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 09/09/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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
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: 64 Number of tenants with cognitive impairment: 1 Total census: 65 The following regulatory insufficiency was cited during the investigation into Complaint #123058-C.	A 000	The POC is attached	
A 150	481-67.2(3) Program Policies and Procedures 67.2(3) The program shall follow the policies and procedures established by the program. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the program failed to follow the incident and accident procedure involving 1 of 3 tenants reviewed (Tenant #1). Findings follow: The program had a Resident Incident Report dated 8/27/24 at 2:23 AM indicating Tenant #1 was found on the floor of her bedroom without pants or socks on. Tenant #1 was confused when trying to explain what occurred. The incident report form had spaces for staff to enter the time tenants' family and physician were notified. Tenant #1's hospice nurse was notified on 8/27/24 at 4:12 AM. Her family was not notified.	A 150		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Executive Director — (X6) DATE: 10/9/24

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A 150	Continued From page 1 The program had an incident and accident procedure which would ensure all incidents and accidents were promptly reported to a tenant's representative. On 9/4/24 at 7:45 PM, the Regional Director of Operations reported it was her understanding in the past if a tenant was on hospice, staff were directed to have hospice staff inform tenants' representatives of falls. She has since asked the community to notify tenants' representatives of an incident or accident.	A 150		

Quartet Senior Living
Plan of Correction

Violation/Deficiency: A 150 481-67.2(3) Program Policies and Procedures- Notification to POA/Families

1. **Elements detailing how the Program will correct each regulatory insufficiency, including at the system level.**

   For the resident found to have been affected with this deficient practice, community called the family and notified of incidents and ensured they were update on resident's clinical status. Family was also informed that going forward, community will continue to update them for incidents and any other clinical changes along with hospice communication. Resident Service Director (RSD) and designee conducted a thorough audit of fall incidents. RSD provided in-service/ training sessions for nurses and clinical staff, using procedure for Incident & Accident Management, focusing on the importance of timely notification of resident representatives regarding incidents.

2. **Measures taken to ensure the problem does not recur**

An audit tool has been implemented and is being reviewed by the RSD or designee each week. The Resident Service Director or designee to ensure that there is timely notification of incidents to resident representative.

3. **How the Program plans to monitor performance to ensure compliance?**

Results of the audit will be reviewed at the community QAPI meeting. The team will review the audits and update as needed. These audits will be conducted for three months to ensure that the community stays within compliance. After the quarter, the QAPI committee will make recommendations to continue or cease if being done appropriately and maintaining compliance.

4. **The date by which the regulatory insufficiency will be corrected.**

October 30st, 2024