans are current with tenants current status.(see attached document).

- **Measures taken to ensure the problem does not recur**
  Education provided to Assisted Living Director (and all AL Directors organization-wide) responsible for service plans regarding updating for duplications, removing outdated information, adding new areas of concern, and adding behaviors/refusals to the "social" area in the plan.

- **How the Program plans to monitor performance to ensure compliance.**
  Agenda item on weekly "Quality of Care/Risk" meeting (every Tuesday at 10:00am) to discuss current changes in condition and residents seeing therapy.

  Will update service plan at time of discussion with identified changes/updates per interdisciplinary team discussion/decision.

- **The date by which the regulatory insufficiency will be corrected.**
  Immediate; insufficiency has been corrected.