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 04/07/2026

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. Tenants without cognitive impairment: 84 Tenants with cognitive impairment: 4 Total census: 88 There were no regulatory insufficiencies cited during the investigation of Incident #130725-I and Incident #131404-I. The following regulatory insufficiencies were cited during the investigation of Complaint #130718-C.	A 000	See attached POC 5/23/26	
A 102	481-67.2(1)a Program Policies and Procedures 67.2(1) A program's policies and procedures must meet the minimum standards set by applicable requirements. All programs shall have policies and procedures related to the following: a. Reporting of incidents, including allegations of dependent adult abuse on incident report forms to provide a detailed incident report completed at the time of the incident and include statements from individuals, if any, who witnessed the incident. The program will identify in the program's policy who of the program staff is responsible for completion of the initial report. The report will remain accessible for a minimum of three years. All accidents or unusual occurrences within the program's building or on the premises that affect tenants will be reported as incidents. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the	A 102		

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 04/07/2026

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 102	Continued From page 1 Program failed to ensure an incident report was completed in detail and included witness statements for 1 of 2 discharged tenants reviewed (Tenant C2). Finding follows: Record review on 4/1/26 revealed Tenant C2's incident report, dated 10/22/25, noted he called for assistance in getting to the bedroom. He ambulated with his walker and an assist of two. While walking in the bedroom he became unbalanced, resulting in a fall. He did not hit his head. Tenant C2 said, "my shoulder, my shoulder". His vitals were taken and Tenant C2 was assisted up from the ground. An incident note on 10/27/25 documented the root cause of the fall on 10/22/25 was staff ambulating the tenant. The fall intervention documented: staff were educated Tenant C2 was no longer ambulatory. During an interview on 4/1/26 at 11:40 a.m. Staff D recalled receiving a page from former Staff E asking for assistance with Tenant C2 after he experienced a fall. Staff D arrived with the vitals cart. Tenant C2 was in the bathroom. She was stunned Tenant C2 walked to the bathroom and Staff E did not use his wheelchair. Staff E told Staff D the tenant wanted to walk to the bathroom. Tenant C2's wife shook her head when this was said, indicating the tenant did not want to walk, and seemed distraught about the incident. Staff D reported the incident to the Wellness Director. Tenant C2's wife was interviewed on 4/1/26 at 10:45 a.m. and she explained there were incidents with Staff E who worked the overnight shift. Staff E called them names like lazy and said they would not follow her commands. The wife reported she had memory problems but	A 102		

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 04/07/2026

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 102	Continued From page 2 believed her husband fell when pushed by Staff E one night, but could not pinpoint the date this occurred. She asked management not to have Staff D return to the apartment following the incident. On 4/1/26 at 2:05 p.m. the Executive Director and the Wellness Director explained they talked with Tenant C2 and his wife about the incident the day after the occurrence. They were not sure who the second staff was who assisted Staff D with transporting Tenant C2 to the bathroom. Tenant C2 demonstrated what Staff D did and it looked more like assisting to the Executive Director rather than pushing. The wife told them Staff D was very loud. They confirmed the incident report was not completed in detail and did not contain witness statements from all parties present at the event.	A 102		
A 122	481-67.3(2) Tenant Rights 481-67.3(231B,231C,231D) Tenant rights. All tenants have the following rights: 67.3(2)?To receive care, treatment and services that are adequate and appropriate. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide adequate services to 1 of 2 discharged tenants reviewed (Tenant C1) and 1 of 4 current tenants reviewed (Tenant #2). Findings follow: 1. Record review on 3/31/26 revealed a service plan for Tenant C1 labeled by the Program as "New Service Plan" which included a number of	A 122		

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 04/07/2026

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 122	Continued From page 3	A 122		

interventions added on 9/29/25. She lived in an apartment with her husband. They were given education she needed to wear her pendant and request assistance from staff for ambulation and transfers as she was at risk for falls due to weakness and impaired reasoning. She required help with toileting. If her husband was not available, he would call for staff assistance with this task. She needed staff assistance to change her incontinence products. In order to transfer safely, she needed assistance.

During an interview with Tenant C1's daughter on 4/1/26 at 12:33 p.m. she recalled staying with her parents for a few days including 9/30/25 - 10/1/25 after her father's surgery for a hernia. He was unable to push or lift anything over 10 pounds. Tenant C1, her husband and the daughter met with the Wellness Director the day after her father's surgery (on 9/28/25) to discuss his change in abilities. Her mother experienced bladder spasms for one to two hours in the middle of each night and might get the spasms every 15 minutes. Her father was unable to assist Tenant C1 to the bathroom following his surgery and the daughter said she was not trained to provide the toileting assistance. The Wellness Director told them they paid for the "gold level package" and could push the emergency response pendant as many times as they wanted. Prior to the conversation, her father was hesitant to push the pendant for assistance.

On 10/1/25 around 12:30 a.m. the bladder spasms started and lasted until 2:30 a.m. Staff E assisted Tenant C1 a few times and then asked to speak with the daughter. Staff E told the daughter she could no longer help Tenant C1 per direction from the on-call nurse, so they were on their own for the rest of the night. Staff E

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 04/07/2026

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 122	Continued From page 4	A 122		

explained she was too busy and there were too many other tenants she needed to check on to spend so much time in Tenant C2's apartment. Tenant C2's husband then said he believed they could manage for the rest of the night.

During an interview on 4/1/26 at 4:00 p.m. Staff C recalled working on 10/1/25 with Staff E. At the time, the Program had a messaging system. Staff E typed something on this system like she did not want to keep providing toileting assistance to Tenant C1. Staff C was working in the attached memory care unit. She told Staff E her preferences did not matter, she had to assist Tenant C1 to the bathroom. Staff E then came to the memory care unit fuming. It sounded to Staff C like Staff E told the daughter she needed to take care of toileting her mother. Staff C did not believe an on-call nurse told Staff E she should quit caring for Tenant C1.

During an interview on 4/1/26 at 6:20 p.m. Staff F explained she worked the overnight shift on 10/1/25 but on the attached memory care unit. Staff E came to the memory care unit and said she was angry because she kept taking Tenant C1 to the bathroom.

During an interview on 4/1/26 at 2:05 p.m. the Wellness Director recalled talking with Staff E about this incident. She educated Staff E about the need to provide all services to tenants listed on the service plan. The Wellness Director told Staff E Tenant C1 could page for staff assistance all night and she needed to respond.

Tenant C1 moved to the Program on 5/13/25. A review of task sheets for the months of July, 2025 - October, 2025 revealed staff provided safety checks to Tenant C1 every 2 hours from 7/1/25 -

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 04/07/2026

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 122	Continued From page 5 8/11/25. Safety checks ended at that time. Staff provided Tenant C1 with bathroom assistance every shift from 7/1/25 through her discharge from the Program on 10/28/25. During an exit meeting on 4/7/26 at 2:40 p.m. the Wellness Director reported safety checks for Tenant C1 should have continued every two hours from 8/11/25 through her discharge from the Program on 10/28/25. She was unsure how or why the safety checks ended. The checks should have continued as they knew Tenant C1 was impulsive, would get up on her own and wanted to ensure her safety. 2. Record review on 4/1/26 of a February, 2026 schedule of tasks for Tenant #2 revealed staff were scheduled to check and empty his urinary catheter leg bag every four hours. Tenant #2 indicated his drainage bag leaked at least a dozen times when interviewed on 3/31/26 at 10:05 a.m. He indicated when the bag would hang over the side of his bed it would leak on the floor causing a mess. He could not imagine what the floor under his bed looked like. During an interview on 3/30/26 at 11:55 a.m. Staff A reported there were a few times she noticed staff were not closing Tenant #2's nighttime drainage bag properly. It was left open and the urine leaked out of it. On 3/30/26 at 12:30 p.m. Staff B reported she entered Tenant #2's apartment and found his drainage bag open causing his bed to be wet with urine. This happened a couple of times a month. The Program's procedure on the management of Urinary Catheters (effective 3/1/21) directed staff	A 122		

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 04/07/2026

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 122	Continued From page 6 were to assess the securement device daily. During an interview on 3/31/26 at 2:05 p.m. with the Executive Director and the Wellness Director they reported it was not appropriate for Tenant #2 to experience a leaking catheter due to the bag not being closed properly.	A 122		
A 152	481-67.5(2)e(3) Medications 481-67.5(231B,231C,231D) Medications. 67.5(2)?Each program shall follow its own written medication policy, including the following: e. When medications are administered traditionally by the program: (3) Medications and treatments will be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or PA. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to follow physician's orders for 1 of 1 tenants reviewed who received wound care (Tenant #2). Findings follow: 1. Record review on 4/2/26 revealed Physician Order Details dated 2/16/26 identified Tenant #2 received the following orders: - Wound #9 Scrotum: cleanse wound and peri-wound with non-cytotoxic agent, apply a thin layer of Triad cream combined with Nystatin cream to the surrounding skin, change dressing every day and as needed.	A 152		

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 04/07/2026

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 152	Continued From page 7	A 152		

- Wound #10 Penis from catheter rubbing: cleanse wound and peri-wound with non-cytotoxic agent, apply a thin layer of Triad cream combined with Nystatin cream to the surrounding skin daily.
- Wound #17 Left Ischial: cleanse wound and peri-wound with non-cytotoxic agent, apply a thin layer of Triad cream combined with Nystatin cream to the surrounding skin every day.
- Wound #18 Right Ischial: cleanse wound and periwound with non-cytotoxic agent, apply a thin layer of Triad cream combined with Nystatin cream to the surrounding skin every day.
- Additional orders: four layer compression bandages to the bilateral lower extremities for edema control.

The Program received orders on 2/23/26 which were unchanged except for Wound #10. Program staff were to cleanse the wound and peri-wound with a non-cytotoxic agent, apply a thin layer of Triad cream combined with Nystatin cream to the surrounding skin, cut a slit in gauze to put around the catheter. Staff needed to change the dressing every day and as needed.

The order for Wound #10 was entered on the Medication Administration Record (MAR), except for instructions on cleansing the wound and peri-wound with a non-cytotoxic agent, on 2/17/26. The order was not updated on 2/23/26 to reflect gauze should be put around the catheter to protect the penis. The orders for Wound #9 were on the MAR for all of February, 2026, although staff only applied the treatment four times throughout the month. There were no orders on the February MAR for Wound #17, Wound #18 or the four layer compression bandages.

2. Record review on 4/2/26 revealed Physician

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 04/07/2026

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 152	Continued From page 8	A 152		

Order Details dated 3/9/26 (the only orders the Program had for the month of March) included the following:
- Wound #9 Scrotum: cleanse wound and peri-wound with non-cytotoxic agent, apply Zinc cream combined with Nystatin powder daily and as needed.
- Wound #10 Penis from catheter rubbing: cleanse wound and peri-wound with non-cytotoxic agent, apply a thin layer of Zinc cream combined with Nystatin powder (careful to avoid urethra). Cut slit in gauze and put around the catheter and change daily and as needed.
- Wound #17 Left Ischial: cleanse wound and peri-wound with non-cytotoxic agent, apply a thin layer of Zinc cream to the surrounding area daily and as needed.
- Apply four layer compression bandages to the bilateral lower extremities.

A review of the March MAR revealed it was not updated to change the barrier cream from Triad cream to Zinc cream. The MAR did not include applying gauze to Tenant C2's penis to treat Wound #10. Treatment of Wound #17 and the compression bandages were not on the MAR.

3. The Program had measurements of some of the pressure ulcers from Tenant #2's visits to the wound clinic.
- On 1/14/26 Wound #9 to the scrotum measured 10x7x0.1. It shrank to 4.7x3.5x0.1 by 2/23/26.
- On 1/14/26 Wound #10 to the penis measured 1x0.5x0.1. It grew to 2.8x2x0.1 on 2/23/26.

4. Staff C was interviewed on 4/1/26 at 4:00 p.m. and stated she did not believe Tenant #2's wound care to his penis or scrotum was ordered. Tenant #2 was a large man who required three to four staff to transfer him at times. Staff were focused

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 04/07/2026

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 152	Continued From page 9	A 152		

on lifting him safely and providing incontinence care. His treatments did not always get completed. She explained it should not be this way but it had come to this.

On 4/2/26 at 10:25 a.m. Staff K indicated four staff needed to hold Tenant #2 up that morning while the nurse provided incontinence care to Tenant #2. Staff did their best to apply the treatments to his wounds. She'd observed his incontinence garment sticking to his scrotum and bleeding when she pulled it off. Staff K applied barrier cream to Tenant #2's ischium even though it was not listed on the MAR.

Tenant #2 had a Visiting Nurse who came to the building once a week. When interviewed on 4/2/26 at 8:50 a.m. she reported she believed Tenant #2 needed a higher level of care. Program staff needed to properly clean his penis and apply the ordered treatment to his penis and scrotum. She did not ever see the ordered gauze dressing on Tenant #2's penis and he told her staff were not applying this. The Visiting Nurse was not aware the Wellness Director was not receiving orders from the wound clinic. She did not know the MAR did not contain the accurate orders.

During an exit meeting on 4/7/26 at 2:40 p.m. the Wellness Director confirmed she failed to obtain Tenant #2's orders from the wound clinic. The Program provided transportation for the tenant to attend his appointments at the wound clinic. She expected the tenant to return with his orders or the clinic to fax the orders to the Program. When this did not occur, she acknowledged she should have contacted the wound clinic to get the orders. The Wellness Director confirmed she did not update Tenant #2's MAR with the correct orders.

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 04/07/2026

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 191	481-67.9(1) Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(1) Number of staff. A sufficient number of trained staff shall be available at all times to fully meet tenants' identified needs. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to adequately train staff on providing catheter care to 1 of 4 tenants reviewed (Tenant #2). Finding follows: Record review on 4/1/26 revealed Tenant #2 had a task schedule for March, 2026 which required staff to check and empty his urinary catheter leg bag daily every four hours daily. His service plan, dated 1/5/26, identified he required assistance with changing his catheter bag. When interviewed on 3/31/26 at 12:30 p.m. Staff B reported she assisted Tenant #2 with emptying the urine from his catheter bag. She would wear gloves, cleanse the tip of the spigot with an alcohol wipe, dump the urine and cleanse the bag with vinegar and water. Staff B did not provide any peri care on Tenant #2 as other employees did this in the shower. She only performed peri care on Tenant #2 if she saw any weird build up in the periurethral area. During an interview on 3/31/26 at 2:30 p.m. Staff G explained he provided catheter care to Tenant #2. He would empty the urine from the drainage bag then place vinegar in this bag to sanitize it. Finally, he would attach the night bag to Tenant #2's catheter tubing. Staff G did not mention cleaning the tenant's periurethral area.	A 191		

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 04/07/2026

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 191	Continued From page 11 During an interview on 3/31/26 at 2:50 p.m. Staff H she reported Tenant #2 would call when he needed his drainage bag emptied. She would then attach the night bag to the tubing. Tenant #2 was unable to stand so she could not complete his periurethral care. The Program had a procedure for staff to follow when performing catheter care for tenants (Indwelling Urinary Catheter delegation, effective 3/1/21). Prior to emptying the drainage bag, they should clean the periurethral area using soap and water or a disposable wipe during routine hygiene. They should inspect the periurethral area for signs of inflammation and infection. Staff should make sure the catheter was secured properly, assess the securement device and monitor changes in urine output. At that point, staff should move on to emptying the drainage bag. A review of staff training revealed Staff H was trained in catheter care on 11/26/24. There was no documentation of Staff B or Staff G being trained on catheter care until 4/2/26. Staff B was hired on 7/24/23. Staff G began working at the Program on 1/12/26. On 3/31/26 at 4:40 p.m. the Wellness Director reported staff were to clean Tenant #2's penis with soap and water prior to changing his leg bag. They should be performing this task at a minimum of every night. On 4/7/26 at 2:40 p.m. the Wellness Director indicated she was not completing delegations for newly employed staff to ensure they were properly trained, including Staff G.	A 191		

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 04/07/2026

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 196	Continued From page 12	A 196		
A 196	481-67.9(4)b Staffing 481-67.9(231B,231C,231D) Staffing. 67.9(4)?Nurse delegation procedures. The program's registered nurse shall ensure certified and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall include the following: b. Within 30 days of beginning employment, all program staff will receive training by the program's nurse(s). This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide training to 3 of 3 staff reviewed who were hired within the prior 4 months (Staff G, Staff I and Staff J). Findings follow: Record review on 4/7/26 of employee training records revealed the following staff were not trained by the nurse on job competencies at the time of the investigation. A staff list provided by the Program on 3/30/26 listed the hire dates of the following employees: - Staff G was hired by the Program on 1/12/26. He was not delegated by the nurse within 30 days of beginning work to ensure he was competent to meet tenants' needs. - Staff I was hired by the Program on 1/12/26. She was not delegated by the nurse within 30 days of beginning work to ensure she was competent to meet tenants' needs. - Staff H was hired by the Program on 1/12/26. She was not delegated by the nurse within 30 days of beginning work to ensure she was competent to meet tenants' needs.	A 196		

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 04/07/2026

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 196	Continued From page 13 During an interview on 4/7/26 at 2:40 p.m. the Wellness Director confirmed she was not delegating care associates, including Staff G, Staff I and Staff H. Staff G, Staff I and Staff H were not delegated at the end of the investigation.	A 196		

Plan of Correction

StoryPoint Bettendorf

Previously known as Quartet Senior Living – AL

3150 Glenbrook Circle South

Bettendorf, IA 52722

Cited Deficiency: A 122 481-67.3(2) - Tenant Rights

- **The Corrective Actions which were accomplished for those residents who were found to have been affected by the deficient practice.**
    - Tenant C1 was discharged 10/28/2026 and Tenant #2 discharged 4/3/2026.
- **How the facility will identify other residents having the potential to be affected by the same practice and what corrective action will be taken:**
    - All residents that require frequent toileting and all residents with a urinary catheter have the potential to be affected.
    - No other residents were identified during the post investigation.
- **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not reoccur:**
    - The Wellness Director or her designee will identify residents that require frequent toileting and will ensure this task is active in the plan of care weekly.
    - The Wellness Director or her designee will identify residents with indwelling urinary catheters and will ensure catheter care tasks are active in the plan of care weekly.
    - The Wellness Director or her designee will educate and delegate all staff on catheter care.
    - The Wellness Director or designee will monitor new residents for the presence of an indwelling urinary catheter and will ensure the plan of care includes catheter care.
- **How the corrective actions will be monitored to ensure the deficient practice will not reoccur:**
    - An ad-hoc quality meeting was held with all Wellness leaders to discuss the deficient practice.

    - Any deficiencies noted in internal audits will be addressed at the Clinical Stand-Up meeting in which the 24-hour report is reviewed.
- **The date by which the regulatory insufficiency will be corrected: 5/23/2026**

Plan of Correction

StoryPoint Bettendorf

Previously known as Quartet Senior Living – AL

3150 Glenbrook Circle South

Bettendorf, IA 52722

Cited Deficiency: A 102 481.67.2(1)a - Program Polies and Procedures

- **The Corrective Actions which were accomplished for those residents who were found to have been affected by the deficient practice.**
    - Tenant C2 was discharged 12/3/2026.

- **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:**
    - All residents that have had a witnessed fall have the potential to be affected.
    - No other residents were identified during the post investigation.

- **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:**
    - The Wellness Director or her designee will review the Incident Report in PCC as well as the shift-to-shift staff documentation during the Clinical Stand-Up Meeting and review for witnessed falls.
    - The Wellness Director RN or her designee will ensure that any witnessed falls have an incident report completed in detail with witness statements included.
    - The Wellness Director or her designee will conduct an in-service training that reviews required information to complete a witnessed fall in detail, including witness statements.

- **How the corrective actions will be monitored to ensure the deficient practice will not reoccur:**
    - An ad-hoc quality meeting was held with all Wellness leaders to discuss the deficient practice.
    - Any deficiencies noted in internal audits will be addressed at the Clinical Stand-Up meeting in which the Incident Reports and the 24-Hour Report is reviewed.

- **The date by which the regulatory insufficiency will be corrected: 5/23/2026**

Plan of Correction

StoryPoint Bettendorf

Previously known as Quartet Senior Living – AL

3150 Glenbrook Circle South

Bettendorf, IA 52722

Cited Deficiency: A 152 481-67.5(2)e(3) - Medications

- **The Corrective Actions which were accomplished for those residents who were found to have been affected by the deficient practice:**
  - Tenant #2 was discharged 4/3/2026
- **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:**
  - All residents that VNA completes the ordered treatments to their wounds have the potential to be affected.
  - No other residents were identified during the post investigation.
- **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not reoccur:**
  - The Wellness Director or her designee will ensure a Communication Binder is initiated for residents that VNA provides treatment cares for.
  - The Wellness Director or her designee will train VNA to use binder for new wound care orders.
  - The Wellness Director or her designee will review and update the EMAR if new wound orders are present.
- **How the corrective actions will be monitored to ensure the deficient practice will not reoccur:**
  - An ad-hoc quality meeting was held with all Wellness leaders to discuss the deficient practice.
  - Any deficiencies noted in internal audits will be addressed at the Clinical Stand-Up meeting in which the 24-hour report is reviewed.
- **The date by which the regulatory insufficiency will be corrected: 5/23/2026**

Plan of Correction

StoryPoint Bettendorf

Previously known as Quartet Senior Living – AL

3150 Glenbrook Circle South

Bettendorf, IA 52722

Cited deficiency: A 191 481.67.9(1) - Staffing

- **The Corrective Actions which were accomplished for those residents who were found to have been affected by the deficient practice:**
  - Tenant #2 was discharged 4/3/2026.
- **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:**
  - All residents that receive activities of daily living care from StoryPoint Bettendorf staff were affected.
  - No other residents were identified during the post investigation.
- **What measures will be put into place or what systemic changes the facility will make to ensure the deficient practice does not reoccur:**
  - The Wellness Director or her designee will review records of nursing department employees to ensure delegations are completed.
  - The Wellness Director or her designee will complete delegations for those employees not yet delegated.
- **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not reoccur:**
  - The Wellness Director or her designee will complete delegations for nursing department new hires within 30 days of employment by ensuring delegation occurs during the new hire training period.
  - The Wellness Director or her designee will review new hire files monthly to ensure the delegations have been completed.
- **How the corrective actions will be monitored to ensure the deficient practice will not reoccur:**
  - An ad-hoc quality meeting was held with all Wellness leaders to discuss the deficient practice.

    - Any deficiencies noted in internal audits will be addressed at the Clinical Stand-Up meeting.
- **The date by which the regulatory insufficiency will be corrected: 5/23/2026**