

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165575	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/21/2025
NAME OF PROVIDER OR SUPPLIER  Harmony Utica Ridge		STREET ADDRESS, CITY, STATE, ZIP CODE  3800 Commerce Blvd Davenport, IA 52807	

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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, staff and resident interview, clinical record review, and facility policy review, the facility failed to follow physician orders for treatment of left lower leg surgical site for 1 of 3 residents (Resident #87) reviewed for non-pressure injuries, when staff used an alternate treatment application to wound site during observation of wound care. The facility reported a census of 88 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS), dated [DATE], revealed a Brief Interview for Mental Status (BIMS) score of 14 out of 15, which indicated intact cognition. The MDS identified surgical wounds and diagnosis of encounter for orthopedic aftercare. Resident #87 required surgical wound care, application of ointment or medication and application of non-sterile dressings.</p> <p>The Care Plan, dated 3/22/25, revealed Resident #87 had been at risk for alterations in skin integrity due to recent surgeries, resulting in open surgical wounds of left below the knee amputation with intervention to administer treatment per physician orders.</p> <p>The Treatment Administration Record (TAR), dated April 2025, revealed the following treatment orders:</p> <ol style="list-style-type: none"> <li>1. Vashe Wound Cleanser External Solution 0.033%, with instructions to apply to left below the knee amputation topically every day and evening shift for skin care. Order initiated 3/27/25 and directed to be held between 4/17/25 and 4/19/25.</li> <li>2. Cleanse left below the knee amputation site with normal saline, apply Vashe moistened gauze to wound bed, cover with padded dressing and secure with gauze wrap (Kerlix) and tape, initiated 3/27/25, with instructions to change dressing twice daily and as needed (PRN).</li> <li>3. Cleanse left below the knee amputation site with normal saline, cover wound with gauze moistened with normal saline, apply padded dressing and secure with gauze wrap (Kerlix) and tape, with instructions to change dressing twice daily for wound care. Order initiated 4/17/25 and discontinued 4/17/25.</li> <li>4. Cleanse left below the knee amputation site with with normal saline, cover wound with gauze moistened with Vashe, apply padded dressing and secure with gauze wrap (Kerlix) and tape, with instructions to change dressing two times a day for wound care. Order start date 4/18/25.</li> </ol> <p>On 4/17/25 at 11:16 AM, Staff Q, Registered Nurse (RN), performed wound cares to Resident #87's</p> <p>(continued on next page)</p>

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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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>left lower extremity amputation site. Staff Q removed old dressing and cleansed wound site with normal saline. Resident #87 reported that the Vashe treatment had not been used for the past 3 days and stated Xeroform (gauze dressing impregnated with petrolatum and often contains 3% bismuth tribromo phenate) was utilized instead. Staff Q applied Xeroform to left lower leg amputation site, covered with padded dressing and secured with gauze wrap and tape.</p> <p>On 4/17/25 at 2:33 PM, Staff Q, Registered Nurse (RN), revealed the process for treatment order change included documentation of Vashe treatment refused by Resident #87 and Provider notification of refusal, with request for a new order of the Xeroform from Provider. Staff Q reported nursing staff should document treatment changes in the Nursing Progress Notes.</p> <p>On 4/17/25 at 3:58 PM, Director of Nursing (DON) informed that nursing staff had been unable to find Vashe treatment prior to Resident #87's left lower extremity amputation site dressing change. DON revealed expectation of nursing staff to follow physician treatment orders and notify physician if treatment is refused.</p> <p>A review of the facility policy titled: Physician Orders/Transcription of Orders dated as last reviewed on July 2023 had documentation of the following procedure:</p> <ol style="list-style-type: none"> <li>a. Physician orders will be received by a licensed nurse, therapist or dietitian.</li> <li>b. Orders may be received through written communication in the resident ' s chart, verbally, or per phone, via fax or electronically entered in PCC (Point Click Care, the electronic medical record software).</li> <li>c. When receiving a verbal or telephone order, the order should be repeated back to the Physician/Nurse Practitioner/Physician Assistant to assure accuracy.</li> <li>d. The order should be entered into the resident ' s medical record exactly as it was stated/written by the MD/NP/PA.</li> <li>e. If for any reason, the physician is not available or cannot be reached by the nurse, the facility appointed Medical Director may be contacted for orders.</li> <li>f. Medication and treatment orders will be entered into the electronic medical administration record or electronic treatment administration record accordingly.</li> <li>g. Active orders should be followed and carried out as written/transcribed.</li> </ol>

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate pain management for a resident who requires such services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on clinical record review, staff interviews, and facility policy review, the facility failed to ensure availability of scheduled medications for a new administration and timely availability of an as needed pain medication for 1 of 3 residents (Resident #104) reviewed for pain management. The facility reported a census of 88 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS), dated [DATE], revealed Resident #104 admitted to the facility on [DATE]. The MDS list of diagnoses included: displaced tri-malleolar fracture (fracture involving 3 bones around the ankle) of right lower leg, malignant carcinoid tumors of other sites, and adjustment disorder with depressed mood. The MDS indicated Resident #104 prescribed an opioid (class of medications used to treat pain) during the last seven (7) days of the assessment.</p> <p>Review of hospital Discharge Summary Medications section, dated 1/24/25, revealed:</p> <p>a. New order for acetaminophen-hydrocodone (Norco 5-325 mg (milligrams) oral tablet. 1 tab Oral every 4 hours as needed for moderate pain.</p> <p>b. Pregabalin (medication commonly used to treat nerve pain) 75 mg oral capsule, 1 cap oral three times daily</p> <p>Review of the admission Assessment, dated 1/24/25 at 7:41 PM, Pain Presence section indicated Resident #104 had pain. When asked if have you had pain or hurting at any time in the last 5 days, Resident #104 answered yes. Resident #104 answered had pain frequently .Verbal Description Scale assessed as a Moderate. The pain scale indicated Moderate is a pain rated 7-9 on a scale of 0-10 .</p> <p>The Medication Administration Record (MAR), dated January 2025, revealed the following order:</p> <p>a. Norco Oral Tablet 5-325 MG (milligrams) (Hydrocodone-Acetaminophen) Give 1 tablet by mouth every 4 hours as needed for pain. Start Date: 1/24/25. D/C Date: 1/25/25.</p> <p>1. Administered on 1/25/25 for a pain of 8 at 0044 (12:44 AM);</p> <p>2. Administered on 1/25/25 for a pain of 9 at 0517 (5:17 AM).</p> <p>b. Pregabalin Oral Capsule 75 mg Give 1 capsule by mouth three times a day for pain. Start Date: 1/24/25 1800 (6:00 PM). D/C Date: 1/25/25.</p> <p>1. HS (bedtime) medication pass lacked documentation</p> <p>2. Administered on 1/25/25 during AM medication pass.</p> <p>Review of Nursing Progress Notes revealed:</p> <p>a. admission Summary, entered on 1/24/25 at 11:54 PM: Patient admitted today at 5:30 pm via medic. Patient has diagnosis of tri-malleolar fracture of right ankle .Patient is having pain due to that</p> <p>(continued on next page)</p>		

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<p>F 0697</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>ankle fracture .</p> <p>b. General Progress Note, entered on 1/25/25 at 4:00 AM .resident continuously rating her pain at a 8-9 PRN pain medication given with no relief reported .</p> <p>c. General Progress Note, entered on 1/25/25 at 8:09 AM: Called Pharmacy and spoke to [Name redacted] r/g (regarding) only hydrocodone and no other medication meds came with AM med run. All other Meds will be coming STAT (immediately, without delay) on next medication run per pharmacy. Patient aware.</p> <p>d. General Progress Note, entered on 1/25/25 at 8:34 AM: Spoke to patient d/t (due to) wanting to leave AMA (Against Medical Advice) .Explained to patent all medications are coming STAT From pharmacy and will be administered to her as soon as they arrive .</p> <p>e. General Progress Note, entered on 1/25/25 at 8:47 AM: Called pharmscript and spoke to [name redacted], order for Lyrica (brand name of pregabalin) will be coming STAT from local pharmacy. Patient and family aware.</p> <p>f. General Progress Note: Lyrica arrived from pharmacy and this nurse administered to patient .Patient stated facility is not good fit for her and still wants to leave AMA .</p> <p>The facility provided an untitled, undated document list of medications present in the facilities e-kit (A locked supply of commonly prescribed medications, supplied by contracted pharmacy, that can be accessed quickly without delay). Review of the list indicated the facility had a standard supply of eight (8) tablets of Hydrocodone-Acetaminophen (Norco) 5-325 mg tablets in the e-kit.</p> <p>During an interview on 4/17/25 at 2:50 PM, Staff R, Licensed Practical Nurse (LPN), confirmed she worked the overnight shift on 1/24/25 to 1/25/25. Staff R stated she recalled Resident #104 had propelled self from room to nurse's desk, via wheelchair, due to being upset with lack of pain medications. Staff R reported a script was then obtained to remove Norco from the e-kit and administered to Resident #104, unable to recall the time this occurred.</p> <p>During an interview on 4/17/25 at 3:58 PM, the Director of Nursing (DON), stated the when pain medications are prescribed, an electronic prescription from the hospital physician should be sent electronically to the facilities pharmacy. The DON explained this allows nursing to access the e-kit and administer medication in a timely manner if a pharmacy has yet to make the delivery. The DON stated the expectation is prescriptions are obtained within a few hours of admission.</p> <p>The facility policy, titled admission Policy, dated 9/2023, revealed that an individual who needs services that are not readily available in a particular facility, shall not be admitted to or kept in that facility. Policy revealed that the facility would follow guidelines to notify physician of admission and verify orders.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, record review and staff interview, the facility failed to implement Enhanced Barrier Precautions for one of one residents reviewed with an indwelling catheter (Resident #43). The facility reported a census of 88 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) dated [DATE] identified Resident #43 as cognitively intact with a BIMS (Brief Interview for Mental Status) of 14 and had the following diagnoses: neurogenic bladder (a condition where damage to the brain, spinal cord, or nerves affects bladder control), and intestinal-genital tract fistulae (abnormal connections between the intestines and the genital tract). The MDS identified Resident #43 utilized a suprapubic catheter.</p> <p>Review of the Care Plan, dated 4/1/24 identified Resident #43 with the problem of Enhanced Barrier Precautions and directed staff to wear a gown and gloves for high contact activities (such as emptying the catheter bag)</p> <p>During an observation on 4/15/25 at 7:23 AM, Resident #43 room equipped with a caddy hanging on the bathroom door with an adequate supply of Personal Protective Equipment and a sign posted on door Enhanced Barrier Precautions.</p> <p>During an observation of catheter care on 4/15/25 at 1:08 PM, Staff N, Certified Nursing Assistant (CNA) donned mask and gloves, however, did not don an isolation gown, prior to emptying out Resident #43's catheter bag.</p> <p>During an interview on 4/16/25 at 12:47 PM, Staff D, CNA stated that EBP are in place for any resident using a catheter. Staff D stated when emptying a catheter bag gloves, a masks, and a gown should be worn.</p> <p>During an interview on 4/17/25 at 2:43 PM, the Director of Nursing reported a resident with an indwelling catheter should be placed in Enhanced Barrier Precautions. She stated when staff are emptying a catheter bag they should don an isolation gown and gloves.</p> <p>A review of the facility policy titled: Enhanced Barrier Precautions dated as last revised March 2024 had documentation of the following:</p> <ol style="list-style-type: none"> <li>a. Enhanced Barrier Precautions will be used in conjunction with standard precautions with residents with indwelling medical devices (such as indwelling urinary catheters).</li> <li>b. Gowns and gloves should be worn during high contact resident care activities.</li> </ol>		