STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	165798	A. Building B. Wing	04/29/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hallmar Village	8900 C Avenue NE Marion, IA 52302

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 19126 Based on clinical record review, and staff and resident interviews, the facility failed to ensure 3 of 6 residents reviewed were treated with respect and dignity (Residents #2, #3, #7). The facility reported a census of 51 residents. Findings include: 1. On 1/20/2025, Resident #2 had a BIMS (Brief Interview for Mental Status) score of 15, indicating no cognitive impairment. On 3/4/2025 the resident had a score of 10, indicating moderate cognitive impairment. During an interview on 4/29/2025 at 1:00 PM, the resident revealed she reported to the former administrator a concern she had with staff G, C.N.A. The resident observed Staff G assist residents up from dining room chairs in a very harsh manner. Staff G assisted the resident in her room in a rough manner when she asked for bathroom assistance. Staff G told the resident she needed to be independent in her room when she asked for assistance. Staff G jerked the resident up from a seated position without warning or direction. The resident thought the administrator spoke to Staff G but her behavior did not improve, and was glad Staff G no longer worked at the facility. The facility investigation included an interview with Resident #2. The statement included: Staff G is very demanding that I do things on my own and she is not gentle in the shower. She told the resident she could wait when she asked to go to the bathroom. 2. On 3/5/2025, Resident #3 had a BIMS score of 15, indicating no cognitive impairment. (continued on next page)

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

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/28/25 at 1:20 pm, the resident voiced she feels the staff do not treat her or others with dignity. She [NAME] they have a lack of sufficient staff as they come in during the night shift and wake her up to complete her weekly skin audits. They wake her up on the night shift to complete her extensive wound treatments, she allows this because otherwise she reports they don't get done. She states when she puts her call light on, the staff will come in and answer it timely but they turn it off stating they will return but do not return, she turns her call light on again as she needs assistance and waits for them to return again. She reports the aides are on their cell phones in her room and some even are listening to music with ear buds when they are providing her cares. Resident #3 stated she recently had an encounter with Staff G, C.N.A., Staff G was rushing one day to get residents up at noon, another staff member requested Staff G help her get Resident #3 up, Staff G, C.N.A. told her she would not assist her, that she had her own people to get up. The resident thought the administrator spoke to Staff G about a concern about a near fall from the Sara lift the resident reported, after this conversation, Staff G entered Resident #3's room called her a liar and stated she would write her up. Resident #3 felt after this incident Staff G purposefully would not answer her call light. 3. The MDS (minimum data set) dated 1/13/2025 revealed Resident #7 had intact cognitive abilities and required extensive staff assistance to transfer from one surface to another. During an interview on 2/28/2025 at approximately 1:00 PM, Resident #7 reported she had a concern with a former C.N.A., and reported it to Staff E, DON (Director of Nursing). The aide had no interest in doing anything to help the resident and treated her like a rag doll. The resident feared she may cause injury. The facility Notice of Termination to Staff G included: Reason for Conference: On 2/25/2025, a resident reported a care concern to the director of nursing in the realm of abuse of dependent adults. Due to the severity of the claim reported, you were immediately placed on administrative leave with an investigation pending. After conducting resident interviews as part of the investigation, it was reported that multiple residents felt like the care they received from you was rough, and they were tossed around and treated like a rag doll. Additionally, on 2/25/2025, it was reported you performed a two person lift with a resident by yourself. The facility investigation included: Statement obtained from resident by Staff E, DON. Resident #7, 2/25/2025 at 8:43 A.M., Resident reported her pants were dirty and she got mad about that and said she should have told the nurse earlier. Staff moved her around like a rag doll, was rough and did not talk much. She was rough when putting on the resident's pants, acted like she did not want to take care of her, and treated her like she did not know what she was doing. She very sternly said Don't touch the Hoyer. It was a bad experience. Employee was asked to go home on administrative leave pending an investigation. Administrator informed and self report initiated. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Staff Interviews: 4/28/2025 at 1:55 P.M., Staff H, C.N.A., reported the morning it occurred, Resident #7 said Staff G was rough with her when she was getting her up. Staff H reported it and Staff E spoke to the resident. Staff H indicated Staff G often had rude behavior towards staff and residents, and not always willing to help when asked. 4/28/2025 at 3:20 P.M., Staff E, DON, indicated she found out that Staff G transferred Resident #7 with a Hoyer lift without another staff present. Resident #7 reported it and Staff G confirmed it. Staff G could get loud and agitated, she had a verbal altercation with a kitchen staff at one point and we had a conversation about appropriate behavior in the work place. Resident #7 is very sweet, does not complain about staff or make up complaints. The facility Vulnerable Adult Abuse Prevention Plan modified January 2023 included: Philosophy: The mission of Presbyterian Homes and Services is to provide a broad continuum of care to older adults. The services provided will be of the highest quality and designed to promote independence, dignity and holistic well-being. The emphasis will be on innovation and leadership in providing compassionate and competent care with the inspiration of God's love and word. Policy: Each resident has the right to be free from abuse including but not limited to verbal, sexual, physical and mental abuse, injuries of unknown origin, corporal punishment, misappropriation of resident property, mistreatment, neglect or involuntary seclusion. Any form of resident abuse will not be tolerated.

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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** 20331 Based on clinical record review, observations, staff interviews, and facility policy review, the facility failed to follow standard and transmission-based precautions to prevent spread of infections for 3 of 6 residents reviewed (Residents #2,#3,#7). The facility reported a census of 51 residents. Findings include: 1. The MDS (Minimum Data Set) dated 3/26/2025 indicated Resident #2 had memory impairment, transferred and ambulated independently and had diagnoses including peripheral vascular disease, diabetes, and a right lower leg ulcer. The resident had a left iliofemoral endarterectomy with patch angioplasty (a surgical procedure to remove plaque buildup from narrowed or blocked iliac and femoral arteries) on 3/26/2025. The resident's Care Plan dated 8/30/2024 required staff to implement EBP (enhanced barrier precautions) related to wounds. It directed staff to follow EBP in addition to standard precautions: wear gown and gloves during high contact resident care activities. On 3/27/2025 the physician ordered 4x4 gauze applied to groin incision site daily and PRN (as needed). On 4/29/2025 at 10:15 AM, Staff F, RN (Registered Nurse) entered the resident's room to provide wound treatment to the resident's left surgical site. Staff F sanitized her hands, donned gloves, exposed the left groin, removed the current gauze dressing and applied a new dressing. Staff F failed to follow the EBP signage in the resident's room on top of the refrigerator that directed staff to wear gloves and a gown when providing wound care, any skin opening requiring a dressing. Staff F indicated she thought about donning a gown, but decided against it since the resident had a surgical wound and it was not open. 2. Review of the MDS dated [DATE], Resident #3 had diagnoses which includes diabetes, heart disease, and chronic obstructive pulmonary disease. The resident had a BIMS (Brief Interview for Mental Status) score of 15 which indicates they are alert and oriented and gave accurate information. The resident has wounds to her lower extremities and coccyx area. She requires total assistance from staff to transfer from her bed to the wheelchair and has an indwelling Foley catheter in place. Review of the Care Plan dated 9/12/24 directs the staff to use Enhanced Barrier Precautions related to wounds and when they provide cares with the indwelling Foley catheter. The Care Plan directs the staff to follow Enhanced Barrier Precautions in addition to standard precautions which include wearing a gown and gloves during high-contact resident care activities, such as wound care and cares with the indwelling urinary catheter. Observation of the resident's bathroom revealed a sign indicating the staff are to use Enhanced Barrier Precautions when providing high contact cares such as wound treatments and when providing cares to the indwelling Foley catheter. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Observations on 4/28/25 at 2:00 pm revealed Staff J, C.N.A. enter the resident's room to empty the urine from the Foley catheter collection bag. The aide put on gloves but failed to put on a protective gown. Staff J placed a barrier on the floor, placed the collection container on the floor and emptied the resident's catheter. She cleaned the end of the tubing, placed it back on the bag and placed the catheter back in the privacy bag under the resident's wheelchair. The staff failed to wear a gown during this procedure as directed per the Enhanced Barrier Precaution policy. During an interview with Staff J on 4/29/25 at 8:05 am, the staff stated she should have worn a gown along with the gloves yesterday when she emptied Resident #3's catheter bag. She indicated there was a sign in the resident's room on the Enhanced Barrier Precautions but didn't put a gown on. 3. The MDS dated [DATE] indicated Resident #7 had intact cognitive abilities, transferred from one surface to another with extensive assistance and a mechanical lift, and had an indwelling urinary catheter. The resident had diagnoses including anxiety, urinary retention, and respiratory failure. The resident's Care Plan dated 1/7/2025 required staff to follow Enhanced Barrier Precautions in addition to standard precautions: wear gown and gloves during high-contact resident care activities. On 1/7/2027 the Care Plan identified the resident had a skin integrity issue and directed staff to provide treatments as ordered. A skin sheet dated 4/1/2025 reported the resident had a stage three inter-gluteal (between the buttocks) pressure ulcer. On 2/28/2025 at 12:37 PM, Staff A, C.N.A., Staff B, C.N.A., and Staff C, RN entered the room to provide cares. Staff A, B, and C washed hands and donned gloves and no gowns. Staff transferred the resident from the wheel chair to the bed and lowered the resident's slacks and brief. Staff C provided incontinence cares and cleansed the coccyx wound using wash cloths. Staff C placed the wash cloths on the resident's bed sheet without a barrier. Staff A placed a graduated cylinder on the bed frame without a barrier, emptied the Foley urinary bag and emptied the contents in the toilet. Staff failed to don gowns during the resident's procedures. The facility Enhanced Barrier Precautions Policy and Procedure modified April, 2024 included: Policy: 1. EBP (targeted gowns and gloves) are used in conjunction with standard precautions and will be implemented during high contact resident care activities for residents who: a. are known to be colonized or infected with CDC-targeted MDRO's (Multidrug-resistant organisms) when contact precautions do not otherwise apply; b. and caring for residents with wounds or indwelling medical devices even if the resident is not known to be colonized or infected with MDRO. High contact resident care activities include dressing, bathing/showering, transferring, providing hygiene, changing briefs, or assisting with toileting changing linens, and indwelling medical device care or use (e.g. central line, dialysis port, urinary catheter, feeding tube, tracheotomy). (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 4/29/2025 at 2:00 P.M. Staff D, RN, Infection Preventionist reported if staff is providing catheter care, staff should wear gloves and a gown. If staff is providing wound care, they should also wear gloves and a gown. The gowns and supplies are right inside the room in the cabinet. Gowns should be worn for surgical wound dressing changes even if the wound is not open. Those are all red flags for infections. Staff D planned to review EBP procedures and policies with staff during the daily stand up meeting, and during a skills lab.