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	04/21/2026

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, staff interviews and facility policy review, the facility failed to maintain infection control practices to help prevent the development and transmission of communicable diseases and infections during glucometer use for two residents reviewed for medication administration. (Resident #2, #3). The facility reported a census of 76 residents.Findings include:1.Resident #2's admission Record for admission date 3/12/26 identified the resident had diagnoses including Diabetes Mellitus type 2, congestive heart failure, and dementia. Resident #2's Physician Orders included an order for staff to check the resident's blood sugar by finger sticks four times a day, initiated 3/12/2026. On 4/9/2026, the resident's Care Plan directed staff to monitor his blood sugar as ordered. Observation on 4/21/2026 at 12:05 p.m. revealed Staff A, RN (Registered Nurse), retrieved the necessary items to check the resident's blood sugar. Staff A indicated it was the first time she worked at the facility. She collected the glucometer (device used to measure blood sugar) that sat on top of the medication cart without a barrier and entered the resident's room. Staff A donned gloves, placed the glucometer on the resident's blanket, and used an alcohol wipe to cleanse the resident's fingertip. She used a lancet to draw a drop of blood onto the test strip and noted the resident's blood sugar. Staff removed her gloves, exited the room and placed the glucometer on the medication cart without a barrier, and without sanitizing it. 2. Resident #3's MDS dated [DATE] revealed the resident had diagnoses including Polymyalgia Rheumatica, an autoimmune disorder and Diabetes Mellitus. The Physician Orders included an order for staff to check the resident's blood sugar by fingerstick four times a day, initiated on 3/15/2025.The resident's Care Plan directed staff to monitor the resident's blood sugars as ordered initiated 6/17/2025, and to monitor for signs and symptoms of infection related to the resident's autoimmune disorder initiated 11/19/2024.Observation on 4/21/2026 at 12:20 p.m. revealed Staff A retrieved the glucometer that sat on top of the medication cart since used to check Resident #2's blood sugar. Resident #3 sat at the dining room table. Staff A donned gloves and gathered the necessary items to check the resident's blood sugar. Staff A placed the glucometer on the dining room table without a barrier, used an alcohol wipe to cleanse the resident's fingertip, retrieved a drop of blood with the use of a lancet, and measured the blood sugar using a test strip and the glucometer. Staff A placed the glucometer on the medication cart without a barrier and without sanitizing it.On 4/21/2026 at 1:45 p.m. Staff B, DON (Director of Nursing) reported staff was supposed to sanitize glucometers using the [Brand Name wipes] in the container with the purple top in between uses. The facility Glucometer Cleaning policy revised 7/2023 included, Purpose: To ensure safe, convenient and proper cleaning and disinfection of Blood Glucose Meters in accordance to CDC (Centers for Disease Control and Prevention) guidelines and manufacturer's instructions to help prevent device exposure to blood borne pathogens.Procedures1. Wash hands thoroughly with soap and water or hand sanitizer before and after the procedure.2. Wear clean gloves.3. Place the equipment on a clean surface.4. Clean and disinfect glucose meter with EPA (Environmental Protection Agency)-approved disinfectant including [Names of Brand Name Wipes Redacted] before/after each resident use.5. Staff must follow manufacturers guidelines when cleaning the glucometer 6. Clean and disinfect the glucose meter before storing it with other clean equipment.The facility Infection Control policy revised 9/2023 (continued on next page)

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	included the following per the Patient Care Equipment section: -Handle contaminated equipment in a manner to prevent contamination of clothing, exposure to skin and mucous membranes or transfer of microorganisms to others or the environment; wear gloves if visibly contaminated; perform hand hygiene-Disinfect reusable equipment between patients (e.g., glucometers, lifts, scissors, blood pressure cuffs, etc.) with an EPA-registered disinfectant or hypochlorite solution-Discard single use items per manufacturer's guidelines-Clean and disinfect surfaces that are likely to be contaminated such as overbed tables and frequently touched surfaces in the patient care environment such as doorknobs, surfaces in and surrounding toilets.