

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Harmony Care at Floresville		STREET ADDRESS, CITY, STATE, ZIP CODE 1811 Sixth St Floresville, TX 78114	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47622</p> <p>Based on observation, interview, and record review, the facility failed to ensure that residents had the right to receive reasonable accommodation of resident needs and preferences that would not endanger the health or safety of the residents for 1 of 6 residents (Resident #5) reviewed for reasonable accommodations of needs and preferences, in that:</p> <p>The facility failed to ensure Resident #5's call light was within reach.</p> <p>This failure could place the residents at risk of failing to achieve or failing to maintain independent functioning, dignity, and well-being.</p> <p>Findings included:</p> <p>Record review of Resident #5's face sheet, dated 1/31/2025, revealed a [AGE] year old female was admitted on [DATE] with a readmitted [DATE] with diagnoses that included: anxiety disorder, dementia, and hypertension.</p> <p>Record review of Resident #5's Quarterly MDS, dated [DATE], revealed the resident had a BIMS score of 7 which was indicative of severe cognitive impairment.</p> <p>Record review of Resident #5's Care Plan, dated 10/30/2024, revealed the resident was a fall risk and had a fall on 7/21/2024 that resulted in a left hip fracture with one of the interventions was for her call light to be within reach.</p> <p>During observation and interview on 1/28/2025 at 12:33 PM revealed Resident #5 was sitting in a chair next to the bed. Resident #5's call light was not seen, wrapped around the bed rail and hidden behind her linens on the bed. Resident #5 said when she fell, she tried to get out of the bed to go to the bathroom and lost her balance and fractured her left hip.</p> <p>During an interview on 1/28/2025 at 12:37 PM, LVN C said Resident #5 would walk around the room independently, but she should have her call light within reach.</p> <p>During an interview on 1/31/2025 at 4:50 PM, the DON said it was important for the call light to be in reach for a resident so they could ask for help when needed. The DON said it was important because of the risk of more falls and more injuries they could potentially be fatal.</p> <p>(continued on next page)</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Harmony Care at Floresville		STREET ADDRESS, CITY, STATE, ZIP CODE 1811 Sixth St Floresville, TX 78114	

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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Record review of the facility policy, on 1/31/2025 not dated titled: Answering the Call Light stated in part: The facility maintains a functional call light system. This is the means of calling the staff, for the residents who are able to use the facility's existing call light system. The staff shall ensure that the call lights are within reach, at all times.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Harmony Care at Floresville		STREET ADDRESS, CITY, STATE, ZIP CODE 1811 Sixth St Floresville, TX 78114	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46131</p> <p>Based on observation, interview, and record review, the facility failed to ensure residents had the right to personal privacy and confidentiality of his or her personal and medical records for one of five residents (Resident # 2) reviewed for privacy.</p> <p>The facility failed to ensure Medication aide B locked the computer, which exposed Resident #2's morning medication list after she walked away and left the computer unattended.</p> <p>This failure could place residents at risk of having medical information exposed to others and cause residents to feel uncomfortable and disrespected.</p> <p>The findings include:</p> <p>Record review of Resident #2's face sheet dated 01/29/25 revealed a [AGE] year old female admitted to the facility on [DATE]. Resident #2 had diagnosis that included: Multiple sclerosis (is a disease that causes breakdown of the protective covering of nerves), Hypertension (is when the force of blood against the artery walls is persistently too high), and Depression (is a mood disorder that causes a persistent feeling of sadness and loss of interest).</p> <p>Record review of Resident #2's Admission MDS assessment dated [DATE] reflected a BIMS score of 15 which suggested intact cognition .</p> <p>Observation on 01/30/25 at 8:28 am, revealed that Medication Aide B prepared Resident's #2's morning medication, walked away from the computer (did not lock screen).</p> <p>During an interview on 01/30/25 at 8:37 AM, Medication Aide B mentioned that she was not aware of the option to lock the computer screen and believed that minimizing the screen was sufficient. She acknowledged that when she stepped away from the computer, Resident #2's private medical information may have been exposed.</p> <p>During an interview on 01/31/24 at 10:21 AM, the DON stated that she was not aware Resident #2's records were left open and unattended. The DON mentioned that it was her expectation for the facility nursing staff to uphold HIPAA regulations and lock computer screens when they were away from them. She emphasized that all staff members were responsible for ensuring the protection of residents' information. The DON stated that leaving residents' electronic medical records unattended could lead to unauthorized access. She also stated that her ADON would be responsible for overseeing compliance with this task, and she would monitor it by conducting random computer screen checks.</p> <p>Record review of facility policy titled HIPPA Training program, undated, revealed The HIPAA Training Program includes but is not limited to: A review of our facility's policies governing the sharing of passwords and user ID codes.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Harmony Care at Floresville		STREET ADDRESS, CITY, STATE, ZIP CODE 1811 Sixth St Floresville, TX 78114	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47622</p> <p>Based on observation, interview, and record review, the facility failed to develop and implement a comprehensive person-centered care plan for each resident, consistent with the resident rights that includes measurable objectives and timeframes to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment for 1 of 6 residents (Resident #5) reviewed for comprehensive care plans, in that:</p> <p>Resident #5's call light was not within reach according to one of the resident's care plan interventions for falls.</p> <p>This failure could place the resident at risk of inadequate care that may cause severe injury for the resident.</p> <p>The findings included:</p> <p>Record review of Resident #5's face sheet, dated 1/31/2025, revealed a [AGE] year old female was admitted on [DATE] with a readmitted [DATE] with diagnoses that included: anxiety disorder, dementia, and hypertension.</p> <p>Record review of Resident #5's Quarterly MDS, dated [DATE], revealed the resident had a BIMS score of 7 which was indicative of severe cognitive impairment.</p> <p>Record review of Resident #5's Care Plan, dated 10/30/2024, revealed the resident was a fall risk and had a fall on 7/21/2024 that resulted in a left hip fracture with one of the interventions was for her call light to be within reach.</p> <p>During observation and interview on 1/28/2025 at 12:33 PM revealed Resident #5 was sitting in a chair in her next to the bed. Resident #5's call light was not seen, wrapped around the bed rail and hidden behind her linens on the bed. Resident #5 said when she fell she tried to get out of the bed to go to the bathroom and lost her balance and fractured her left hip.</p> <p>During an interview on 1/28/2025 at 12:37 PM, LVN C said Resident #5 would walk around the room independently, but she should have her call light within reach.</p> <p>During an interview on 1/31/2025 at 4:50 PM, the DON said it was important for the call light to be in reach for a resident so they could ask for help when needed. The DON said it was important to follow the Care Plan interventions because it was person-centered and determined the best plan of care for the residents' needs to be followed.</p> <p>Record review of the facility's policy titled, Care Plans, Comprehensive Person-Centered #8, Section M, undated, revealed, The person-centered care plan will: Aid in preventing or reducing decline in the resident's functional status and/or functioning levels.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Harmony Care at Floresville		STREET ADDRESS, CITY, STATE, ZIP CODE 1811 Sixth St Floresville, TX 78114	

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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46131</p> <p>Based on observation, interview, and record review, the facility failed to ensure each resident receives adequate supervision and assistance devices to prevent accidents for 1 of 2 residents (Resident #1) reviewed for accidents hazards and supervision, in that:</p> <p>On 01/10/2025 Resident #1 was transferred by CNA A using standing pivot transfer x 1 staff instead of a mechanical lift. During transfer Resident #1 was injured resulting in left tibia /fibula fracture.</p> <p>The non-compliance was identified as past non-compliance. The IJ began on 1/10/25 and ended on 1/13/25. The facility had corrected the non-compliance before the survey began.</p> <p>This failure could lead to injury or death to residents.</p> <p>Findings included:</p> <p>Record review of Resident #1's face sheet, dated 01/30/2025, reveled an [AGE] year old female admitted to the facility on [DATE] with diagnoses that included right below the knee amputation (surgical procedure that removes the lower leg below the knee joint), Osteoporosis (a bone disease characterized by a disease in bone mineral density and bone mass, resulting in weak and brittle bones that are more prone to fractures), and Vitamin D deficiency (the state of having inadequate amounts of vitamin D in your body).</p> <p>Record review of Resident #1's Quarterly MDS assessment, dated 10/23/2024, reflected a BIMS of 4 which suggested severe cognition impairment. Section G revealed Resident #1 required extensive assistance with 2 persons for transfers.</p> <p>Record review of Resident #1's Care Plan, dated 05/2/2021 and revised on 06/02/2024, revealed Resident #1 required a mechanical lift X 2 staff assist for all transfers.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Harmony Care at Floresville		STREET ADDRESS, CITY, STATE, ZIP CODE 1811 Sixth St Floresville, TX 78114	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Record review of the Provider Investigation Report, dated 01/16/2025, related to the facility's self-report of Resident #1's injury on 01/10/2025, revealed on 01/10/2025 at 2:00 PM, [CNA A] transferred [Resident #1] from the chair to the bed and heard a popping noise. [Resident #1] voiced her leg hurt. Further review revealed Resident #1 was noted to have an abnormality to the left shin area., and the resident was transferred to the hospital for treatment. Record review of the Investigation Summary revealed, on 1-13-24 the facility found that [Resident #1's] hospital x-ray revealed an acute left mid tibial diaphyseal fracture with significant anteromedial displacement, acute left proximal and distal fibular diaphyseal minimally displaced oblique fractures, segmental. Extensive diffuse bone demineralization by x-ray/osteoporosis and degenerative changes. Records review confirmed that [Resident #1] is care planned for a [mechanical lift] transfer. Staff interviews revealed no issues with [Resident #1] prior to transfer from chair to bed. Interview with [CNA A] revealed that [CNA A] transferred [Resident #1] without the use of a [mechanical lift] and conducted a single person transfer. [CNA A] stated that she had used the [mechanical lift] previously when transferring [Resident #1] and was aware it was on her plan of care. Further review revealed CNA A's employment with the facility was terminated post-investigation.</p> <p>Record review of CNA A's written statement, dated 1/10/25 at 3:00 PM, reflected, I transferred [Resident #1] from her wheelchair to her bed via pivot X 1 staff member, when resident told me her noted abnormality to left shin.</p> <p>Record review of Incident Report, dated 01/10/2025 at 1:56 PM, revealed, This nurse was called into residents' room by Charge Nurse, left lower extremity assessed and [Resident #1] was able to state where pain was and 911 was called.</p> <p>Record review of hospital records for Resident #1, dated 01/11/2025 at 12:01 PM, revealed Resident #1 had a surgical intervention requiring a left tibia intramedullary nail for shaft fracture and closed management with manipulation left fibula fracture.</p> <p>During an Interview with the DON on 01/30/2025 at 10:10 AM, the DON stated CNA A should have transferred Resident #1 using 2 staff members with a mechanical lift as per Resident #1's Care Plan. The DON also stated that by CNA's not following the care plan injury to residents may occur.</p> <p>An interview with CNA A was attempted on 01/30/2025 at 11:12 AM but was not successful. A voicemail was left for call a back. CNA A did not call back.</p> <p>Record review of the facility's policy titled, Assistive Devices and Equipment, undated, revealed, Recommendations for the use of devices and equipment are based on the comprehensive assessment and documented in the resident's plan of care.</p> <p>The Administrator was notified on 01/31/2025 at 12:30 PM, that a past non-compliance IJ situation had been identified due to the above failure and an IJ Template was provided to the Administrator.</p> <p>The facility implemented the following interventions prior to the survey entrance on 01/28/2025.</p> <p>During an interview with the DON on 1/28/25 at 3:20 PM, the DON stated the facility put a system into place for agency staff / PRN (as needed) to review forms prior to their shift to identify the care needs of each resident.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Harmony Care at Floresville		STREET ADDRESS, CITY, STATE, ZIP CODE 1811 Sixth St Floresville, TX 78114	
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Record review of in-service training titled, Always Follow POC (Plan of Care), dated 01/10/2025 to 01/13/2025, revealed 50 of 50 staff members, 1 of 1 agency staff, and 10 of 10 PRN staff (as needed) completed the in-service training. Further revealed the in-service training addressed: CNA's look at Kardex, Hoyer's have to use if indicated 2 person, where to find POC (Plan of Care), competencies and demonstration of mechanical lift transfers.</p> <p>Interviews with 12 staff members on 01/30/25 from 10:00 a.m. to 12:00 p.m. the following staff (MA B, LVN C, CNA D, CNA E, CNA F, CNA G, CNA H, CNA I, CNA J, LVN K, LVN L, LVN M) confirmed completion of in services/training: Always Follow POC (Plan of Care), CNA's look at Kardex, mechanical lifts have to use if indicated 2 people, where to find POC (Plan of Care. Staff were able to verbalize understanding and information provided in the in-service/training.</p> <p>During an Interview with the DON on 1/30/25 at 10:20 AM, the DON confirmed CNA A was terminated from employment at the facility on 1/17/25.</p> <p>Observation on 01/31/25 at 7:30 AM confirmed MA B and LVN C transferred Resident #3 using a two-staff mechanical lift transfer.</p> <p>Observation on 1/31/25 at 8:30 AM confirmed MA B and LVN C transferred Resident #4 using a two-staff mechanical lift transfer.</p> <p>The non-compliance was identified as past non-compliance. The IJ began on 1/10/25 and ended on 1/13/25. The facility had corrected the non-compliance before the survey began.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 675469	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/31/2025
NAME OF PROVIDER OR SUPPLIER Harmony Care at Floresville		STREET ADDRESS, CITY, STATE, ZIP CODE 1811 Sixth St Floresville, TX 78114	
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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>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.</p> <p>42031</p> <p>Based on interview and record review the facility failed to use the services of a registered nurse for at least 8 consecutive hours a day, 7 days a week for 1 of 1 facilities reviewed for nursing services.</p> <p>The facility did not have RN coverage for 24 days on 10/5/24, 10/12/24, 10/13/24, 10/20/24, 10/26/24, 10/27/24, 11/16/24, 11/17/24, 11/23/24, 11/24/24, 11/30/24, 12/1/24, 12/7/24, 12/8/24, 12/14/24, 12/15/24, 12/21/24, 12/22/24, 12/28/24, 12/29/24, 1/4/25, 1/5/25, 1/18/25, and 1/19/25.</p> <p>This failure could place the residents at risk of not receiving needed care and services.</p> <p>The findings were:</p> <p>Review of the facility RN timesheets revealed there were no RN hours for Saturdays on 10/5/24, 10/12/24, 10/26/24, 11/16/24, 11/23/24, 11/30/24, 12/7/24, 12/14/24, 12/21/24, 12/28/24, 1/4/25, and 1/18/25.</p> <p>Review of the facility RN timesheets revealed there were no RN hours for Sundays on 10/13/24, 10/20/24, 10/27/24, 11/17/24, 11/24/24, 12/1/24, 12/8/24, 12/15/24, 12/22/24, 12/29/24, 1/5/25, and 1/19/25.</p> <p>In an interview on 1/31/25 at 9:58 a.m. the DON stated the facility did not currently have a designated weekend RN but ADON's do cover some shifts on the weekends but not all. The DON was unsure if there was an active job posting for an RN on the weekends.</p> <p>In an interview on 1/31/25 at 5:23 p.m. the DON stated the facility was actively seeking an RN specifically for weekends and the job was posted online. The DON stated the facility did not have any nursing waivers and the possible consequences for not having a weekend RN would be not having the services of an RN onsite on the weekends.</p> <p>In a telephone interview on 1/31/25 at 5:27 p.m. the Administrator stated she was not aware the facility was missing RN coverage for that many days. The Administrator further stated an ADON who was an RN was covering some of the weekend shifts.</p> <p>Review of the facility policy on staffing coverage undated revealed . A Registered Nurse (RN) must be onsite 8 consecutive hours a day, 7 days a week .</p>		