STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165152	A. Building B. Wing	08/06/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony House Health Care Center	2950 West Shaulis Road 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 0558 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Reasonably accommodate the needs and preferences of each resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, clinical record review, staff interviews and policy review the facility failed to accommodate all residents by placing call lights in reach at all times for 1 of 6 residents (Resident #11). The facility reported a census of 49 residents. Findings include: Resident #11's Minimum Data Set (MDS) dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 15 indicating intact cognition. The MDS identified Resident #11 was dependent on staff assistance for bed mobility and all transfers. The MDS documented Resident #11 had limited range of motion to upper and lower extremities to both sides. Residents #11 MDS included diagnosis of Cerebral Vascular Accident (CVA/Stroke) with hemiplegia affecting both sides and seizure disorder.The Care Plan Focus with a target date of 9/1/25 documented Resident #11 had alteration in communication related to CVA (stroke) dysarthria (weakness in muscles used for speech) and anarthria (complete loss of speech motor ability). The Goal reflected Resident #11 would make his basic needs known by answering yes and no questions through the movement of his right foot/leg.The Care Plan lacked direction or information regarding the use of adaptive call light and placement. The Kardex (used by the facility certified nursing assistant CNA as snap shot of resident care) dated 7/30/25 lacked information regarding Resident #11's adaptive call light and placement. On 7/29/25 at 10:15 AM, observed Resident #11 in his wheelchair in his room without a call light within reach. Resident #11's had his call light on his lower left side of his abdomen, near his upper left thigh. Resident #11 had goose bumps and hair standing up on his arms and legs. When asked if he was cold, Resident #11 replied yes by moving his right foot forward and backwards. At 10:55 AM, Resident #11 attempted to call out. When notified the MDS Coordinator went in his room and readjusted his call light. A continuous observation revealed Resident #11 didn't have his call light within reach for 40 minutes at the time the MDS Coordinator went into the room. On 7/30/25 at 10:42 AM, observed Resident #11 had his call light attached with clips to the sheet on the edge of the bed on his right side. When asked Resident #11 if he normally had his call light positioned by his right foot, he replied yes by moving his right foot back and forth. An interview with Staff C, CNA, verified Resident #11 didn't have his call light within reach. Adding, the call light should be positioned next to his right foot so he could reach it. Staff C repositioned the call light next to his right foot.On 7/30/25 at 11:00 AM, the Director of Nursing (DON) reported she expected the staff to position Resident #11's call light next to his right foot. The DON verified the Kardex didn't address his call light. The facility policy titled Call Light Policy revised September 2023 instructed to ensure prompt response to the resident's call for assistance. The policy further directed to place call lights within reach for residents who could use them. In addition, the policy documented the facility could use soft touch call lights if needed.

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on the electronic health record (EHR), facility records and staff interviews, the facility failed notify the resident or their Responsible Party when the facility initiated a change in their level of care and services for 2 of 5 residents reviewed (Residents #38 and #59). The facility reported a census of 49 residents.Findings Include:The facility completed Entrance Conference Worksheet regarding Beneficiary Notice reflected the following discharges from Medicare part A (skilled nursing facility care following a qualifying hospital stay) services on:3/10/25: Resident #38 remained in the facility.3/10/25: Resident #59 remained in the facility.1. Resident #38's Skilled Nursing Facility (SNF) Beneficiary Protection Notification Review listed their last day covered with Medicare Part A services as 3/10/25. The form reflected the facility initiated the discharge from Medicare Part A services when they had benefit days remaining. The facility provided a Notice of Medicare Non-Coverage (NOMNC) but didn't provide the SNF Advance Beneficiary Notice of Non-Coverage (ABN). The reason why the SNF ABN form didn't get provided listed other without an explanation.Resident #38's Clinical Census reviewed 7/31/25 documented the following:2/19/25: Medicare part A services started. 3/10/25 Medicare part A services ended, Resident #38 remained in the facility.The facility provided the NOMNC but lacked documentation the Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage (SNF ABN) had been provided informing her of the cost for services. 2. Resident #59's SNF Beneficiary Protection Notification Review listed his last covered day as 3/10/25. The form indicated the facility initiated the discharge from Medicare Part A Services with benefit days remaining. The facility provided the NOMNC but not the SNF ABN. The reason for not providing the SNF ABN listed he planned to discharge home but choose to stay at the facility.Resident #59's Clinical Census reviewed 7/28/25 identified the following:admitted on [DATE] under Medicare part A services.discharged from Medicare part A services on 3/11/25 and remained in the facility.The Progress Notes lacked documentation, the facility informed Resident #59 of the change in services making him responsible for payment following his discharge from Medicare part A services on 3/11/25.Resident #59's clinical record lacked documentation he received a SNF ABN.In an interview on 7/31/25 at 9:26 AM, Staff D, Social Services, reported being the person responsible for providing notification to the resident or the Resident's Representative when Medicare part A services changed. Staff D verbalized she didn't receive proper training. She didn't provide the NOMNC or the SNF ABN appropriately. Staff D verbalized she got taught if the resident had Medicaid for their payor source, she didn't need to provide the SNF ABN.In an interview on 7/31/25 at 10:31 AM, the Administrator acknowledged the facility didn't provide NOMNC's and SNF ABNs as required regardless of payor source. The Administrator reported they had Staff D scheduled for additional training on providing proper notifications.The facility failed to provide a policy related to the notification of services to a resident and/or the Resident's Representative.