

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  165798	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/26/2024
NAME OF PROVIDER OR SUPPLIER  Hallmar Village		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>41537</p> <p>Based on record review and staff interviews the facility failed to ensure 1 of 1 residents who attempted to leave the facility without staff had their Care Plan updated with interventions to prevent future attempts (Resident #91). The facility reported a census of 40 residents.</p> <p>Findings include:</p> <p>The Minimum Data Set (MDS) for Resident #91 dated 9/9/24 documented a Brief Interview for Mental Status (BIMS) of 14 indicating no cognitive impairment. The MDS also documented he was independent with ambulation and had diagnoses of vascular dementia and psychoactive substance abuse.</p> <p>Record review of Resident #91 Elopement Risk Assessment, completed 9/6/24 documented he had intermittent confusion and dementia with desire to go home and verbalizes seeking of things (desire to go to the store and to go home) and no Care Plan updates at this time.</p> <p>Record review of a Progress Note dated 9/7/24 at 10:27 AM documented Resident #91 went outside the facility by himself on 9/7/24 at approximately 9:35 AM, heard door alarm sounding, staff investigated and looked out window, noticed resident leaving facility front door. Education provided to Resident #91 to have staff with him outside and we must go inside.</p> <p>Record review of an undated Resident Statement provided by Resident #91 documented the reason for his elopement was because he wanted to head down to the store to find an ATM, and was going to get cash so he could buy a cigar to smoke. He stated he forgot he was supposed to talk to the nurse before going out of the doors.</p> <p>During an interview on 9/26/24 at 11:49 AM with the Director of Nursing (DON) revealed she would expect a residents Care Plan be updated as soon as possible or in a reasonable amount of time when an incident such as a fall or a resident going outside would occur. She also stated she just updated his Care Plan now.</p>

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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