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	01/15/2025

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 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46513 Based on staff interview, clinical record review, and Preadmission Screening and Resident Review (PASRR) form evaluation the facility failed to ensure a re-screen for 1 of 2 residents reviewed in the PASRR sample. Resident #45 exceeded the sixty (60) day convalescent care approval without the required re-screening. The facility reported a census of 77 residents. Findings include: The Minimum Data Set (MDS) dated [DATE] documented Resident #45 diagnoses included quadriplegia, seizure disorder, malnutrition, pressure ulcers, and unspecified intellectual disabilities. The Brief Interview for Mental Status (BIMS) was not scored, documented resident was unable to complete the interview. The Care Plan focus dated 10/11/24 for Resident #45 documented PASRR baseline, new admission, intervention to follow PASRR recommendations as applicable. The Care Plan focus initiated 10/18/24 documented the resident had impaired cognitive function and impaired thought process related to developmental and intellectual disability. The PASRR form dated 10/8/24 documented resident #45 evaluation determined a PASRR condition, noted suspected or confirmed PASRR condition that included intellectual disability. Approved for convalescence categorical approval for period of 60 days, expected to discharge within 60 days and If stay goes beyond the nursing facility must submit a status change, required prior to the 60th day. On 1/13/25 at 1:40 PM the Director of Nurses relayed the Social Services, Staff A, was responsible for the initial PASRR and follow up. During an interview on 1/13/25 at 1:45 PM the Social Service, Staff A, revealed they are new to working with PASRR's, acknowledged resident #45 was granted the 60-day approval and should have been reevaluated. On 1/14/25 at 3:00 the Administrator relayed the facility does not have a policy on PASRR completion and follows the regulation.

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