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
	S0454	A. BUILDING: _____ B. WING _____	C 03/05/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE SUMMIT OF BETTENDORF	4699 53RD AVENUE 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 are defined by the type of population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 16 Number of tenants with cognitive impairment: 2 Total census: 18 The following regulatory insufficiency was cited during the investigation into Complaint #124281-C.	A 000	SEE ATTACHED DOCUMENTATION FOR PLAN OF CORRECTION.	
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 the service plan as needed with significant change for 1 of 2 former tenants reviewed (Tenant C1). Findings include: Tenant C1 had a service plan updated on 9/23/24 and 11/12/24. Entries on the service plan noted Tenant C1 had an increase in her wandering episodes and went to other apartment doors knocking on them and could not find her own room. Her husband was not aware at times she	A 360		

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A 360	Continued From page 1 was outside her apartment. She required redirection when outside her room without her husband. A number of times when she was outside of her apartment she was noted to be looking for conversation or food. Staff were directed to offer Tenant C1 these things before directing her back to her room. Another section of the service plan noted there was no risk for wandering or her safety at this time. The plan noted Tenant C1 required physical assistance with some portions of toileting. She was incontinent and wore incontinence undergarments. Staff provided toileting reminders every 4 hours. On 2/25/25 review of progress notes, incident reports, task lists and a communication report for Tenant C1 revealed the following: - On 8/29/24, Tenant C1 had a bowel movement in her bathroom which caused a mess. She refused multiple times to get cleaned up or take a shower. - On 9/6/24, Tenant C1 was noted to have a bowel movement, but refused staff assistance to change her brief. - Staff noted on 9/9/24 she repeatedly refused to go to the bathroom when she experienced incontinence. The nurse noted in the communication log it was normal for her to refuse cares. Staff should provide encouragement and assist as needed, but these interventions were not added to the service plan. - On 11/17/24 at 8:58 PM, a staff member noticed Tenant C1 wandered out of the Assisted Living unit into another part of the building. She did not know where she was going or what she was doing. - On 11/24/24 at 3:00 AM, a nurse went to the front door to wait for another tenant to return from the hospital. She encountered Tenant C1 at the	A 360		

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A 360	Continued From page 2 front entrance door. She was knocking on the glass doors asking to be let in. Her vitals were stable. - The Director of Nursing (DON) spoke with Tenant C1's daughter about installing an alarm or ring camera on the apartment door to alert the tenant's husband if she left the room. - When staff was washing Tenant C1's peri-area on 12/1/24, the tenant hit her arm. The staff asked if she could continue getting her get ready and was told yes, but when the employee went to pull up her pants, Tenant C1 swung at her face. - On 12/7/24, Tenant C1 was found outside the front main entrance of the building, in a vestibule, by another member of staff. She was brought back to her apartment. She said she was looking for a ride home. The nurse left another message for Tenant C1's daughter to ask about placing an alarm on the apartment door. - A door alarm was placed on the apartment door on 12/10/24. Tenant C1's husband stated he would keep the alarm with him at all times and notify staff if Tenant C1 was wandering. - On 12/11/24, the DON assessed the door alarm and determined it was not working. The DON called the tenant's daughter and they agreed it was not a fool proof method of notifying the husband when Tenant C1 was wandering. On 12/11/24 a task was added for staff to check the functionality of the alarm on each shift. - Tenant C1 moved to the memory care unit on 12/19/24. When interviewed on 3/5/25 at 10:30 AM, Tenant C1's husband reported it would have been helpful if the program had provided increased supervision to his wife when her wandering increased and she started to try and exit the building. He could have used more help caring for his wife.	A 360		

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A 360	Continued From page 3 On 3/5/25 at 11:45 AM, the DON reported she believed there was discussion about staff providing increased supervision checks to Tenant C1 after the incidents on 11/24/24 and 12/7/24 when she attempted to leave the building and was found in the vestibule. She believed the family would have been open to this service. She does not know what happened with this. On 3/5/25 at 11:00 the Registered Nurse confirmed Tenant C1's service plan was not updated when her wandering escalated to exit-seeking behavior. The service plan did not mention her care refusals related to incontinence cares.	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.

Insufficiency

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.**

  The tenant no longer lives in this household; this tenant now lives in a memory support household.

  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 on 03/19/2025 (see attached documentation).

- **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 on 03/19/2025 (see attached documentation).

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

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