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
	S0466	A. BUILDING: _____ B. WING _____	C 05/21/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
QUARTET SENIOR LIVING MC	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 for People with Dementia are defined by the population served. The census numbers were provided by the Program at the time of the on-site. Number of tenants without cognitive impairment: 5 Number of tenants with cognitive impairment: 24 Total census: 29 No regulatory insufficiencies were cited during the investigation of Incident #126023-I. The following regulatory insufficiencies were cited during the investigation of Complaints #128133-C, 127571-C and 125640-C.	A 000	See attached POC 7/15/25	
A 520	481-69.29(2) Staffing 69.29(2) In lieu of providing access to a personal emergency response system, a program serving one or more tenants with cognitive disorder or dementia shall follow a system, program, or written staff procedures that address how the program will respond to the emergency needs of the tenant(s). This REQUIREMENT is not met as evidenced by: Based on observations, interview and record review the Program failed to implement a system or written procedure to address tenant emergency needs when they are unable to use/understand the use of Personal Emergency Response System (PERS)/pendant. This potentially pertained to 29 of 29 tenants (Tenants #1-#25). Findings follow:	A 520		

DIVISION OF HEALTH FACILITIES - STATE OF IOWA
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

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A 520	Continued From page 1 When interviewed on 5/20/25 and 5/21/25 the administrative team said the Program asked family members and/or Powers of Attorney (POA) of cognitively impaired tenants if they wanted their loved one to have a pendant. When asked where the Program documented the information regarding the ability of tenants to use pendants or the family members wishes regarding pendants, they could not provide any documentation. The delegating nurse said the Program regularly checked on tenants. When asked where the Program documented regular checks, they could not provide documentation. Record review on 5/2125 revealed no documentation of regular tenant checks for Tenants #1 - #6. Further review revealed no system, program or written staff procedure to address how the Program would respond to emergency needs. During the exit on 5/21/25 the administrative team confirmed the Program had no written procedure, system or program to address tenant emergency needs if they were not provided a pendant.	A 520		
A 545	481-69.30(1) Dementia Specific Education for Personnel 69.30(1) All personnel employed by or contracting with a dementia-specific program shall receive a minimum of eight hours of dementia-specific education and training within 30 days of either employment or the beginning date of the contract, as applicable. This REQUIREMENT is not met as evidenced	A 545		

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A 545	Continued From page 2 by: Based on interview and record review the Program failed to consistently ensure staff received eight hours of dementia-specific education within 30 days of employment. This pertained to 2 of 2 current staff reviewed (Staff A and B). Findings follow: Record review on 5/21/25 revealed the Program hired Staff A on 12/24/24. Further review revealed Staff A failed to complete eight hours of training within 30 days of employment. Record review on 5/21/25 revealed the Program hired Staff B on 10/29/24. Further review revealed Staff B failed to complete eight hours of training within 30 days of employment. During the exit on 5/21/25 at 9:30 a.m. the administrative team acknowledged staff had not completed dementia training within 30 day of employment as required.	A 545		

ok
6/30/25

Quartet Senior Living

Plan of Correction

Facility Name: Quartet Senior Living, Bettendorf, IA

Survey Date: 5/21/25

Violation/Deficiency: A 520 481.69.29(2) Staffing

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

Residents in Memory Care (MC) will continue to receive regular visual safety checks in accordance with their individualized service plans. Additionally, admission protocols have been updated to reflect safety considerations tied to cognitive status.

2. Measures taken to ensure the problem does not recur.

New admissions to Memory Care with a Global Deterioration Scale (GDS) score of 4 or higher will not be routinely offered a pendant. Pendants may be provided upon specific family request, provided the resident is deemed able to safely use the device. Staff will be educated on the updated procedure to ensure consistent application.

3. How the Program plans to monitor performance to ensure compliance.

A GDS assessment will be completed for all new Memory Care admissions as part of the intake process. If the resident scores a 4 or higher, staff will document that a pendant was not offered unless specifically requested by the family, In such cases, frequent visual checks will be added to the service plan. Monthly audits of new admissions and pendant issuance will be conducted by the memory Care manager to ensure compliance.

4. The date by which the regulatory insufficiency will be corrected.

07/15/2025, with monthly audits beginning immediately.