STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165333	A. Building B. Wing	05/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hallmark Care Center	215 Highway 30 West Mount Vernon, IA 52314

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46513 Based on clinical record review, staff interview, and state designated authority direction for Preadmission Screening and Resident Review (PASRR) the facility failed to complete a follow-up PASRR screening for one out of one resident reviewed in the current sample who had a change in mental health status (Resident #17). The facility reported a census of 40 residents. Findings include: The Minimum Data Set (MDS) assessment dated [DATE] did not reveal a completed score for the Brief Interview for Mental Status (BIMS). The MDS recorded Resident #17 with Psychiatric/Mood disorders that included anxiety disorder, depression, and bipolar disorder. The MDS revealed antipsychotics received by Resident #17 on a routine basis. The Care Plan, revised date 5/8/24 documented for Resident #17 psychotropic medication used, included potential for adverse reactions related to psychotropic, antidepressant and antipsychotic medications due to obsessive-compulsive disorder, anxiety, depression, post-traumatic stress disorder, and bipolar disorder interventions. On 05/21/24 at 02:32 PM the Administrator relayed some mental health diagnoses were not discovered until after Resident #17 admitted to the facility, they did not resubmit for a new PASRR and acknowledged that should have been done. The Administrator relayed the facility used the guidelines provided by the state verses a facility policy. The Notice of PASRR Level 1 screen outcome, dated 8/5/2016 from state contracted company for screening documented Resident #17 does not have a major mental illness included does not have bipolar or major depression. The Level 1 screen relayed no psychotropic medications have been prescribed. The document directed the nursing facility to submit a status change for further evaluation with changes.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 46513 Based on observation, staff interviews, and policy review, the facility failed to ensure food items covered, dated, and stored to prevent possible cross-contamination. The facility reported a census of 40 residents. Findings include: During an observation on 05/19/24 at 9:30 AM, initial tour of the kitchen revealed the walk-in refrigerator with a four wheeled cart, on top glasses of various poured drinks included, 3 white milks, 2 chocolate milks, 3 apple juices, and 3 orange juices. The glasses were uncovered. The cart had two opened milk jugs without open dates. Another larger tiered cart contained two trays of individual plated pies slices, also uncovered, without a label or date. During an interview on 5/19/24 at 9:32 AM dietary Staff B, stated the pies were to be served for lunch today, did not know when they were cut. Staff B revealed the four wheeled cart in the refrigerator was used for breakfast and pushed into the refrigerator after the breakfast meal. On 5/20/24 at 11:54 AM Certified Dietary Manager, Staff A relayed was not sure why the cart was in the refrigerator with the poured juice cups, acknowledge the drinks on the cart should have been discarded. On 5/21/24 at 3:00 PM the Administrator relayed the four wheeled cart is put in the refrigerator after the meal service to keep the milk cold. The Administrator acknowledged the milk jugs were not dated. The Administrator voiced the other cups on the cart would have been disposed of and relayed the pies were discarded. The Administrator acknowledged the pies should have been covered. Policy titled, Refrigerated Food Storage dated 4/15/05 documented food will be stored, properly labeled, and dated per the regulatory requirements and maintenance of food quality.