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	04/09/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Hallmar Village	8900 C Avenue NE Cedar Rapids, IA 52402

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 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** Based on clinical record review, staff and resident interviews, and policy review the facility failed to answer resident call lights within 15 minutes of activation for 2 of 4 residents reviewed (Resident #1 and #2). The facility reported a census of 54 residents.Findings include: According to the Minimum Data Set (MDS) dated [DATE], Resident #1 had diagnoses which included Dementia with agitation, heart failure, and diabetes mellitus. The resident had a Brief Interview for Mental Status (BIMS) score of 15 out of 15, which indicated intact cognition. The resident required partial assistance for toilet hygiene and transfers, and required substantial assistance with bathing and dressing. The MDS revealed the resident had occasional urinary incontinence. Review of the Care Plan revised 10/24/25 indicated the resident required assistance to perform activities of daily living due to weakness, impaired mobility. The Care Plan informed the staff the resident required assistance of 1 staff for dressing, grooming, and hygiene. The Care Plan revised 10/24/25 identified the resident had a history of falls, and the intervention dated 1/13/25 revealed to answer the call light timely. Review of the facility generated electronic call light records for Resident #1 revealed the following: a. On 10/24/25 at 6:36 pm, the staff failed to answer the call light for 24 minutes and 32 seconds. During an interview with Resident #1 on 4/8/26 at 9:45 am, the resident asked about her call light response time, she stated it's not always answered timely. She shared she had bowel problems and needed to go to the toilet fairly quickly. 2. According to the MDS dated [DATE], the resident had a BIMS score of 10 out of 15, which indicated moderately impaired cognition. The resident did not walk and had total dependence on staff for toileting hygiene, dressing, and bathing. Per the admission Record, Resident #2 had diagnoses which included fracture of left humerus and a history of falls. Review of the Care Plan initiated 1/27/26 indicated the resident required assistance with activities of daily living and had a history of falls. The Care Plan directed staff to place the call light in a place the resident could reach and answer the call light promptly. Review of facility generated electronic call light records for Resident #2 revealed the following:a. On 1/28/26, the resident activated the call light at 5:51 pm and it was on for 26 minutes and 42 seconds.b. On 1/28/26, the resident activated the call light at 6:49 pm and it was on for 25 minutes and 55 seconds.c. On 1/29/26, the resident activated the call light at 12:57 pm and it was on for 26 minutes and 8 seconds. Review of the Call Light Policy dated November 2022 stated the purpose of the policy was to respond promptly to resident's call for assistance. The policy directed all staff to be aware of call lights at all times, and to answer the call lights promptly whether or not you are assigned to that resident.During an interview with the Staff A, Administrator on 4/9/26 at 10:00 am, Staff A stated her expectation was the staff would answer the call lights within 15 minutes of activation.

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