STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165104	A. Building B. Wing	06/05/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony Dubuque	901 West Third Street Dubuque, IA 52001

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 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 three residents reviewed. (Residents #2, #3, #6). The facility reported a census of 59 residents. Findings include: 1. The MDS (Minimum Data Set), an assessment tool dated 3/20/2024 revealed Resident #2 had moderate cognitive impairment, transferred from one surface to another with staff assistance. The resident received scheduled pain medication for occasional pain rated at a score of 6 on a 0-10 pain scale. The resident had diagnoses including muscle disorder, history of falls, seizure disorder, and cognitive deficit. The Care Plan identified the resident had a risk for pain related to osteoarthritis and amputation of toes. On 3/26/2024, the Care Plan directed staff to administer pain medication as ordered by the physician and evaluate effectiveness of pain management. The current Physician Orders included an order for Hydrocodone/Acetaminophen 5/325 mg (milligrams), one tablet three times a day. On 3/6/2024 the order instructed staff to administer the medication two times a day. The March, 2024 MAR (Medication Administration Record) revealed staff failed to administer the Hydrocodone/Acetaminophen on March 30, March 31 and April 1, 2024 due to the unavailability of the medication. 2. The MDS dated [DATE] revealed Resident #3 had intact cognitive abilities, transferred from one surface to another with staff assistance and had diagnoses including PTSD (Post Traumatic Stress Disorder), depression , diabetes, and COPD (Chronic Obstructive Pulmonary Disease). The Care Plan identified the resident had PTSD and had a risk for changes in mood, had cardiac disease, edema, respiratory impairment, and urinary incontinence. It directed staff to administer medication as ordered by the physician. The April and May Physician Orders, and MAR included: (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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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	Prednisone, 5 mg every day for four days from 4/12 - 4/16/2024, for inflammation. No dose administered on 4/15/2024. Quetiapine 50 mg table two times a day, for PTSD. No morning dose administered on 4/19/2024. Hydrochlorothiazide tablet 25 mg, give one tablet one time a day, every other day for COPD. No dose administered on 4/1/2024. Allegra Hives 24 hour oral tablet, 180 mg. Give one tablet by mouth one time a day. No dose administered on 5/11/2024. Incruse Ellipta Inhalation Aerosol. Inhale orally one time a day for COPD. No dose administered on 5/2 and 5/3/2024. Saw Palmetto oral tablet. Give one tablet by mouth one time every day for supplement. No dose administered on 5/26, 5/27, & 5/28/2024. 3. The MDS dated [DATE] revealed Resident #6 had severe cognitive impairment, transferred from one surface to another with staff assistance, had a colostomy and diagnoses including aftercare following surgery, diabetes, colon cancer, and dementia. The Care Plan identified the resident had a colostomy initiated on 5/13/2024 and directed staff to monitor and provide care as needed. The Care Plan identified the resident had diabetes and it directed staff to administer medication as ordered by the physician and monitor effectiveness and side effects. The Physician Orders included an order for Glipizide 10 mg orally two times a day for diabetes to begin on 5/10/2024. The resident also had an order for Loperamide 2 mg four times a day for high ostomy (opening in an organ of the body, colostomy) output to begin 5/10/2024. The May MAR revealed staff failed to administer the Glipizide and Loperamide on 5/10/2024. On 6/3/2024 the Administrator and Director of Nursing indicated they were aware of the medication concern, have educated staff regarding documentation and pharmacy notification, and have implemented a performance improvement plan. The facility Medication Administration - Medication Pass policy dated 5/2023 included: Purpose - To safely and accurately prepare and administer medication according to physician's order and patient's needs.