STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165510	A. Building B. Wing	12/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Davenport Lutheran Home	1130 W 53rd Street Davenport, IA 52806

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. Based on observation, dining services record review, facility policy review, and staff interviews, the facility failed to document food temperatures before and after service for multiple meals in the memory care unit of the facility. The facility reported a census of 66 residents, with 24 residents on the memory care unit.Findings include: During an observation on 12/10/25, a review of the December 2025 Temperature Log for the memory care unit revealed a entries made before and after meal service during the evening meals on December 2, 3, 4, 7, and 8th, 2025; and for all meals on December 6, 2025. During an interview on 12/10/25 at 1:28 pm, the Dietary Manager stated he reviewed the temperature logs once a week as an audit and identified the missing logs of temperature testing before and after service in the memory care unit. On 12/6/25, there were no temperatures logged all day and the Dietary Manager stated he called the staff whom worked on 12/6/25 and he documented the temperatures for them on 12/9/25. The Dietary Manager stated that probably was not the right thing to do. Review of the facility policy, Dining Services review date of 3/5/25 revealed, in part:a. All foods will be prepared under strict sanitary conditions meeting local and state and federal public health regulations. b. This department will plan, organize, and direct all phases of the dining services operation which includes departmental record keeping, safety and sanitation programs. c. The Dining Services Director was delegated full authority for implementing the dining services program.

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 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	TITLE	(X6) DATE

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observations, facility policy review and staff interviews, the facility failed to ensure a sanitary dining experience due to not all dietary staff wearing hair nets while plating and serving resident meals. The facility reported a census of 66 residents. Findings include: During an observation on 12/9/2025 at 12:00 pm, three male staff with beards and moustaches wore a covering for their chin but the upper part of the beards and moustaches were uncovered during the noon meal service. During an observation on 12/10/25 at 12:00 pm Staff B, Dietary Aid plated the food for residents in the Memory Care Unit, front and back dining rooms. Staff B wore a hair net which covered the top of her hair, however long curly hair hung down past the hair net which over the plates being prepped for the residents meal. During an interview on 12/10/25 at 1:28 pm, the Dietary Manager stated he discussed the policy for hair coverage with Staff B in the past and he will discuss the coverage of facial hair with his male staff. Review of the facility policy, titled Dining Services review date 3/5/25 revealed: a. All foods will be prepared under strict sanitary conditions meeting local and state and federal public health regulations. b. This department will plan, organize, and direct all phases of the dining services operation which includes departmental record keeping, safety and sanitation programs. c. The Dining Services Director was delegated full authority for implementing the dining services program. d. All employees must wear a hair restraint when handling and preparing foods unless the employee has shaved their head.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a plan that describes the process for conducting QAPI and QAA activities. Based on Summary of Deficiency review, facility policy review and staff interviews the facility failed to conduct ongoing quality assessment (QA) and assurance activities, develop and implement appropriate plans of action to prevent repeated deficiencies in the area of infection control during the current and previous recertification surveys. The facility reported a census of 66 residents. Findings include: Review of the Summary of Deficiencies dated 10/31/2024, listed a citation at F0880 infection control. The current survey resulted in a deficiency at F0880. During an interview on 12/11/2025 at 10:17 AM, the Administrator reported she expected the staff to know about the use of EBP after the training done in the past year. Review of the Quality Assurance and Performance Improvement (QAPI) dated 11/12/25, reflected the facility developed, implemented, and maintains an effective, comprehensive, data-driven Quality Assurance and Performance Improvement (QAPI) program that focuses on indicators of the outcomes of care and quality of life. The QAPI program is designed to ensure a process of providing high quality care, essential services, and programs that enhance and support the residents/patients physical and mental abilities as well as provides social and spiritual support.The LHAA-(Lutheran Home for the Aged Association) - E QAPI Steering Committee developed a QAPI Plan based on Federal guidelines. The QAPI Plan, approved by the LHAA- E Board of Directors, contains those processes which guide the facility's efforts in assuring care and services are maintained at acceptable levels of performance and continually improved.The facility Quality Assessment and Assurance (QAA) committee will be responsible to identify and respond to quality deficiencies throughout the facility, and for oversight of the QAPI program.The QAA committee:a. Must develop and implement corrective action;b. Monitor to ensure performance goals or targets are achieved;c. Revise corrective action(s) when necessary; andd. Consists of staff members who understand the characteristics and complexities of the care and services delivered by each unit, and/or department

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review and staff interview, the facility failed to implement infection control practices during wound care for 2 of 3 residents reviewed. Enhanced Barrier Precaution (EBP) not utilized during care of a chronic wound (Resident #8), and hand hygiene not completed and equipment not disinfected during the care of pressure wound (Resident #7). The facility reported a census of 66 residents.Findings include:1. The Minimum Data Set (MDS) dated [DATE] identified Resident #7 as cognitively intact with a BIMS (Brief Interview for Mental Status) score of 15 and had the following diagnoses: Coronary Artery Disease, Neurogenic Bladder and Diabetes Mellitus. The MDS also identified Resident #7 required substantial/maximal assistance with toileting, upper and lower body dressing, personal hygiene, transfers in and out of bed and repositioning in bed and totally dependent on staff for assistance with putting on and removing footwear. The MDS identified Resident #7 with an indwelling urinary catheter. The MDS identified Resident #7 with an unstageable pressure ulcer which was not present upon admission. During an observation of wound care on 12/10/25 at 7:15 AM, Staff A, Licensed Practical Nurse (LPN) and Staff C, Certified Nursing Assistant (CNA) both donned isolation gowns and gloves prior to entering the room. Staff A did not change her gloves after she removed the soiled dressing and before she cleansed the wound to right heel. After Staff A cut through the soiled dressing, she did not disinfect her scissors before she cut through the new Xeroform dressing and the new Kerlix dressing. Staff A did not change her gloves after she cleansed the wound and before she applied the new dressing on the wound. During an interview on 12/10/25 at 2:47 PM, Staff A, LPN reported the following: when performing wound care, she would disinfect her scissors between different wounds and after removing a soiled dressing and before using it on a new dressing. Staff A also reported she would change her gloves during wound care if they became soiled and between different wounds. During an interview on 12/11/25 at 7:55 AM, the ADON (Assistant Director of Nursing)/Infection Preventionist reported during wound care, she expected nurses to disinfect the scissors before cares and after it touched any soiled dressings. The ADON also reported she would expect the nurses to change gloves after touching soiled dressings, cleansing wounds and before applying new dressings to the wound, and to use EBP. She reported she has done audits of the nurses doing wound care, but admitted she has not been able to during the past few months. 2. The MDS for Resident #8 dated 10/26/25 listed diagnoses of atrial fibrillation (irregular heart rhythm), rheumatoid arthritis, coronary artery disease, and malnutrition. The BIMS assessment reflected a score of 11 out of 15, moderate problems with memory and orientation. Review of the December 2025 Treatment Administration Record revealed the following wound care orders, started on 9/30/25: a. Betadine to Left Achilles daily and PRN-OTA one time a day. b. Betadine to Right Achilles daily and PRN-OTA one time a day. During an observation on 12/09/2025 at 10:57 AM, Resident #8's room door lacked a sign to direct the use of EBP. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During on observation on 12/10/25 at 2:02 PM, Staff A, LPN entered Resident #8's room to complete the wound care. Staff A failed to utilize EBP during wound care. The ADON/IP reported she expected EBP in place for Resident #8 because of the pressure wounds. On 12/11/2025 at 10:17 AM, the Administrator stated she expected EBP used for residents with the chronic wounds. The facility provided the EBP policy dated 4/5/25 directed targeted gown and glove use during high contact resident care activities known as Enhanced Barrier Precautions (EBP) are infection control intervention designed to reduce transmission of MDROs. EBP must be used in conjunction with standard precautions to reduce the potential for transfer of MDROs to staff hands and clothing. Effective implementation of EBP requires staff training, adequate and readily available PPE for staff use with ongoing evaluation of compliance with EBP. Wounds (generally include chronic wounds, not shorter lasting wounds) and' or indwelling medical devices even if the resident is not known to be infected or colonized with a multi drug resistant organism (MDRO).Examples of chronic wounds include, but are not limited to, pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers.