STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165385	A. Building B. Wing	09/12/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony Marshalltown	910 East Olive Marshalltown, IA 50158

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. 25858 Based on observations, environmental tour, resident, staff and laundry personnel interviews, the facility failed to provide clean, available linen soaker pads (pads used to protect furniture from incontinence) for resident care. The facility reported a census of 62 residents. Findings include: On 9/9/24 at 2:00 PM Staff C, Certified Nursing Assistant (CNA), stated that the facility didn't have enough wash cloths and gloves. Staff C added the learned new management is taking over and once the current supplies run out then the new management will order what they want. Staff C said it is hard to get work done and do good cares without the needed supplies, such as soaker pads, red, or white washcloths for peri cares, and no washcloths to clean face and hands. On 9/9/24 at 4:00 PM Resident #4 stated the facility didn't have enough washcloths, soaker pads, and linens for the staff to take care of her. On 9/10/24 at 9:26 AM, Staff G, CNA, reported the floor staff need to go to laundry at times to get washcloths/towels etc. to provide cares to the residents as they can't do their job until they do. She stated they used to stock these items in the rooms but they don't do that much anymore. The staff had to go to the linen closet to get the supplies. They take them in the room with them when need to provide care to a resident. She didn't feel they were necessarily short on the items but they were not readily accessible to the staff. She stated sometimes they called down to laundry but didn't get an answer so they have to go down and get the supplies themselves. On 9/11/24 at 11:10 AM, the Quality Assurance (QA) nurse took the surveyor to the facility linen rooms. Observation of the east wing linen room revealed no washcloths or towels on the shelves and the east side linen cart appeared nearly empty with only a couple of washcloths sitting on top of the linen cart in the hallway. The west side linen room had no towels or washcloths noted in the room and none on the linen cart parked in the linen room either. The west side shower room had a few large towels but no washcloths noted. (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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 9/11/24 at 11:15 AM, the Housekeeping Supervisor provided a tour of the linen area of the laundry area in the basement. Witnessed several stacks of brand new red and green washcloths on a shelf. The shelf only a small stack of white washcloths. Noted the laundry worker folding clean laundry and placing them in carts for delivery to the linen rooms before the end of her shift. The Housekeeping Supervisor reported they only delivered the linens once a day but the staff could call if they need something. He felt they had plenty of washcloths and towels available to the staff. He explained he ordered when needed.

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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25858 Based on clinical record review, facility policy and procedure, and staff and resident interviews, the facility failed to follow physicians' orders for 2 of 3 residents reviewed. (Residents #3 and #4). The facility reported a census of 62 residents. Finding include: 1. Resident #3's Minimum Data Set (MDS) assessment dated [DATE] documented Resident #3 identified a Brief Interview for Mental Status (BIMS) score of 4, indicating severely impaired cognition. Resident #3 required partial to moderate assistance with all activities of daily living. In addition, they used a walker or wheelchair for mobility. The MDS included diagnoses of coronary artery disease (heart disease), hypertension (high blood pressure), renal (kidney) failure, non Alzheimer's dementia, and heart failure. Resident #3 used a diuretic (pill used to remove excess fluid from the body) during the lookback period. The Care Plan Focus dated 10/31/21 indicated Resident #3 had altered cardiovascular (heart) status related to atrial fibrillation (abnormal heart rate), congestive heart failure (impaired heart function causing a backup o fluid in the body), hypertension, hyperlipidemia (high cholesterol), and the use of a pacemaker. The Interventions instructed to obtain and monitor weights per schedule/per physician's order. The Physicians orders dated 4/2/24, instructed staff to obtain daily weights and call the physician if they gain 3 pounds in 1 day or 5 pounds in 1 week. The Medication Administration Note in Resident #3's Progress Notes reflect the facility didn't get their daily weight due to them having Covid and required isolation. a. 8/30/24 at 9:30 AM b. 8/31/24 at 9:10 AM c. 9/1/24 at 7:15 AM d. 9/2/24 at 12:45 PM e. 9/3/24 at 9:54 AM f. 9/4/24 at 8:11 AM g. 9/5/24 at 11:53 AM (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2. Resident #4's MDS assessment dated [DATE], reflected they could make themselves understood and could understand others. The MDS identified a BIMS score of 13, indicating no cognitive impairment. The MDS included diagnoses of cancer, heart failure, hypertension, diabetes mellitus, depression and respiratory failure. Resident #4 required total dependence with toileting hygiene and transfers. They didn't walk and used a wheelchair for mobility. The Physician's Order Note dated 8/29/24 at 3:11 PM documented Resident #4 returned from the wound clinic that afternoon with new treatment orders for both of their lower extremities (BLE). In addition, the Physician ordered Resident #4 to wear compression stockings every day. On 9/10/24 at 1:00 PM Resident #4 confirmed the facility didn't measure their legs for compression stockings and the physician gave an order to wear them on their legs every day. On 9/11/24 at 12:35 PM Staff D, Registered Nurse (RN), verified the facility expected the staff to follow the physician's orders as written. The Policy/Procedure for Physician Orders/Transcription of Orders dated July 2023, directed the staff to correctly and safely receive/transcribe physician's orders. To ensure that patient medications, treatments, and plan of care are in accordance with the licensed providers orders. The Procedure instructed active orders should be followed and carried out as written or transcribed.

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F 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25858 Based on resident and staff interviews, along with the facility policy, the facility staff failed to answer resident call lights in a timely manner (not longer than 15 minutes) for 2 of 3 residents reviewed (Residents #2 and #4). The facility identified a census of 62 residents. Findings include: 1. Resident #2's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. Resident #2 required partial assistance with bed mobility, toilet use, and personal hygiene. In addition, they required total assistance of one-person physical assist with bathing. The MDS included diagnoses of hypertension (high blood pressure), diabetes mellitus, depression and chronic back pain. On 9/9/24 at 1:25 PM Resident #2 stated the staff take over a half an hour to answer the call light. On 9/9/24 at 2:00 AM Resident #2 put on her call light, she reported the staff didn't answer it until 2:45 AM. She explained this bothered her due to being diabetic and needing her blood sugar checked at 2:00 AM because her blood sugars tend to run low. The Blood Sugar Summary reflected on 9/9/24 at 2:45 AM, Resident #2 had a blood sugar level of 200. On 9/9/24 at 2:00 PM Staff C, Certified Nursing Assistant (CNA), confirmed it took over 15 minutes to answer a call light. The reported the expectation is to answer the call light within 15 minutes. 2. Resident #4's MDS assessment dated [DATE], reflected they could make themselves understood and could understand others. The MDS identified a BIMS score of 13, indicating no cognitive impairment. The MDS included diagnoses of cancer, heart failure, hypertension, diabetes mellitus, depression and respiratory failure. Resident #4 required total dependence with toileting hygiene and transfers. They didn't walk and used a wheelchair for mobility. On 9/9/24 at 4:00 PM Resident #4 verified the call light is on for longer than 15 minutes. On 9/11/24 at 10:40 AM the Administrator confirmed they expected the staff to answer the resident's call light within 15 minutes. The Call Light Policy dated September 2023, instructed staff to ensure a prompt response to the resident's call for assistance. The Procedure directed the facility shall answer call lights in a timely manner. When answering a call light, respond to the request. If immediate assistance cannot be provided and there is not an emergent need, call light may be turned off and resident informed that a staff member will be back to assist them shortly.

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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. 44972 Based on observation, facility menu review, staff interview and policy review the facility failed to follow the dietician approved menu as written. The facility reported a census of 62 residents. Findings include: 1. Review of the 9/9/24 dietician approved menu for lunch, the menu directed to give the residents: a. Fire braised pork on a bun b. Baked yams c. Pea Salad d. Bread/margarine e. Fruit crisp The residents received instead at lunch on 9/9/24: a. Fire braised pork ribs b. Baked yams c. Buttered peas d. Pudding 2. Review of the 9/10/24 Dietitian approved menu for lunch, the menu directed to give the residents: a. Cheeseburger on a bun b. French fries c. Creamy coleslaw d. scotcheroo The residents received instead at lunch on 9/10/24: a. Cheeseburger on a bun b. French fries (continued on next page)

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F 0803 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	c. Creamy coleslaw d. Ice cream cone or ice cream sandwich 3. Review of the 9/11/24 Dietitian approved menu for lunch, the menu directed to give the residents. a. Italian pasta bake b. Seasonal vegetables c. Garlic toast d. Pears The residents received instead at lunch on 9/11/24: a. Italian pasta bake b. [NAME] beans c. Dinner roll d. Pears On 9/10/24 at 4:00 PM, the Corporate Dietitian reported the facility expected the staff to follow the Dietitian approved menu as written. She reported the facility didn't currently have a Dietary Supervisor and the Administrator ordered the food supplies at that time. They explained the facility has a Dietary Supervisor starting at the end of the month. The Menu Planning and Requirements dated 2020, indicated the facility planned the menus in advance and varied for the same day of consecutive weeks. The facility must plan the cycle menus for a minimum of one week or based upon specific state regulations. The facility must revise the cycle menus semi annually (twice a year) and take the residents' input into consideration.

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F 0804 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature. 44972 Based on observation, staff interview, and policy review, the facility failed to maintain hot food items at 135 degrees or greater to prevent potential for food borne illness and to keep the food palatable for resident's satisfaction. The facility reported a census of 62 residents. Findings include: During an observation of the noon meal on 9/10/24, the post temperatures completed at 12:25 PM reflected the temperature of French fries of 127 degrees Fahrenheit (F), below the required 135 degrees F. On 9/10/24 at 12:30 PM the facility provided a test tray in an insulated plate cover to sample. The tray contained a cheeseburger on a bun, coleslaw and French fries. The tray contained palatable food of a warm cheeseburger on a bun and chilled coleslaw. In addition, the tray contained food not considered palatable of cool, chewy French fries. On 9/10/24 at 4:00 PM, the Corporate Dietitian acknowledged the French fries didn't have a compliant temperature. They voiced they understood the test tray contained cool French fries for consumption. She reported the kitchen would get a new steam table to replace the current older one. She said that should help maintain more consistent temperatures. The Serving Temperatures for Hot and Cold Foods policy dated 2020 listed the minimum/holding temperatures of 135 degrees F. to 170 degrees F for vegetables/potatoes. The Monitoring Food Temperatures for Meal Service policy dated 2020 directed a serving/holding temperature of hot food items of 135 degrees F.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44972 Based on observation, staff interview and policy review, the facility failed to ensure they didn't serve expired food items. In addition, the facility failed to label open food items, date open food items, ensure a clean, sanitary kitchen and equipment to reduce the risk of contamination and food borne illness. The facility reported a census of 62 residents. Findings include: On [DATE] at 9:48 AM during the initial tour of the facility kitchen, observed the following: a. Refrigerated items: i. An open tub, not labeled or dated, of covered potato salad. ii. An open tub, not labeled or dated, of covered ham salad. iii. 11 gallons of chocolate milk with a best by date of [DATE]. b. Freezer items: i. An open not labeled or dated, bag of meat patties. ii. An open not labeled or dated, bag of taco shells. iii. An open not labeled of date, bag of buns. On [DATE] at 9:48 AM during the initial tour of the facility kitchen, observed the following sanitary concerns: a. The handwashing station sink had chunks of food debris on it. b. The Prep counter across from the stove very dirty with food debris scattered all over it. c. The oven griddle dirty with food debris on and around it. d. The steam table had food debris scattered in the basins and on the serving shelf. e. The outside of the 3 door refrigerator along the west wall dirty f. The bottom of the 3 door refrigerator along the west wall had dried debris and crumbs in it. g. The 2 door freezer along the east wall had a lot of crumbs and debris in the bottom of it. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On [DATE] at 4:00 PM, the Corporate Dietitian confirmed they expected the facility to keep the kitchen area clean, tidy, with all food items labeled, and dated when opened. In addition, they expected the staff discarded expired items. She reported the didn't have a Dietary Supervisor, but, the facility hired one who would start at the end of the month. The Food Handling policy revised [DATE], instructed all food prepared in operation must be covered and labeled with a date of preparation prior to storage in the refrigerators and freezers, with a specified use by date. The policy directed to follow kitchen sanitation guidelines and center specific cleaning. The Cleaning Rotation policy, instructed to clean work tables and counters after each use. Then clean the stove top, grill, steam table and hand washing sink daily, with the refrigerators and freezers cleaned monthly.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 25858 Based on observation, clinical record review, and staff interview the facility failed to maintain infection control practices, including failing to complete hand hygiene for 1 of 3 residents reviewed (Resident #4). The facility reported a census of 62 residents. Finding include: Resident #4's MDS assessment dated [DATE], reflected they could make themselves understood and could understand others. The MDS identified a BIMS score of 13, indicating no cognitive impairment. The MDS included diagnoses of cancer, heart failure, hypertension, diabetes mellitus, depression and respiratory failure. Resident #4 required total dependence with toileting hygiene and transfers. They didn't walk and used a wheelchair for mobility. The Care Plan Focus initiated 3/2/23 indicated Resident #4 had a risk for potential decline in functional range of motion (ROM) and activity daily living (ADL) related to weakness related to their medical diagnosis. The Interventions directed Resident #4 used a full-body mechanical lift with 2 staff assist for transfers. Resident #4 required extensive staff assistance for their personal hygiene, grooming, and dressing. On 9/9/24 at 4:00 PM watch Staff E, Certified Nursing Assistant (CNA), and Staff F, CNA, connect Resident #4 to the full-body mechanical lift. Observed Resident #4 soiled with urine. Staff E removed the soiled pad with their gloved hands, threw the soiled pad away in the garbage can. Without removing her gloves, Staff E touched the bar of the full-body mechanical lift, the remote to lift, the full-body mechanical lift sling, a clean soaker pad (pad used for incontinence management) on the wheelchair seat, and the arms of the wheelchair. When Resident #4 sat on the commode, Staff E, with the same gloved hands removed the soiled pad, then continued to touch the full-body mechanical lift sling, bars on the full-body mechanical lift, and remote. After touching everything, Staff E removed her soiled gloves. Interview on 9/11/24 at 10:35 AM the facility Administrator verified they expected the facility staff to follow the infection control policy/procedure and change gloves as required.