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	12/12/2024

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Keep residents' personal and medical records private and confidential. 44972 Based on resident, family and staff interviews and policy review, the facility failed to maintain the confidentiality of a resident's private personal and medical records for 1 of 1 resident reviewed (Resident #27). The facility reported a census of 55 residents. Findings included: In an interview on 12/10/24 at 10:39 AM, Resident #27 reported their family member found another resident of the facility's death certificate who passed away on 11/23/34 on a bedside table in his room. He stated the family member turned it into the head nurse. He reported he didn't know it was there and didn't look at it prior to their family member finding the document. In an interview on 12/10/24 at 1:00 PM, Resident #27's family member reported a couple of weeks before they saw a paper on Resident #27's night stand below his television (TV). They thought it was a list of his upcoming appointments. When they opened it, they found it was actually another resident from the facility's death certificate. They explained they took the paper to the Director of Nursing (DON) and reported finding it in Resident #27's room. They added the DON told them that shouldn't be left in Resident #27's room. In an interview on 12/12/24 at 8:35 AM, the DON stated she remembered Resident #27's family member bringing her another resident from the facility's death certificate from 11/23/24. Resident #27's family member reported they worked in the health care field and knew finding the Death Certification was a confidentiality issue. The DON reported she didn't know how the certificate ended up in Resident #27's room and stated no staff admitted to leaving it in his room. She stated she expected everything resident related remain confidential. In a facility document labeled Compliance Plan last revised 1/1/24, instructed the facility and facility staff would protect the confidentiality of Protected Health Information (PHI) in accordance with state and federal privacy laws. This included all information about the facility's residents, including the fact if they are or were a resident of the facility.

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
	165385	A. Building B. Wing	12/12/2024

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 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 staff interview, clinical record review and Preadmission Screening and Resident Review (PASRR) evaluation, the facility failed to complete a PASRR screening for 1 out of 2 residents reviewed in the current sample who had mental health changes (Resident #40). The facility reported a census of 55 residents. Findings include: Resident #40's Minimum Data Set (MDS) assessment dated [DATE] identified an incomplete Brief Interview for Mental Status (BIMS), due to being unable to complete the interview. The MDS included diagnoses of psychiatric/mood disorders including anxiety, depression, psychotic disorders. Resident #40 used antipsychotic and antidepressant medications within the lookback period. The Care Plan Focus dated 10/7/24 identified Resident #40 used psychotropic medications related to depression. The Care Plan lacked the updated mental health diagnosis. The Notice of PASRR Level I Screen Outcome dated 11/1/22 reflected the facility completed the assessment due to Resident #40's admission to the nursing facility. The PASRR indicated Resident #40 didn't have a mental health diagnosis known or suspected, and didn't receive mental health services. The PASRR directed, if changes occur or new information refutes these findings a new screen must be submitted. Resident #40's Medical Diagnosis reviewed on 12/11/24 included several updated diagnoses of the following: a. 10/31/22 - Delusional disorders classified as admission. b. 11/16/23 - Major depressive disorder no classification. c. 11/16/23 - Generalized anxiety disorder no classification. d. 10/31/22 - Hallucinations classified as admission. The clinical record didn't reveal a new PASRR screening. On 12/11/24 at 2:19 PM Staff C, Licensed Practical Nurse (LPN), explained they knew of the expectation to resubmit a PASRR with a new mental health diagnosis and would complete a new submission. On 12/11/24 at 3:11 PM The Administrator reported they follow the regulation and didn't have a specific policy for PASRR's.

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	12/12/2024

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48886 Based on clinical record review, staff interview, and policy review, the facility failed to fully review and revise the comprehensive Care Plan for 3 of 20 residents (Residents #1, #2 and #40) sampled for Care Plan review. The facility reported a census of 55 residents. Findings include: 1. Resident #1's Minimum Data Set (MDS) assessment dated [DATE], identified a Brief Interview for Mental Status (BIMS) score of 13, indicating intact cognition. The MDS included diagnoses of medically complex conditions, heart failure, non Alzheimer's dementia, anxiety disorder, bipolar disorder and post-traumatic stress disorder (PTSD). Resident #1's electronic health record included an order dated 11/19/24 for sertraline HCl oral tablet 150 milligrams (mg) one time a day related to generalized anxiety disorder and unspecified dementia. Resident #1's Medical Diagnosis reviewed 12/11/24 reflected a diagnosis dated 7/18/24 of unspecified dementia, mild, without behavioral disturbance, psychotic disturbance, mood disturbance and anxiety. The Care Plan lacked information related to the diagnosis of dementia. During an interview 12/11/24 at 1:37 PM, the MDS Coordinator reported the Care Plan should include a focus area, goal and interventions related to Resident #1's dementia. The MDS Coordinator added she missed this. She explained the Care Plan should include interventions and approaches after her diagnosis of dementia. The MDS Coordinator said they expected Resident #1's Care Plan to include dementia. During an interview 12/11/24 at 3:00 PM, the Administrator reported they expected Resident #1's Care Plan to include a focus area, goal and interventions related to dementia. The Administrator added they expected someone to update the Care Plan after the diagnosis in July 2024. The facility's Care Plan Policy, revised July 2023, instructed the facility to review and review the comprehensive Care Plan by the interdisciplinary team after completion of MDS assessments when applicable and with changes that warrant a Care Plan revision. 46513 2. Resident #40's MDS assessment dated [DATE] identified an incomplete BIMS, due to being unable to complete the interview. The MDS included diagnoses of psychiatric/mood disorders including anxiety, depression, psychotic disorders. Resident #40 used antipsychotic and antidepressant medications within the lookback period. (continued on next page)

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	12/12/2024

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The Care Plan Focus dated 10/7/24 identified Resident #40 used psychotropic medications related to depression. The Care Plan lacked the updated mental health diagnosis. Resident #40's Medical Diagnosis reviewed on 12/11/24 included several updated diagnoses of the following: a. 10/31/22 - Delusional disorders classified as admission. b. 11/16/23 - Major depressive disorder no classification. c. 11/16/23 - Generalized anxiety disorder no classification. d. 10/31/22 - Hallucinations classified as admission. On 12/11/24 at 2:19 PM during an interview with Staff C, Licensed Practical Nurse (LPN), and the Administrator. Staff C reported she missed adding the mental health diagnosis on the Care Plan. She added the Care Plan should have addressed the diagnosis. 44972 3. Resident #38's MDS assessment, dated 11/5/24, identified a BIMS score of 14, indicating intact cognition. The MDS included diagnoses of cholecystitis (inflamed gall bladder), sepsis (serious infection in the blood), history of urinary tract infections, diabetes, kidney disease, depression, anxiety disorder, and tachycardia (elevated heart rate). Resident #38's Clinical Physician Orders reviewed on 12/11/24 included an order dated 11/1/24 for cephalexin 250 milligrams (mg) one time a day at bedtime prophylactically (used to prevent infections) related to history of urinary tract Infections (UTI's). The Care Plan lacked information related to Resident #38's history of UTI's or the need for a prophylactic antibiotic. During an interview on 12/12/24 at 12:48 PM, the MDS Coordinator reported she Care Planned Resident #38's history of UTI's but she resolved it as she didn't think about the use of the prophylactic antibiotic. She added the facility expected the Care Plan to include the prophylactic antibiotic with a history of UTI's and she planned to correct it right away.

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	12/12/2024

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46513 Based on clinical record review, observation, family interview, staff interview and facility policy the facility failed to adequately manage a resident's urinary catheter to minimize risk for infections for 1 of 2 residents reviewed for catheters (Resident #56). The facility reported a census of 55 residents. Findings include: Resident #56's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 5, indicating severe cognitive impairment. The MDS listed Resident #40 had an indwelling catheter. The MDS included diagnoses of diabetes mellitus, obstructive uropathy (blockage affecting urination), and retention of urine. The Care Plan Focus dated 9/13/24 documented Resident #56 required the use of an indwelling catheter related to obstructive uropathy. The Goal indicated he would remain free of complications related to the catheter. On 12/9/24 at 11:29 AM observed Resident #56 sitting in a wheel chair, with his catheter bag on the floor and under the wheel chair wheel. The surveyor summoned the staff. On 12/9/24 at 11:30 AM witnessed Staff D, Certified Nursing Assistant (CNA), exit Resident #56's room. They reported Resident #56's catheter bag had two hooks and if only one is hooked, the catheter bag wouldn't stay in place. Staff D voiced they had both hooks appropriately connected under the wheel chair. On 12/11/24 at 11:28 AM observed Resident #56 in the wheel chair holding his catheter bag. When inquired about the catheter, Resident #56 replied it came loose was dragging, so he got a hold of it. Resident #56 placed the catheter bag on the ground in front of him. On 12/11/24 at 11:30 AM observed Staff H, CNA, walk past Resident #56 and wave. They returned again before they passed Resident #56, bent down to his level and conversed then stood to leave. The Surveyor requested Staff H to address the catheter on the floor. Staff H explained the catheter bag usually hanged on the bottom of wheelchair and they knew it shouldn't be on the ground. Staff H felt the tubing is too short and summoned the nurse. On 12/11/24 at 11:42 AM Staff C, Nurse Manager, approached Resident #56 and asked if the catheter pulled and if he wanted it adjusted. Staff C offered to change the catheter bag. Resident #56 responded he didn't want it changed, it didn't pull, and for some reason it came loose. Staff C replied they would alert the hall nurse about Resident #56 not wanting the bag changed and they would honor his choice. Staff C returned a moment later with a catheter bag cover, and said since it touched the ground, they wanted to cover the catheter with the dignity bag. Staff C proceeded when Resident #56 agreed. (continued on next page)

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	12/12/2024

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/11/24 at 12:00 PM Resident #56 voiced he would welcome a catheter bag change. He thought Staff C wanted to change the whole catheter. On 12/11/24 at 2:19 PM the Administrator acknowledged the importance of preventing catheter related infections. They expected they catheter bags to not be on the floor. The facility policy titled Catheter Care, Indwelling Catheter revised December 2023 directed to secure the catheter to the leg using a securement device or Velcro leg strap to prevent tension on the urethra, to check that tubing is not kinked, looped, clamped, or positioned above the level of the bladder, to validate drainage bag is off the floor and in a dignity bag.

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	12/12/2024

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 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis. 49698 Based on daily staffing review and staff interview the facility failed to provide a Registered Nurse (RN) in the facility for eight (8) consecutive hours per day as required by Federal Regulations. The facility reported a census of 55 residents. Findings include: Review of the facility's Daily Staffing Sheets from 11/9/24 to 12/9/24 lacked an RN on Saturday 11/23/24. On Sunday 11/24/24 an agency RN worked from 10:00 PM to 6:00 AM, only providing two hours of RN staffing for the full day on 11/24/24. An Email communication on 12/12/24 at 10:34 AM, the Administrator reported they identified the lack of RN coverage the week prior to survey. The Administrator acknowledged the facility didn't have RN coverage on Saturday 11/23/24 and they only had 2 of the 8 required consecutive hours provided on Sunday 11/24/24. On 12/12/24 at 10:45 AM, the Administrator stated the facility didn't have a specific policy for RN staffing, as they followed the Federal Regulations.

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	12/12/2024

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 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. 49698 Based on observation, staff interview, and facility policy, the facility failed to protect food from contamination during meal service. The facility reported a census of 55 residents. Findings include: On 12/11/24 at 11:20 AM, observed Staff F, Dietary Aide, prepare multiple peanut butter and jelly sandwiches. Under constant observation Staff F repeatedly touched the bread with gloved hands while making the sandwiches. In addition, Staff F touched a variety of surfaces with their gloved hands including, but not limited to: the outside of the bread bag, the surface of the counter, pen pulled and replaced in Staff F's pocket, the peanut butter container, jelly squeeze bottle, and storage bags. On 12/11/24 at 12:20 PM, watched Staff G, Cook, prepare toast. Under constant observation Staff G touched the bread when placing slices in the toaster after touching a variety of surfaces with gloved hands including, the counter top, drawer handle, and toaster. On 12/11/24 at 12:25 PM, Staff E, Dietary Aide, prepared a grilled turkey and cheese sandwich. Under constant observation Staff E repeatedly touched the bread, cheese, and turkey while making the sandwich. In addition, Staff E touched a variety of surfaces with gloved hands including, but not limited to: the surface of the counter, refrigerator doors, items inside the refrigerator, containers of butter and cheese slices, and turkey packaging. Staff E, also used the same knife to spread butter on the bread after using it to open the plastic turkey package. During an interview on 12/12/24 at 10:18 AM, the Dietary Supervisor stated they expected the staff to wear gloves when handling ready to eat food and to handle food to prevent food borne illness by not touching food with bare hands or contaminated gloves. The facility policy labeled Disposable Glove Use dated January 2023 instructed disposable gloves shall be worn while handling ready to eat foods that don't require further cooking and for single task only. Gloves shall be discarded after each use and if they are soiled, torn, or contaminated.

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	12/12/2024

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 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** 46513 Based on record review, observation, staff interview, resident interview and provided Center of Disease Control (CDC) protocol, the facility failed to maintain infection control interventions for 1 of 1 resident on transmission based precautions (Resident #56). The facility reported a census of 55 residents. Findings include: Resident #56's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 5, indicating severe cognitive impairment. The MDS listed Resident #40 had an indwelling catheter. The MDS included diagnoses of diabetes mellitus, pain, anemia (low blood iron), obstructive uropathy (blockage affecting urination), and retention of urine. The Care Plan Focus dated 11/25/24 identified Resident #56 received antibiotic therapy related to C diff (refers to Clostridium difficile, a bacterial, highly contagious intestinal infection, common symptoms include diarrhea). The Goal added 12/9/24 Resident #56 would remain free of complications related to the use of antibiotics throughout the duration of use. The General Progress Note dated 12/9/24 at 5:53 PM indicated the facility faxed the provider for an order to collect stool sample on 12/10/24 to clear Resident #56 of C diff and remove from isolation. Resident #56 scheduled to complete antibiotics on 12/9/24 at bedtime. On 12/10/24 at 2:44 PM observed a sign posted on Resident #56's door titled, Contact Precautions. The signed directed visitors must report to the nursing station before entering. In addition, perform hand hygiene before entering and leaving, wear gloves when entering the room, and when touching patient's intact skin, surfaces, or articles in close proximity. Wear gown when entering room and whenever anticipating clothing would touch patient items or potentially contaminated environmental surfaces. On 12/10/24 at 2:46 PM Staff I, Certified Nurse's Assistant (CNA), reported they haven't cleared Resident #56 from contact precautions protocol. On 12/11/24 at 11:18 AM Staff A, Licensed Practical Nurse (LPN), reported in order for Resident #56 to be cleared of C diff, they needed to send the final stool sample for testing per the physician's order. Staff A added they haven't done that yet. On 12/11/24 at 12:05 PM observed Resident #56 sitting in the doorway of his room. Staff B, Social Services, approached Resident #56, explained he had mail, handed him a card, he couldn't open the card and gave it back. Staff B opened and read the card. Staff B proceeded to Resident #56's room, they entered the room and came out after leaving the card. On 12/11/24 at 12:07 PM when questioned, Staff B replied they only needed to follow the transmission based precautions if worked they directly with Resident #56's catheter. Staff B reported they would go check with the charge nurse in regards to transmission based precautions for Resident #56. (continued on next page)

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	12/12/2024

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 12/11/24 at 12:23 PM Staff A, reported they redirected Staff B since she thought she only needed gloves and gown if she did direct cares. Staff B explained the nursing staff knew of precautions to take, and they didn't know how others knew aside from the signs on the door. Staff A reported Staff B knew and they directed her to wash her hands. The facility provided document titled Infection Control, 2007 guide adapted from the Center of Disease Control (CDC) for Disease Specific Guidelines documented, type and duration of precautions recommended for infections and conditions, guideline for isolation precautions: preventing transmission of infectious agents in the healthcare setting. Listed Clostridium difficile (gastroenteritis, C. diff) use contact and standard precautions for duration of illness. Precautions included: discontinue antibiotics if appropriate; don't share electronic thermometers; ensure consistent environmental cleaning and disinfection; hypochlorite solutions (disinfectant) may be required for cleaning if transmission continues. Handwashing with soap and water preferred because of the absence of sporicidal activity of alcohol in waterless antiseptic hand rubs.

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	12/12/2024

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46875 Based on clinical record review, staff interview, Centers for Disease Control and Prevention (CDC) guidelines, and facility policy review, the facility failed to screen for eligibility, offer, provide education, and document vaccine consent or refusal for the pneumococcal immunizations for 2 of 5 resident reviewed (Residents #33 and #24) for immunizations. The facility reported a census of 55 residents. Findings include: 1. Resident #33's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 7, indicating moderately impaired cognition. The Clinical Census reflected Resident #33 admitted to the facility on [DATE]. Resident #33's Clinical - Immunizations reviewed on 12/12/24 identified he received the PCV13 (pneumonia vaccine) on 6/11/15. The clinical record lacked documentation someone educated, offered a consent or a refusal about pneumonia vaccinations (PPSV23, PCV20 or PVC21). 2. Resident #24's MDS assessment dated [DATE] identified a BIMS score of 15, indicating intact cognition. The Clinical Census listed Resident #24 admitted as 5/21/24. Resident #24's Clinical - Immunizations dated 12/12/24 identified PCV13 administered on 12/13/16. The clinical record lacked documentation someone educated, offered a consent or a refusal about pneumonia vaccinations (PPSV23, PCV20 or PVC21). The CDC Recommendations dated 3/15/23 for adults [AGE] years or older who received the PCV13 recommended to give the PCV20 or PPSV23 at least one year after the PCV13. The CDC Recommendations dated October 2024 for adults [AGE] years or older who have received the PCV13 recommended to give one dose of PCV20 or PVC21 at least one year after the PCV13. On 12/12/24 at 10:35 AM, the IP (Infection Preventionist) verified she couldn't locate documentation that someone offered and/or the resident's declined an additional pneumonia vaccination for Resident #33 and Resident #24. The IP reported she offered the vaccinations to the residents but failed to complete the documentation or declinations forms. A facility policy titled Infection Control Manual Screening and Vaccination dated September 2023 instructed to review upon admission a resident's immunization status to determine the need for vaccinations. The policy directed if the resident received a PCV13 vaccination to wait one year and offer the PPSV23 vaccine. The facility policy didn't reflect the new CDC recommendations.

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	12/12/2024

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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46875 Based on clinical record review, staff interviews, Centers for Disease Control and Prevention (CDC) guidelines, and facility policy review, the facility failed to screen for eligibility, offer, provide education and document vaccine consent or refusal for the COVID-19 (coronavirus disease) immunization for 2 of 5 resident reviewed (Residents #56 and #24). The facility reported a census of 55 residents. Findings include: 1. Resident #56's Minimum Data Set (MDS) assessment dated [DATE] identified a Brief Interview for Mental Status (BIMS) score of 5, indicating severe cognitive impairment. The Clinical Census listed Resident #56's admitted as 8/29/24. Resident #56's Clinical - Immunizations reviewed on 12/12/24 identified he received a COVID vaccination on 7/6/22. The clinical record lacked documentation that someone offered, educated, or Resident #56 refused an additional COVID-19 vaccination since admission to the facility on [DATE]. 2. Resident #24's MDS assessment dated [DATE] identified a BIMS score of 15, indicating intact cognition. The Clinical Census listed Resident #24 admitted as 5/21/24. Resident #24's Clinical - Immunizations reviewed 12/12/24 identified she received a COVID vaccination on 11/17/23. The clinical record lacked documentation that someone offered, educated, or Resident #24 refused an additional COVID-19 vaccination since admission to the facility on [DATE]. On 12/12/24 at 10:35 AM, the IP (Infection Preventionist) verified she couldn't locate documentation that someone offered or the resident's declined an additional COVID booster for Resident #56 and Resident #24. The IP reported she offered the vaccinations to the residents but failed to complete the documentation or declinations forms. The CDC Vaccines and Immunizations last updated 10/31/24 instructed people [AGE] years and older, vaccinated under the routine schedule, are recommended to receive 2 dose of any 2024-2025 COVID-19 vaccine separated by 6 months regardless of vaccination history, with one exception. Unvaccinated people who initiate vaccination with the 2024-2025 Novavax COVID-19 vaccine are recommend to receive 2 doses of Novavax followed by a third dose of any COVID-19 vaccine 6 months later. (continued on next page)

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	12/12/2024

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 0887 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The NHSN (National Healthcare Safety Network) dated 6/21/24 documented adults aged [AGE] years or older are up to date when the individual received 2 doses of the updated 2023 2024 COVID-19 vaccine, or received 1 dose of the updated 2023 2024 COVID-19 vaccine within the past 4 months. Review of the current CDC Recommendations dated 10/31/24 for adults aged [AGE] years and older, indicated the CDC recommended them to receive 2 doses of any 2024 2025 COVID-19 vaccine regardless of vaccination history. A facility policy titled Infection Control Manual Screening and Vaccination dated September 2023 documented to review upon admission a resident's immunization status to determine the need for vaccinations. The policy documented residents are screened prior to administering COVID-19 vaccination to determine if they are eligible to receive the vaccination. If the resident is unsure of receiving the vaccination in the current year or the responsible party is unsure of the current COVID-19 vaccination status, consult the physician and unless contraindicated, offer the resident the vaccination. The policy directed staff to document in the medical record, if the resident or responsible party either gave consent, refused, declined or if the resident is ineligible to receive the vaccine. The policy further directed staff to obtain Physician's orders if the resident agreed to receive the vaccine. The documentation of administration to be placed on the medication administration record and recorded in the electronic medical record under the immunization tab. The date of the vaccination, consent, refusal, or not eligible status to be identified on tracking information and reviewed by the QAPI (quality assurance performance committee) committee.