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 |
|---|---|---|---|
| | S0465 | A. BUILDING: _____ B. WING _____ | C 02/21/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| QUARTET SENIOR LIVING | 3150 GLENBROOK CIRCLE SOUTH 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 |
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| A 000 | Initial Comments<br><br>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.<br><br>Number of tenants without cognitive disorder: 68<br>Number of tenants with cognitive disorder: 1<br>Total census: 69<br><br>The following regulatory insufficiencies were cited during the revisit to the initial certification visit and the of investigation Complaint #118968-C: | A 000 | The Plan of Correction is attached. | |
| A 285 | 481-67.5(2)f(4) Medications<br><br>67.5(2) Each program shall follow its own written medication policy, which shall include the following:<br><br>f. When medications are administered traditionally by the program:<br><br>(4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to complete treatments as ordered for 1 of 2 tenants reviewed who was hospitalized (Tenant #9). Findings follow:<br><br>1. Review of Tenant #9's file on 2/20/24 and 2/21/24 revealed Progress Notes indicating the following:<br>a. On 1/15/24 Tenant #9 called and requested a nurse due to bleeding from her right leg. Tenant | A 285 | | |

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| A 285 | Continued From page 1 | A 285 | | |

#9 reported she bumped her right lower leg on a table resulting in a skin tear on her right lower extremity.

b. On 1/16/24 a fax was sent to the primary care provider (PCP) regarding the skin tear on her right leg. The area was cleansed, antibiotic ointment was applied, covered with a non-stick pad, wrapped with gauze and taped. The PCP was asked if this treatment should be continued.

c. On 1/31/24 it was noted Tenant #9's right lower leg and foot was red, warm to touch and had swelling.

d. On 2/1/24 Tenant #9 was seen by her PCP for the redness and warmth in her right leg and an antibiotic was prescribed. She was also scheduled to get an chest x-ray the following day.

The fax sent to the PCP dated 1/16/24 indicated Tenant #9 had a skin tear on her right shin. An order was received to cleansed the area, apply antibiotic ointment, cover it with a non-stick pad and wrapped it with gauze and tape. The order was dated 1/17/24.

Further record review revealed the January 2024 and February 2024 medication administration records (MARs) did not reflect the order for the treatment of the right shin. The February 2024 MARs reflected an order for cephalexin 500 milligram, take one capsule, three times daily for 10 days was ordered for a right leg infection. Tenant #9 did not receive the treatment to her right leg as ordered by the PCP.

2. When interviewed 2/21/24 at 3:05 p.m. the Clinical Director confirmed all MARs and orders were provided for the tenants reviewed.

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| A 145 | Continued From page 2 | A 145 | | |
| A 145 | 481-69.22(3) Evaluation of Tenant<br><br>69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to complete evaluations as needed with significant change for 1 of 2 tenants reviewed who was hospitalized (Tenant #9). Findings follow:<br><br>1. Record review of Tenant #9's file on 2/20/24 and 2/21/24 revealed Progress Notes indicating the following:<br>a. On 12/28/23 a 90 day review was completed and Tenant #9 had two urinary tract infections (UTIs) since the last reivew.<br>b. On 12/29/23 Tenant #9 lost her balance and fell.<br>c. On 1/3/24 Tenant #9 went to a walk in clinic and returned with orders for an antibiotic for a UTI. It was also noted Tenant #9 had a T8 compound fracture (unable to determine if it was | A 145 | | |

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| A 145 | Continued From page 3 | A 145 | | |

new or from a prior fall).
d. On 1/15/24 Tenant #9 called and requested a nurse due to bleeding from her right leg. Tenant #9 reported she bumped her right lower leg on a table resulting in a skin tear on her right lower extremity.
e. On 1/16/24 a fax was sent to the primary care provider (PCP) regarding the skin tear on her right leg. The area was cleansed, antibiotic ointment was applied, covered with a non-stick pad, wrapped with gauze and taped. The PCP was asked if this treatment should be continued.
f. On 1/17/24 an order was received for a urinalysis with culture and sensitivity.
g. On 1/23/24 a new order was received for an antibiotic twice daily for seven days for a UTI.
h. On 1/29/24 Tenant #9 had an red excoriated area on the side and under her breast.
i. On 1/30/24 an order was received for Nystatin powder twice daily until healed.
j. On 1/31/24 Tenant #9's right lower leg and foot was red, warm to tough and had swelling.
k. On 2/1/24 Tenant #9 was seen by her PCP for the redness and warmth in her right leg and an antibiotic was prescribed. She was also scheduled to get an chest x-ray the following day.
l. On 2/3/24 Tenant #9 fell while being transferred to her chair. Her legs gave out and she fell and hit her head on the floor. Tenant #9 had swelling noted on the back of her head. She had some bleeding. Tenant #9 declined an emergency department (ED) visit. Tenant #9's blood pressure was 199/128 and her heart rate was 110. Tenant #9 continued to decline to go to the ED. Her family requested to monitor her that night. Staff was instructed to recheck her vitals in two hours and two hours after and also to continue two hour safety checks.
m. On 2/5/24 Tenant #9 was out an appointment and returned with orders for metolazone

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| A 145 | Continued From page 4 | A 145 | | |

(diuretic). There were two instructions provided with the order and clarification was sought regarding the order instructions.

n. On 2/6/24 staff called and reported Tenant #9 appeared short of breath (SOB) and her oxygen saturation was 87%. Tenant #9 refused an ED visit.

o. On 2/6/24 it was noted her blood pressure was 178/111 and her pulse was 101. Her lung sounds were coarse in the lower bases and upper right lobe. Family was notified lung sounds were worsening.

p. On 2/7/24 Tenant #9 was SOB, her lips were light blue in color, oxygen was 84-90%, she was weak and could barely staff. Tenant #9 required the assistance of two staff for transfers. Her lung sounds were coarse and she was wheezing. She was transferred to the hospital for evaluation.

q. On 2/8/24 Tenant #9 was admitted for congestive heart failure and elevated blood pressure.

A Services Received document reflected from 2/4/24 to 2/7/24 Tenant #9 refused bathing due to being too weak, required the assistance of two staff for transfers and toileting assistance, was wheezing, unsteady and refused activities and meals.

Further record review revealed evaluations were last completed on 1/4/24. Evaluations were not completed as needed with significant changes including notification of T8 compound fracture, UTIs and treatment, warmth and redness (infection) in her right leg with treatment, redness under her breast and treatment, fall with hitting her head and bleeding, elevated blood pressure, low oxygen saturation, SOB and wheezing and weakness, requiring the assistance of two staff for transfers and toileting, refusals of meals and

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| A 145 | Continued From page 5<br>activities due to weakness.<br><br>2. When interviewed on 2/21/24 at 3:05 p.m. the Clinical Director confirmed all evaluations were provided for the tenants reviewed. | A 145 | | |
| A 290 | 481-69.25(1)i Tenant Documents<br><br>69.25(1) Documentation for each tenant shall be maintained by the program and shall include:<br><br>i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to document nurse's notes by exception for 2 of 2 tenants reviewed who were hospitalized (Tenant #8 and Tenant #9). Findings follow:<br><br>1. Review of Tenant #8's file on 2/19/24 and 2/20/24 revealed Progress Notes indicating the following:<br>a. On 1/10/24 a new order was received for a urinalysis (UA) with culture and sensitivity.<br>b. On 1/11/24 the results were faxed to the primary care provider (PCP).<br>c. On 1/15/24 a call was placed to the PCP's office regarding the UA and a return call was received the PCP office had not received the results. The results were re-faxed to them.<br>d. On 1/24/24 the PCP nurse requested final UA | A 290 | | |

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| A 290 | Continued From page 6<br>results and they were faxed.<br>e. On 2/5/24 staff reported Tenant #9's urine had a malodor. Her urine was clear, there was no malodor noted and no pain reported.<br><br>Nurse's notes were not completed by exception regarding the results of the UA and if any new orders were received.<br><br>2. Review of Tenant #9's file on 2/20/24 and 2/21/24 revealed Progress Notes indicating the following:<br>a. On 1/1/24 staff called and were concerned Tenant #9 was leaning to the left, dragging her left foot and pulling it around. The nurse on-call had staff complete a stroke assessment, which appeared normal.<br>b. On 1/3/24 Tenant #9 went to a walk in clinic and returned with orders for an antibiotic for a urinary tract infection (UTI).<br>c. On 1/16/24 it was noted Tenant #9 had frequent urination and her urine appeared cloudy. Her last of the antibiotic was on 1/14/24 for the prior UTI.<br>d. On 1/23/24 it was noted a new order was received for an antibiotic for seven days for a UTI.<br><br>Nurse's notes were not documented by exception to follow up after the initial report of Tenant #9 leaning to the left and dragging her foot or when antibiotics were completed related to two UTIs to ensure for further signs and symptoms.<br><br>3. When interviewed on 2/21/24 at 3:05 p.m. the Clinical Director confirmed all nurse's notes for the tenants reviewed were provided. | A 290 | | |
| A 350 | 481-69.26(1) Service Plans | A 350 | | |

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| A 350 | Continued From page 7<br>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.<br><br>This REQUIREMENT is not met as evidenced by:<br>Based on interview and record review the Program failed to update service plans as needed with significant change for 1 of 2 tenants reviewed who was hospitalized (Tenant #9). Findings follow:<br><br>1. Record review of Tenant #9's file on 2/20/24 and 2/21/24 revealed Progress Notes indicating the following:<br>a. On 12/28/23 a 90 day review was completed and Tenant #9 had two urinary tract infections (UTIs) since the last reivew.<br>b. On 12/29/23 Tenant #9 lost her balance and fell.<br>c. On 1/3/24 Tenant #9 went to a walk in clinic and returned with orders for an antibiotic for a UTI. It was also noted Tenant #9 had a T8 compound fracture (unable to determine if it was new or from a prior fall).<br>d. On 1/15/24 Tenant #9 called and requested a nurse due to bleeding from her right leg. Tenant #9 reported she bumped her right lower leg on a table resulting in a skin tear on her right lower extremity.<br>e. On 1/16/24 a fax was sent to the primary care provider (PCP) regarding the skin tear on | A 350 | | |

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| A 350 | Continued From page 8 | A 350 | | |

her right leg. The area was cleansed, antibiotic ointment was applied, covered with a non-stick pad, wrapped with gauze and taped. The PCP was asked if this treatment should be continued.

f. On 1/17/24 an order was received for a urinalysis with culture and sensitivity.

g. On 1/23/24 a new order was received for an antibiotic twice daily for seven days for a UTI.

h. On 1/29/24 Tenant #9 had an red excoriated area on the side and under her breast.

i. On 1/30/24 an order was received for Nystatin powder twice daily until healed.

j. On 1/31/24 Tenant #9's right lower leg and foot was red, warm to tough and had swelling.

k. On 2/1/24 Tenant #9 was seen by her PCP for the redness and warmth in her right leg and an antibiotic was prescribed. She was also scheduled to get an chest x-ray the following day.

l. On 2/3/24 Tenant #9 fell while being transferred to her chair. Her legs gave out and she fell and hit her head on the floor. Tenant #9 had swelling noted on the back of her head. She had some bleeding. Tenant #9 declined an emergency department (ED) visit. Tenant #9's blood pressure was 199/128 and her heart rate was 110. Tenant #9 continued to decline to go to the ED. Her family requested to monitor her that night. Staff was instructed to recheck her vitals in two hours and two hours after and also to continue two hour safety checks.

m. On 2/5/24 Tenant #9 was out an appointment and returned with orders for metolazone (diuretic). There were two instructions provided with the order and clarification was sought regarding the order instructions.

n. On 2/6/24 staff called and reported Tenant #9 appeared short of breath (SOB) and her oxygen saturation was 87%. Tenant #9 refused an ED visit.

o. On 2/6/24 it was noted her blood pressure

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| A 350 | Continued From page 9 | A 350 | | |

was 178/111 and her pulse was 101. Her lung sounds were coarse in the lower bases and upper right lobe. Family was notified lung sounds were worsening.

p. On 2/7/24 Tenant #9 was SOB, her lips were light blue in color, oxygen was 84-90%, she was weak and could barely staff. Tenant #9 required the assistance of two staff for transfers. Her lung sounds were coarse and she was wheezing. She was transferred to the hospital for evaluation.

q. On 2/8/24 Tenant #9 was admitted for congestive heart failure and elevated blood pressure.

A Services Received document reflected from 2/4/24 to 2/7/24 Tenant #9 refused bathing due to being too weak, required the assistance of two staff for transfers and toileting assistance, was wheezing, unsteady and refused activities and meals.

Tenant #9's most current service plan had an effective date of 12/29/23, which was prior to the evaluations completed on 1/4/24. The service plan was not based on evaluations completed. The service plan was also not updated as needed with significant changes including notification of the T8 compound fracture, UTIs and treatment, the warmth and redness in her right leg with treatment, redness under her breast and treatment, fall with hitting her head and bleeding, elevated blood pressure, low oxygen saturation, SOB and wheezing and weakness, requiring the assistance of two staff for transfers and toileting, refusals of meals and activities due to weakness.

2. When interviewed on 2/21/24 at 3:05 p.m. the Clinical Director confirmed all the service plans were provided for the tenants reviewed.

**Quartet Plan of Correction: AL**

**1.Medications**
**481-67.5(2)f(4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant.**

**Elements detailing how the Program will correct each regulatory insufficiency, including at the system level.**
Tenant #9 MAR reviewed. RN completed an updated assessment on 5/30/2024. Orders for treatment are no longer applicable. Assessment and service plan updated to reflect current needs.

**Measures taken to ensure the problem does not reoccur/ How the Program plans to monitor performance to ensure compliance.**
A daily medication dashboard audit was initiated 11/2/2023 and will continue daily x2 weeks and every other day ongoing (business hours). QAPI meetings will determine ongoing plan. On 11/2/2023 and 5/31/2024 educated all licensed nurses to complete orders timely and treatment orders will be entered in MAR and services. Initiated a daily end of the day audit to ensure orders are entered and supplies are available. Audit will continue daily x2 weeks and every other day ongoing (business hours). QAPI meetings will determine ongoing plan. Assistant Clinical Director or designee is responsible for audits.

**The date by which the regulatory insufficiency will be corrected.**
6/30/2024

**2.Evaluation of Tenant**
69.22(3) Evaluation annually and with significant change. A program shall evaluate each tenant's functional, cognitive and health status as needed with significant change, but not less than annually, to determine the tenant's continued eligibility for the program and to determine any changes to services needed. The evaluation shall be conducted by a health care professional, a human service professional, or a licensed practical nurse via nurse delegation when the tenant has not exhibited a significant change. A licensed practical nurse shall not complete the evaluation when the tenant has exhibited a significant change.

**Elements detailing how the Program will correct each regulatory insufficiency, including at the system level.**
New assessment completed on 5/30/2024 with tenant #9. All services reflect current condition and needs/expected needs. Services have also been updated to include interventions and or treatments for chronic conditions.

**Measures taken to ensure the problem does not recur/ How the Program plans to monitor performance to ensure compliance.**
Licensed nurses will meet on a regular basis to discuss current resident needs to ensure service plans and plan of care are meeting the health and safety of all tenants.
Licensed nurses will initiate a shared spreadsheet on or before 6/30/2024 of any acute conditions that require a service change and delegate as appropriate.
**The date by which the regulatory insufficiency will be corrected.**
6/30/24

**3. 481-69.25(1)l Tenant Documents**
69.25(1) Documentation for each tenant shall be maintained by the program and shall include: i. When any personal or health-related care is delegated to the program, the medical information sheet; documentation of health professionals' orders, such as those for treatment, therapy, and medication; and nurses' notes written by exception

**Elements detailing how the Program will correct each regulatory insufficiency, including at the system level.**
Chart review of Tenant #9 conducted on or before 6/30/2024. All orders, completion of events, and or results are documented in progress notes. Tenant #8 is discharged.

**Measures taken to ensure the problem does not reoccur/ How the Program plans to monitor performance to ensure compliance.**
Licensed nurses will meet on a regular basis to discuss current resident needs and change of condition to meet the current needs and ensure service plans are updated on a regular basis. Will use State of Iowa change of condition chart table, page 20, Ch 69.
Licensed nurses will initiate a shared spreadsheet of any acute issues that require a service change and delegate as appropriate.
Initiated a daily end of the day audit to ensure orders are entered and supplies are available. Audit will continue daily x2 weeks and every other day ongoing (business hours). QAPI meetings will determine ongoing plan. Assistant Clinical Director or designee is responsible for audits.

**The date by which the regulatory insufficiency will be corrected.**
6/30/2024

**4. 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.

**Elements detailing how the Program will correct each regulatory insufficiency, including at the system level.**
New assessment completed on 5/30/2024 with tenant #9. All services reflect current condition and needs/expected needs. Services have also been updated to include interventions and or treatments for chronic conditions.

**Measures taken to ensure the problem does not recur/ How the Program plans to monitor performance to ensure compliance.**
Licensed nurses will meet on a regular basis to discuss current resident needs and change of condition to meet the current needs and ensure service plans are updated on a regular basis. Will use State of Iowa change of condition chart table, page 20, Ch 69.
Licensed nurses will initiate a shared spreadsheet of any acute issues that require a service change and delegate as appropriate.
Initiated a daily end of the day audit to ensure orders are entered and supplies are available. Audit will continue daily x2 weeks and every other day ongoing (business hours). QAPI meetings will determine ongoing plan. ACD or designee is responsible for audits.

**The date by which the regulatory insufficiency will be corrected.**
6/30/2024