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	07/03/2024

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	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. 20331 Based on observation and staff interview, the facility failed to provide housekeeping services in a manner to maintain a clean, comfortable, and homelike environment. The facility reported a census of 62 residents. Findings include: Facility observation on 7/1/2024 at approximately 10:30 - 11:30 A.M. included: Rooms 163, 164, 165, and 172 had floors with heavy dirt and grime. Rooms 163, 166, 169 and 171 had bathrooms with a dark substance on the floors and toilets. Observation of the kitchen revealed heavy dark grime along the perimeter of the floor and base boards. The floor also had used gloves, a coffee cup, food debris, a red food storage lid, and heavy dirt and food particles under the food storage shelves. The stainless steel food prep tables had a moderate amount of grime and food particles. The gas stove had heavy food particles and the floor area was covered with a brown substance. The refrigerator exteriors had a moderate amount of fingerprints and a sticky substance. Staff A, housekeeping revealed the facility had two housekeepers on duty, and the previous floor maintenance staff no longer worked at the facility. Staff B, housekeeping indicated the facility had one housekeeping staff on weekends. Staff C, dietary supervisor revealed she recently became the supervisor and had worked as the cook for 2.5 years. Staff C reported she needed to complete her classes and tests.

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
	165104	A. Building B. Wing	07/03/2024

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Harmony Dubuque	901 West Third Street Dubuque, IA 52001

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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 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident. 20331 Based on observation and resident and staff interviews the facility failed to follow the menu and offer food choices according to the residents' requests. The facility reported a census of 62 residents. Findings include: Observation on 7/1/2024 at 11:30 A.M. revealed dietary staff serving lunch. Staff C, Dietary Aide indicated they switched Monday and Wednesday's menus due to the holiday. Staff C indicated they prepared enough food according to the menu most of the time. Resident #5 sat at a dining room table and reported not always being served what she requested. The resident indicated the facility runs out of food. On 7/1/2024 at approximately 11:00 A.M., Resident #1 reported he eats meals in his room and occasionally does not get what he orders. The previous night the menu included soup, sandwich and salad. The resident failed to receive a salad for dinner as he requested, and the food is not always hot when the food tray arrived. On 7/2/2024 at 12:15 A.M., Resident #6 reported she eats meals in her room and occasionally does not get what she orders from the menu. The kitchen occasionally fails to send milk, coffee, and dessert and food is not always hot when it arrives. A review of the Food Temperature Log book revealed staff failed to consistently document food temperatures prior to serving at each meal, a test tray entree on 7/1/24 tested at 154 degrees. On 7/2/2024 at 11:40 A.M., Staff E, RDLD reported 154 degrees was not an acceptable temperature in order for the room trays to be served hot and expected residents to receive menu items they request. The concern had been addressed and they had a plan in place.