

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED

OMB NO. 0938-0391

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>165280</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>10/15/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>Bettendorf Health Care Center</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2730 Crow Creek Road , Bettendorf, Iowa, 52722</b>		
(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) COMPLETION DATE
F0000 ✓ KG	INITIAL COMMENTS Correction date: <u>10/23/2025</u>  The following deficiency resulted from investigation of complaints #2639178-C, and facility reported incidents #2637540-I conducted October 13, 2025 to October 15, 2025.  Complaints #2639178-C resulted in a deficiency.  See code of Federal Regulations (42 CFR), Part 483, Subpart B-C.	F0000		
F0627 SS = D	Inappropriate Discharge  CFR(s): 483.15(c)(1)(2)(i)(ii)(7)(e)(1)(2);483.21(c)(1)(2)  §483.15(c) Transfer and discharge-  §483.15(c)(1) Facility requirements-  §483.15(c)(1)(i) The facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless-  (A)The transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the facility;  (B)The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;  (C)The safety of individuals in the facility is endangered due to the clinical or behavioral status of the resident;  (D)The health of individuals in the facility would otherwise be endangered;  (E)The resident has failed, after reasonable and	F0627		10/23/2025

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jennifer Drenk</i>	TITLE <i>Administrator</i>	(X6) DATE <i>12/9/2025</i>
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F0627 SS = D	<p>Continued from page 1 appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility. Nonpayment applies if the resident does not submit the necessary paperwork for third party payment or after the third party, including Medicare or Medicaid, denies the claim and the resident refuses to pay for his or her stay. For a resident who becomes eligible for Medicaid after admission to a facility, the facility may charge a resident only allowable charges under Medicaid; or</p> <p>(F)The facility ceases to operate.</p> <p>§483.15(c)(1)(ii) The facility may not transfer or discharge the resident while the appeal is pending, pursuant to § 431.230 of this chapter, when a resident exercises his or her right to appeal a transfer or discharge notice from the facility pursuant to § 431.220(a)(3) of this chapter, unless the failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.</p> <p>§483.15(c)(2) Documentation.</p> <p>When the facility transfers or discharges a resident under any of the circumstances specified in paragraphs (c)(1)(i)(A) through (F) of this section, the facility must ensure that the transfer or discharge is documented in the resident's medical record and appropriate information is communicated to the receiving health care institution or provider.</p> <p>(i)Documentation in the resident's medical record must include:</p> <p>(A) The basis for the transfer per paragraph (c)(1)(i) of this section.</p> <p>(B) In the case of paragraph (c)(1)(i)(A) of this section, the specific resident need(s) that cannot be met, facility attempts to meet the resident needs, and the service available at the receiving facility to meet the need(s).</p> <p>(ii)The documentation required by paragraph (c)(2)(i) of this section must be made by-</p> <p>(A) The resident's physician when transfer or discharge is necessary under paragraph (c) (1) (A) or (B) of this section; and</p>	F0627		

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F0627 SS = D	<p>Continued from page 2</p> <p>(B) A physician when transfer or discharge is necessary under paragraph (c)(1)(i)(C) or (D) of this section.</p> <p>§483.15(c)(7) Orientation for transfer or discharge.</p> <p>A facility must provide and document sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility. This orientation must be provided in a form and manner that the resident can understand.</p> <p>§483.15(e)(1) Permitting residents to return to facility.</p> <p>A facility must establish and follow a written policy on permitting residents to return to the facility after they are hospitalized or placed on therapeutic leave. The policy must provide for the following.</p> <p>(i)A resident, whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, returns to the facility to their previous room if available or immediately upon the first availability of a bed in a semi-private room if the resident-</p> <p>(A) Requires the services provided by the facility; and</p> <p>(B) Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services</p> <p>(ii)If the facility that determines that a resident who was transferred with an expectation of returning to the facility, cannot return to the facility, the facility must comply with the requirements of paragraph (c) as they apply to discharges.</p> <p>§483.15(e)(2) Readmission to a composite distinct part. When the facility to which a resident returns is a composite distinct part (as defined in § 483.5), the resident must be permitted to return to an available bed in the particular location of the composite distinct part in which he or she resided previously. If a bed is not available in that location at the time of return, the resident must be given the option to return to that location upon the first availability of a bed there.</p> <p>§483.21(c)(1) Discharge Planning Process</p>	F0627		

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F0627 SS = D	<p>Continued from page 3</p> <p>The facility must develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions. The facility's discharge planning process must be consistent with the discharge rights set forth at 483.15(b) as applicable and-</p> <p>(i) Ensure that the discharge needs of each resident are identified and result in the development of a discharge plan for each resident.</p> <p>(ii) Include regular re-evaluation of residents to identify changes that require modification of the discharge plan. The discharge plan must be updated, as needed, to reflect these changes.</p> <p>(iii) Involve the interdisciplinary team, as defined by §483.21(b)(2)(ii), in the ongoing process of developing the discharge plan.</p> <p>(iv) Consider caregiver/support person availability and the resident's or caregiver's/support person(s) capacity and capability to perform required care, as part of the identification of discharge needs.</p> <p>(v) Involve the resident and resident representative in the development of the discharge plan and inform the resident and resident representative of the final plan.</p> <p>(vi) Address the resident's goals of care and treatment preferences.</p> <p>(vii) Document that a resident has been asked about their interest in receiving information regarding returning to the community.</p> <p>(A) If the resident indicates an interest in returning to the community, the facility must document any referrals to local contact agencies or other appropriate entities made for this purpose.</p> <p>(B) Facilities must update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate entities.</p> <p>(C) If discharge to the community is determined to not be feasible, the facility must document who made the determination and why.</p> <p>(viii) For residents who are transferred to another SNF</p>	F0627		

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F0627 SS = D	<p>Continued from page 4 or who are discharged to a HHA, IRF, or LTCH, assist residents and their resident representatives in selecting a post-acute care provider by using data that includes, but is not limited to SNF, HHA, IRF, or LTCH standardized patient assessment data, data on quality measures, and data on resource use to the extent the data is available. The facility must ensure that the post-acute care standardized patient assessment data, data on quality measures, and data on resource use is relevant and applicable to the resident's goals of care and treatment preferences.</p> <p>(ix) Document, complete on a timely basis based on the resident's needs, and include in the clinical record, the evaluation of the resident's discharge needs and discharge plan. The results of the evaluation must be discussed with the resident or resident's representative. All relevant resident information must be incorporated into the discharge plan to facilitate its implementation and to avoid unnecessary delays in the resident's discharge or transfer.</p> <p>§483.21(c)(2) Discharge Summary</p> <p>When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following:</p> <p>(iv) A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on clinical record review, resident and staff interviews and policy review, the facility failed to attempt to educate a resident on potential discharge options prior to his leaving after having signed an Against Medical Advice form for 1 of 1 resident reviewed. The facility reported a census of 63 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) dated 9/14/25 identified Resident #1 as cognitively intact with a BIMS (Brief</p>	F0627		

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F0627 SS = D	<p>Continued from page 6</p> <p>A review of a Facility Incident Report dated 10/7/25 at 9:00 PM documented that a nurse observed Resident #1 push Resident #2. Resident #2 fell onto the floor and hit her head. Resident #1 reported he did not push Resident #2, that the door pushed her. The Abuse and Neglect Coordinator and Director of Nursing were called, notified 911 to summon police and ambulance. Notified provider and family. Both residents were taken to the hospital for evaluation and neither one had injuries.</p> <p>A review of the progress notes had documentation of the following:</p> <p>a. On 10/8/25 at 2:23 AM Resident #1 returned from the hospital via taxi, was pleasant and cooperative.</p> <p>b. On 10/8/25 at 9:17 AM Resident #1 signed the AMA (Against Medical Advice) paperwork in the presence of the Business Office Manager (BOM) and DON (Director of Nursing).</p> <p>c. On 10/8/25 at 10:41 AM Resident #1 called himself a cab, packed some of his belongings and left the facility at this time. Provided medication list to the resident.</p> <p>Review of the clinical record did not reveal documentation to show other alternatives for discharge planning had been discussed with Resident #1 on 10/8/25.</p> <p>A review of the facility AMA (Against Medical Advice) Form had documentation that the resident released the facility of any further responsibility for the resident's care, safety or welfare. It was signed by the resident on 10/8/25 and witness signatures from the DON and the BOM.</p> <p>During an interview on 10/15/25 at 8:47 AM, Resident #1 reported an incident on 10/7/25 where Resident #2 kept trying to enter his room. He had called for the staff 5 different times to keep her away from his room and no one did anything. He reported the next morning the staff woke him up and told him to just sign the AMA (Against Medical Advice) paper. They told him it was because of the incident between him and Resident #2. He was still sleepy and did not really understand what the form was, other than it was to get him kicked out. He admitted he did have plans to eventually leave, but he felt he needed more time to learn how to do things on his own. The day he was discharged (10/8/25), he did not feel he could take care of himself. The staff did</p>	F0627		

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F0627 SS = D	<p>Continued from page 7 not inform him of plans to discharge him until he came back from the hospital (10/8/25) and told him he had to do this on his own and find a place to stay. He was sent to a homeless shelter, he did not have any medications with him and woke up the next morning with a blood sugar between 400 and 500 (a reading he obtained from an internal blood glucose monitor). He reported he did not have any insulin and an ambulance had to take him to the hospital. He did not feel safe in the homeless shelter. A friend of the family took him home from the hospital that day.</p> <p>During an interview on 10/13/25 at 10:25 AM, Staff C, Registered Nurse (RN) reported she did not feel Resident #1 fully understood the AMA form that they had him sign before he was discharged on 10/8/25. Staff C also reported Resident #1 needed to be in a facility so that his mental health and diabetes can be safely managed.</p> <p>During an interview on 10/14/25 at 8:58 AM, the Business Office Manager reported on 10/8/25 Resident #1 reported to her that he did not punch Resident #2 and he was fearful the police were going to come after him which is why he wanted to leave.</p> <p>During an interview on 10/14/25 at 9:31 AM, the Social Worker, reported on 10/8/25 when she spoke to Resident #1, he informed her of the incident between him and Resident #2 and that he wanted to leave. She also reported the Business Office Manager and the Director of Nursing had him sign the AMA paperwork.</p> <p>During an interview on 10/14/25 at 12:12 PM, the DON reported the staff informed her of the incident between Resident #1 and Resident #2 on 10/7/25. The next morning, she, the Social Worker and the Administrator made the decision that a court committal was necessary for resident and staff safety. However, when she came to work 10/8/25, the BOM already had spoken to Resident #1 about discharging. The DON was going to get him court committed so he had a place to go. The Social Worker called a local homeless shelter and found a bed for him. Resident #1 left in a cab the facility paid for to take him to the homeless shelter.</p> <p>During an interview on 10/15/25 at 12:20 PM, the Social Worker reported on 10/8/25, she had called the homeless shelter to see if they had a bed for Resident #1 and they did. She also called the local mental health facility he had been on the waiting list for and still no available bed for him. She also reported she was going to call the local community health clinic to make an appointment for him to get his medications and he</p>	F0627		

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F0627 SS = D	<p>Continued from page 8 informed her that he would go there himself and walk in.</p> <p>During an interview on 10/15/25 at 2:29 PM, the Business Office Manager reported on 10/8/25 at approximately 8:45 AM, Resident #1 approached her and kept saying he didn't punch Resident #2, he slammed the door and she fell. He was afraid he was going to be arrested. The police came in and talked to him after the incident. She explained they would not be coming after him. The only other alternative that was offered was they placed him on a waiting list for a local mental health facility.</p> <p>During an interview on 10/15/25 at 2:43 PM, the Social Worker reported she made arrangements for Resident #1 to be discharged to the homeless shelter after the AMA form was signed. The DON and Business Office Manager reviewed the AMA paperwork with Resident #1.</p> <p>During an interview on 10/15/25 at 3:01 PM, the, DON reported she and the Business Office Manager (BOM) had the resident sign the AMA form after the BOM explained the form to Resident #1. She also reported no one had offered him another alternative discharge plan to evaluate would be suitable within the next 30 days. She was not part of the conversation when he reported he wanted to leave and did not know who he approached first.</p> <p>The facility did not have a policy regarding a Discharge Against Medical Advice.</p>	F0627		

Bettendorf Healthcare Center

Survey: 10/10/2025 to 10/15/2025

Date of compliance: 10/23/2025

The preparation of the following plan of correction for this deficiency does not constitute and should not be interpreted as an admission nor an agreement by the facility of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction prepared for these deficiencies was executed solely because provisions of State and Federal law require it.

- 1) Immediate Fix
- 2) Potential Residents Affected
- 3) System Changes
- 4) Monitoring / QAPI
- 5) Date of Compliance = 10/23/2025

F627 – Inappropriate Discharge

1. The resident (R1) has discharged from the facility.
2. All discharged residents or residents preparing for discharge have the potential to be affected. An audit was completed of all discharges in the past 30 days to ensure all discharges were safe and followed our process for discharges and transfers.
3. Education was provided to the DON and Administrator by the Regional Nursing Consultant on 10/16/2025. The DON and Administrator provided education to the management team on 10/23/2025. Topics covered included discharge / transfer process, checklist for discharges, form of release of responsibility for discharge against medical advice.
4. As part of our Quality Assurance Program, the DON or Administrator will monitor for compliance for one month. Any negative findings will be corrected immediately with education/re-education as needed. Negative findings will be reported in the Quality Assurance meeting.
5. Date of Compliance: 10/23/2025