

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165034	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Harmony Waterloo		STREET ADDRESS, CITY, STATE, ZIP CODE 201 West Ridgeway Avenue Waterloo, IA 50701	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely.</p> <p>49698</p> <p>Based on observation, staff interview and policy review, the facility failed to provide a comfortable, clean, homelike environment. Resident #21 had difficulty managing their urinal and frequently spilled his urinal. This resulted in his room and hallway outside of his room to smell like urine. Resident #51's room had dried fecal on his floor that remained there for over 24-hours. Resident #60's had a urinal present sitting on his floor and then moved to the hearing unit. The urinal contained urine and had a visible amount of urine on the floor/heating unit beneath the urinal. In addition, the facility failed to provide a homelike environment during meals by removing the trays used to carry the residents' food to the table. The facility reported a census of 71 residents.</p> <p>Findings include:</p> <p>1. On 5/19/24 at 11:28 AM, smelled the presence of strong urine odor outside of Resident #21's room.</p> <p>On 5/20/24 at 8:58 AM, identified the presence of strong urine odor in the hallway outside of Resident #21's room.</p> <p>Interview on 5/20/24 at 9:32 AM, with Resident #21 in his room, revealed the continued presence of a strong urine odor. Resident #21 stated he often spilled his urinal while attempting to use it.</p> <p>On 5/21/24 at 6:37 AM, noted a strong urine odor outside of Resident #21's closed room door.</p> <p>During an interview on 5/21/24 at 2:11 PM, observed Resident #21 sit in his wheelchair with wet pants. He reported having trouble using his urinal without spilling it. He explained therapy is looking for an alternative urinal to avoid spilling. Noted a half full urinal hung on the footboard of his bed, with a puddle of urine on the floor pooling underneath the bed, and smelled of urine.</p> <p>During an interview on 5/21/24 at 2:58 PM, Staff F, Administrator, acknowledged the urine smell coming from Resident #21's room.</p> <p>During an interview on 5/22/24 at 7:49 AM, Staff F provided interventions the facility put in place to help minimize the urine odor in Resident #21's room and stated therapy continued to find an alternative urinal for Resident #21.</p> <p>(continued on next page)</p>

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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165034	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Harmony Waterloo		STREET ADDRESS, CITY, STATE, ZIP CODE 201 West Ridgeway Avenue Waterloo, IA 50701	
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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Interview on 5/21/24 at 8:47AM, with Staff D, Housekeeping Manager, explained they cleaned the residents' rooms daily including mopping floors. The staff notify housekeeping if any areas need cleaned prior to their routine cleaning.</p> <p>2. Observation of Resident #51's room on 5/20/24 at 9:20 AM, revealed presence of dried fecal (poop) on the floor. Noted a larger spot next Resident #51's bed (closest to the door) with smaller spots that trailed across the room to the restroom.</p> <p>Observation of Resident #51's room on 5/21/24 at 6:22 AM, revealed Resident #51's room continued to have the same areas of fecal on the floor from his bed trailing smaller spots across the room to the restroom.</p> <p>Observation of Resident #51's room on 5/21/24 at 8:23 AM, revealed Resident #51's floor of his room unchanged.</p> <p>Observation of Resident #51's room on 5/21/24 at 9:20 AM, continued to remain unchanged.</p> <p>On 5/21/24 at 8:47AM, Staff D explained they cleaned the residents' rooms daily including mopping floors. The staff notify housekeeping if any areas need cleaned prior to their routine cleaning.</p> <p>Interview on 5/21/24 at 9:19 AM, Staff E, Housekeeping, reported the housekeepers are to clean resident's rooms daily, including sweeping, mopping, dusting, cleaning bathrooms, wiping tables, doors, and door handles.</p> <p>Interview on 5/21/24 at 2:58 PM, Staff F, Facility Administrator, acknowledged she saw the fecal areas on Resident #51's room floor and had housekeeping clean his floor.</p> <p>49990</p> <p>3. During observation of Resident #60's room on 5/21/24 at 5:34 AM revealed a hand urinal 3/4ths full of urine sitting on the floor. The floor had a visible spot of a drying yellow substance present beneath the hand urinal.</p> <p>During a subsequent observation of Resident #60's room on 5/21/24 at 9:21 AM witnessed the hand urinal moved to the top of a heating unit, not emptied, and had a small quantity of dried urine staining on the heating unit. The yellowed spot noted earlier remained on the floor. At the time, the surveyor took a picture.</p> <p>In an interview on 5/21/24 at 9:32 AM Resident #60 noted that he used the hand urinal before bed on 5/20/24. He stated he worried about the staff not emptying his urinal in a timely manner, as he struggled to use a hand urinal when it became heavy. He stated he placed the hand urinal on the floor, but did not place it on the heating unit.</p> <p>In an interview on 5/22/24 at 11:24 AM Staff G, Certified Nurse Aide (CNA)/Certified Medication Aide (CMA), stated she understood no one should place urinals on the floor, heating elements, or other surfaces outside of a designated place to hang them on the bed. Staff G noted they should sanitize the areas the hand urinal came into contact with after every encounter. Staff G stated that at minimum, they should empty the urinals every two hours when conducting rounds.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165034	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Harmony Waterloo		STREET ADDRESS, CITY, STATE, ZIP CODE 201 West Ridgeway Avenue Waterloo, IA 50701	

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 0584</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>In an interview on 5/22/24 at 12:29 PM the Director of Nursing (DON) reiterated what Staff G stated. She believed someone should empty the hand urinals at a minimum every two hours on rounds, and they should clean all surfaces the hand urinal came into contact with. She acknowledged the area didn't appear clean below the urinal.</p> <p>The Resident Room Daily Cleaning policy revised October 2023 directed to dust mop hard surface floors, and vacuum if carpeted.</p> <p>The Infection Control Manual Exposure Control plan revised March 2024 instructed to clean all surfaces that come into contact with bodily fluids.</p> <p>42134</p> <p>4. During an observation of the noon meal on 5/19/24, 13 residents chose to eat in the facility dining room. All 13 residents received their meals on trays, the staff failed to remove the trays and place the meals on the table.</p> <p>During an observation of the noon meal on 5/21/24, 14 residents chose to eat in the facility dining room. All 14 residents received their meals on trays, the staff failed to remove the trays and place the meals on the table.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165034	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Harmony Waterloo		STREET ADDRESS, CITY, STATE, ZIP CODE 201 West Ridgeway Avenue Waterloo, IA 50701	

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>42134</p> <p>Based on observation and resident interview the facility failed to maintain dignity for 2 of 2 residents reviewed (Residents #6 and #65). The facility failed to shave the facial hair of 1 female resident (Resident #6) and 1 male resident (Resident #65). The facility reported a census of 71 residents.</p> <p>Findings include:</p> <p>1. On 5/19/24 at 2:41 PM and 5/20/24 at 1:26 PM observed Resident #6 (female) with multiple lengthy chin hairs.</p> <p>On 5/21/24 at 10:15 AM observed Resident #6's chin hairs removed.</p> <p>2. On 5/19/24 at 2:55 PM witnessed Resident #65 with multiple days of facial hair growth. During an interview at that time, he explained he preferred to be clean shaven.</p> <p>On 5/20/24 at 5:12 PM and 5/21/24 at 10:14 AM noted Resident #65 still had multiple days of facial hair.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165034	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Harmony Waterloo		STREET ADDRESS, CITY, STATE, ZIP CODE 201 West Ridgeway Avenue Waterloo, IA 50701	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44512</p> <p>Based on observation, record review, resident and staff interviews, the facility failed to obtain a physician order for the use of oxygen therapy for 1 of 19 residents reviewed (Resident #19) for oxygen therapy. The facility reported a census of 71 residents.</p> <p>Findings include:</p> <p>Resident #19's Minimum Data Set (MDS) dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15, indicating intact cognition. Resident #19 required the assistance from 1 2 persons for care. The MDS included diagnoses of asthma, chronic obstructive pulmonary disease (COPD). The MDS lacked documentation of Resident #19 receiving oxygen.</p> <p>On 5/19/24 at 11:44 AM, observed Resident #19 wearing oxygen with the dose set at 2 Liters (L).</p> <p>The Clinical Physician Orders reviewed on 5/20/24 at 9:54 AM lacked a current order for oxygen. The last order of oxygen, discontinued on 4/15/24.</p> <p>The Care Plan Focus reviewed on 5/21/24 at 10:41 AM, indicated Resident #19 had an altered respiratory status related to COPD, obesity hypoventilation syndrome, chronic bronchitis, and had a risk for inadequate gas exchange. The Interventions directed to provide oxygen as ordered.</p> <p>During an interview on 5/19/23 at 11:44 AM, Resident #19 stated the nurse started her on oxygen (O2) when she admitted to the facility and she used the C Pap (breathing machine to help breathe in air) at night.</p> <p>The Weights & Vitals related to oxygen saturations reviewed on 5/21/24 at 10:51 AM identified Resident #19 received oxygen on 12/26/23 and 5/17/24. The record lacked documentation of Resident #19 using oxygen between those dates.</p> <p>During an interview on 5/21/24 at 11:33 AM, Staff A, Licensed Practical Nurse (LPN), stated she worked at the facility for 2 years. She identified Resident #19 received oxygen therapy and the C Pap.</p> <p>During an interview on 5/21/24 at 11:42 AM, Staff B, Assistant Director of Nursing (ADON), stated when the Care Plan team addressed her oxygen therapy and accidentally deleted it.</p>		