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 _____	09/13/2023

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: 69 Number of tenants with cognitive impairment: 1 Total census: 70 The following regulatory insufficiencies were cited during the initial certification visit conducted to determine compliance with certification rules for an Assisted Living Program:	A 000	The Plan of Correction is attached	
A 285	481-67.5(2)f(4) Medications 67.5(2) Each program shall follow its own written medication policy, which shall include the following: f. When medications are administered traditionally by the program: (4) Medications and treatments shall be administered as prescribed by the tenant's physician, advanced registered nurse practitioner or physician assistant. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to administer medications and treatments as prescribed for 3 of 4 current tenants reviewed who received staff administered medications (Tenants #1, #4 and #6). Findings follow: 1. Review of Tenant #1's file on 9/6/23 revealed	A 285		

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 _____	09/13/2023

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 285	Continued From page 1 July medication administration records (MARs) reflected over 30 entries when it was noted medications could not be administered due to not being available and that pharmacy was notified. In August 2023 there were over 15 entries when it was noted medications could not be administered due to be not being available and that pharmacy was notified. 2. Review of Tenant #4's file on 9/7/23 indicated a Physician Appointment Form dated 8/2/23 reflected an order for a wound to the left shin. The order indicated to change bandage daily, leave open to air overnight and to monitor. The order was noted on 8/5/23. The tenant's August 2023 MAR did not reflect the order for the wound care or completion of the primary care provider ordered treatment. 3. Review of Tenant #6's file on 9/7/23 revealed the July 2023 MAR reflected omissions on 7/3/23, 7/18/23 and 7/27/23 for bedtime medications. There were also two entries on 7/1/23 and 7/2/23 of a medication not available to administer. August 2023 MAR reflected omissions for medications at 8:00 p.m. and bedtime on 8/6/23. There was also one entry on 8/27/23 regarding a medication not being available to administer and that pharmacy had been notified. 4. When interviewed on 9/13/23 at 3:35 p.m. the Clinical Director confirmed all MARs were provided for the tenants listed above.	A 285		
A 345	481-67.9(4)b Staffing 67.9(4) Nurse delegation procedures. The program's registered nurse shall ensure certified	A 345		

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 _____	09/13/2023

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 345	Continued From page 2 and noncertified staff are competent to meet the individual needs of tenants. Nurse delegation shall, at a minimum, include the following: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s). This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide nurse delegated training within 30 days of employment for 2 of 2 staff (direct care staff) reviewed hired in 2023 (Staff A and Staff B). Findings follow: 1. Review of Staff A's training documents on 9/5/23 and 9/6/23 revealed a hire date of 5/8/23. A certificate dated 7/10/23 reflected Staff A had completed a New Hire Competency Skills Checklist. The evaluator of Staff A's competency was Staff G, a licensed practical nurse. Staff A's nurse delegated training dated 7/10/23 was not completed within 30 days of her employment and was not completed by a Registered Nurse (RN) as required. 2. Review of Staff B's training documents on 9/5/23 and 9/6/23 revealed a hire date of 2/13/23. Staff B had nurse delegated training completed on 3/15/23, which was greater than 30 days from her employment. 3. When interviewed on 9/13/23 at 3:35 p.m. the Clinical Director confirmed all nurse delegations were provided for the staff listed above.	A 345		
A 355	481-67.9(4)d Staffing	A 355		

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 _____	09/13/2023

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 355	Continued From page 3 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, at a minimum, include the following: d. Certified and noncertified staff shall receive training regarding service plan tasks (e.g., wound care, pain management, rehabilitation needs and hospice care) in accordance with medical or nursing directives and the acuity of the tenants' health, cognitive or functional status. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to provide nurse delegated training on all tasks provided by staff. This pertained to 3 of 3 staff reviewed that administered medications (Staff C, D, and E). Findings follow: 1. When interviewed on 9/13/23 at 3:35 p.m. the Clinical Director confirmed staff assisted four tenants with the international normalized ratio (INR) blood test. She confirmed Staff C and D would assist as they worked first shift and Staff E could possibly assist when occasionally working on on first shift. 2. Record review on 9/5/23 and 9/6/23 of Staff C's training documents revealed a hire date of 9/12/22.. Staff C had documented nurse delegation training; however, the training did not include a training for INRs. 3. Record review on 9/5/23 and 9/6/23 of Staff D's training documents revealed a hire date of 8/16/22. Staff D had documented nurse delegation training; however, the training did not	A 355		

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 _____	09/13/2023

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 355	Continued From page 4 include training for INRs. 4. Record review on 9/5/23 and 9/6/23 of Staff E's training documents reveled a hire date of 5/2/22. Staff E had documented nurse delegation training; however, the training did not include training for INRs. 5. When interviewed on 9/13/23 at 3:35 p.m. the Clinical Director confirmed nurse delegation training was not completed related to the INRs for the staff listed above.	A 355		
A 140	481-69.22(2) Evaluation of Tenant 69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete evaluations within 30 days of taking occupancy for 1 of 2 tenants reviewed admitted in 2023 (Tenant #1). Findings follow: 1. Review of Tenant #1's file on 9/6/23 revealed he was admitted on 3/2/23. Evaluations were completed prior to taking occupancy but then were not completed again until 4/25/23; which was greater than 30 days from taking occupancy.	A 140		

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 _____	09/13/2023

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 140	Continued From page 5 2. When interviewed on 9/13/23 at 3:35 p.m. the Clinical Director confirmed all evaluations were provided for the tenant listed above.	A 140		
A 145	481-69.22(3) 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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to complete an evaluation as needed with significant change for 1 of 1 tenants reviewed who was issued a 30 day notice to transfer (Tenant #1). Findings follow: 1. Review of Tenant #1's file on 9/6/23 revealed a 30 day written notice to transfer dated 8/7/23 to Tenant #1 addressed the following concerns: a. On 8/4/23 to 8/6/23 there were concerns regarding the smell of marijuana coming from Tenant #1's apartment. b. From 3/30/23 to 8/7/23 there were multiple conversations regarding the lack of cleanliness of	A 145		

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 _____	09/13/2023

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 145	Continued From page 6 Tenant #1's apartment c. On 7/12/23 Tenant #1 left his shower running and unattended. His apartment and the apartment below were flooded. d. It was noted on 7/11/23 Tenant #1 had flammable items in apartment and a bullet ball gun. 2. A review of Progress Notes revealed the following: a. On 7/18/23 Tenant #1 voiced suicidal ideations during a mental health screening with an outside provider. Staff called 911 and medics and police responded. Tenant #1 declined to be taken out for evaluation. Two hour checks were implemented until Tenant #1 could be seen by a mental health provider. b. On 7/20/23 a court committal was submitted for Tenant #1. c. On 7/21/23 a sheriff deputy arrived and Tenant #1 went to the hospital. d. On 7/26/23 Tenant #1 returned to the building. e. On 8/1/23 a change of condition was completed due to Tenant #1's hospitalization. f. On 8/22/23 (late entry for 8/21/23) staff noted an odor of marijuana coming from his apartment and observed what staff believed to be marijuana in a glass jar on his table. Police were called and Tenant #1 denied smoking marijuana and an air deodorizer smell was noted. g. On 9/1/23 an outside provider messaged staff regarding comments Tenant #1 made regarding not hurting himself or others but just letting things happen. Staff called 911 and Tenant #1 was sent for evaluation. Tenant #1 returned back on 9/1/23. h. On 9/4/23 Tenant #1 voiced suicidal thoughts to staff. Staff called medics and he was sent out for evaluation. i. On 9/6/23 it was noted Tenant #1 had not been taking clozapine since 8/25/23 and he was upset	A 145		

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 _____	09/13/2023

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 145	Continued From page 7 with staff regarding the two hours checks. 3. Tenant #1's most recent evaluations were dated 4/25/23 and 7/28/23 (signed on 8/1/23). Evaluations were not completed as needed with significant change related to concerns with smoking marijuana in his apartment, flammable and dangerous items in his apartment, the lack of cleanliness of his apartment and when the suicidal ideations were first noted. 4. When interviewed on 9/13/23 at 3:35 p.m. the Clinical Director confirmed all evaluations were provided for tenant listed above.	A 145		
A 350	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. This REQUIREMENT is not met as evidenced by: Based on interview and record review the Program failed to ensure service plans were updated as needed and/or based on evaluations completed for 7 of 7 tenants reviewed (Tenants #1, #2, #3, #4, #5, #6 and #7). Findings follow: 1. Review of Tenant #1's file on 9/6/23 revealed a 30 day written notice to transfer dated 8/7/23 to Tenant #1 addressed the following concerns:	A 350		

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 _____	09/13/2023

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 350	Continued From page 8 a. On 8/4/23 to 8/6/23 there were concerns regarding the smell of marijuana coming from Tenant #1's apartment. b. From 3/30/23 to 8/7/23 there were multiple conversations regarding the lack of cleanliness of Tenant #1's apartment c. On 7/12/23 Tenant #1 left his shower running and unattended. His apartment and the apartment below were flooded. d. It was noted on 7/11/23 Tenant #1 had flammable items in apartment and a bullet ball gun. A review of Progress Notes revealed the following: a. On 7/18/23 Tenant #1 voiced suicidal ideations during a mental health screening with an outside provider. Staff called 911 and medics and police responded. Tenant #1 declined to be taken out for evaluation. Two hour checks were implemented until Tenant #1 could be seen by a mental health provider. b. On 7/20/23 a court committal was submitted for Tenant #1. c. On 7/21/23 a sheriff deputy arrived and Tenant #1 went to the hospital. d. On 7/26/23 Tenant #1 returned to the building. e. On 8/1/23 a change of condition was completed due to Tenant #1's hospitalization. f. On 8/22/23 (late entry for 8/21/23) staff noted an odor of marijuana coming from his apartment and observed what staff believed to be marijuana in a glass jar on his table. Police were called and Tenant #1 denied smoking marijuana and an air deodorizer smell was noted. g. On 9/1/23 an outside provider messaged staff regarding comments Tenant #1 made regarding not hurting himself or others but just letting things happen. Staff called 911 and Tenant #1 was sent for evaluation. Tenant #1 returned back on 9/1/23.	A 350		

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 _____	09/13/2023

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 350	Continued From page 9	A 350		

h. On 9/4/23 Tenant #1 voiced suicidal thoughts to staff. Staff called medics and he was sent out for evaluation.
i. On 9/6/23 it was noted Tenant #1 had not been taking clozapine since 8/25/23 and he was upset with staff regarding the two hours checks.

Tenant #1's most recent signed service plan was dated 4/25/23. The service plan did not reflect the behaviors as noted above including concerns with smoking marijuana in his apartment, flammable and dangerous items in his apartment, the lack of cleanliness of his apartment and suicidal ideations and interventions related to his safety.

2. Review of Tenant #2's file on 9/6/23 and 9/7/23 revealed Progress Notes indicated the following:
a. On 6/24/23 an outside agency was seeing Tenant #2 related to his wound. The dressing was to be changed twice per week per the outside agency and to wrap with plastic wrap for showers. The dressing change could be changed if loose or soiled.
b. On 7/18/23 it was noted that on 7/17/23 Tenant #2 was discharged from an outside agency for wound care. The wound was healed and it was reported his skin was intact.
c. On 7/26/23 staff reported Tenant #2 was frequently found without pants or a protective undergarment on and covered in feces and urine. Tenant #2 refused cares at times and became upset with staff.
d. On 8/18/23 Tenant #2 had visitors and when they left he ambulated out of the side door without any shoes on. Staff redirected Tenant #2 back inside. It was noted it was common for him to walk without shoes. Safety checks were started over the weekend.

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 _____	09/13/2023

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 350	Continued From page 10 e. On 8/21/23 safety checks were discontinued for Tenant #2 as he did not show any exit seeking or wandering behavior over the weekend. Tenant #2's service plan dated 6/29/23 was not updated regarding the wound and instructions for bathing, discharge from the outside agency and that the wound had healed. It also did not reflect the incontinence issues as indicated in notes or the safety checks implemented and discontinued related to his safety. 3. Record review on 9/7/23 of Tenant #3's file revealed nurse's notes reflected an order for physical therapy (PT) on 8/17/23. The service plan was not updated to reflect PT services. When interviewed on 9/6/23 at 12:53 p.m. Staff D said on third shift two staff were used to transfer Tenant #3. When interviewed on 9/6/23 at 1:16 p.m. Staff F said Tenant #3 was a heavy one person transfer and possibly two. She mostly took two staff to assist on third shift and did well on first shift. She said two staff were used for her showers. Continued record review revealed Tenant #3's service plan dated 8/1/23 reflected staff was to physically assist with transfers. The service plan did not reflect the use of two staff at times for Tenant #3's transfers. 4. Record review on 9/7/23 of Tenant #4's file revealed Progress Notes indicated the following: a. On 6/23/23 it was noted Tenant #4 was a high risk for falls and had one fall in the past 90 days. b. On 8/15/23 a new order was received for physical therapy (PT).	A 350		

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 _____	09/13/2023

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 350	Continued From page 11	A 350		

A Physician Appointment Form dated 8/2/23 reflected an order for a wound to the left shin. The order indicated to change the bandage daily, leave it open to air overnight and to monitor. The order was noted on 8/5/23.

The tenant's service plan dated 6/23/23 was not updated to reflect PT services, the wound to Tenant #4's left shin and treatment or the high risk for falls with interventions.

5. Review of Tenant #5's file on 9/7/23 revealed Progress Notes indicating the following:
a. On 6/28/23 it was noted Tenant #5 had a high risk for falls and had one fall in the past 90 days.
b. On 9/2/23 it was noted Tenant #5 fell when transferring from to her wheelchair after her shower. Tenant #5 sustained an abrasion on her back.

Continued record review revealed an email from the Clinical Director indicating Tenant #5 started with physical therapy (PT) on 5/29/23 and remained with therapy services at the time of the review.

When interviewed on 9/6/23 at 12:53 p.m. Staff D revealed staff were able to assist Tenant #5 out of bed with one person but once or twice per week she needed the assistance of two staff.

When interviewed on 9/6/23 at 1:16 p.m. Staff E revealed Tenant #5 was a one person assist unless it was regarding assistance with toileting, then it was two staff to provide the care.

The tenant's service plan dated 6/29/23 reflected staff was to provide physical assist of one with ambulation and transfers. The service plan also reflected staff assisted Tenant #5 with toileting

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 _____	09/13/2023

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 350	Continued From page 12	A 350		

and that she was a vulnerable adult due to risk of falls. The service plan was not updated to reflect PT services, interventions related to falls and the assistance provided related to toileting cares and transfers.

6. Review of Tenant #6's file on 9/7/23 revealed Progress Notes indicated the following:
a. On 8/10/23 it was noted Tenant #6 had a bruise on her right hip and right knee.
b. On 8/18/23 it was noted Tenant #6 a bruise on the right buttock and right upper leg.
c. On 8/24/23 it was noted Tenant #6 had a bruise on the left forearm and the back of her right upper arm.
d. On 8/28/23 it was noted Tenant #6 had a bruise on her right shin.

Continued record review revealed the August 2023 medication administration record (MAR) reflected Tenant #6 was prescribed warfarin 2.5 milligram (mg) on Monday, Wednesday and Friday at 8:00 p.m. and warfarin 5 mg on Tuesday, Thursday, Saturday and Sunday at 8:00 p.m.

The service plan dated 8/2/23 reflected staff administered Tenant #6's medications. The service plan also indicated staff checked her international normalized ratio for her anticoagulant therapy. The service plan did not reflect Tenant #6 had bruising of unknown etiology as indicated in notes.

7. Review of Tenant #7's file on 9/7/23 revealed the AL Nursing Assessment dated 7/1/23 reflected Tenant #7 wore a brace on this right ankle that he managed independently. The service plan dated 7/11/23 reflected Tenant #7 used a two wheel walker in the hall daily for

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 _____	09/13/2023

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 350	Continued From page 13 exercise and used an electric wheelchair for long distances. The service plan reflected Tenant #7 was independent with ambulation. The service plan did not reflect the brace on Tenant #7's right ankle. 8. When interviewed on 9/13/23 at 3:35 p.m. the Clinical Director confirmed all service plans were provided for the tenants listed above.	A 350		
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 ensure service plans were updated within 30 days of taking occupancy for 1 of 2 tenants reviewed admitted in 2023 (Tenant #1). Findings follow: 1. Review of Tenant #1's file on 9/6/23 revealed he was admitted on 3/2/23. A service plan was developed and signed prior to taking occupancy. A service plan was not developed within 30 days of taking occupancy. 2. When interviewed on 9/13/23 at 3:35 p.m. the Clinical Director confirmed all service plans were provided for the tenant listed above.	A 360		

Quartet
A SENIOR LIVING VILLAGE

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 #1 MAR reviewed with VA. It was identified that tenant #1 was receiving medications via mail from VA and not informing community. VA instructed that community administers medications and that medications need to be delivered in attention to Quartet Nursing.
Tenant #4 wound is healed. Received orders from 9/20/23 to discontinue wound dressing changes.

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. Right Dose instructed to review all residents MARs to ensure all medications are cycled if applicable. Initiated and education team members on 11/1/2023 with an internal ordering process which includes a set order form for all team members to utilize when ordering medications for each specific pharmacy. This process also includes reconciliation on medications received at community. On 11/2/2023, educated all licensed nurses to complete orders timely. Initiated a daily an end of the day audit to ensure orders are entered and supplies are available.
Resident Services Coordinator will complete weekly medication cart audits and review timely ordering.
The date by which the regulatory insufficiency will be corrected.
11/30/2023

2.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, at a minimum, include the following: b. Within 30 days of beginning employment, all program staff shall receive training by the program's registered nurse(s).

Elements detailing how the Program will correct each regulatory insufficiency, including at the system level.
All direct caregivers will have delegations and competency skills check completed within 30 days of employment. ED completed an audit of all team members on 11/3/2023 to ensure all delegations and competency skills check lists were completed within 30 days of hire. It was identified on 11/3/2023 that Relias has a software glitch and will date certificates on the date the skills were documented and not actually completed. Going forward, the certificates will reference to use the skills checklist.

Measures taken to ensure the problem does not recur/ How the Program plans to monitor performance to ensure compliance.
Weekly auditing of new hire delegations and skills competency review to be completed by Clinical Director or designee. This was initiated on 11/3/2023. Delegation and skills competency to be completed by Clinical Director or designee and scheduled by Resident Service Coordinator.
The date by which the regulatory insufficiency will be corrected.
11/30/2023

3.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, at a minimum, include the following: d. Certified and noncertified staff shall receive training regarding service plan tasks (e.g., wound care, pain management, rehabilitation needs and hospice care) in accordance with medical or nursing directives and the acuity of the tenants' health, cognitive or functional status.

Elements detailing how the Program will correct each regulatory insufficiency, including at the system level.
All direct caregivers INR skills competency review was initiated on 9/14/2023.

Measures taken to ensure the problem does not reoccur/ How the Program plans to monitor performance to ensure compliance.
All direct caregivers will receive INR skills competency review with Clinical Director or designee within 30 days of employment. The INR skills competency has been added to new hire training content.
The date by which the regulatory insufficiency will be corrected.
11/30/2023

4.Evaluation of Tenant
69.22(2) Evaluation within 30 days of occupancy. A program shall evaluate each tenant's functional, cognitive and health status within 30 days of occupancy. 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.

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

Tenant #1 was discharged on 9/7/2023. An audit was completed on 11/3/2023 by Clinical Director of Excellence for all current residents to ensure compliance with assessment schedule. All resident assessment schedules are in compliance after 11/3/2023.

Measures taken to ensure the problem does not recur/ How the Program plans to monitor performance to ensure compliance.
Clinical Director or designee will run an assessment report in Service Minder to ensure timely completion x1 weekly and after each admission.
The date by which the regulatory insufficiency will be corrected.
Correction Date: 11/30/2023

5.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.
Tenant # 1 was discharged on 9/7/23. Change of condition assessment education provided to Clinical Director and Assistant Clinical Director on 11/3/23.

Measures taken to ensure the problem does not recur/ How the Program plans to monitor performance to ensure compliance.
RN Notification Guideline educated to all team members by 11/30/23. With any change of condition, a RN will complete an assessment and determine if there are any service plan changes required.
Initiated weekly BlueStone Therapy check ins on 11/6/2023 to ensure accurate service plans with each individual resident. BlueStone will provide progress notes weekly.
The Clinical Director or designee will round with all direct caregivers daily, review communication logs, follow assessment schedules, meet with BlueStone therapy weekly, and complete shift hand off with other licensed nurses to identify any changes of conditions.
The date by which the regulatory insufficiency will be corrected.
11/30/2023

6.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.
Change of condition assessment education and service plan education provided to Clinical Director and Assistant Clinical Director on 11/3/23.
Tenant #1 was discharged on 9/7/2023.
Clinical Director and Assistant Clinical Director completed new assessment on 11/8/23 on Tenant #2. The assessment was focused to readdress incontinence, behaviors, and safety checks. New service agreement will be sent to POA to review and sign before 11/30/2023.
Clinical Director will complete a new assessment by 11/30/23 on Tenant #3 and update current service plan to include transfer assist x2 as needed. New service agreement will be reviewed with tenant and signed after assessment.
Clinical Director will complete a new assessment on Tenant #4 by 11/30/2023 and update service agreement to include fall risk interventions and PT services. New service agreement will be sent to POA to review and sign before 11/30/2023..
Clinical Director will complete a new assessment by 11/30/2023 on Tenant #5 and update service agreement to include assist x2 with bed mobility, transfers, and toileting as needed, and fall interventions. Tenant has been discharged from PT. Service agreement will be sent to POA to review and sign before 11/30/2023.
Clinical Director completed a new assessment on Tenant #6 and updated service agreement to include history of unknown bruising possibly related to anticoagulation therapy. Instructions added to notify RN of any new bruising, pain, swollen areas, redness, open areas, bleeding, or signs or symptoms of infection. Service agreement sent to POA to review and sign before 11/30/2023.
Clinical Director completed a new assessment on behalf of our audit with Tenant #7 on 11/8/23 and updated service agreement to include right ankle brace managed independently by resident. Service plan will be signed by tenant before 11/30/2023.

Measures taken to ensure the problem does not recur/ How the Program plans to monitor performance to ensure compliance.
The Clinical Director or designee will round with all direct caregivers daily, review communication logs, follow assessment schedules, meet with BlueStone therapy weekly, and complete shift hand off with other licensed nurses to identify any changes of conditions and or service plan changes.
Audit Fall Risk Assessments and add VA-Fall risk assessment to those residents who are at risk for falls.
The date by which the regulatory insufficiency will be corrected.
11/30/2023

7. 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.

Elements detailing how the Program will correct each regulatory insufficiency, including at the system level.
Tenant #1 was discharged on 9/7/23.

Measures taken to ensure the problem does not reoccur/How the Program plans to monitor performance and ensure compliance.
The Clinical Director or designee will round with all direct caregivers daily, review communication logs, follow assessment schedules, meet with BlueStone therapy weekly, and complete shift hand off with other licensed nurses to identify any changes of conditions and or service plan changes. Weekly assessment report will be ran x1 weekly and after each new admission. Running the assessment report will include any new 30 day assessments.
The date by which the regulatory insufficiency will be corrected.
11/30/2023

ok