

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 165280	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2020
NAME OF PROVIDER OF SUPPLIER BETTENDORF HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2730 CROW CREEK ROAD BETTENDORF, IA 52722	
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 0677</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on record review and staff interview, the facility failed to provide documentation to show 3 out of 5 residents reviewed had been showered/bathed as scheduled (Residents #2, #3 and #5). The facility reported a census of 51 residents. Findings include: 1. Resident #2's Minimum Data Set (MDS) admission assessment completed 3/2/20 documented the following Diagnoses: [REDACTED]. It also identified the resident to be cognitively intact with a Brief Interview for Mental Status (BIMS) score of 15 out of 15, and required staff assistance with most activities of daily living. A review of the Care Plan with the target date of 6/17/20 identified the resident with the problem of requiring assistance with ADLs and directed staff to shower the resident twice a week with the reclining shower chair. A review of the facility form titled: Skin Monitoring: Comprehensive Certified Nurse Aide (CNA) Shower Review from March 4, 2020 to June 10, 2020 revealed the following: a. Resident #2 did not receive a shower/bath for 11 days from March 21 through April 1, for 8 days from May 12th through the 20th. b. There was one shower documented the week of May 6th. c. The sheets lacked documentation to show the resident received a shower or bath on 14 sheets. 2. Resident #3's MDS quarterly assessment completed 5/1/20 documented the following Diagnoses: [REDACTED]. The MDS identified the resident to be cognitively intact with a BIMS score of 15 out of 15 and required staff assistance with most activities of daily living. A review of the Care Plan with the target date of 7/28/20 identified the resident with the problem of an activities of daily living self care performance deficit and directed staff to give the resident 2 showers per week, wash her hair at this time, she is able to assist with her right hand with her upper body and face and is a 1:1 transfer onto the shower chair. A review of the facility form titled: Skin Monitoring: Comprehensive CNA Shower Review from March 2, 2020 to June 10, 2020 revealed the following: a. No sheets completed from 4/2/20 through [DATE]3/20 for 11 days b. The sheets lacked documentation to show the resident received a shower or bath on 15 sheets. 3. Resident #5's MDS admission assessment completed 5/24/20 documented the following Diagnoses: [REDACTED]. It also identified the resident as cognitively intact with a BIMS score of 14 out of 15 A review of the facility form titled: Skin Monitoring: Comprehensive CNA Shower Review from March 2, 2020 to June 10, 2020 revealed the following: a. The resident did not receive a shower for 10 days from March 4th through the 14th, for 7 days from the 18th through the 25th, for 17 days from March 28th through April 14th and for 11 days from the 18th through the 29th. b. The sheets lacked documentation to show the resident received a shower or bath on 4 sheets. During an interview on 6/10/20 at 1:21 p.m., Staff A, Licensed Practical Nurse (LPN) reported Resident #3 complained every week of showers not being done and that the facility did not have shower aides. In an interview on 6/10/20 at 1:39 p.m., Staff C, CNA reported Residents #2 and #3 have complained about not getting showers done as scheduled and neither resident refused their showers when offered. She also reported Resident #2 had to have his shower schedule changed as he had not been receiving his showers scheduled on Saturdays when staff regularly call in sick. During an interview on 6/10/20 at 2:07 p.m., Staff C, Registered Nurse (RN) reported Residents #2, #3 and #5 have all complained about not getting showers as scheduled. In an interview on 6/11/20 at 11:00 a.m., the Director of Nursing (DON) reported Residents #2, #3 and #5 have all complained about not getting showers as scheduled. If a resident refused, the aide needs to show the Skin Monitoring form to the nurse so the nurse can attempt to talk the resident into taking a shower. Both the aide and nurse should sign the form, if neither signature is on the form, it can be assumed the shower not given. When asked if the facility had a policy regarding baths/showers, the DON provided a competency checklist which did not address the frequency, nor what and where to document baths/showers had been completed.</p>		
<p>F 0804</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, record review, resident and staff interview, the facility failed to provide hot food at the minimum temperature required during one meal observed. The facility reported a census of 51 residents. Findings include: During an observation of a noon meal served on 6/10/20 11:44 a.m. Staff C, Certified Nurse Aide (CNA) pushed a cloth covered cart containing food trays with the Dietary Manager and began serving trays starting with room [ROOM NUMBER]. At 12:13 p.m. the last of 16 trays were served and the test tray revealed the following temperatures: a. An open face turkey sandwich with gravy and mashed potatoes - 130.4 degrees Fahrenheit b. Mixed vegetables with peas and carrots - 124.7 degrees Fahrenheit The surveyor tasted the food, the sandwich tasted warm, however, the vegetables were lukewarm. In an interview on 6/10/20 at 10:54 a.m., Resident #4 reported food is not always warm and today the pancake and bacon to be ice cold. During an interview on 6/10/20 at 10:56 a.m. Resident #3 reported food is cold both at lunch and dinner, she reported she never ate breakfast. During an interview on 6/11/20 at 7:57 a.m., the Dietary Manager reported the minimum temperature for hot foods served should be at least 135 degrees Fahrenheit. A review of the facility policy titled: Meal Service - Temperatures with an issue date of [DATE]/16 and revision date of 2/23/17 revealed the following: Meal temperatures shall be monitored by the Dietary Manager and the cooks on a daily basis. Hot food shall be cooked to a safe minimum internal temperature based on the USDA recommended temperature guide based on food type. See chart provided by the USDA. (the policy did not include the chart provided by the USDA).</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE	

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.