STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	675233	A. Building B. Wing	05/03/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Harmony Care at Golfcrest	6150 S Loop East Houston, TX 77087

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48605 Based on observation, interview, and record review, the facility failed to ensure 1 of 5 residents (Resident #44) reviewed for medication administration were free of significant medication errors. MA L administered Doxazosin Tablet 4mg and Amiodarone HCl Tablet 200mg (medications used to treat high blood pressure), while Resident #44 was assessed with blood pressure lower than the physician recommended parameters for administering the medications. This failure could place residents at risk for not receiving therapeutic effects of their medications and possible adverse reactions. Findings included: Review of Resident #44's face sheet, dated 05/02/2024, revealed that the resident was a [AGE] year-old male who was admitted to the facility on [DATE] with diagnosis of hypertensive heart disease with heart failure (condition that occurs when high blood pressure damages the heart and reduces its ability to pump blood effectively). Review of Resident #44's quarterly MDS assessment, dated 03/25/24, revealed a BIMS score of 15 (an intact cognitive response. Review of Resident #44's May/2024 active Physician Order Summary revealed the following orders: Amiodarone HCl Tablet 200 MG Give 1 tablet by mouth one time a day related to ESSENTIAL (PRIMARY) HYPERTENSION (I10) Hold For SBP<110 DBP<60 Doxazosin Mesylate Tablet 4 MG Give 1 tablet by mouth one time a day related to ESSENTIAL (PRIMARY) HYPERTENSION (I10) Hold for SBP<110 DBP<60 Observation on 05/02/2024 at 8:15am revealed MA L was observed obtaining Resident #44's blood pressure with a blood pressure reading of 100/65. MA L proceed by administering the medications and verbalizing to Resident #44 that he was receiving all morning medications including blood pressure medications. (continued on next page)

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

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of Resident #44's May/2024 Medication Administration Record (MAR) revealed that MA L administered Doxazosin Tablet 4mg and Amiodarone HCl Tablet 200mg. Each of the medications were administered outside of the physician indicated parameters on 05/02/2024. Resident #44's systolic blood pressure was documented by MA L with a systolic blood pressure of 100 and a diastolic blood pressure of a 65. Interview with MA L on 05/02/2024 at 8:20am, MA L denied administering Resident #44's blood pressure medication, stated that she had discarded the medication in Resident #44's designated trash bin in his room. There was no observation of the referenced discard of the medications. Interview and observation with ADON on 05/02/2024 at 8:30am, ADON was notified of the surveyor's observation of MA L administering blood pressure medication outside of the indicated parameters; and MA L denial of administering the medications. ADON proceeded to assess Resident #44 for adverse side effects. The ADON stated that MA L was not able to produce the pills and that the medication was not in the trash bin as alleged by MA L. The ADON stated that MA L later disclosed that she had administered the medications. The ADON stated that the physician was notified. MA L was removed from the floor and provided in-service and educated on medication administration. Interview on 05/02/2024 at 9:30AM with MA L, MA L stated that if blood pressure medication is administered outside of the recommended parameters, the resident's blood pressure could drop too low causing the resident to have severe complications. MA L stated that staff administering the medications was responsible for ensuring that a medication was given within recommended parameters. MA L stated if blood pressure medication was given out of recommended parameters the medication could cause the blood pressure to become too elevated or too low. Observation on 05/02/2024 at 9:33 AM revealed Resident #44 was observed sitting in bed watching television. Resident reported that he was feeling well. Interview on 05/02/2024 at 1:22 PM with the DON, stated that MA L later disclosed that she had administered the medications. The DON stated that the physician was notified. MA L was removed from the floor and provided in-service and educated on medication administration. The DON stated medication should be held if the vitals were out of parameters. The DON stated the medication aide should have notified the nurse and the nurse would have notified the doctor that the medication was not administered because the resident's vitals were out of parameters. The DON stated that the purpose of the recommended parameters for the medication is to ensure that the resident remains in a safe blood pressure range identified for the resident. Review of the facility's Medication Administration policy, not dated, reflected: .Medications must be administered in accordance with the written orders of the physician's order.

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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. 46678 Based on observation, interview and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen in that: 1. Food items were not sealed and/or not dated in the facility pantry . 2. One can of canned food was dented and stored with the non-dented food cans . These deficient practices could place 89 residents who received meals from the main kitchen at risk for food borne illness. Findings included: 1. Observation in the pantry of the food items on 04/30/24 at 08:32 am revealed one 16 oz bag of tortilla chips was opened, not sealed, not dated. Observation in the pantry of the food items on 04/30/24 at 08:33 am revealed one 80 oz bag of instant oatmeal was dated, not sealed. Interview with the Dietary Manager on 4/30/24 at 2:08 pm she said the food items that were not sealed should have either been destroyed or their entire contents should have been used because of the small amount of food that was in the bags. She said all kitchen staff were responsible for checking if food is sealed and dated in the pantry. She said she would go behind kitchen staff and double check food items in the pantry. She said the risk to the resident would be food poisoning. Interview with the Dietary Aide on 4/30/24 at 2:14 pm, she said she has worked at the facility for 8 months. She said kitchen staff were supposed to store leftover food in Ziploc bags and date. She said everyone in the kitchen was responsible for labeling and dating opened food items. She said the risk to the resident could make them sick. Interview with the Dietary [NAME] on 4/30/24 at 2:22 pm she said she has worked at the facility for 1 year and 5 months. She said the food items in the pantry were supposed to be stored in a Ziploc bag and dated. She said everyone in the kitchen was responsible for labeling and dating food items and the next shift would check for food items in case any were missed by the previous shift. She said the risk to the resident if food items were not sealed or dated would cause the resident to get sick. 2. Observation in the pantry of the non-dented cans on 04/30/24 at 08:35 AM revealed one 104 oz can of apples in water had a small dent on the bottom of the seam. Interview with the Dietary Manager on 4/30/24 at 8:36 am confirmed the dented can of apples should have been stored with the dented cans. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Interview with the Dietary Manager on 4/30/24 at 2:09 pm, she said the dented cans should be stored on a separate shelf away from the non-dented cans. She said everyone in the kitchen was responsible for checking dented cans and she would go behind to double check. She said the risk to the resident would be exposure to botulism. Interview with the Dietary Aide on 4/30/24 at 2:15 pm, she said dented cans should be stored away from regular cans in their own designated area. She said kitchen staff go behind each other to double check for dented cans. She said the risk to the resident would cause them to get sick. Interview with the Dietary [NAME] on 4/30/24 at 2:23 pm, she said the dented cans should be stored on a separate shelf. She said everyone in the kitchen should check for dented cans. She said each shift goes behind the previous shift and checked for dented cans. She said the risk to the resident would cause them to get sick. Record review of the facility's Food Receiving and Storage undated policy under section 13e read in part . opened containers must be dated with use by date and sealed or covered during storage . Record review of the U.S. Food and Drug Administration dated 1/18/23 under Chapter 3 read in part . FDA considers food in hermetically sealed containers that are swelled or leaking to be adulterated and actionable under the Federal Food, Drug, and Cosmetic Act .rusted and dented cans may also present a serious potential hazard .

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 48863 Based on interview and record review, the facility failed to electronically submit to CMS complete and accurate direct care staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data in a uniform format according to specifications established by CMS for 1 of 4 quarters (1st quarter October 1, 2023-December 31, 2023) reviewed for fiscal year quarter one of 2024. The facility failed to submit staffing information to CMS for the 1st quarter of the fiscal year 2024. The facility's failure could place residents at risk for personal needs not being identified and met, decreased quality of care, and a decline in health status. The findings included: Review of the facility's staff roster indicated the following: 1 Administrator 7 Administrative Staff 6 Nursing Administration (Includes 1 DON) 86 Nursing Staff (includes 2 ADON) 28 Therapist (Includes Respiratory Therapy and Rehabilitation Services) 11 Dietary Staff 10 Housekeeping/Laundry Staff 2 Activities Staff 1 Social Service Staff 2 Maintenance Staff Record review of the CMS PBJ Staffing Data Report, CASPER Report 1705D FY Quarter 1 2024 (October 1 - December 31, 2023), dated 04/25/2024, revealed the following entry: Failed to Submit Data for the Quarter . Triggered=No data submitted for quarter. (continued on next page)

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 05/02/24 at 11:02 a.m. with the Regional Director of Clinical Operations. She said an outside 3rd party HR company was responsible for submitting payroll and the PBJ for the facility. Due to the lapse in submitting the PBJ by the deadline, the contract with the HR 3rd party company was terminated in February 2024. The risk of not submitting the PBJ per guidelines was that the facility was not reporting staffing accurately and not getting credit for being adequately staffed. Interview on 05/03/24 at 10:52 a.m. with the Administrator, who said he started working at the facility on March 14, 2024. He said he was unaware that the PBJ had not been submitted for the 1st quarter of 2024 until the survey team arrived, and it was being discussed with the Clinical Operation Director on 5/2/24. He said the Clinical Operations Director will be responsible for submitting the PBJ for the next quarter. The Administrator said late or omitted PBJ submissions was a deficient practice because the report did not accurately capture the staffing component at the facility to meet the needs of the residents. Record review of facility provided policy and procedure entitled Reporting Direct-Care Staffing Information (Payroll-Based Journal), revealed in part: 9. Staffing information will be collected daily and reported for each fiscal quarter no later than 45 days after the end of the reporting quarter. Dates are as follows: Fiscal Quarter 1 .Date Range .October 1-December 31 .Submission Deadline .February 14 .Fiscal Quarter 2 .Date Range . January 1-March 31 .Submission Deadline .May 15 .Fiscal Quarter .3 .Date Range .April 1- June 30 . Submission Deadline .August 14 .Fiscal Quarter 4 .Date Range .July 1- September 30 .Submission Deadline .November 14.