STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165017	A. Building B. Wing	06/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony Cedar Rapids	1940 First Avenue NE Cedar Rapids, IA 52402

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 0582 Level of Harm - Potential for minimal harm Residents Affected - Some	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19126 Based on clinical record reviews, staff and resident interviews, and observations the facility failed to provide a notice of discharge from skilled services for 1 of 6 residents reviewed (Resident #2). The facility reported a census of 74 residents. Findings include: According to Resident #2's Minimum Data Set, dated dated dated [DATE]. The resident had an admitted to the facility on [DATE]. The resident had a Brief Interview for Mental Status score of 3 which indicated severe cognitive impairment and required extensive assistance of staff for activities of daily living. The resident had diagnoses which included non-traumatic brain dysfunction, seizures, and lung disease. Review of the Progress Notes dated 4/7/24 revealed the resident experienced a fall which required a transfer to a local hospital for treatment of a head wound. The notes indicated the resident returned from the emergency room early AM on 4/8/24. Review of a Primary Care Physician visit report dated 4/10/24 directed staff to provide skilled nursing therapies due to impaired mobility and activities of daily living. Review of the Physical Therapy Evaluation and Care Plan revealed the resident received certification for skilled services from 3/28-5/26/24. During an interview with Staff C-Director of Physical Therapy on 6/10/24 at 2:30 PM stated she discharged the resident from skilled services on 4/8/24 because it was her understanding the resident's family was considering Hospice so she thought he was placed on Hospice. The therapy department discharged the resident from skilled services on 4/8/24. During an interview with Staff A-Administrator on 6/12/24 at 9:20 AM revealed the facility did speak to the family regarding Hospice Services but facility staff failed to get an order from the Physician. Staff A stated she could not find an order for Hospice services or any documentation in the resident's clinical record regarding starting Hospice Services. The facility failed to provide Resident #2 with a notice of discharge from skilled services and did not give them the right to appeal the discharge from skilled services.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 20331 Based on clinical record review, facility policy review, and staff interviews the facility failed to follow physician orders for three of four residents reviewed. (Residents #3, #4, #6). The facility reported a census of 74 residents. Findings include: 1. The MDS (Minimum Data Set), an assessment tool dated 5/26/2024 revealed Resident #3 had moderate cognitive impairment, transferred with extensive assistance of staff and a mechanical lift, and had diagnoses including diabetes. The Care Plan identified the resident had a risk for complications related to diabetes. It directed staff to provide medications as ordered. The physician ordered Humalog (insulin) 15 units one time a day and 20 units one time a day on 4/17/2024. The April 2024 MAR (Medication Administration Record) revealed staff failed to administer the 20 units of Humalog on 4/17, 4/18, and 4/22/2024. Staff failed to administer the 15 units of Humalog on 4/23/2024. The physician ordered Atorvastatin (for high cholesterol) on 4/16/2024. The April MAR revealed staff failed to administer the medication on 4/21/2024. Progress Notes dated 4/17/2024 indicated the Humalog was unavailable and staff waited for the pharmacy to deliver it. 2. The MDS dated [DATE] revealed Resident #4 had moderate cognitive impairment, required extensive assistance to transfer from one surface to another and had diagnoses including diabetes and chronic kidney disease. The Care Plan identified the resident had a risk for complications related to diabetes and directed staff to administer medications as ordered. The physician's orders included an order for Humalog, 30 units three times a day for diabetes on 12/29/2023. The March 2024 MAR revealed staff failed to administer the medication on 3/29/2024, and indicated the medication was unavailable. The physician ordered Trulicity (for diabetes) 4.5 mg (milligrams) every Monday. The April 2024 MAR revealed staff failed to administer the medication on 4/1 and 4/22/2024, and indicated the medication was unavailable. 3. The MDS dated [DATE] revealed Resident #5 had moderate cognitive impairment, required extensive assistance to transfer from one surface to another, and had diagnoses including diabetes and BPH (benign prostatic hyperplasia). (continued on next page)

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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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Care Plan identified the resident had diabetes and a history of fluctuating blood sugars on 6/29/2023. It directed staff to administer medications as ordered by the physician and monitor blood sugars. The Care Plan also identified the resident had BPH with a history of urine incontinence on 7/31/2023. It directed staff to monitor urine output and administer medications as ordered. The physician orders included an order for Januvia, 50 mg by mouth every day for diabetes on 10/11/2023. The April 2024 MAR revealed staff failed to administer the medication on 4/21/2024. The physician ordered Mirabegron 50 mg every day for urinary obstruction on 7/29/2023. The March 2024 MAR revealed staff failed to administer the medication on 3/17 and 3/18/2024. Nurse's Notes dated 3/17, 3/18 and 4/21/2024 indicated the medications were not available. On 6/10/2024 at 2:15 P.M. Staff A, Administrator indicated the facility re-educated staff regarding ordering medications from pharmacy in a timely manner. The Veteran's Administration Case Manager made them aware of the concern. The facility followed up with medication audits and the pharmacy added a greater supply of medications to the Omnicel (facility medication bank). On 6/10/2024 at 10:00 A.M., Staff B, RN (Registered Nurse) indicated the pharmacy presented challenges at times. The facility identified a concern with certain medications and they added them to the medication bank. Staff received education regarding how to go about getting medications on time. The facility Medication Administration - Medication Pass policy dated and revised Rev. 5/2023. PURPOSE: To safely and accurately prepare and administer medication according to physician order and patient needs.