STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165034	A. Building B. Wing	01/15/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony Waterloo	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. 48003 Based on record review, resident and staff interviews, the facility failed to treat residents with dignity and respect ensuring the resident 's rights were met for 2 of 3 residents reviewed (Resident #65 and #8). The facility reported a census of 80 residents. Finding include: 1.The Minimum Data Set (MDS) for Resident #65 dated 12/19/24 revealed Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS further documented she has diagnoses of congestive heart failure, hypertension, diabetes and anxiety. During an interview on 1/12/25 at 1:12 PM Resident #65 reported Staff A, Licensed Practical Nurse (LPN) is not a nice nurse she at times talks rude and degrading toward her. Resident #65 reported when her roommate (Resident #11) was in the hospital, Resident #8 came around to deliver the monthly newsletter for the facility. When Resident #8 asked where Resident #11 , Resident #65 told her she was in hospital. Resident #65 reported they both were saying they hoped Resident #11 felt better soon. Resident #65 reported they didn't feel that they did anything wrong saying that . She reported she felt bad after she was told not to talk about her roommate to other people by Staff A, LPN. During the interview with Resident #65 her roommate Resident #11 verbalized she was not upset because her roommate told the other resident she was in the hospital. She reported the residents are like family and that she didn ' t say anything concerning to get into trouble. She reported Staff A, LPN is not very nice to Resident #65 and was not treated with dignity. Review of Resident #65 ' s the progress notes dated 1/10/25 at 12:54 PM documented this resident was discussing roommate with another resident. This nurse educated them that this was not appropriate to have this type of conversation. Administrator notified. During an interview on 1/14/25 at 1:05 PM Staff A, LPN reports that she did not overhear the residents talking to each other; it was another staff member who heard it and told her about it. She could not remember what staff member it was that told her about it. She did not get any information on what was said just was told Resident #65 was talking about her roommate to Resident #8. (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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	In an interview on 1/14/25 at 1:35 PM The Director of Nursing reports they encourage residents not to talk about other residents but they are not medical professionals so they do not have to follow the Health Insurance Portability and Accountability Act (HIPPA). The conversation Resident #65 had with Resident #8, she felt there was no concern with the conversation they had. She felt there was no need to discuss concerns to Resident #65 about the conversation. 42134 2. During an interview on 1/12/25 at 11:57 AM, Resident #8 reported that she frequently visits other resident's as they are her only family. She was visiting Resident #65 recently and asked where the Resident #11 was as she noted the resident was not in the room. Resident #65 explained Resident #11 was in the hospital. Resident #8 stated she expressed concern saying I hope she feels better. Resident #65 said me too. Nothing more was said about Resident #11. A short time later Staff A came into the room and told them they couldn't be talking about other residents. She stated it made her feel upset because it was genuine concern.

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	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. 48003 Based on observations, resident and staff interviews, the facility failed to keep the shower room at a comfortable temperature to meet within regulation of 71 to 81 degrees per resident request (Resident#38 and #65). The facility reported a census of 80 residents. Findings include: 1. The Minimum Data Set (MDS) for Resident #38 dated 12/25/24 identified a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS documented the resident needs supervision or touching assistance with bathing and dressing (Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as resident completes activity. Assistance may be provided throughout the activity or intermittently). The MDS further documented the resident had diagnoses of anxiety, hypertension, localized edema and chronic back pain. During an interview on 1/12/25 at 2:05 PM Resident #38 reported the temperature in the shower room is cold. The water is warm but the room itself is cold. He reported it was discussed since November at resident council but nothing gets done. In an observation on 1/13/25 at 10:00 AM Maintenance took the temperature in the shower room on the PARS end of the building and the temperature is 66.7 degrees. Maintenance reported they are having issues with the heating system and there is someone coming to look at the system. He reported it is cold in the PARS lounge , shower room and Physical therapy room. In an observation on 1/14/25 at 9:45 AM after two residents on the PARS wing were showered in the shower room, Maintenance took temperature in the shower room and it was 66.5 degrees today. He reported they are looking into the heat. He reported staff are to be using the heat lamps in the shower to warm the room in the meantime. During an interview on 1/14/25 at 10:10 AM Resident #38 reported staff do not use the heat lamp in the shower room. He reported they never do. During an interview on 1/14/25 at 10:30 AM the Administrator gave a concern form with a date received as 12/17/24 documenting the shower rooms are cold. She reported that in November there was an electrician here to fix the heat lamp in the shower room on 11/22/24 but residents still reported it was cold. She reported she did not know of the concern form filled out right away because the activities department that does resident council did not get the concerns to her right away and so it was not assigned until 12/23/24 and still is a concern. (continued on next page)

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. The MDS for Resident #65 dated 12/19/24 revealed BIMS score of 15 indicating intact cognition. The MDS documented the resident requires substantial/maximal assistance with bathing (Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort.) and dependent with dressing (Helper does ALL of the effort. Resident does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the resident to complete the activity). The MDS further documented she has diagnoses of congestive heart failure, hypertension, diabetes and anxiety. During an interview on 1/14/25 10:00 AM Resident #65 reported she had a shower last evening on 1/13/25 and the shower room was cold. She reported staff do not use the heat lamp in the shower. She reported they never use it.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. 48003 Based on clinical record review, staff interviews and the Resident Assessment Instrument (RAI) manual, the facility failed to accurately document and submit accurate resident Minimum Data Set (MDS) Assessment for 2 of 5 residents reviewed (Resident #36 and #65). The facility reported a census of 80 residents. Findings include: 1. The MDS for Resident #36 dated 11/16/23 revealed a diagnoses of congestive heart failure, hypertension and renal insufficiency. The MDS lacked documentation of the resident on a diuretic (medication to help increase excretions of water from the body through the kidneys). Review of the November 2024 Medication Administration Record (MAR) documented the resident received Lasix during the 7 day look back period. In an interview on 1/14/25 at 2:29 PM, the Director of Nursing (DON) reported the MDS was not correct for Resident #36 and he should have been coded for diuretic medication on the MDS and it was missed. On 1/14/25 at 3:02 PM the Administrator reported the facility does not have a policy for MDS. She reported the facility follows the RAI manual. Review of the Long-Term Care Facility RAI 3.0 Manual section N:Medications revised October 2024 directs staff to review the resident 's medical record for documentation that any of the high risk medications were received by the resident and for the indication of their use during the 7-day look back period (or since admission/entry or reentry if less than 7 days). Diuretics are on the list of high risk medications. 2. The MDS for Resident #65 dated 12/19/24 revealed a diagnoses of congestive heart failure, hypertension, diabetes and anxiety. The MDS documented the resident had received an anti-psychotic medication on a routine basis. Review of Resident #65 MAR for November 2024, December 2024, and January 2025 lacked documentation of an anti-psychotic medication given. During an interview on 1/14/25 at 2:50 PM, the DON reported the MDS was coded wrong and Resident #64 was not on an anti-psych medication.

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F 0645 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	PASARR screening for Mental disorders or Intellectual Disabilities 48003 Based on record review and staff interview the facility failed to ensure 1 of 1 residents (Resident #72) Pre-admission Screening and Resident Review (PASRR) was submitted for review when she had new diagnoses documented in her medical record. The facility reported a census of 80 residents. Findings include: The Minimum Data Set (MDS) for Resident #72 dated 10/17/24 identified a Brief Interview for Mental Status (BIMS) score of 13 indicating intact cognition. The MDS documented the resident had diagnoses of diabetes, hypertension, alcohol abuse and history of stroke. Review of Resident #72 ' s PASRR dated 10/09/24 documented no mental health conditions and did not require a level II to be completed. It documented the resident was on an anti-psychotic medication but no diagnosis was given for the medication. Provider Intake Notes from Neuropsychiatry documented Resident #72 had a diagnosis of anxiety and Bipolar depression in which she was on an anti-psychotic medication and started on a new antidepressant. Review of Resident #72 ' s Electronic Health Records lacked a new PASRR submission with the new diagnosis and medications. During an interview on 1/13/25 at 3:00 PM Social Services Director reported the MDS coordinator will report to her if a resident gets a new mental health diagnosis that she needs to be aware of to submit a new PASRR. She reported she was not aware of Resident #72 having the new diagnosis for Bipolar depression and she should have had a new PASRR completed. On 1/14/25 at 3:00 PM, the Administrator reported the facility does not have a PASRR policy. She reported the facility follows the federal regulations.

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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. 42134 Based on clinical record review, facility policy and staff interview the facility failed to follow up on blood sugar levels that were out of physician defined parameters for 1 of 2 diabetic residents (Resident #9) reviewed. The facility reported a census of 80 residents. Findings include: The Medication Administration Record (MAR) for Resident #9 dated December 2024 included an order for fingerstick blood sugar 4 times a day. The order directed staff to call the Medical Doctor (MD) for levels less than 70 or greater than 300. On 12/15/24 at 9:00 PM the MAR documented a blood sugar of 364. On 12/22/24 at 4:00 PM the MAR documented a blood sugar of 375. The Progress Note written on 12/15/24 at 9:29 PM documented the resident had a blood sugar of 364. Per orders staff are to notify the MD if the blood sugar is greater than 300. The nurse attempted to reach the MD. She was unable to do so and put the fax in the fax folder. The clinical record lacked documentation for 12/22/24. The facility policy titled Diabetes Management (Hyperglycemia/Hypoglycemia) last revised 11/2023 directed staff to report the physician any abnormal blood sugar level outside of the parameters as ordered. The facility policy titled Physician Orders/Transcription of Orders last revised 7/2023 directed staff to follow and carry out active orders as written. During an interview on 1/14/25 at 1:30 PM the Director of Nursing explained she would expect the MD to be notified of blood sugars outside of the parameters. She further explained that she would expect to be notified if there were issues reaching the MD. She would expect an order to be received and a progress note to be written in the resident's clinical record regard the abnormal level, MD notification and new order received.